



## QUALITY ACCOUNT 2020-2021

“The care and attention was outstanding...Everyone who came into our home was professional, caring and so very kind. We could not have asked for anything more, they were superb”

(2020 VOICES SURVEY)

~

## **Part 1**

### **What is a Quality Account?**

The Quality Account for St Raphael's Hospice covers the period from 1 April 2020 to 31 March 2021 and is a record of the cycle of continuous quality improvement as we strive to deliver excellent specialist palliative care. It provides an opportunity for us to share best practice and is driven by the experiences of both those providing and receiving our services. It allows us to demonstrate our commitment to engage with evidence-based quality improvement and to outline our progress to the public. We hope that our Quality Account will facilitate an opportunity for review, debate and reflection as well as provide the public, our regulator and commissioners, assurance that we are routinely evaluating our services and focusing on improvement that will enhance and support the delivery of excellence to the people who use our services.

### **St Raphael's Hospice**

St Raphael's is an independent registered charity (charity number 1182636, company number 11732567) providing specialist palliative and end of life care services to our community.

Since 1987, St Raphael's has offered Hospice care to those facing life-limiting illness living in the boroughs of Merton and Sutton. The service is free of charge to all who use it and provides high quality, expert medical and nursing care delivered in our 14-bed unit or in patients' own homes. We also provide psychological support services including social work and bereavement support, wellbeing and related services, to patients, their families and friends. St Raphael's recognises and respects cultural, ethnic and religious preferences. We welcome, support and care for patients and families of all faiths, or none.

Hospice care is holistic and tailored as far as is practicable to an individuals' needs. Our expert team are skilled in supporting patients to improve the quality of their life within the constraints of their condition.

Our Services include:

- **Specialist clinical care provided by doctors and nurses in our in-patient unit or in the patients' own home.**
- **Hospice at Home service offering respite and support to carers.**
- **A Wellbeing Centre providing social and creative opportunities together with practical information and complementary therapies.**
- **Pastoral care and spiritual support.**
- **Psychological support for patients, counselling and bereavement support for family members (including children) and other loved ones.**
- **Specialist education and information for patients, carers and other professionals.**

It costs around £6.5 million every year to run the hospice and support the services it provides. We receive a grant of around 25% of these costs from NHS sources, but we are reliant on the generosity of our local community through charity fundraising, donations and legacies, our lottery and charity shops to raise the remaining 75% to allow us to continue providing high quality care to the people referred to our service.

## Statement from the Joint Chief Executive Officers

The philosophy and values of St Raphael's Hospice are based on the Christian Ethos of respect for all human life and recognition of the unique value of each person. We welcome, respect and support patients, families, staff and volunteers from a wide diversity of cultures and faiths which is reflective of the communities we serve. Everyone has the right to expert palliative and end of life care with access to the services which enable people to have a dignified death in the place of their choosing.

We are actively engaging with our Hospice Strategy, EVE, which embraces **Excellence** in everything we deliver. We want the people of Merton and Sutton to have confidence that we will be there for them when they need us. We want to provide assurance that they will receive quality care in an environment which supports their wellbeing and that of those who are important to them, delivered by expert and skilled staff. We believe that by delivering on excellence we will raise the **Visibility** of St Raphael's within our community which will enhance **Engagement** across all sectors, creating a virtuous circle where people will want to support the hospice both financially and with their time through volunteering.

We recognise and value the contribution made by all our staff and volunteers to the services the Hospice provides. To improve the delivery of palliative and end of life care, we work collaboratively across care sectors to support education in the principles of specialist palliative care, both within the Hospice and the wider community.

Quality is integral to the excellent services that we aim to provide. Its assurance is communicated every 2 months to the Board of Trustees through reports on aspects of clinical, corporate and financial governance. We are very grateful to those who compile and review these reports, acting as gate-keepers to the qualities we all aspire to.

To the best of our knowledge, the information reported in this Quality Account is accurate and represents the quality of the healthcare services provided by St Raphael's Hospice.

Gail Linehan and Nick Stevens  
Joint Chief Executives

The image shows two handwritten signatures in black ink. The signature on the left is 'G Linehan' and the signature on the right is 'Nick Stevens'. Both are written in a cursive, flowing style.

St Raphael's Hospice

## Part 2

### 1. Priorities for improvement 2021 – 2022

St Raphael's Hospice is fully compliant with the Fundamental Standards of Quality and Safety that support the section 20 regulations of the Health and Social Care Act 2008 and its subsequent amendments.

Consequently, there were no areas of shortfall to include in its priorities for improvement in 2020-2021.

Effective from 1<sup>st</sup> April 2015, has been our responsibility to meet two groups of regulations:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
- Care Quality Commission (Registration) Regulations 2009 (Part 4).

These regulations introduced the new fundamental standards which describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid-Staffordshire NHS Trust.

The Board of Trustees and/or its Sub-committees have endorsed the Management Plan for 2021/22 and considers that its top three quality improvement priorities are:

#### **Future planning priority 1:**

#### **An improvement priority to offer access to people with long term/chronic illness to the The Living Well Programme**

**Standard:** To widen access to palliative care advice and support to a non- specialist palliative care group of patients – Social Prescribing

**Measure:** Clinical Quality and Governance Report

**Review:** Clinical Quality and Governance Sub-committee



## **Future planning priority 2 :**

- **An improvement project to recognise and support the excellent practice demonstrated by staff and volunteers going over and above expectations**

**Standard:** To provide an easy access/reference depository of excellent practice that facilitates contemporaneous capture of example

**Measure:** Evidence of Excellent Practice Register

**Review:** Clinical Quality and Governance Sub-committee and Board of Trustees

## **Future planning priority 3 :**

- **An improvement project to review, revise, re-brand and publish Hospice information material across a range of media to service the needs of the local population**

**Standard:** To establish a forum for the steering of information material review, a prioritised program of material review and implement a standardised process for information material production, ownership and review.

**Measure:** Information Material Register

**Review:** Executive Team

## **2. Statements of Assurance from the Hospice Board of Trustees**

The following are a series of statements that all providers are required to include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

### **2.1 Review of Services**

During 2020/2021, St Raphael's Hospice provided 5 NHS funded services:

- In-patient Unit
- Wellbeing Centre
- Outpatients
- Hospice @ Home
- Community Clinical Nurse Specialist Service

St Raphael's Hospice has reviewed all the data available to it on the 'quality of care' in all the above services.

The income generated by the NHS services reviewed in 2020/2021 represents 100% of the total income generated from the provision of the NHS funded services by St Raphael's Hospice for 2020/2021.

#### **What this means**

St Raphael's Hospice is funded via a standard NHS contract and fundraising activity. The income generated from the NHS represents approximately 25% of the overall running costs of the Hospice. The remaining income is generated through legacies, our hospice shops and lottery and support from our generous community.

### **2.2 Participation in national clinical audits and confidential enquiries**

During 2020/2021, no national clinical audits and no confidential enquiries covered NHS services provided by St Raphael's Hospice.

#### **What this means**

There are no national clinical audits or confidential enquiries that cover the specialist palliative care services either commissioned or provided by St Raphael's Hospice.

However, St Raphael's Hospice carries out internal clinical audits throughout the year as part of its management planning process.

### **2.3 Participation in local clinical audits**

The undertaking of clinical audits at a local level feeds into the management planning round for St Raphael's Hospice. Details of projects undertaken in 2020/2021 can be found at section 3.2.1.

### **2.4. Participation in clinical research**

There has been no clinical research initiated in 2020/2021.

### **2.5 Goals agreed with commissioners**

St Raphael's Hospice's income in 2020/2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

### **2.6 What others say about us**

St Raphael's Hospice is required to register with the Care Quality Commission and has no conditions on its registration.

The Care Quality Commission's last undertook an announced inspection of St Raphael's Hospice on 11<sup>th</sup> & 12<sup>th</sup> November 2019. The Hospice was assessed as fully compliant with the required standards and achieved an overall rating of GOOD.

The Care Quality Commission has not taken enforcement action against St Raphael's Hospice during 2020/2021.

St Raphael's Hospice participated in a Transitional Monitoring of Service call on February 23<sup>rd</sup> 2021 which is the new CQC model of ongoing inspection/review of services. There were no areas of concern raised. The hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

## 2.7 Data quality

St Raphael's Hospice constantly reviews the quality of its data to see if there are ways in which it can be improved. As a result, it undertakes the following action to further improve data quality:

- Data integrity checks to service production of activity data
- Programme of data completion assessments that facilitate user-defined data interrogation / report production
- System design enhancements to facilitate inputs and useful outputs

A high value is placed on the data and consequential information outputs that can be generated through the Hospice's information systems.

St Raphael's Hospice did not submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics as this is not applicable.

St Raphael's Hospice submitted its self assessment to service compliance with the NHS Digital Data Security and Protection Toolkit (DSPT) in June 2021.

## **Part 3**

### **3. Quality Review**

#### **3.1 Review of quality performance in 2020/2021**

This is the eighth year St Raphael's Hospice has published a 'Quality Account'.

#### **Past planning priority 1 : Datix Risk Management System**

##### **- An improvement project to develop risk management**

**Standard:** To introduce a recognised gold standard amongst commissioners and providers alike in risk management software. To help measure and “move the needle” in improving quality.

**Measure:** Utilisation of Datix Risk Management software across incident reporting, feedback (complaints, compliments, concerns and suggestions) and risk assessment. General operational efficiencies will include more accurate information capture, improved information sharing and more rapid corrective actions.

**Review:** Plans for the implementation of the DATIX risk management system in 2020/21 were affected by the pandemic and consequential resource prioritisation of resources. Its implementation is now being progressed and implementation is expected to commence in September 2021.

## **Past planning priority 2:**

### **An improvement priority to support counselling for post bereavement care**

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**Standard:** To target additional counselling support to the Hospice amongst psychological counselling students.

**Measure:** Psychological Update Report

**Review:** Additional counselling support provided by six student counsellors during 2020/21 has increased the service offered and alleviated pressures previously absorbed by the psychological support services team.

## **Past planning priority 3:**

- **An improvement project to demonstrate compliance with NICE guidance NG31 Care of Dying Adults in the last days of life**

**Standard:** To demonstrate compliance across a range of criteria underpinned by NICE Quality Standard 144

**Measure:** Clinical audit report on NG31 Care of Dying Adults in the last days of life

**Review:** Results demonstrated a high level of compliance across the standards on the IPU and highlighted areas for improving documentation and aspects of outcome measurement.

## **3.2 Quality Management**

### **Quality Improvement Committee**

The Hospice's Quality Improvement Committee steers the Hospice's approach to quality assurance and improvement. Chaired by the Head of Quality & Improvement, it meets every 3 months. Its membership includes the Joint Chief Executive Officers, the Clinical Director, Palliative Care Consultant representation, the Community Services Team Manager, the Inpatient Unit Manager, a Practice Development Nurse and the Audit Support Officer. Standing items for this Committee include Clinical Risk Management, Clinical Audit, Clinical and Corporate Effectiveness including Policy Development, Information Material, Practice Development and NICE Quality Standards / CAS /MHRA clinical safety alerts, Patient/User Feedback, Organisational and Regulatory Assurance, Infection Control and Complaints.

### **Training & Development Committee**

The Hospice's Training & Development Committee steers the Hospice's approach to education and all forms of training. Chaired by the Joint CEOs, it meets every 3 months. Its membership includes the Joint CEOs, Clinical Director, the Head of HR, the Practice Development Team, the Inpatient Unit Manager, the Community Services Team Manager and the Education Secretary. Standing items for this Committee include Funding Streams, Course Take Up, Course Applications, Induction Training, Mandatory Training and Course Provision.

### **Drugs & Therapeutics Committee**

The Hospice's Drugs & Therapeutics Committee steers the Hospice's approach to drug and therapeutic governance. Chaired by a Palliative Care Consultant, it meets every 4 months. Its membership includes the Joint CEOs, Consultants in Palliative Medicine, medical prescribers, non-medical prescribers, the Inpatient Unit Manager, the Community Services Team Manager, the Practice Development Team, the Clinical Pharmacist, the Chief Pharmacists for both Sutton and Merton Clinical Commissioning Groups (or designated representative) and the Head of Quality and Improvement. Standing items for this Committee include Safe CD prescribing & administration, Guideline/Policy updates, Therapeutic Governance including cost trending, Medication Incident Review, Non-medical Prescribing and MHRA Drug & Device Alerts.

### **Health & Safety Committee**

The Hospice's Health & Safety Committee steers the Hospice's approach to health and safety and supports the communications of 'Works' updates for the site. Chaired by the Head of Quality and Improvement, it meets every 2-3 months. Its membership includes the Facilities Manager, the joint CEOs, the Clinical Director, the Inpatient Unit Manager, the Community Services Team link nurse, the Housekeeping Manager, the Head of Income Generation, Head of Retail and both clinical and non-clinical link staff for Health & Safety. Standing items for this Committee include Health & Safety Management Update regarding H&S legislation/practice development, Compliance with Audit Recommendations, Policies & Risk Management, Non-clinical Accident & Incident Review, Works Update, Health & Safety matters affecting staff, volunteers, systems and the environment.

### **Infection Control Committee**

The Hospice's Infection Control Committee steers the Hospice's approach to infection control. Chaired by a Consultant Microbiologist from the local acute Trust, it meets twice per year. Its membership includes the Joint CEOs, the Clinical Director, the Inpatient Unit Manager, the IPU IC link nurse, the Practice Development Team, the Facilities Manager, the Head of Quality and Improvement and the Housekeeping Manager. Standing items for the Committee include Water Management, Infection Control Issues, Sharps Injury & Body Fluid Exposure, Alert Organisms Surveillance, Occupational Health Update and Regulatory/Best Practice Requirements.

### **Developments in 2020/21**

Pursuit of both the Hospice's clinical audit and education program was compromised during 2020/21 by the pandemic. Resources targeted core requirements in delivering essential services whilst supporting patient and staff safety, infection control and the provision of activity data.

### 3.2.1 Clinical Audit

During 2020/2021, the Hospice undertook a number of clinical audit projects, amongst which were:

Project	Results/Actions/Comments
Prescription Chart Documentation	Weekly audit by the Hospice's Clinical Pharmacist shows 276 charts assessed in 2020/21 (c.f. 300 in 2019/20) comprising 4779 prescription items (c.f. 5120 in 2019/20) and a respective evident prescription writing and error rate of 0.2% (c.f. 0.3% in 2019/20).
Hospice @ Home Carer/Relative Satisfaction	2020 results continue to show that 100% of respondents would recommend St Raphael's Hospice @ Home service with particular regard for how 'very' helpful the service had been across a range of criteria that includes comfort measures, emotional support, face to face advice, telephone advice during the day and night, respite sits, enabling the patient to stay at home and dealing with a crisis.
Care of Dying Adults in the last days of life	<p>2020's audit supported and provided assurance regarding clinical practice on the IPU:-</p> <p>100% dying adults in last days of life have DAILY monitoring of signs and symptoms</p> <p>100% dying adults in last days of life have individualised care plan</p> <p>97% dying adults in last days of life have care plan discussed with them and people important to them</p> <p>100% dying adults in last days of life have the care plan followed</p> <p>94 % dying adults in last days of life have anticipatory prescribing needs assessed for symptoms likely to occur in last days of life</p> <p>100% dying adults in last days of life prescribed anticipatory medications with individualised indications for use, dosage and route of administration</p> <p>100% dying adults in last days of life have their hydration status assessed daily</p> <p>100% dying adults in last days of life have discussion about risks and benefits of hydration options</p>
Hospice Admissions' Audit	2020's audit highlighted areas for improvement in the information captured on the Hospice Admission Score Sheet and the associated prioritisation of patients together with useful insight into the capture of Phase of Illness and Performance Status recording that has fed into a re-introduction of Step 1 of the OACC suite of measures in 2021.

Project	Results/Actions/Comments
VOICES Survey	<p>The National Survey of Bereaved People (VOICES, Views of Informal Carers – Evaluation of Services) collects information on bereaved people’s views on the quality of care provided to a friend or relative in the last 3 months of life. The survey was commissioned by the Department of Health in the NHS in 2011. Nationally, VOICES data provides information to inform policy requirements, including the End of Life Care Strategy, that promote high quality care for all adults at the end of life</p> <p>The information given in response to the survey supports us to improve people’s experiences of care at the end of life. Results in 2020:-</p> <p>Responses to the questions on the care and environment provided in the inpatient ward (IPU) remain overwhelmingly positive, with all respondents agreeing that help with personal care and nursing care met their requirements and all but one agreeing that the environment respected the patients’ privacy. Definite assertion of the adequacy of emotional support increased to 96% in from 2019’s 68%.</p> <p>Definite assertion that symptoms other than pain in the IPU had been definitely or to some extent relieved has increased to 100% in 2020 (c.f. 95% in 2019).</p> <p>Pain relief in the IPU has moved significantly with it being reported to have been relieved completely, ‘all of the time’ by 54% in 2019 (c.f. 79% 2019). Keeping family members always informed of the patient’s condition was met for 90% in 2020 (c.f. 80% in 2019).</p> <p>Always treating patients with respect and dignity was considered highly for both doctors and nurses – 100% for nurses and 97% for doctors (c.f. 90% for nurses and 89% for doctors in 19).</p> <p>A significant increase in the numbers that considered they had definitely received enough emotional support in 2020 – 90% (c.f. 62% in 2019).</p> <p>Respondents were asked to rate care given to the patients by doctors and nurses on admission to the IPU. Taking ‘exceptional’ and ‘excellent’ together there is a marginal increase to 97% in 2020 (c.f. 95% in 2019). Responses relating to nursing care show regard at ‘exceptional’ or ‘excellent’ levels increase to 100% in 2020 (c.f. 95% in 2019).</p> <p>Regarding the food provided on the IPU in 2020, ‘exceptional’ and ‘excellent’ ratings combined decreased to 57% in 2020 (c.f. 77% in 2019) leading to a change in provision.</p> <p>Overall, care provided by the Community Palliative Care Team was considered as either ‘Exceptional’, ‘Excellent’ or ‘Good’ by 97% in 2020 (c.f. 97% in 2019). The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has decreased to 59% (c.f. 66% in 2019).</p> <p>Responding to the Friends &amp; Family question, of the 56 who did record an answer, 46 (82%) rated the hospice as ‘Very Good’, 7 (13%) rated the hospice as ‘Good’, 1 (2%) rated it as ‘Very Poor,’ and 2 (4%) did not know the answer to this question.</p>

## Risk Management

Project	Actions
Non-patient Accidents & Incidents	100% of reported non-patient accidents or incidents showed evidence of action taken consequential to occurrence. The number of reported non-patient accidents has decreased in 2020 as expected owing to the temporary closure of the Hospice Shops during the pandemic. There were no non-clinical incidents nor accidents that required report to the CQC in 2020/2021.
Clinical Unexpected Incidents & Near Misses	A reduction in reported incidents in 2020 across all incident areas reflected effects of the pandemic on admissions to the IPU. In 2020, medication incidents constituted 24% of all clinical incidents (c.f. 38% in 2019). The patient fall rate per 1000 bed days is 9.16 in 2020, higher than 5.48 recorded in 2019 and injurious falls in 2020 is at 2.04 per 1000 occupied bed days c.f. 1.56 in 2019.
CQC notifications	In 2020 there were 6 pressure area and 10 safeguarding notifications made.
Continuous Improvement Log	In compliance with information governance requirements to log information incidents. 9 incidents were logged in 2020 (c.f. 3 incidents in 2019).
Subject Access Requests or Requests made under the Health Record Act 1990	There were 5 data subject access requests serviced in 2020 (c.f. 5 in 2019)

### 3.2.3 Clinical Effectiveness

Clinical policy and guidelines are incorporated into the central system of policy document management. As with all policy, review lead ownership is attributed to individual members of the multi-disciplinary team.

There were 53 clinical policy/guideline reviews in 2020/21:-

CLINICAL	TITLE	ISSUE DATE
CLIN01	Admissions	20/11/2020, 23/02/2021
CLIN02	Care after Death	16/02/2021
CLIN07	Discharge	21/09/2020
CLIN08	Infection Control	05/03/2021
CLIN09	Referral to Hospice Services	05/03/2021
CLIN11	Resuscitation Policy	09/04/2020
CLIN12	Safeguarding Children	24/12/2020
CLIN13	Suicide Policy	03/06/2020
CLIN14	Safeguarding Adults	06/07/2020, 20/11/2020
CLIN15	Deprivation of Liberty Guidelines	26/11/2020
CLIN16	Mental Capacity Act – Guidelines	20/11/2020
CLIN21	Anaphylaxis Management	05/03/2021

CLINICAL	TITLE	ISSUE DATE
CLIN25	Controlled Drugs	09/04/2020, 21/04/2020, 25/02/2021
CLIN26	Generic Drugs	09/04/2020, 21/04/2020
CLIN39	Pressure Ulcer Prevention and Management	24/02/2021
CLIN44	Venous Thromboembolism Prophylaxis Guidelines	22/06/2020
CLIN48	Community Services' Operational Policy	09-04-2020, 16/07/2020
CLIN51	Hospice Neighbour Scheme Operational Policy	19/01/2021
CLIN52	Managing Covid 19	09/04/2020, 29/05/2020, 12/06/2020, 18/08/2020, 25/09/2020, 14/10/2020 02/12/2020, 10/12/2020, 24/12/2020, 05/01/2021, 25/01/2021, 08/02/2021, 12/02/2021, 18/02/2021, 04/03/2021
CLIN53	Implantable Cardiac Defibrillator Guidance	02/06/2020
CLIN54	Medical Revalidation	19/01/2021
CLIN56	Chaperone Policy	10/12/2020
CLIN58	Use of the MAAR chart for subcutaneous and intramuscular medication in the community	19/03/2021
CLIN59	Prescribing Palliative Oxygen	19/03/2021
CLINSOP01	Inpatient Multidisciplinary Team Review	09/04/2020
CLINSOP02	First on-call Doctor	09/10/2020
CLINSOP03	Inpatient Unit Medication Round	24/02/2021
CLINSOP06	Second on-call (Consultant)	09/10/2020
CLINSOP07	Inpatient Unit COVID swab testing and accessing results	03/03/2021
OP01a	Managing and Supporting Staff following a Medication Error	18/09/2020
OP17	Lone Worker	14/10/2020
OP19	Medical Gas Policy	18/08/2020
OP37	Falls	20/10/2020

Education is an on-going activity and is vitally significant to the care delivered at St Raphael's. There is a considerable amount of formal and informal clinical education usually delivered across all service areas. The pandemic affected the usual delivery of education as it required the re-direction of resources and a heightened association with infection control. Mandatory training remained a priority in 2021/21. Whilst not an exhaustive list, the clinical training delivered in 2020/21 included:

## **Medical team training:**

### **Medical Journal club presentations:**

- Virtual consultations
- Outcome of pain assessment questionnaire survey
- RMH conference feedback
- Art on Behalf: Introducing an accessible art therapy approach used in palliative care
- Management of secretions at end of life
- Quality improvement initiative – improving written weekend handovers for PC teams in hospital setting
- Antibiotics stewardship
- Evidence-based dexamethasone dosing in malignant brain tumours: what do we really know?
- SGLT inhibitors in patients with heart failure with reduced ejection fraction: a meta-analysis of the EMPEROR-Reduced and DAPA-HF trials
- Covid 19 guidelines surrounding death certification
- Non-diabetic hypoglycaemia
- Psychiatric adverse effects of corticosteroids
- NAFLD - Non- Alcoholic fatty liver disease
- The use of crisis medication in the management of terminal haemorrhage due to incurable cancer: a qualitative study
- Brain metastases; advances over the decade
- Symptom control flowcharts
- Prescribing oxygen
- Complementary and Alternative Medicine in Hospice and Palliative care: A systematic review

## **Clinical team training:**

- Non Medical Prescriber Update
- Manual Handling
- PPE training

### 3.2.4 Mandatory Training

Whilst the importance attached to clinical education is particularly high, all staff at St Raphael's and volunteers undertaking specific roles are required to undertake mandatory training. E-learning across the required mandatory training is complemented by 'hands-on' training as the topic requires. Training effected in 2020/2021 included the following topics:

- Allergy awareness
- Basic Life Support including anaphylaxis practical
- Basic Life Support theory
- Confidentiality & Information Governance
- Dementia Awareness
- Duty of Candour
- Equality & Diversity
- Falls Awareness
- Fire Safety
- Health, Safety and Welfare
- Infection prevention & control for clinical staff
- Infection prevention & control for non-clinical staff
- Introduction to safeguarding
- Lone Worker
- Manual Handling of objects
- Manual Handling practical for clinical staff
- Medical Gases
- Mental Capacity Act & DOLS
- Safeguarding level 2 & PREVENT for clinical and specified staff
- Safeguarding level 3 for specified staff only

### **3.2.5 Clinical Research**

See 2.4.

### **3.2.6 Complaints Management**

In 2020/21, there were 14 complaints received : 5 written and 9 oral complaints. All have been investigated by a member of the Executive and reviewed by the Hospice Board of Trustees. All complaints received in 2020/21 have been closed.

### **3.2.7 User Feedback**

There are multiple feedback routes for patients, their carers and relatives. Routine surveys:-

- Inpatient Satisfaction
- Bereaved Carer/Relative Survey (VOICES)
- Hospice@Home Service Carer/Relative Survey

Feedback on the services provided and experienced is regarded highly at St Raphael's. User feedback is embraced as a spoke of the continuous quality improvement that the Hospice seeks to achieve. Actions arising from feedback either through survey or other route continue to inform plans amongst which are service re-design, development of literature, policy and stewardship arrangements alongside improved forms of communication and engagement.

### **3.2.8 Information Governance**

Compliance with the NHS Digital Data Security and Protection Toolkit supports St Raphael's in its commitment to respect the confidentiality, integrity and availability of its information. There is an annual responsibility for the Hospice to ensure that evidence of compliance is accurate and up to date.

Consequential to the Hospice's adequate demonstration of its compliance with the NHS Digital Data Security and Protection Toolkit is its facility to engage with the electronic Health and Social Care Network. With the patient's consent, engagement with the Coordinate My Care record (CMC) allows for the secure inputting of patient identifiable data on to the patient electronic care record at the end of life.

### 3.2.9 The National Minimum Dataset

Public Health England withdrew its support for the national minimum dataset (MDS) of anonymised and aggregated patient data that represents Hospice patient level activity in March 2017. The National Council for Specialist Palliative Care and Hospice UK merged in July 2017 and regard collection of the MDS as useful. Hospice UK continued to receive and share the MDS and the Hospice last received and serviced request for a mini-MDS dataset submission in October 2019.

### 3.2.10 Organisational Development

St Raphael's Hospice was established in 1987 and was operated by the Congregation of the Daughters of the Cross of Liege until 31 October 2020, at which point it became its own independent charity.

It shares a site with "Spire St Anthony's Hospital", part of Spire's private hospital network. "St Anthony's Hospital" was owned by the Daughters of the Cross until its sale to Spire Healthcare in April 2014. Prior to that date, a number of support services including Facilities Management, Catering, Portering, Purchasing, Payroll, Human Resources, Accounts and IT were provided by St Anthony's Hospital to St Raphael's. With the exception of a small number of time-limited service level agreements, these services have been entirely provided by St Raphael's as a stand-alone specialist palliative care facility since February 2014.

Organisational development is very much part of the management plan for the Hospice as it builds its independent identity and strives towards achieving its strategic vision (EVE). The strategy promotes **Excellence** in all aspects of hospice service delivery, aims to increase **Visibility** across our community providing assurance that the hospice is there to provide quality services when needed and improves **Engagement** with users and external stakeholders who we depend upon to raise funds to support the works of the charity – a virtuous circle focussing first on excellence.

## 3.3 Who has been involved in the creation of this Quality Account?

The Quality Account is an item for the Hospice's Quality Improvement Committee which includes representation from all clinical areas and the senior management team. The task of writing it was undertaken by the Head of Quality and Improvement.

Extensive consultation with managers constitutes the annual management planning process that feeds into the Quality Account.

The Quality Account has been derived from the management planning process and the business of the Hospice's governance committees.