

The Myton Hospices

QUALITY ACCOUNT

2024/25



We feel privileged to walk alongside those who need us.....

Our Quality Account 2024/25

The Quality Account is an annual report that summarises how the organisation is working to improve the quality of its services, the progress we have made and our priorities for the coming year.

Contents

Joint Statement from Chair of the Board of Trustees and the CEO

Introduction

- Our Vision, Mission and Values
- Our Services and Support
- Review of Performance
- What we achieved in 2023/24

Hospice Experience of our patient, families and people

- Patient and Family Experience
- Patient Outcomes

Priorities for 2025/26

- Implement Patient Safety Incident Framework
- Consistent bed offers

Review of Quality Performance

- Patient Safety Incidents
- Care Quality Commission
- Clinical Complaints
- Clinical Audits and Learnings

Clinical Education and Research Overview

- Education
- Research

Introductory Statement from the Chair of The Board of Trustees, Karl Demian, and CEO, Ruth Freeman.

On behalf of The Board of Trustees, The Senior Leadership Team and everyone who works or volunteers at The Myton Hospices we are proud to present our Quality Accounts for the period between April 2024 and March 2025.

Everyone at Myton is dedicated to ensuring that our patients and their families receive the very best care, delivered with love, compassion and respect for just how unique each person is. This commitment was reflected in Myton receiving a rating of 'outstanding' for Caring following a recent CQC inspection. We were, of course, thrilled to receive this accolade but the greatest satisfaction is always derived from the feedback from patients and those who love them, just like this received from Tom Cronin whose wife Katie was cared for by the team at our Warwick Hospice:

"Myton truly is the best place to be for everyone and I can't imagine anywhere else doing a better job. The incredible doctors, nurses, volunteers and everyone involved took some of the pressure off. For them, this is their day-to-day life - we only play a small part in their jobs. But to us, they underestimate the importance and significance they have on everyone who walks through the doors. The impact they had on me, my sons and the rest of our family is a legacy I'll carry with me forever."

Despite our determination to be here for those who need us the last year was quite possibly one of the most challenging we have seen. Finances have been stretched due to the mandatory increases in employers National Insurance contribution and the minimum wage and a general rise in the cost of living. Despite this we saw significant growth in the number of patients and family members accessing our Wellbeing services, Lymphoedema, Myton at Home and therapies. The increasing complexity of our patients however, and staffing shortages did mean that we struggled to maintain the number of patients accessing our inpatient beds, which resulted in a decline in the numbers compared to the previous year.

During the year we endeavoured to reach out to and support more people in creative ways, from offering financial support to our patients and families via our partnership with Citizens Advice and Macmillan to expanding

our telephone support by training more volunteers to take general enquiry calls and working in partnership with Marie Curie to provide a patient and family advice line. Our GP Information Clinics have been extremely well received by patients and health care professionals alike and have enabled us to reach people earlier in their illness, something we focus on in our strategy.

Whilst patients and families will always be at the heart of everything we do, we are a charity that needs to raise in excess of £12 million every year and we know we can only continue to support those who need us if we can generate more income, so the end of 2024 saw us invest in our income generation teams and so far the results are promising.

The Myton Hospices is a vital part of the community and we, and everyone who works or volunteers here is proud of the difference we make and the place we hold in the hearts of thousands of local people. In return every single one of us, with your support will do everything we can to take Myton forward to ensure that 'The Myton Hospices is here for everyone, now and forever.'



Karl Demian
Chair of Trustees



Ruth Freeman
Chief Executive Officer

Introduction

Our Vision, Mission and Values

Our Vision

The Myton Hospices believe everyone in Coventry and Warwickshire should live well towards the end of their life and have the right to a good, natural death, the way they want it to be, where they want it to be and with their loved ones supported.

Our Mission

The Myton team provide high quality, specialist care to people whose condition no longer responds to curative treatment, from diagnosis to death. We aim to meet their physical, psychological, spiritual and social needs and ensure their families are supported both through and after this difficult time. We are also committed to training, supporting and encouraging other care providers to practise good palliative care.

Our Values

All staff and volunteers are expected to demonstrate our values in their behaviours at work;

OUR VALUES AND BEHAVIOURS

RESPECT and
dignity for all



VALUE every
individual and
ourselves



PROFESSIONALISM
in all we do



ONE MYTON





Our Services and Support

We provide a range of services to support people aged 18 years or over, with a life-limiting condition and registered with a Coventry or Warwickshire General Practitioner.

Core Services are:

1. Two Inpatient Units (IPUs) – Coventry & Warwick Sites
2. Myton at Home - Rugby, Leamington and Warwick.
3. Patient and Carer Wellbeing Service (PCWBS)

Support Services are:

1. Therapy services – Physiotherapy, Occupational therapy and Complementary therapy
2. Spiritual Care service
3. Counselling and Family Service
4. Financial & Benefits Advice Service
5. Lymphoedema Service

Other Support provided:

1. Myton's GP Information Clinics
2. Rugby Myton Support Hub
3. Telephone Support Line for Patients, family and carers
4. AI Chat Assistant on website
5. Out of Hours Clinical Advice for Healthcare Professionals

Compassionate Community (Volunteer Led):

1. Telephone Support Volunteers
2. Compassionate Neighbours
3. Community Connectors

Review of Performance

This year we have cared for 1,851 individuals across all of Myton services. This equates to a 6% decrease on the previous year. However, this doesn't include those supported via the GP Information Clinics, the Citizens Advice – financial and benefits advisor or the Telephone Support Line.

Number of Individuals Accessing at least one service

	April 2024 to March 2025	April 2023 to March 2024
*Patients	1,521	1,582
Family members	330	384
Total Individuals	1,851	1,966

*This is individuals who have accessed one or more of our services. Patients will often access more than one service over a period of time – the number of sessions/ contacts with patients and families is shown in the table below.

Activity by Service

Service	Type of contact	Total Number
Inpatient beds	Bed days provided	7,234
Myton at Home	Visits	2,426
Patient and Family Wellbeing Service	Activities	4,859
Counselling	Sessions	2,022
Therapies	Sessions	2,709
Fatigue and Breathlessness	Sessions	169
Complementary Therapy	Sessions	1,439
Lymphoedema	Sessions	863
Medical outpatient appointments	Appointments	21

Core Services Activity

Inpatient Units

During 2024/25 506 patients were admitted into one of our Inpatient Units, 98 less than the previous year, this represents a decrease of 16%. The primary causes being the increasingly complex needs of our patients and ongoing staffing issues which makes maintaining a consistent bed offer challenging, it also has an impact on occupancy levels.

Patients admitted into an Inpatient bed – Annual Comparisons

	April 2024 to March 2025	April 2023 to March 2024
Inpatient Medical Led Bed Admissions	428	500
Inpatient Nurse Led Bed Admissions	78	104
Total Admissions	506	604
Occupancy	82.6%	77.5 %

Myton at Home

Myton at Home supported 14 more patients in 2024/25 compared to the previous year – an increase of 9%.

Patients seen by Myton at Home – Annual Comparisons

	April 2024 to March 2025	April 2023 to March 2024
Total Individuals seen	170	156

Patient and Carer Wellbeing Service (PCWBS)

The service supported 70 more patients in 2024/25 than in the previous years, an increase of 13%, 6 more family members were supported, an increase of 19%.

Patients and Family members supported by Patient and Carer Wellbeing Service – Annual Comparisons

	April 2024 to March 2025	April 2023 to March 2024
Patients	617	547
Family members	37	31
Total Individuals seen	654	578

Improved Processes implemented in 2024/25

- The introduction of an Electronic Clinical Incident reporting system.
- Implementation of our Electronic Patient record.
- Implementation of our Acuity and Dependency Tool for the Inpatient Units.
- The development of a nursing and medical workforce staffing tool.
- Changes within our Referrals and bed allocation processes, by introducing a triage process and urgency of need score.

What we Achieved in 2024/25

- **Partnership working with;**
 - Citizens Advice and Macmillan – Financial and Benefits Advisor.
 - Primary Care Network (PCN) GP Information Clinics.
 - Rugby Myton Support Hub – with University Hospital Coventry and Warwickshire NHS Trust, Motor Neurone Disease Association, Parkinson's UK, Carers Trust.
 - Marie Curie - Telephone Support Line for Patients, family and carers.
- Bringing a Spiritual Care Service back in-house.
- A successful CQC rating.



Hospice Experience of our patient, families and people we have supported

Patient and Family Experience

As with any healthcare provider, analysing feedback, whether positive or negative, enables us to gain a better understanding of the quality of care experienced by our patients and their loved ones and enables us to constantly review and make improvements to our services.

We are currently reviewing how we capture this information. At present the information is collated from our Service User Questionnaires, during the coming year, we intend to explore options which will enable feedback to be given directly via our website. Much of the feedback we receive is via thank you letters and cards from carers, patients, family members and visitors and we read and learn from these too.



Patient Outcomes

For the last few years, we have been embedding nationally agreed, validated palliative care specific outcome measures into our clinical services. Since moving on to a new clinical record system EMIS we have been able to establish a process of reporting which has enabled us to produce quarterly reports for the inpatient services and 6 monthly reports for the wellbeing service.

For inpatient services we use 3 outcome measures:

- Australian Modified Karnofsky Performance status (AKPS) – a global measure of functioning. It is used to measure a patient's functional ability in activities, work and self-care. For example 100% means the patient is able to fully function, 70% means they are able to care for self but unable to maintain normal activity or work, 50% means they need frequent help with daily activities.
- Palliative Phase of Illness – a measure of the urgency and complexity of care needs.
- Integrated Palliative Outcome Scale (IPOS) – a holistic measure of symptom burden covering physical, psychological, spiritual and social needs.

We have been using these measures within our Multi -Disciplinary Team meetings to improve team working and the quality of patient centred care.

The AKPS and Phase of illness measures allow us to help us to triage referrals and monitor the complexity of patients on the inpatient units. Looking at quarterly data for patients admitted to the hospice enables us to ensure that we are getting the right patients into our beds at the right time. During the last quarter of 2024/25, 76% of admissions were dependent on nursing care and 51% were in a crisis or the last days of life, necessitating urgent admission.

IPOS

IPOS scores are taken on admission across 8 different domains, this allows us to measure the complexity of the patient's needs. The most common issues are consistently pain, weakness/fatigue, poor mobility, family distress, anxiety/worry and not feeling at peace.

By comparing the IPOS on admission with an IPOS completed a short time after admission (usually around 1 week), we are able to measure the impact of our in-patient services on these symptoms/problems. Across the board we are able to demonstrate that admission to the hospice results in an improvement in physical and psychosocial/spiritual issues. Average scores for the majority of problems improve, for example, 4 out of 5 patients have a reduction in pain, with more than half of those with the worst pain saying it is completely resolved. 3 out of 4 patients say their breathlessness has improved and 90% of patients have a major improvement in vomiting. 70% of patients feel less anxious and all patients are more at peace.

The IPOS scores completed by staff after a patient dies look at 8 specific issues in the last 3 days of life, and allow us to report on the quality of end-of-life care. As an example we are able to demonstrate that:

- More than half of all patients die with little or no pain
- 4 out of 5 patients are not bothered by breathlessness
- More than 90% of patients have no vomiting
- More than half of all patients are at peace (not agitated)
- More than 80% of patients have managed to address all their practical issues

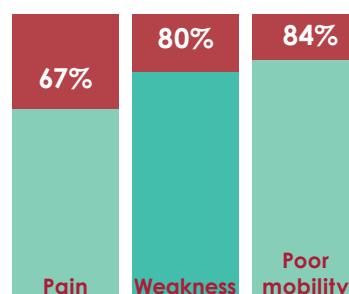
The wellbeing services use the same outcome measures as the inpatient services with the addition of the Views on Care, which is a quality of life and patient satisfaction measure.

Initial reporting of the AKPS and Phase of Illness for our wellbeing services demonstrated that many of the referrals were coming to the service too late or inappropriately (with a significant proportion of patients having dependent care needs or in a crisis situation). By reviewing our referral criteria and introducing a multidisciplinary triage meeting for all new referrals we have been able to ensure that we are not only getting the right patients referred to our services at the right time, but also that patients who are not suitable for our services are signposted to more appropriate services in a timely manner. AKPS and Phase of illness data for wellbeing referrals in the last 6 months of 2024/25 has demonstrated a significant improvement in the appropriateness of referrals with the majority being more independent (AKPS of 60 or more) and not requiring urgent care input.


61%
of our patients are admitted in a **crisis situation** - either due to new or rapidly escalating symptoms or breakdown in carer support.


86%
of our inpatients are **mostly cared for in bed or are dependent on nursing care**, due to advanced disease and severe weakness or fatigue.

Within our Inpatient Unit, pain, weakness or fatigue and poor mobility are the most troublesome symptoms for our patients upon admission.



The majority of patients describe these symptoms as moderate or worse.


45%
of our inpatients have severe or overwhelming pain upon admission...



69% report some improvement in their pain after their time at Myton
and 45% have a major improvement (their pain is reduced to little or none)

Despite the higher functional status and more stable phase of illness of the wellbeing patient cohort, IPOS data demonstrates that they have a similar burden of palliative care need to our inpatients, with an average of 8 different issues scored as significant. Although the burden of physical symptoms tends to be less severe than our inpatient cohort, the burden of psychosocial issues is greater. For example, two thirds of patients reported significant practical issues and one third reported this affected their day-to-day life.

The IPOS outcome data for wellbeing patients is more difficult to interpret due to limited data collection, a larger time interval between the IPOS scores and the complexity of care services in the community. As we are caring for patients with progressive conditions it is expected that symptoms may worsen over time, so maintaining symptoms at a stable level may be considered a positive outcome.

Despite this, we can demonstrate that a significant proportion of patients, as many as 60% have an improvement in all issues.

The Views on Care measure allows us to look more specifically at the impact of Myton Wellbeing services on patients' quality of life. Despite many patients describing their overall situation as getting worse, half reported an improvement in their quality of life (average scores increased from 3.7 to 4.5 out of 7), 94% said that the Myton wellbeing team were making a difference and said it was providing a lot of benefit.

Our next steps are:

1. To improve on the quality and completeness of data collection for wellbeing services.
2. To identify ways in which we can use IPOS within the wellbeing service to optimise MDT working and patient centred care.
3. To introduce the Views on Care measure for inpatient services.
4. To commence IPOS data collection in our Myton at Home service.





Priorities for 2025/26

1. Implement the Patient Safety Incident Framework

- The Clinical Governance and Quality Lead will implement the framework in early January. This will help to foster a culture of compassionate, systematic learning from patient safety incidents including engaging and involving those affected to drive continuous improvement.

2. A consistent bed offer

- To ensure we are able to respond to patient needs, improve patient flow and increase the number of admissions into our inpatient units we will be implementing an e-Rostering system early in 2026. This will support efficient management of staffing levels and ensure adequate and consistent levels are available for all shifts.
- To evaluate the Medical and Nursing staffing model in the summer of 2026, a multifaceted approach will be taken focusing on patient outcomes, quality of care, staff wellbeing, and cost-effectiveness.

3. Compassionate Communities and Connectors

- Alongside our existing medical model, we will be adopting the Compassionate Communities methodology. Myton's aim is to engage with local people and communities to increase our presence, visibility and accessibility and foster a more inclusive approach to service delivery. Compassionate Neighbours will provide social and emotional support to people living with or caring for someone with a life-limiting illness, those who are recently bereaved, and individuals experiencing loneliness or social isolation.

Review of Quality Performance

Patient Safety Incidents

As a healthcare provider we place great focus on key clinical safety areas such as falls prevention, reduction and management of pressure ulcers and medication safety. We encourage an open and transparent culture where reporting and investigation of accidents and incidents provides us with an opportunity to identify where we can make improvements. We have implemented our electronic incident reporting system and will incorporate clinical policy management through this platform.

Where an incident results in a patient sustaining moderate or significant harm i.e. an injury following a fall or development of a Category 3 or 4 pressure ulcer whilst in our care, we undertake a full investigation using a Root Cause Analysis (RCA) methodology to identify any contributing factors and put measures in place to help prevent such an occurrence happening in the future.

Our Clinical Governance framework ensures that outcomes from RCA investigations are communicated widely across our clinical teams to ensure shared learning takes place; additionally, all incident reports are discussed at our Clinical Governance Committee and reported to our Board of Trustees. The team will be focusing on the roll out and implementation of our Patient Safety Incident Response Framework (PSIRF) at the end of this year.

To ensure full compliance with our Care Quality Commission (CQC) registration we submit timely notifications of all patient related incidents when significant harm has been sustained. Between April 2024 and end of March 2025 we notified the CQC of a total of 9 incidents. Of those, 6 related to the development of a Category 3 pressure ulcer, 1 related to the development of a Category 4 pressure ulcer, and the remaining two incidences related to harm sustained by two patients following a fall.

Overall



Caring



Care Quality Commission

The Care Quality Commission (CQC) is an independent regulator of health and adult social care service providers in England. They work with providers to make sure health and social care services provide people with safe, effective, compassionate, high-quality care. In October 2024, a planned inspection took place on our Coventry and Warwick site. The inspectors spent time speaking with staff, including the Registered Manager and the Clinical Governance and Quality Lead. Following review of our services at the Warwick and Coventry Sites, current policies and procedures and patient and family feedback, both sites retained an overall rating of GOOD, with OUTSTANDING for Caring. In relation to our Rugby Site the last inspection that took place was October 2022, the overall rating was GOOD.

Clinical Complaints

We closely monitor the number and themes of complaints received as a measure of quality and for making improvements to our services. Individuals accessing our services are supported to raise their concerns, all complaints are taken seriously and forwarded to the CEO who ensures they are thoroughly investigated, and a response to the complainant is made in writing.

During the reporting period of April 1st 2024 until March 31st 2025 a total of 10 complaints were received which related to clinical care within the organisation. Learnings from complaint investigations are identified and incorporated into action plans which are shared, monitored and areas of improvement are implemented. The findings allow us to understand where policies, processes and procedure changes are required. We received one more complaint in 2024/25 than in 2023/24.

Clinical Audits and Learnings

Over the last year the Clinical Governance and Quality team have enhanced our Clinical Audit programme and processes. There has been medical, and nursing & care engagement to ensure there is a robust programme across a range of clinical practice areas included in the workplan for the year. A clinical audit policy has been developed and implemented. All audits are presented at the Clinical Practice Forum, where outcomes of the audit and areas of development and learnings are identified and included in an action plan for implementation.



Clinical Education and Research Overview

Education Overview



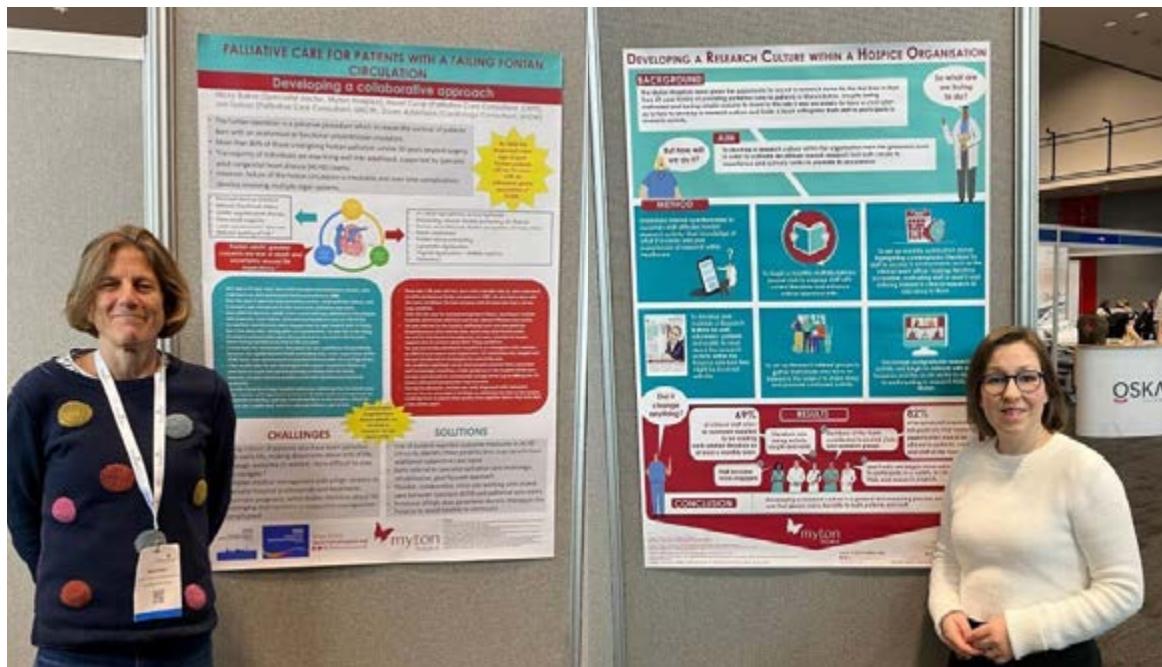
The Clinical education team provided Quality End of Life Care for All (QELCA). QELCA enables health professionals to experience hospice care and empowers staff to improve end of life care in their own practice settings. The programme involves staff participating in 5 days at the hospice followed by 6 months of action learning sets. In June 2024 12 nurses across different wards from a local acute NHS trust attended the hospice to take part in the programme, the staff have now gone on to become End of Life Care Champions for the hospital, adapting and supporting best practice for patient care. There was also a

further programme delivered in March 2025 for the West Midlands Ambulance Service where a cohort of 12 paramedics in varying roles across their trust attended the training days. Action learning sets have continued with the groups of staff.

The Clinical education team at the Hospice have provided internal and external training and education sessions for staff regarding palliative and end of life care and other areas of clinical practice. There has been a total of 227 staff who have accessed external training between April 2024 and March 2025.

Research Overview

- We closed two National Institute for Human and Care Research (NIHR) funded clinical research trials during this year, earning £1,670 in renumerations.
- We have participated in 6 external pieces of research; providing staff, patients and carers the opportunity to participate in some really interesting and informative research studies.
- We have continued to invest in a research culture with the launch of Research Awareness weeks, the annual research bulletin and regular multidisciplinary journal clubs and book clubs. Publications stands, 1-1 tutorials on searching databases and nursing revalidation support have facilitated this research active culture.
- Myton continues to be represented at the West Midlands Palliative Care Research Community Group every 12 weeks, as well as at local and national conferences and events.
- Myton was asked, and fulfilled, the request to sit on an expert panel at the West Midlands Cares Research showcase conference which presented an invaluable opportunity to share our research journey and inform others of the work we are doing.
- We presented a poster at the St. Luke's conference in Sheffield this year, entitled 'Developing a research culture within a Hospice organisation'.
- We continue to maintain good relationships with Warwick University, Marie Curie (Solihull) and University Hospitals Coventry & Warwickshire and hope to explore other avenues in the future.
- We have research representation at The Myton Hospices Patient, Public Involvement Group to engage, inspire and present research studies to the group to further develop culture within all groups of Myton.
- We have been successfully selected as a site for two upcoming NIHR portfolio clinical trials for 2025/26. DAMPen II is a trial which will look at how to assess and improve detection, treatment, management and prevention of delirium in palliative care units. ReSTORE will explore the mental health of palliative care workforces. We will be recruiting 10-20 Healthcare Professionals and they will be completing questionnaires and if in the intervention arm, they will be attending online workshops and completing self-directed activities based on Acceptance and Commitment Therapy (ACT).





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