



st michael's
hospice

Quality Account 2025-26





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Welcome from the Chief Executive and Chair

We are pleased to present the St Michael's Hospice Quality Account for 2025-26 on behalf of the Board of Trustees and Leadership Team.

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.

This document reflects the dedication, compassion, and innovation that our team has demonstrated over the past year in delivering exceptional care to individuals and families in Hastings and Rother.

This year, we have made significant strides in implementing our three-year Clinical Strategy, now in its second year. From introducing e-prescribing for community patients to launching the Active Connections project and progressing Hospice Line towards full implementation, our focus has been on transforming care delivery and enhancing patient outcomes.

We are also proud of the collaborative efforts with our partners, including St Wilfrid's Hospice and the Sussex Hospice Alliance, which have allowed us to share learning, align best practices, and improve services for our patients and their families.

Our commitment to diversity, equity, and inclusion has been strengthened through innovative projects like the Bereavement First Aid Packs, which aim to support our community in navigating grief with confidence and compassion. We also held a Diversity, Equity and Inclusion (DEI) Conference to help shape our DEI strategy and share lived experiences to ensure that the Hospice is an inclusive and welcoming organisation for patients, families, employees and volunteers.

We were fortunate to receive a grant from the government which we were obliged to ringfence for improvements to buildings, facilities and technology that directly support patient care. The funds had to be spent within the year and enabled us to move

ahead with essential work – including upgrades to heating and ventilation – to ensure our environment remains safe, comfortable and fit for purpose.

All our care and support continue to be provided free of charge, and the cost of running the Hospice in 2025/26 was £9.4 million. As in previous years, statutory funding only covers a portion of these costs – 28%, making the support of our community and our fundraising efforts vital to sustaining our services.

Nationally, Hospice UK continues to work with government to secure a more equitable and sustainable approach to hospice funding, recognising the pressure hospices face as costs rise and demand increases.

Locally, in 2026/27 we will continue to focus on operating as effectively and efficiently as possible, exploring innovative models of care and diversifying the ways we generate income to protect the long-term resilience of our services.

Despite financial uncertainty, our commitment remains unchanged: to provide high-quality, compassionate, patient-centred care and support for everyone who needs us, now and in the years ahead.

This Quality Account highlights the breadth of our services, the impact of our audits, and the invaluable feedback we have received from patients, families, and carers. It also outlines our ongoing Quality Improvement Priorities, which are designed to ensure we continue to deliver safe, effective, and responsive care.

We are deeply grateful to our dedicated employees, volunteers, Trustees, and partners for their unwavering commitment to our cause. Together, we are making a meaningful difference in the lives of those we serve.

Thank you for taking the time to read this Quality Account. We welcome your feedback and look forward to continuing our journey of improvement and innovation in the year ahead.

Dr Karen Clarke, Chief Executive

Andy Watson, Chair of the Board of Trustees

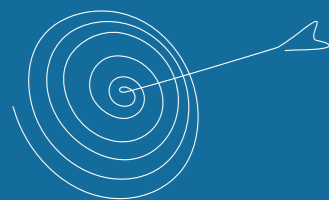


Vision, mission and values



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 2025-26

The three year Clinical Strategy covering 2024 to 2027 entered its second year.

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:

st michael's hospice
Clinical Strategy 2024-27

Working in partnership, we will prioritise the unique needs, values and preferences of each individual empowering them to actively participate in their care and make informed decisions.

Goals - what we are aiming to achieve:

| Work Together | Keep Learning | Think Family | Be Ready |
|--|--|--|--|
| <p>Develop a model of shared care with patients and families.</p> <p>Work in an integrated way based on patients and family's needs.</p> <p>Work with external partners to enhance local palliative and end of life care.</p> <p>Work with partners to improve outcomes for patients, families, carers and the wider system.</p> | <p>Be research and audit active.</p> <p>Facilitate learning that promotes best practice and improving outcomes and experience.</p> <p>Promote proactive sharing of learning and innovation.</p> <p>Create a positive learning environment.</p> | <p>Establish a service tailored to the specific needs of carers.</p> <p>Develop a model of support for young family members.</p> <p>Work collaboratively to improve transition for young adults and their families.</p> <p>Shape the bereavement service model based on need, evidence and outcomes.</p> | <p>Strengthen services to promote accessibility, inclusivity and focus on outcomes.</p> <p>Support workforce growth, development, creativity, sustainability and innovation.</p> <p>Use data and insight to optimise service and quality improvement.</p> <p>Strengthen links with compassionate communities to maximise the use of community resources.</p> |

Priorities - what we will focus on each year:

| Year 1 2024/2025 | Year 2 2025/2026 | Year 3 2026/2027 |
|---|---------------------------------------|--|
| Internal delivery and external engagement | Full realisation of operational plans | Evaluation and preparing for 2028 and beyond |

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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 2 are:

- A comprehensive review of all clinical services. This was done in parallel with St Wilfrid's Hospice to allow for benchmarking, sharing learning and identifying opportunities for future partnership working. The output of the review will form the basis of the Year 3 Operational Plan with a strong focus on transformation.
- Working with the Marketing and Communications Team to develop and deliver a clinical awareness campaign.
- Development of clinical managers.
- Implemented e-prescribing for community patients.
- Progressing Hospice Line towards full implementation.
- Improved recording of diversity, equity and inclusion data.
- Implementation of the funded Active Connections project.
- Streamlined Patient Safety Group meetings to ensure equal focus on governance and learning.
- Introduction of a new group to review all incidents to support the transition to the Patient Safety Incident Response Framework.
- Supporting the delivery of the Volunteer to Career project.
- Evolving how we use feedback.
- Commencing IV Therapy on the In-Patient Unit.

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.

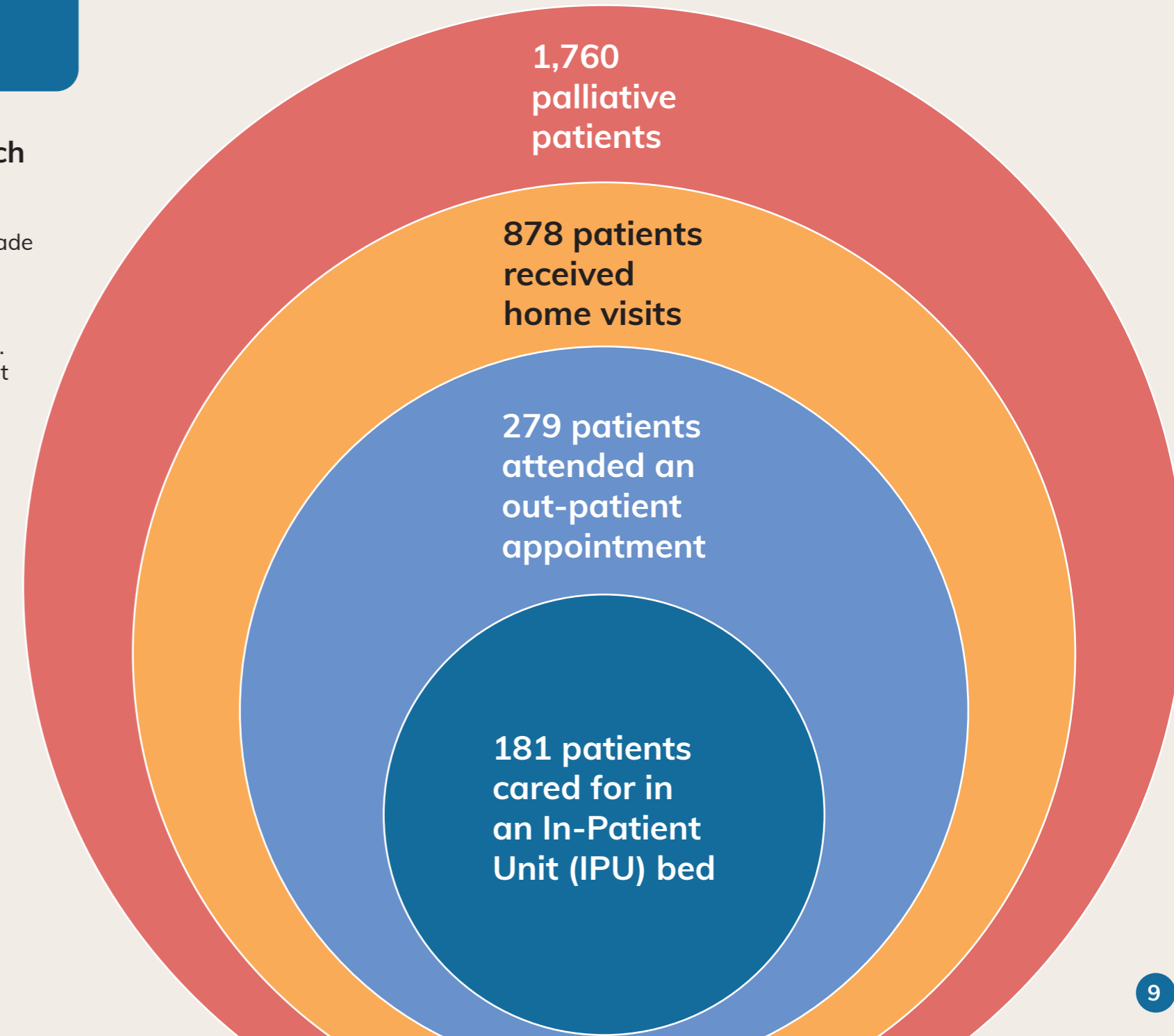
Visit stmichaelshospice.com/our-services for more information about our services.



Data update

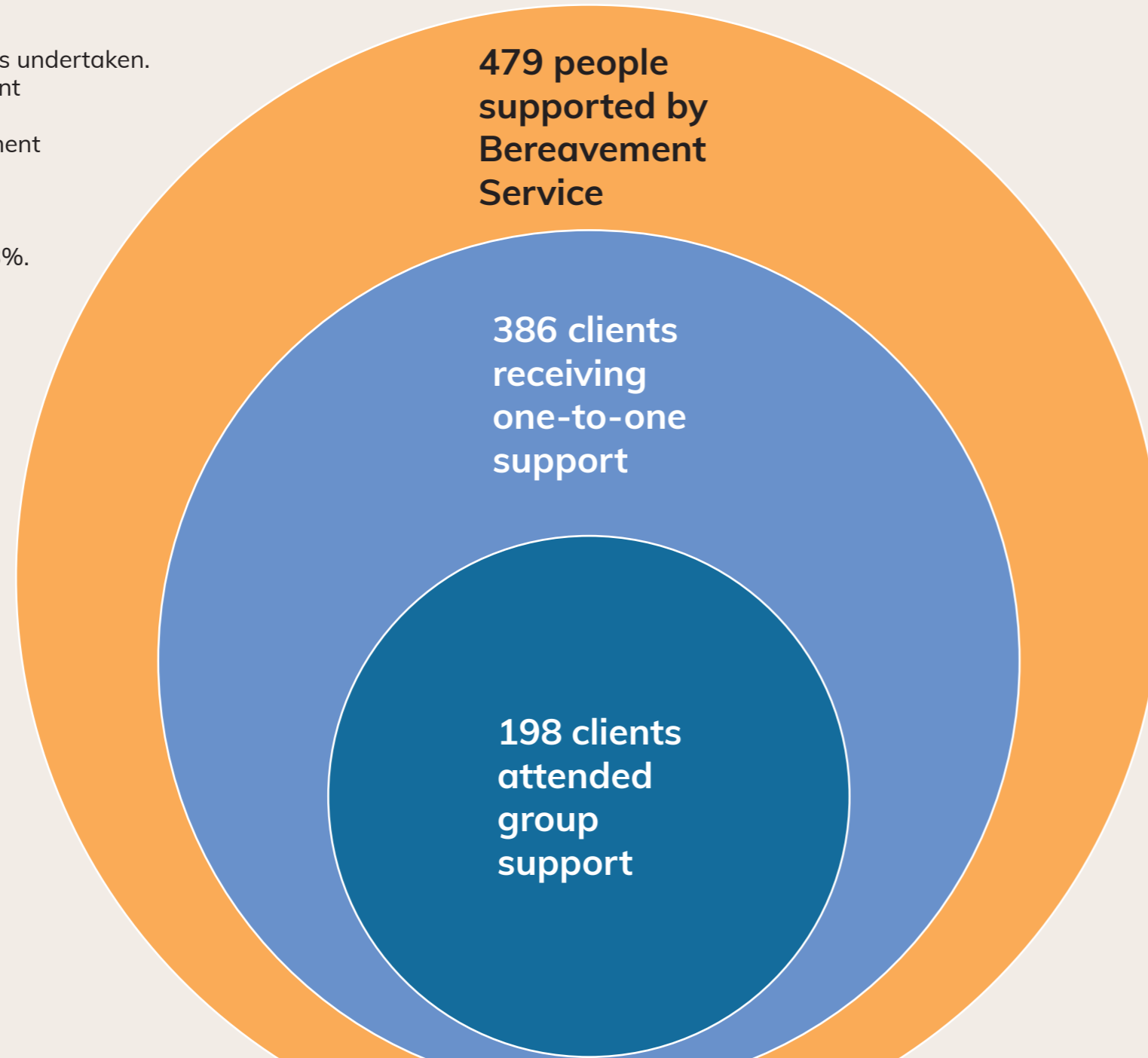
2025/26 Hospice reach - palliative

- Over 1,700 home visits made by specialist palliative care team.
- Average age of palliative patients was 80 years old.
- Over 1,000 attendances at wellbeing groups.
- Over 29,000 calls supporting community palliative patients.
- 47% of patients had a non-cancer diagnosis.
- Over 400 hours of one-to-one out-patient support.



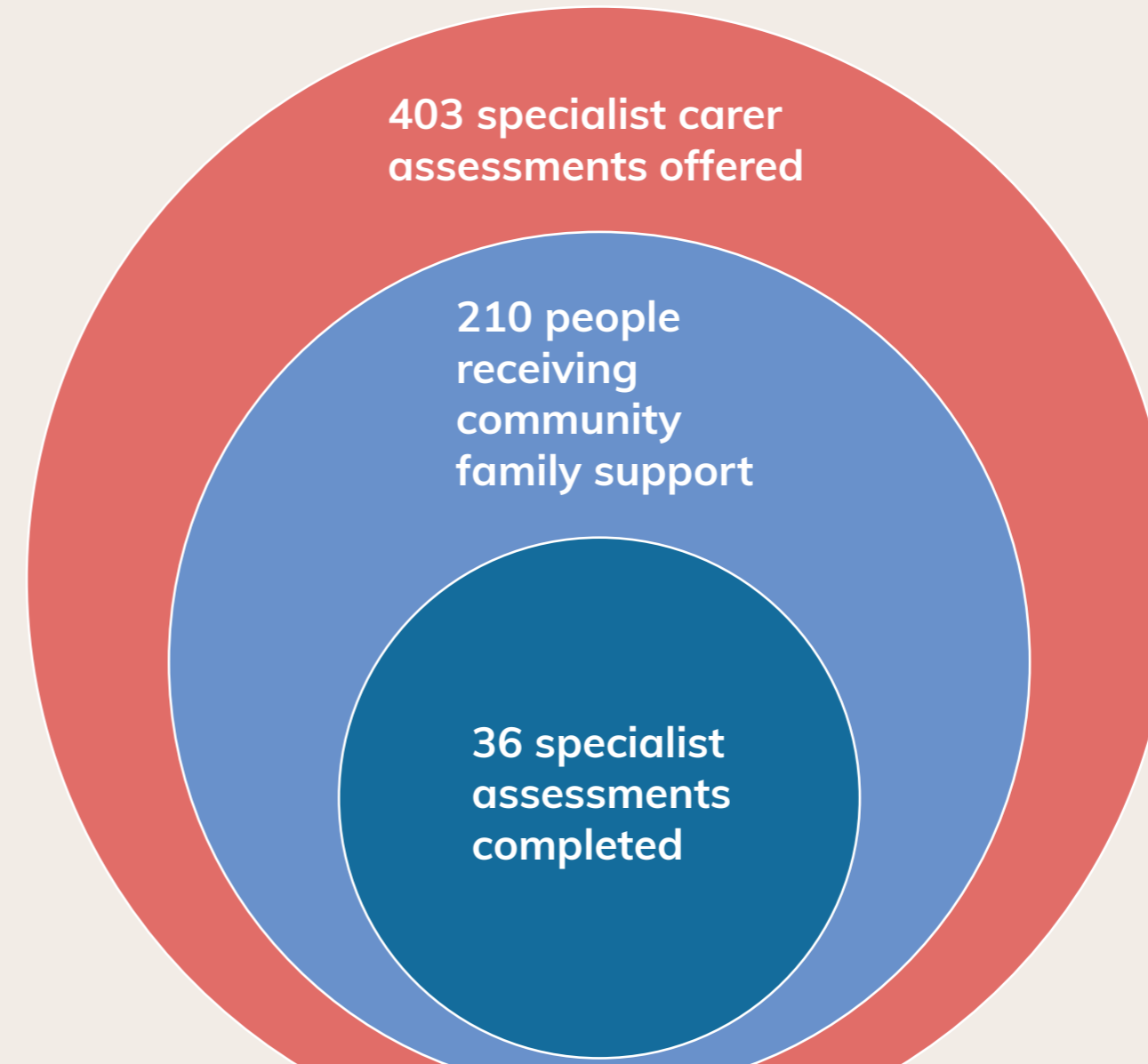
2025/26 Hospice reach - bereavement

- Over 2,800 hours of one-to-one bereavement support.
- 469 bereavement needs assessments undertaken.
- Over 400 attendances at bereavement therapy groups.
- Over 1,800 attendances at bereavement social groups.
- Self-referrals: 55%.
- GP referrals: 29%.
- Community/mental health referrals: 8%.
- Internal/other referrals: 8%.



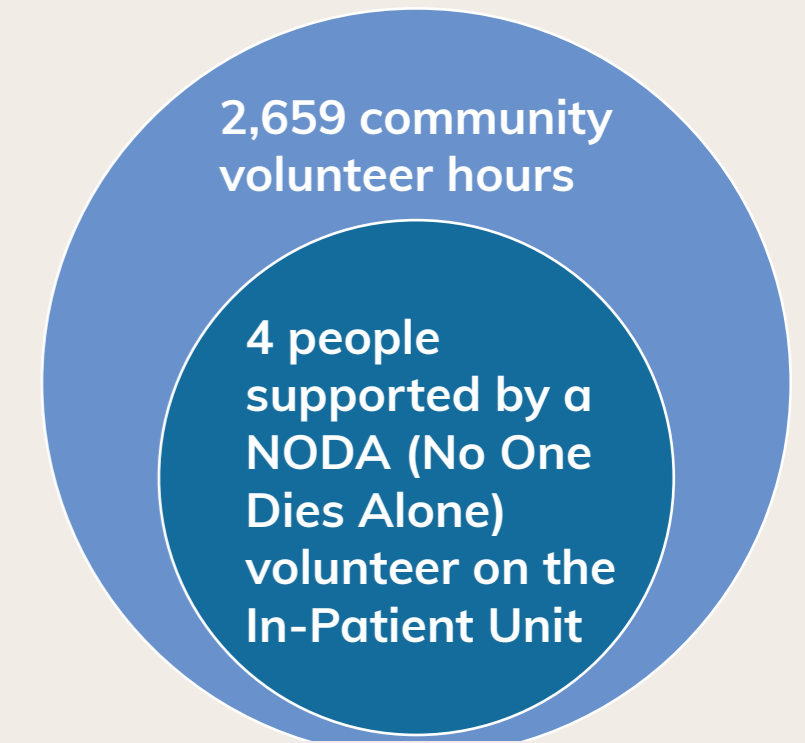
2025/26 Hospice reach - families

- Over 200 attendances at wellbeing groups by family/friends/carers.
- Over 800 overnight calls with carers.



2025/26 Community Partnership Outcomes

- 1,356 attendances at Thursday Coffee Stop.
- 477 attendances at Saturday Socials.
- 1,093 volunteer hours of face-to-face support.
- 180 volunteer hours of remote support.



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 continue to carry out a quarterly Controlled Drugs Audit which monitors documentation on the ward and compliance with Controlled Drugs 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.

Incident Reflection and Action Group (IRAG)

This was a new group introduced in April 2025 in line with the Patient Safety Incident Response Framework implementation plan.

The aim was to review all clinical adverse events within a given time period to identify themes, additional opportunities for further learning and ensure learning is shared. This group will continue to meet bi-monthly.

Infection Prevention and Control

An action plan was developed and implemented following the annual Infection Prevention and Control Audit carried out in February 2025.

Following improvements in the annual audit over the past few years we have now reduced the frequency of the audit. There have been no outbreaks in 2025/26.

Patient Safety Group changes

A review of Patient Safety Group and its subgroups was carried out in quarter four. This resulted in the proposal of a new structure for 2026/2027 to increase focus on learning from incidents in line with Patient Safety Incident Response Framework principles and reduce the burden of meetings on clinicians being presented to the Clinical Governance Committee. The new structure will be put in place from April 2026.

Medical devices

The Medical Devices policy was updated. Compliance with planned preventative maintenance remains high.

Moderate harm

There have been no moderate or above patient safety incidents.

Pressure ulcer management

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

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.

The Safeguarding Adults Protocol for pressure ulcers is completed by the manager and team leader for category three or four pressure ulcers, that develop or deteriorate in our care. This provides a decision guide on whether a referral to safeguarding is required.

Falls

During the reporting period, we noted an overall increase in falls across the Inpatient unit. A proportion of these incidents involved individuals with a known history of falls, which aligns with the rising complexity and acuity of patients being cared for on the unit.

Despite this, monthly audits and subsequent incident investigations consistently demonstrated that the clinical team were applying relevant policies and processes effectively. This increase triggered a full review of all the falls incidents which was reviewed at Patient Safety Group.

None of the falls resulted in moderate or higher levels of harm.



Annual review of record keeping audit

Aim

To review record keeping across all clinical teams.

Outcomes

- Eight audits between July 2024 – June 2025 which covered record keeping across all clinical teams.
- Findings shared after every audit with team leaders.
- Findings shared with Patient Safety Group.
- Four topics were looked at twice or more – Views on Care, consent to share records, next of kin details, and diversity, equity and inclusion (DEI) data.
- Two other topics were looked at – using Situation, Background, Assessment and Response (SBAR) and inpatient care plans.
- Completion of DEI data across clinical teams looked at in October 2024 and April 2025. In-Patient Unit (IPU) and Community have good rates of completion. Bereavement Team have low rates of completion.
- Consent to share records across clinical teams looked at in July 24, Sept 24 and Apr 25. In-Patient Unit and Community teams have good rates of completion. Bereavement team have very low rates of completion.

- Completion of next of kin details across clinical teams – Community demonstrated 100% compliance, IPU varied between 90 and 100% compliance. Bereavement Team had very low rates of completion.

Next steps

- Completion of Views on Care, Diversity, Equity and Inclusion, next of kin details and consent to share records, no longer require to be audited as included in dashboards for monthly monitoring.
- Plan in place to increase Bereavement Team compliance.
- Monthly audits to change to bi-monthly with more of a community focus.

Annual review of In-Patient Unit monthly assurance audit

Aim

To monitor compliance against a range of measures and seek patient feedback.

Outcomes

- Data collected over a 12-month period April 2025 – March 2026.
- 100% compliance with pressure area risk assessments and care plan on admission.
 - 88% completion of daily skin assessments.
 - Falls management continues to improve.
 - Compliance with recording outcome measures on admission increased.
 - 87% completion of medication effectiveness box.
 - 97% of employee names on handover sheet.

Next steps

- Collate monthly Interdisciplinary Team specific clinical questions and patient questions.
- Continue to monitor the recording of outcome measures by sharing monthly audit results and posters.
- Remove questions where data is captured elsewhere.
- Monitor patient and family feedback and respond in a timely manner.
- Continue to review additional questions included in the monthly audit relating to pressure ulcers and bed rails and undertake deep-dive audits where required.
- Continue to use the 'I' and 'We' statements to develop patient questions.

Glove use audit

Aim

To review glove use across the Hospice In-Patient Unit (IPU) wellbeing and rehabilitation.

Outcomes

- Method – questionnaires were distributed to IPU, wellbeing and rehabilitation.
- Audit period – three weeks.
- Audit standard – World Health Organisation (WHO) pyramid criteria for glove use.
- Results - compliance with WHO pyramid 67%-100%.
- Overall, employees in all areas are using gloves correctly when indicated according to the WHO pyramid.
- Areas for improvement – employees wearing gloves in situations where they are not required. 13% of employees said they kept gloves in pockets for future use.

Next steps

- Education to employees regarding the correct use of gloves – recommend integrating into clinical study days.
- Further develop questionnaire to include employee suggestions.
- Re-audit in 12 months.

Palliative radiotherapy in lung cancer patients: audit of patient outcomes and symptom benefit

Aim

To evaluate the benefit derived from palliative radiotherapy for a local cohort of patients with lung cancer who were referred for Community Palliative Care Team support, evaluating impact on symptoms and time to death following radiotherapy.

Outcomes

- Bone pain was the most common indication (35%).
- The median time from referral to treatment was 14 days (ranging from three to 63 days).
- 52% of cases were deemed to derive benefit from radiotherapy on retrospective review of post treatment letters and clinical notes.
- Median overall survival for the cohort was 5.68 months.

Next steps

- Prospective audit with structured questionnaire before and after radiotherapy treatment.
- Suggest integrating the Integrated Palliative Care Outcome Scale (IPCOS) questionnaire into radiotherapy referral process.

Audit of clinical letters following community patient assessments

Aim

- To assess quality of letters.
- To review content and structure of letters written.
- To check for any areas for improvement in communication.

Outcomes

- The Sheffield Assessment Instrument for letters was used for the purpose of this audit.
- Three of the 25 letters reviewed had full compliance of 100% (8/8).
- Nine of the 25 letters reviewed had 87.5% compliance (7/8) with an additional two letters showing a 75% (6/8) compliance.
- Identified areas for improvement included documentation of follow up plans, justification for the change of treatment and a clear outcome of the consultation.

Next steps

- Share results with hospice Community Team.
- Recommend changes to existing GP update letter template.
- A repeat audit be carried out in the future.

Re-audit of antimicrobial prescribing

Aim

To complete antimicrobial prescribing audit cycle. To compare current practice to previous findings, identify areas for improvement and inform prescriber training.

Outcomes

- Good practice identified – ongoing good documentation of allergy status. Improved documentation of response to treatment. Improved documentation of indication for antibiotics. Incidence of antibiotic prescriptions with no review date or indication are low. Ongoing good adherence to prescribing policy, with most deviations justified as avoiding hospital admission.
- Areas for improvement – should be achieving 100% documentation of indication and review dates for antifungal/viral prescriptions.

Next steps

- Re-educate all existing prescribers as to relevant expectations.
- Ensure all new starters receive education regarding relevant expectations during induction.
- Future benchmarking with St Wilfrid's Hospice.

Regional opioid benchmarking audit

Aim

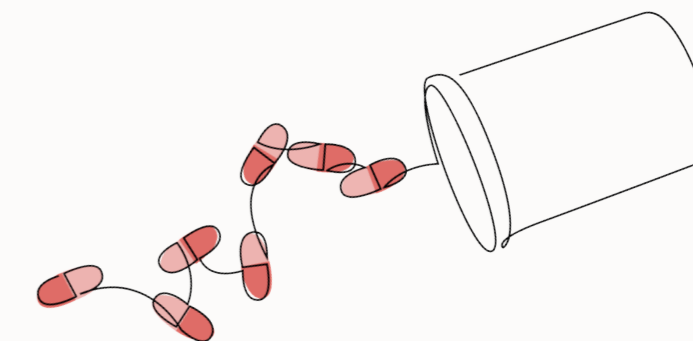
An audit of doses of opioids and sedatives administered to patients in the last 24 hours of life, with the aim of demonstrating appropriate prescribing. Data from St Michael's Hospice benchmarked against nine other hospices across Sussex.

Outcomes

Improved documentation of communication with family (100%) and syringe pump use. Median doses opioids and sedative doses were similar to those in other hospices. 93% of patients received opioids in the last 24hrs. Identified challenges in obtaining community data.

Next steps

- Future benchmarking to include community data.
- Hospice sites to provide feedback for future rounds of audit.



Sharp instruments audit

Aim

To review the safe handling and disposal of sharps in both hospice and community settings. To ensure staff awareness and compliance with policies regarding sharps and needlestick injury management.

Outcomes

- Relevant policies are available on the intranet but not clearly referenced in clinical areas.
- Some employees were unsure which policies include first aid and needlestick injury guidance, though most know the correct actions to take following an incident.
- Variation noted in how employees dispose of sharps in the community - dispose in sharp bins at patient's homes versus returning full bins to the Hospice. No identified risk.

Next steps

- Add policy references to sharps posters for improved staff awareness.
- Clarify procedures for community sharps disposal: small bins to be carried by employees and disposed of by Hospice; larger bins at patients' homes managed by district nurses.

Documentation of inpatient family meetings

Aim

To assess the quality and consistency of documentation related to formal patient and family meetings for inpatients.

Outcomes

- Review of five patient records (IPU stays under 17 days) showed only one documented formal meeting, indicating limited evidence of structured documentation.
- One instance was incorrectly recorded (logged as an adverse event; no harm occurred).
- Need for clearer, standardised documentation process identified.

Next steps

Develop a dedicated Family Meeting template within the Electronic Patient Record, with prompts to standardise records.

CQC Controlled Drugs Accountable Officer annual self-assessment / audit

Aim

To audit and assess organisational governance in relation to Controlled Drugs.

Outcomes

Nine areas of Controlled Drugs management were audited and the hospice scored 100% across them all with no areas of improvement identified.

Next steps

The annual audit will be repeated next year to monitor ongoing compliance.

NHS Accessible Information Standard audit

Aim

To assess the hospices compliance with the 2025 Accessible Information Standard.

Outcomes

Although the Hospice has started to look at making information accessible there was not enough evidence or confirmed processes in place to achieve good results in this self-assessment.

Next steps

A task and finish group has been set up to review the audit results and implement an action plan with nine recommendations.

Controlled drugs standard operating procedures audit

Aim

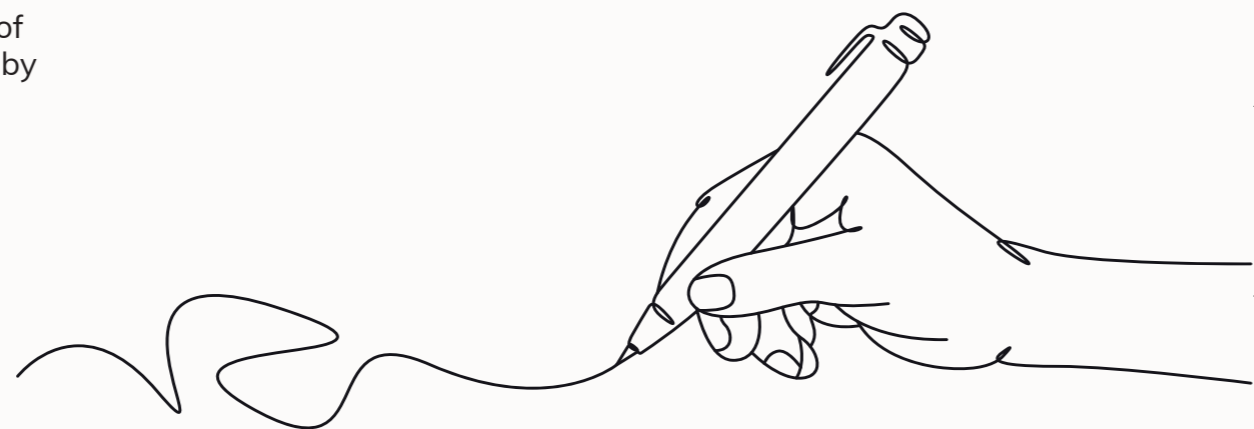
To assess whether the 30 Controlled Drugs Standard Operating Procedures (SOP) 'work' and users are compliant with them.

Outcomes

- Ten controlled drugs SOPs were not audited as eight were only to be audited following an adverse event (none occurred) and two were under review and being rewritten.
- Twenty controlled drugs SOPs were audited through observation, formal audit and assessment of staff knowledge, including audits triggered by relevant adverse events, with full compliance achieved across all areas.

Next steps

The same process will be used for auditing next year.



Hospice UK Controlled Drugs Accountable Officer annual self-assessment / audit

Aim

To audit and assess organisational governance in relation to Controlled Drugs.

Outcomes

Four areas of the Controlled Drugs Accountable Officer role were audited and the hospice scored 100% across them all with no areas of improvement identified.

Next steps

The annual audit will be repeated next year to monitor ongoing compliance.

Hospice UK controlled drugs audit

Aim

To audit that the management of controlled drugs is compliant and in accordance with best practice, this has been completed alongside St Wilfrid's Hospice.

Outcomes

- All sections of the audit completed. Two areas for improvement were identified:
- Employees are not consistently signing the "received by" section of the controlled drugs ordering book upon medication delivery, and work is underway to improve compliance.
 - Prescribers do not always sign or date prescription charts when medications are discontinued.

Next steps

Employees to be reminded of the need to be compliant with the two areas highlighted above. Reaudit to be completed in 2027 with St Wilfrid's Hospice.

Hospice UK general medicines audit

Aim

To audit that the management of general medicines is compliant and in accordance with best practice, this has been completed alongside St Wilfrid's Hospice.

Outcomes

All eight audit sections completed with seven sections scoring 100%, one section (Standard Operating Procedures (SOP)) scored 95% due to the hospice not having a process for signing and acknowledging SOPS and policies.

Next steps

Signing for SOP and policies to be discussed at the next joint Medicines Optimisation Group. To reaudit in 2027 with St Wilfrid's Hospice.

Research

We continued our participation in a Three Coastal Communities Project, which is research by several national universities that aims to enhance the resilience, health, and wellbeing of three UK coastal communities.

Ultimately, 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.

As a result of this project our bereavement and community partnerships and inclusion teams have been active in the development of the first Good Grief Festival in Hastings, taking place in May 2026.

We have expressed interest in other research projects within palliative care this year. One we were unsuccessful in being selected for and one other we are waiting to hear about.

"My assessment was helpful. You were helpful, informative and fast acting. I was impressed by your professionalism and kindness."

- Community patient



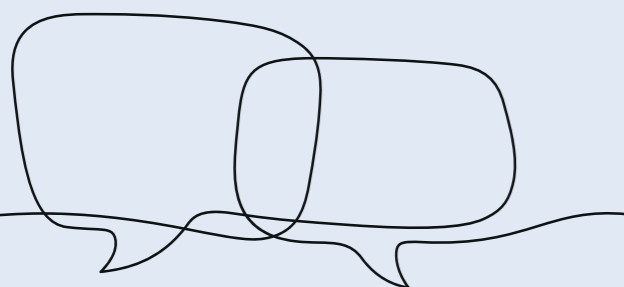
Feedback

Clinical complaints

Clinical complaints are triaged by Associate Director Clinical Improvement, Education and Research and Associate Director Technology, Assurance and Data.

This 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. | 17 |
| Number of formal complaints upheld in full. | 1 |
| Number of formal complaints upheld in part. | 9 |
| Number of formal complaints not upheld. | 7 |



The issues raised within clinical complaints largely relate to individual actions or isolated events rather than whole episodes of care and it is encouraging that people feel able to raise concerns. Importantly, many issues are also being identified proactively through conversations with clinicians, who are escalating and progressing them appropriately - something that may not have occurred consistently in the past and which reflects the positive impact of our ongoing work to support openness and transparency.

Only one complaint was upheld in full, with 40% not being upheld at all. Where complaints were partially upheld or not upheld, the response included a clear rationale and outlined the investigation undertaken. All complaints were responded to in the required time frame and only two complaints needed an extension of time to complete the investigation, ensuring timely responses to the complainant.

Feedback from complaints has been used in recent discussions with individuals and teams to promote learning and we have put new clinical manager huddles in place regularly which will give us an opportunity to talk about new complaints and share learning.

Learning is informing changes to practice as part of clinical transformation work with a focus on areas such as differentiating between first contacts and next of kin and the experience of people receiving telephone support in place of face-to-face contact.

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. 616 questionnaires were sent out in 2025/26 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 carer 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 well-being. 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.

An average of 44% of In-Patient Unit (IPU) patients completed Views on Care on day four of their admission, however only 23% of patients in the community completed Views on Care in the immediate weeks following their first assessment. Completion of Views on Care is harder to achieve in the community as the patients may not be seen again as regularly as those on IPU.

67% of patients staying on the inpatient unit felt being there had a positive difference to their quality of life, with 68% of community patients responding the same.



“I felt nervous. I didn’t know what to expect. I think I was frightened of what might happen, but the nurses were fantastic at helping me settle in. Everyone spoke to me like a person, not just a patient.” - Russell, Hospice patient

Safeguarding

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, staff, 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 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 joint review of our practices and processes with St Wilfrid’s Hospice, Eastbourne.

“All the nursing staff are so lovely and we feel very supported by them all. Doctors have been attentive and adapt treatment when needed.” - In-Patient Unit patient relative.

Freedom to Speak Up Guardians

The Hospice has three Freedom to Speak Up Guardians whose roles are now fully embedded in the organisation. The Guardians hosted awareness sessions in October 2025 and promote the role with posters around the building and online.

In 2025/26 we received eleven concerns. These are categorised below.

| Type of concern | Quantity |
|----------------------|----------|
| Behaviours | 6 |
| Safe staffing levels | 2 |
| Employee wellbeing | 2 |
| Inclusion | 1 |
| Other | 1 |

All concerns were raised either anonymously (11) or confidentially (1). All concerns have been addressed as far as possible, given the anonymity of the concerns raised. There has been regular feedback shared with the organisation through the monthly team briefing, where employees have also been encouraged to share concerns more openly to enable more direct action to be taken. The system for recording concerns has been updated to enable this.

Care Quality Commission

The Care Quality Commission (CQC) Registered Manager changed in September 2025 from Evelyn Prodger, Clinical Services Director, to Trina Bilton, Associate Director Clinical Improvement Education and Research. The CQC Nominated Individual subsequently changed from Karen Clarke, Chief Executive, to Evelyn Prodger, Clinical Services Director, in January 2026.

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

This has included:

- Ongoing 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.



“My wife was only in the Hospice a few hours before she died but the team were wonderful and could not have done anymore for my wife, or us.” - In-Patient Unit patient relative.

Clinical collaborations

Joint safeguarding review

Aim

A joint safeguarding review took place between St Michael's Hospice and St Wilfrid's Hospice. The purpose was to undertake a strategic review of safeguarding practices across both hospices to identify areas of strength for shared learning and provide high level recommendations for improvement.

Outcomes

A report has been collated and presented to both CEOs.

Next steps

Agreed changes will be fed into planned transformation work.

Joint Medication Optimisation Group

Aim

Ongoing sharing of learning opportunities, audits, project work and enhancing 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.
- Implementation of electronic prescribing across both organisations.

Next steps

- Ongoing joint meetings quarterly to replace individual hospice Medication Optimisation Group meetings.
- Ongoing project work for the task and finish group.

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 continued to progress over the second year but have identified the need for more time to ensure processes are correct and meaningful evaluation undertaken.

Next steps

To extend both joint Quality Improvement Priorities into year three.

Connected Care – Dementia and End of Life Project

Aim

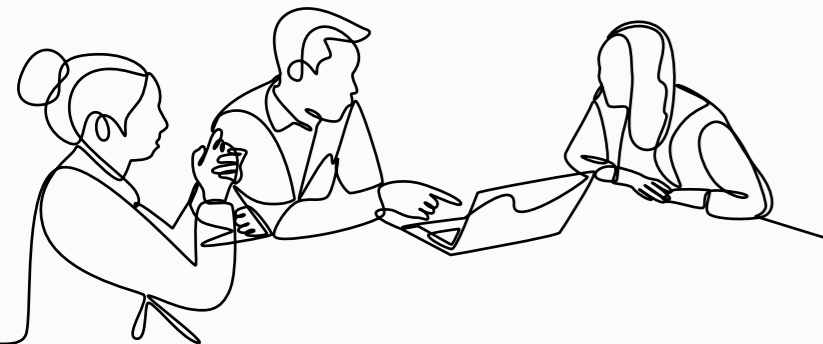
To work collaboratively with a local care home to develop a course of educational sessions and reflection for carers working with people with dementia approaching the end of life.

Outcomes

Co-development of six sessions and delivery from hospice staff. Positive feedback from the carers who participated.

Next steps

Complete evaluation and share as a poster presentation at the Royal College of Nursing Education conference.



“Counselling has put me on the path to see that there is life for me in the future.” – Bereavement client

Joint Clinical Governance Committee

Aim

A joint Clinical Governance Committee was held with St Wilfrid's Hospice in October 2025. It was chaired jointly by the Clinical Governance Committee Chairs with good attendance from both committees.

Outcomes

Examples of joint and partnership working which deliver an improved service to patients and carers were shared.

There was healthy discussion about potential areas of future partnership working.

There was agreement on aligning reporting cycles to support benchmarking.

Next steps

A second joint Clinical Governance Committee will be held in Autumn 2026.

Sussex Hospice Alliance Partnership

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

All Age Continuing Care

The Sussex Hospice Alliance has worked with All Age Continuing Care to develop a service specification and Standard Operating procedure for funded beds. Reporting metrics have been reviewed and reporting processes streamlined.

Medicines optimisation in Sussex Hospices

Following on from the mapping exercise completed in 2024/25 work has commenced on a standard pharmacy specification to support tendering processes.

Quarterly meetings between the hospices have commenced to share learning from medicines related incidents.

Service descriptors review

The Sussex hospices have taken part in an exercise to map services to recently developed Hospice UK Service Descriptors.

Integrated Community Teams

Integrated Community Teams (ICTs) have been put in place by Integrated Care Boards as part of the NHS ten year plan. They are multidisciplinary teams that bring together health and social care professionals to support people in their own communities. They exist to provide joined-up, proactive care, especially for those with complex or ongoing needs with an aim to ensure individuals get the right support earlier, stay well for longer, and avoid unnecessary hospital admissions. Sussex Hospices are playing an active role within Integrated Community Teams.

Implementation of electronic transfer of prescriptions for community patients

In August 2025 we launched electronic prescribing for patients receiving care in the community. This enables prescriptions to be sent directly to the patient's chosen pharmacy, replacing the previous process where they were either delivered by hospice employees or collected by the patient, or their carer. Both medical (doctors) and non-medical prescribers (pharmacists, nurses and paramedics) can issue electronic prescriptions.

Key benefits:

- Timely access to medication – patients receive their medication more quickly, reducing potential delays of several days caused by paper prescriptions.
- Reduced burden on patients and carers – patients and carers no longer need to collect prescriptions from the hospice for redeeming at a pharmacy.
- Enhanced safety – built-in checks within SystmOne help minimise prescribing errors, and electronic prescriptions can be easily amended or cancelled.
- Increased security – electronic prescriptions cannot be lost or tampered with.
- Environmental benefits – reduced paper use and fewer journeys to the Hospice improve sustainability.
- Improved efficiency – employees spend less time managing prescriptions, allowing them to focus on other patient care tasks.



Hospice Line

During 2025–26, significant progress was made toward establishing the shared 24/7 Hospice Line between St Michael's Hospice and St Wilfrid's Hospice, with a planned launch in June 2026. This collaborative model will provide round-the-clock telephone support using shared clinical and administrative resources, shared systems, and consistent escalation pathways.

Extensive preparation has included system testing, workforce training and developing a unified record sharing approach to ensure safe, efficient and high quality patient support. A shared response model has been piloted over a series of weekend in 2025.

Key features:

- A tiered call handling model - healthcare assistants receive and assess calls, registered nurses manage more complex needs, and clinical nurse specialists provide specialist advice and prescribing when required.
- Hospice Line resolves urgent, same day issues, reducing disruption and supporting hospice teams to carry out planned work on time.
- Shared SystmOne record enables call handlers and clinicians to access full patient information, ensuring safe decision making and smooth escalation.
- Better use of employee time across both hospices.
- Improved resilience and consistency.
- Strengthened collaborative working, ensuring the right clinician handles the right task at the right time.



“Thank you for all your help over the year and making us feel supported.”

- Community partner

Carers support

Supporting carers is a core part of our mission to provide holistic care. We recognise that carers often experience emotional, physical, and practical challenges when supporting someone with a life-limiting illness.

What we did in 2025/26

Dedicated Carer Support Services:

- Offered carers assessments and one-to-one emotional support sessions for carers.
- Provided practical advice and signposting to community resources.

Online carer support:

- We developed educational information videos for carers which are accessible via our website that provide advice and support on symptom management, medication handling, and coping strategies.

Bereavement Support:

- Provided bereavement support to carers.

Carer Inclusion:

- Involved carers in care planning and decision making to ensure their voice is heard.



Clinical Education

This was year two of our three-year Clinical Education strategy for the development of Clinical Education at the Hospice.

Internally, we reviewed the annual clinical skills days that were implemented last year and created a new programme for this year's sessions, responding to requests from the clinical team leaders and learning identified from adverse events.

Our Journal Club continued to be hosted on Teams with a wider hospice focus looking at journal articles to provide a multidisciplinary approach to review best practice. We are looking at extending this to work collaboratively with St Wilfrid's Hospice, Eastbourne.

Our monthly Interdisciplinary Learning Forums continue to be hosted on Teams to allow all employees to feedback and share learning from conferences or study days attended. An example of topics include; assisted dying, Motor Neurone Disease, research, disenfranchised grief, working together to gain a patient's trust, and 'Our care beyond yours' from a local funeral director.

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, end of life care and Dementia, frailty, recognising dying, challenging conversations, palliative care emergencies, bereavement and suicide awareness.

This year we launched our Community Hospice Awareness events, holding three throughout the year. These were open to healthcare partners and carers within our local community to provide an awareness of the Hospice services as well as some palliative care



education. We covered topics such as carer wellbeing, palliative care symptoms and frailty.

We responded to a request from a local nursing home to provide syringe pump and Verification of Expected Death training to their registered nurses, as well as another request for a frailty session.

We continued to deliver a joint Clinical Nurse Specialist education programme with St Wilfrid's Hospice, Eastbourne and East Sussex Healthcare Trust, and extended this to include Clinical Nurse Specialists from St Peter and St James Hospice, Chailey.

We ran awareness sessions on the Care Quality Commissions new single assessment framework and the Patient Safety Incident Response Framework. We launched Human Factors training for clinical and non-clinical employees offering virtual sessions co-facilitated by employees from both St Michael's Hospice and St Wilfrid's Hospice.

Collaboratively as a group of four Sussex hospices we engaged external trainers to deliver Oliver McGowan training, both as webinars and interactive face-to-face sessions with lived-experience facilitators. These were hosted equally between the hospices allowing employees a choice of which session they attended.

We are developing links with the University of Brighton with our Associate Director Clinical Improvement Education and Research being asked to present an end of life care lecture to first year student nurses.

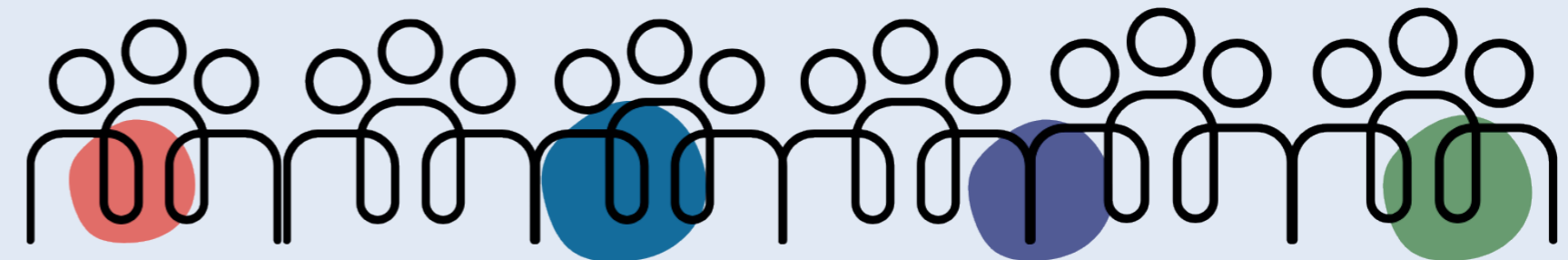
Diversity, equity and inclusion

Ongoing diversity, equity and inclusion work has taken place across 2025/26 building on the work done the previous year.

This includes:

- Holding an internal Diversity, Equity and Inclusion Conference in October 2025.
- Co-hosting multi-cultural events with Hastings Voluntary Action.
- Completion of Bereavement First Aid Packs with Little Gate Farm, who support people with neurodiversity and learning disabilities, Hollington Primary Academy, and the Rainbow Kitchen to meet the needs of their communities dealing with big life events with a bereavement focus.
- Ongoing focus on increasing the diversity, equity and inclusion related data we collect from patients, employees and volunteers with improving results.

- Commissioning external Oliver McGowan training with other hospices, delivered by people with lived experience.
- Implementing new IT solutions to reduce unconscious bias during the recruitment process (i-recruit).
- Reviewing the NHS Accessible Standards and auditing against these to identify areas for improvement.
- Development and launch of the Diversity, Equity and Inclusion Strategy including presentation to the Board. The clinical element of this will be monitored by the Clinical Governance Committee.
- Ongoing Diversity and Inclusion Group and Steering Group meetings.
- Launch of Active Connections – a wellbeing group for patients and their carers with neurodegenerative diseases.
- Bereavement work with the homeless – support and training from our Bereavement Team to the volunteers of Warming up the Homeless.



Trustee visits

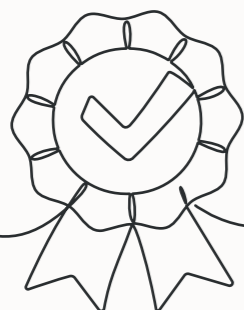
Trustee visits play an important role in our governance processes as well as providing an opportunity for Trustees to get to know people and services better.

In 2025/26 there were five Trustee visits involving nine Trustees. Trustee visits take place quarterly, with most visits completed by two Trustees.

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 provided on the types of questions that should be used during discussions, ensuring they align with assurance needs. The Care Quality Commission's 'I' and 'We' statements also help shape the development of these questions.

Following each visit, Trustees prepare a written report within two weeks. This report is then shared with the Extended Leadership Teams and the Board of Trustees. Some of their observations and insights are highlighted in the quotes shown.



“We were greatly impressed by the calibre and enthusiasm of everyone we met. We have some fantastic ambassadors and everyone showed great motivation for their roles.”

“The overall impression was positive, with employees and volunteers finding the Hospice a rewarding place to work.”

“Employees were open, reflective and engaged, often sharing both successes and frustrations candidly.”

“We took great assurance from the work being done to continually improve ways of working to improve outcomes for patients and carers, and to improve efficiency and effectiveness. The solutions are very pragmatic and practical but are great examples.”

“In relation to the clinical teams we met we were assured of the ongoing commitment to improve outcomes for patients and carers. We were also impressed by the way they continue to find opportunities for innovation where it really counts.”

“I came away impressed by the dedication of employees.”



We also ask employees for feedback following the visits. Some of the things they said are:

“It was a nice opportunity to talk about the organisation and my department, what works well and what I think could be improved.”

“The Trustees were really keen to hear about us and were genuinely interested in our answers.”

“They were attentive and interested in what we were telling them. It was also good to hear a bit more about their role in the organisation.”

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.

Complete

Update plan, do, study, act cycle commenced in Year 1.

Complete

Broaden scope of the steering group to consider local requirements and oversee training and pilot implementation.

Complete

Establish a Community of Practice with North Devon and St Christopher's Hospices.

Partly complete with ongoing action

Complete pilot phase.

Moved to year three.

Complete evaluation of pilot and use within workforce planning for 2026/27.

Complete.

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.

Complete

Launch Human Factors training.

Complete

Launch new incident reporting module.

Partly complete with ongoing action

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

Partly complete with ongoing action

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

Partly complete with ongoing action

Develop a dashboard to support benchmarking across both hospices.

Moved to Year 3

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

Complete

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

Complete

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.

Complete

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

On hold due to changed organisational priorities

Virtual and text consultations scoped and piloted.

On hold due to changed organisational priorities

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

On hold due to changed organisational priorities

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

Complete

“Wonderful and very responsive to the patient’s needs - end of life care that could not be faulted.” – Community patient relative

Quality Improvement Priorities (QIP) 2026-27

QIP 1 - develop a dependency tool to match staffing to palliative complexity and carer need.

Evaluate the pilot data and refine the tool.

Quarter 1

Pilot the updated tool.

Quarter 2

Complete the final evaluation.

Quarter 3

Work with Human Resources for the output data to inform workforce planning.

Quarter 3

Complete a safer staffing review.

Quarter 3

Continue to engage with the Community of Practice.

Quarter 4

QIP 2 - embed Patient Safety Incident Response Framework (PSIRF) principles to enhance patient safety.

Deliver Human Factors training to reach 85% organisational wide.

Quarter 2

Launch the new module, with pilot testing from April 2026.

Quarter 1

Build a feedback loop to reporters into Vantage module.

Quarter 2

Develop a cross-hospice reporting dashboard.

Quarter 3

Incorporate the Systems Engineering Initiative for Patient Safety framework into clinical risk assessments.

Quarter 3

Evaluate progress using Quality Improvement methodology to identify future priorities.

Quarter 4

QIP 3 - strengthen the Living Well/ Wellbeing offer

Standardise triage and assessment processes.

Quarter 2

Scope and introduce self-referral.

Quarter 3

Strengthen and expand volunteer support.

Quarter 4

Pilot a support group for younger patients.

Quarter 3

Establish outcome measures for group programmes.

Quarter 3

Re-design the carer support offer.

Quarter 4

2025 conference poster submissions

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 at other meetings and study days.

We presented two posters at the Hospice UK national conference in November 2025:

Volunteer to Career
(Clair Bexhall, IPU Team Leader).

Drum Together: a trial of a new drum-based, low-intensity, seated exercise group as part of a Hospice Outpatient Wellbeing Programme.
(Matthew Wheatley, Rehabilitation Lead).

Matthew also showcased a poster at the Sussex MND annual study day about the Active Connections group.

A poster will also be shared at the RCN National Education Conference in 2026 by Trina Bilton, Associate Director Clinical Improvement Education and Research, on a Dementia and end of life care project with a local nursing home.

Volunteer to Career

Author
Clair Bexhall, In-Patient Unit Team Leader

Background and aim

St Michael's Hospice currently maintains a full complement of nursing and healthcare employees. However, we recognize that increasing demand for nursing employees necessitates a long-term strategic approach to sustain our services. Volunteers are acknowledged as a valuable component of this strategy.

The objective is to develop a diverse and representative workforce. We have initiated this process by establishing a career progression pathway from healthcare assistant to advanced nurse practitioner. To meet future demands, further expansion is required. According to the Helpforce report, 55% of volunteers secure employment or further education after participating in the Volunteer to Career programme, and 92% maintain or increase their interest in healthcare.

The programme offers a unique opportunity to engage individuals through volunteering, reach potential recruits, support their training and qualifications, and create career pathways.

Method

We implemented the Volunteer to Career programme with two cohorts of five volunteers each. They attended an eight-week programme focusing on two main areas, the In-Patient Unit and the Wellbeing Service. This structure allowed volunteers to spend quality time in each department, gaining comprehensive information and experiences related to career pathways and palliative and end-of-life care.

Results

Since leaving the Hospice, the Volunteer to Career participants have achieved the following:

- Three have enrolled in medical school.
- One has started training to be a paramedic and has a job as a health care assistant in a hospital.
- One is studying a T-Level in health.
- One is a night shift health care assistant at a nursing home.
- One has enrolled on an occupational therapy course.
- Three are looking to continue volunteering with us (across multiple teams at the Hospice, not just on the In-Patient Unit).

Conclusion

The inclusion of volunteers has positively impacted the services offered at the Hospice. Additionally, the programme has fostered a sense of community and collaboration, enhanced the quality of patient care, and provided valuable insights into the needs and aspirations of potential future healthcare professionals. The success of this initiative underscores the importance of integrating volunteer programmes into strategic workforce planning.^{1,2}

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"I really got to know the holistic nature of the Hospice. It's been a very valuable experience."
- Mo



"I am sure it helped me stand out from the crowd and gave me lots of experience to draw on at my interviews."
- Ellie

Watch our Facebook reel, featuring some of the Volunteer to Career participants.



Contact
Clair Bexhall, In-Patient Unit Team Leader
St Michael's Hospice Hastings and Rother
Email: cbexhall@stmichaels-hospice.com

Drum Together: a trial of a new drum-based, low-intensity, seated exercise group as part of a Hospice Outpatient Wellbeing Programme

Author: Matt Wheatley, Rehabilitation Lead

Background

Promoting participation in meaningful activities, socialising and independent physical function are key in rehabilitative palliative care.¹

The use of drumming has been shown to improve symptoms of Parkinson's Disease² and provide a safe low-intensity exercise intervention for a variety of other long-term progressive conditions.


Aim

To set up and deliver a new group, for people attending the Hospice's existing Wellbeing Programme, that uses guided, group drumming to offer a fun, social, safe and supportive intervention that promotes physical activity and participation.

Method

Six employees and six volunteers were trained as drum-based exercise instructors. Participants, all screened for suitability, attended six drumming sessions. A total of 175 drumming sessions across six cohorts of six week sessions were delivered from June 2024 to April 2025.

All participants completed self-reported questionnaires both before and after their course. The questionnaires focused on how often they had difficulties with physical and psychological challenges they faced while living with their long term condition. It also asked about their perceived upper body strength. They also completed a Views on Care survey at the end of the course as a summary of how beneficial they found it.



Results

45 participants between the ages of 56 and 87, attended a total of 175 sessions of group drumming.

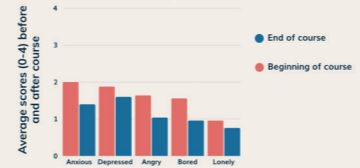
39% of participants had a cancer diagnosis, the remaining 61% had non-cancer conditions.

50% of participants reported a perceived improvement in their upper body strength which was a 21% average increase across the cohort.

The results of the Views on Care questionnaire showed that 73% of participants said the group had given them a lot of benefit, whilst 23% said it gave some benefit.

The results of the questionnaires showed the most frequent improvement and greatest impact were reductions in frequency of feeling anxious, a 28% average reduction; feeling angry, a 36% average reduction and feeling bored or unmotivated, a 38% average reduction.

The below graph shows the overall reduction of negative psychological feelings:



Views on Care results:

- Gave a lot of benefit
- Gave some benefit
- Didn't make much difference

Primary diagnosis:

- COPD
- Breast Cancer
- Heart Failure
- Pulmonary Fibrosis
- Parkinson's Disease
- Other cancer (lung, prostate, bladder, multiple myeloma)

Conclusion

Seated drum-based exercise groups can be safely delivered to outpatients in a hospice setting to people with a variety of conditions and abilities. These sessions promote a fun and accessible way to engage in some group physical activity which could contribute towards an increase in perceived upper body strength and reduced feelings of anxiety, anger, and loneliness.

Acknowledgements
Funded by The Big Lottery Fund, with training provided by LifeDock Training and accredited by the Open College Network.

Contact details
Matt Wheatley, Rehabilitation Lead, St Michael's Hospice, Hastings and Rother.
Email: mwheatley@stmichaels-hospice.com

"It's an absolute lifeline."

"It's made a difference coming to these classes, having people to talk to, and knowing you can discuss any problem with fantastic staff."

"Presenting a poster at the Hospice UK Conference was an inspiring experience. It gave me the opportunity to showcase what we have been doing and to share our achievements with colleagues from across the sector." - Clair Bexhall, IPU Team Leader

"It gave us the chance to showcase an innovative Wellbeing Programme group to other hospices. This generated interest from conference delegates and allowed opportunities for sharing learning and ideas with Wellbeing and Rehabilitation teams from other hospices." - Matthew Wheatley, Rehabilitation Lead

Bereavement first aid project

Hastings and Rother face significant challenges in bereavement support due to aging populations, deprivation, and rising long-term illness. These factors can exacerbate complicated grief, loneliness, or social isolation for those experiencing dying, death, and loss.

The Bereavement First Aid Project was created in response to Professor Allan Kellehear's 95% rule, which reveals that people with life-limiting illnesses spend only 5% of their time with statutory healthcare services. This highlights the vital role communities play in providing informal bereavement support beyond healthcare settings.

Grounded in St Michael's Hospice's values of kindness, respect, and innovation, this project enhanced social connections and community resilience around grief. It encouraged open discussions about dying, death, and loss, equipping people with practical tools to support themselves and others in meaningful ways. Additionally, the initiative brought together local services, organisations, and community groups, building trusted relationships and coordinated support to help individuals navigate bereavement with confidence and compassion.

Key Collaborators

The Community Bereavement Facilitator, Community Partnerships and Inclusion Team, Bereavement Team, Marketing and Communications Team, and four community partners co-designed the Bereavement First Aid Packs.

Each pack was shaped by local insights, reflecting the many forms that informal bereavement support can take across Hastings and Rother.

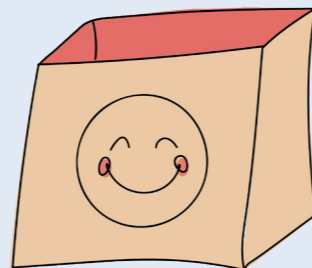
Bereavement First Aid Packs

The Bereavement First Aid Packs will be available to download and print from the St Michael's Hospice website. A limited number of hard-copy prototypes for community engagement will be overseen by the Community Partnerships and Inclusion Team.

The packs include:

Primary School Pack (with Hollington Primary School): a storytelling activity and a craft activity that helps children express their thoughts and feelings about grief and loss in creative ways.

Pack for Individuals with Autism or Learning Difficulties (with Little Gate Farm): Provides clear visual aids and stress-buster activities to support wellbeing and emotional regulation during bereavement.



Your Hospice, Your Care

Your Hospice, Your Care is a cross-team clinical awareness campaign where our Marketing and Communications, and Clinical Teams worked together to myth bust, share real stories, and highlight the impact of hospice care.

The main aims were to:

- Increase awareness of what we do and help people understand more about hospice care.
- Increase GP referrals.
- Increase website visits to find out more about our services.

Representatives from the Clinical Team were interviewed as part of the campaign, sharing their roles and explaining how their work supports people throughout their hospice journey and in the wider community.

Visit stmichaelshospice.com/the-news-hub to read the day in the life of series on our website.



“Family and other people close to the patient play a huge part in the person’s care too, so supporting them is a big part of what we do.”

- Isae, Consultant in Palliative Medicine



“We have time to spend with patients. We get to know what is important to them, build trust and help them find strength, whether physical or emotional.”

- Anna, Physiotherapist



“It’s a role that has a lot of scope for just being present with somebody and thinking out of the box to support them.”

- Andrea, Wellbeing Assistant

“I can’t thank you enough for your skills, empathy and coping strategies, I feel more positive about the future now.”

- Bereavement client

“Coming to the drumming group has brought me joy, happiness and purpose again.”

- Wellbeing Programme patient

“My husbands care was excellent. He felt safe in their hands and was much calmer when there. I had amazing support, can’t thank them enough.”

- Patient relative

“I found as the wife and carer, my attendance at the Wellbeing relaxation course was a great help in balancing my caring and my own welfare, and gave me the strength to be able to meet my husband’s wishes to stay at home.”

- Patient relative

“The care given to my husband in his last few days was compassionate and professional. I was pleased that he could spend his last few days of life in such a peaceful environment.”

- Patient relative

Feedback from the Integrated Care Board

Thank you for providing NHS Surrey & Sussex Integrated Care Board (ICB) with the opportunity to comment on St Michael’s Hospice Quality Account for 2025/26.

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

NHS Surrey & Sussex would like to thank the organisation for its commitment to quality improvement through achievement of its 2025/26 objectives for residents. The Hospice has achieved many successes in 2025/26 most notably:

- Progressed Year 2 of the 2024–2027 Clinical Strategy, focusing on transformation and patient outcomes.
- Introduced electronic prescribing for community patients, improving safety and efficiency.
- Advanced the development of a 24/7 Hospice Line.
- Strengthened partnerships with St Wilfrid’s Hospice and Sussex Hospice Alliance.

Additionally, NHS Surrey & 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.

- The development of a dependency tool, to integrate workforce structure and safe staffing regarding palliative and complex carer needs.
- To embed the Patient Safety Incident Response Framework (PSIRF).
- Improve digital systems and technology to optimise enhanced service provision, community engagement and income generation through adoption of new technologies.

St Michael’s Hospice Quality Account outlines the priorities for improvement in 2025/26, and NHS Surrey & 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 Surrey & 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**



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 2025/26 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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