St Raphael's
Your Local Hospice

QUALITY ACCOUNT
2021-2022

"The service was very proactive. An assessment was made early on and a number of gadgets were lent to us to help my wife stay at home with myself as carer. We found the nurses very caring. They could not do enough to help us. The whole experience with the hospice was very positive. I will be forever grateful for the love and care we received."
(2021 VOICES SURVEY)

~

Part 1

What is a Quality Account?

The Quality Account for St Raphael's Hospice covers the period from 1 April 2021 to 31 March 2022 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 expert specialist palliative and end of life care 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 and those who are important to them. St Raphael's welcomes, supports and cares for patients and families of all faiths, or none, respecting all cultural, ethnic and religious preferences.

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 those who are important to the patient (including children).**
- **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. We believe that 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 remain engaged with our five year Hospice Strategy, and have undertaken works to improve the hospice environment and recruitment to our teams to support excellence across all our services. By providing an inviting, quality environment with services delivered by expert staff, our aim is to give assurance to the people across Merton and Sutton that when they need hospice services we will be there to support their needs and those of the people that are important to them. We believe that by providing an accessible, quality service we will raise the visibility of St Raphael's within our community and enhance engagement across all sectors, 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 dedicated 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 services we 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

Part 2

1. Priorities for improvement 2022 – 2023

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 2021-2022.

Effective from 1st 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 committees have endorsed the Management Plan for 2022/23 and considers that its top three quality improvement priorities are:

Future planning priority 1:

An improvement priority to replace the Hospice PAS system and increase functional accessibility to data sharing with Primary Care

Standard: To appraise the market for replacement of the Hospice Patient Administration System (PAS), initiate a PAS replacement project team and commence the purchase, and implementation of the replacement system that will facilitate the sharing of information across systems via the Health and Social Care Network (HSCN)

Measure: PAS replacement project team feedback

Review: Information Governance and Security Committee

Future planning priority 2:

- **An improvement project to implement CSNAT by commencement through the H@H service**

Standard: To introduce a short and simple evidence-based tool that facilitates tailored support for family members and friends (carers) of adults with long term life-limiting conditions.

The Carer Support Needs Assessment Tool comprises 14 domains (broad areas of need) in which carers commonly say they require support. Carers may use the tool to indicate further support they need both to enable them to care for their family member or friend and to preserve their own health and well-being within their care giving role.

Measure: Implementation of CSNAT : H@H service

Review: Outcome Measurement Group

Future planning priority 3:

- **An improvement project to implement Schwartz Rounds**

Standard: To introduce a recognised and structured forum for supporting staff handle the emotional impact of their work. Schwartz Rounds provide such a forum where all staff, clinical and non-clinical, can come together regularly to discuss the emotional and social aspects of working in healthcare.

The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

Measure: Staff survey pre-implementation and staff survey post-implementation.

Review: Clinical Heads of Department

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 2021/2022, 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 2021/2022 represents 100% of the total income generated from the provision of the NHS funded services by St Raphael's Hospice for 2021/2022.

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 2021/2022, 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 2021/2022 can be found at section 3.2.1.

2.4. Participation in clinical research

There has been no clinical research initiated in 2021/2022.

2.5 Goals agreed with commissioners

St Raphael's Hospice's income in 2021/2022 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 11th & 12th 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 2021/2022.

St Raphael's Hospice participates in Transitional Monitoring of Service calls with the Care Quality Commission as required. 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 2022.

Part 3

3. Quality Review

3.1 Review of quality performance in 2021/2022

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

Past planning priority 1 : An improvement priority to offer access to people with long term/chronic illness to 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: Wellbeing attendance numbers rose over the period and the Living Well programme has proven popular – with consistently positive feedback. Engaging with social prescribers has increased referrals and numbers are currently evenly divided between those already known to our service and those who have engaged with us from other referral sources. The team work in collaboration with a number of other local groups and services to promote a unified community service. Interest has been registered in accessing the service from people outside of the SRH catchment area and further work is planned to work with other hospices in order to increase efficiency and promote Wellbeing earlier on in disease trajectories.

Past 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: The introduction of the 'Excellent Practice' register has provided a reference point that facilitates the capture of examples of excellence that individuals produce in supporting patients, those important to them, their colleagues and services. Often staff and volunteers go 'over and above' their roles and the register provides a central archive of examples that all can contribute to. Establishing the register has supported the recognition that can often get missed to the many and has proven invaluable in re-enforcing the support and praise that staff and volunteers rarely ever seek yet thoroughly deserve.

Past 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: Establishing an Information Material Task and Finish Group has provided a forum for members of the Communication Team alongside representation from the Executive, the Palliative Care Consultant Team, the IPU, Community Team and Quality to drive forward the review and revision of Hospice Information literature across the multi-media platforms to ensure appropriate branding, design and content.

3.2 Quality Management

Clinical Quality and Governance Committee

The Hospice's Quality Clinical Quality and Governance Committee takes responsibility for providing assurance to the Hospice Board that the organisation has a robust framework for clinical governance that supports the delivery of safe and effective care and the management of clinical systems and processes. To achieve this, the Committee ensures that quality is integral to the work of the Hospice and the systems and services that support that work, and that there is a robust programme that supports the monitoring of clinical performance across all clinical services. Committee members contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the Hospice's clinical governance activities. Chaired by a member of the Hospice Board of Trustees, it meets every 3 months. Its membership includes Trustee Members, Trustee Advisers, the Joint CEOs, the Clinical Director, the Lead Palliative Care Consultant and the Head of Quality and Improvement. Standing items for this Committee include Evidence of Excellent Practice, the Clinical Risk Register, Clinical Quality and Governance Objectives, the Clinical Quality and Governance Report (Clinical Developments, Clinical Risk Management, Clinical Audit, Clinical Effectiveness including Policy Development, Information Material, Practice Development, Patient/User Feedback, Organisational and Regulatory Assurance, Infection Control and Clinical 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, the Clinical Director, the Head of HR, the Practice Development Team, the Inpatient Unit Sister, the Clinical Standards and Project Lead, 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 Hospice 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 Sister, 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 Director of IT and Facilities, the Clinical Standards and Projects Lead, the Community Services Team link nurse, the Housekeeping Manager, the Head of Income Generation, Retail Area Management 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, Water Quality and 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 between two and four times per year. Its membership includes the Joint CEOs, the Clinical Director, a Palliative Care Consultant, the Clinical Standards and Projects Lead Nurse, the IPU IC link nurse, the Practice Development Team, the Facilities Manager, the Head of Quality and Improvement, the Housekeeping Manager and representation from St Helier IP&C Team. Standing items for the Committee include Infection Control Issues, Sharps Injury & Body Fluid Exposure, Alert Organisms Surveillance, Water Management, Occupational Health Update and Regulatory/Best Practice Requirements.

3.2.1 Clinical Audit

During 2021/2022, 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 193 charts assessed in 2021/22 (c.f. 276 in 2020/21) comprising 3171 prescription items (c.f. 4779 in 2020/21) and a respective evident prescription writing and error rate of 0.9% (c.f. 0.2% in 2020/21).
Hospice @ Home Carer/Relative Satisfaction	2021 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. Survey design will be reviewed and revised in 2022.
IPU -Discharge Letter Re-audit	We are meeting all the standards set out by the SIGN discharge document template except for documenting whether a copy has been given to the patient. This is consistent with our performance back in 2019. We are, as a result of the recommendations from the last audit, now routinely including a section/heading for Action required by the GP. We have incorporated within the Medication Changes section, separate headings for started and stopped. And despite this not being a requirement from the SIGN guidelines, as per our previous recommendations, we now include a review of ACP discussions held whilst on the IPU (DNA CPR status, PPC/D, CMC).
Admissions Clerking	While only 64% of patients arrived before 3pm, 96% did arrive by 6pm with only one very late admission at 00.45 during the audit period. With a drive for 24/7 access to specialist palliative care as the gold standard, the hospice service may need to adapt ways of working to allow for this. The average time taken to admit a patient to the IPU averages at 1 hour 30 minutes, highlighting the complexities of this patient group and the time and care they and those important to them need. Having adequate staffing levels within both the medical and nursing team are essential for providing excellent and safe care. Given that the admission clerking is for many patients, and those important to them, their first impression of the hospice IPU, getting this part right and allowing the time needed, may make all the difference.

Project	Results/Actions/Comments
DNACPR documentation	This audit demonstrates evidence of good practice with regards to documentation of DNACPR decisions and discussions with patients and those important to them as part of wider conversations around advance care planning. 100% of case-note entries were compliant with case law relating to DNACPR with regards to documentation of involvement of patient, this is a significant improvement on previous hospice audits which showed only 71% compliance (2017) and 86% compliance (2018) with this standard. The clinical team show an understanding of the medicolegal requirements including when a patient with capacity is not involved in the decision-making process and clear documentation of why (i.e. high risk of psychological harm).
Discharge Planning	These results show that the standards for assessing for and initiating discharge conversations are currently being met. Most patients had discharge discussions less than 72 hours into their stay in line with standard 2.1.2. The tentative dates (of 7-10 days post admission) suggested in 2.1.2 were met in only half of the discharges. These dates were not recorded in the electronic record for any of the patients as the policy states, so this could be a contributing factor to why they were not met. Discharge planning is started in appropriate patients with only a small percentage having to be stopped due to deterioration, and the patients who were discharged also survived on average for a month afterwards, with no failed discharges. Most patients were stable at discharge, with suitable reasoning for discharging the unstable patients, which must contribute to the success of discharges. The commonest discharge destination was home, and commonest place of death was the hospice. PPD was successfully met in 89% of cases, showing the strength of advance care planning in the hospice. In half of the completed discharges, patients experienced delays to their leaving. The main cause of these were patient illness, then followed by administrative issues including medications not being ready, transport not being ordered in time, and care not being in place. In just over a third of patients where discharge was discussed there was patient or relative distress recorded. 3 of these concerned relatives not being properly informed about changes to discharge which is a failure to meet standard 2.1.13 on these occasions. Patients who experienced distress/ concerns were associated with longer hospice stays than the rest of the patients. This may be because patients get used to a certain level of care, which is suggested by the fact that 3 of the concerns were about the patient not wanting to leave the care of St Raphael's and worried about coping. Concerns were only raised on one occasion that was associated with early mention of discharge, despite the majority of patients having these discussions early. This indicates that early discussion of discharge is unlikely to be a major cause of additional patient/ relative distress.

Project	Results/Actions/Comments
Safeguarding Documentation	All safeguarding events raised to the LA were raised with the CQC – 100% compliance. 70% of patients had documentation as to whether consent was gained or not from them before the safeguarding concern was raised to the local authority. 30% had no documentation on consent or capacity. Of that 70%, half of the patients did not consent to the referral and 86% of those patients had a clear rationale for why not and why the safeguarding referral was still being raised.
Clinical Records Documentation	Consent for records to shared – specific, clear and easily visible 100% Report/record decisions made and rationale for those decisions 100% Demonstrate patient involvement in decision making where possible 100% All patients were able to actively participate in decision-making. Two records gave specific detail about those who were to be included in the sharing of information, demonstrating individualised care. Are records objective? 100% Any opinions provided by the patient or family were surrounded by speech marks. All were to add value/context to the issue described. Do records contain jargon or meaningless phrases or irrelevant speculation? No – 100% Is third-party information relevant and appropriate? 100% Are they succinct? Some were wordier than others – tended to be down to the style of the inputter but 90% added value to the record. One record was unnecessarily wordy which could make identifying relevant detail more time-consuming. Comments: All records were informative and demonstrated compassion and sensitivity. Occasional spelling errors and one record described incorrect gender. There were some records whereby the surnames of HCPs were not included – this could make identification of those involved in the patient's care more difficult to identify over time and therefore should be addressed.
VOICES Survey	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 The information given in response to the survey supports us to improve people's experiences of care at the end of life. Results in 2021:- 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 decreased to 69% from 96%.

Project	Results/Actions/Comments
	Definite assertion that symptoms other than pain in the IPU had been definitely or to some extent relieved has maintained at 100%. Pain relief in the IPU, reported to have been relieved completely, 'all of the time', has increased to 63% from 54%. Keeping family members always informed of the patient's condition was considered met for 81% from 90%. Always treating patients with respect and dignity was considered highly for both doctors and nurses at 90% from 100% for nurses and at 90% from 97% for doctors. A significant decrease in the numbers that considered they had definitely received enough emotional support – 45% from 90%. 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 decrease to 91% from 97% for doctors and a maintained level of 100% for nurses. Regarding the food provided on the IPU in 2020, 'exceptional' and 'excellent' ratings combined decreased to 45% from 57%. Overall, care provided by the Community Palliative Care Team was considered as either 'Exceptional', 'Excellent' or 'Good' by 96% from 97% in the previous bi-annual report. The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has decreased to 51% from 59%. Responding to the Friends & Family question, 90% rated the hospice as either 'Very Good' or 'Good' (c.f.95%), 6% 'Neither Good Nor Poor' (c.f. 0%) and 2% rated it as either 'Poor' or 'Very Poor' (c.f. 2%). 2%) did not know the answer to this question (c.f. 4%%).

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 increased in 2021 owing to the introduction of the electronic reporting system. There were no non-clinical incidents nor accidents that required report to the CQC in 2021/2022.
Clinical Incidents & Near Misses	An increase in reported incidents in 2021 across all incident areas reflected a recovery from the effects of the pandemic had on admissions to the IPU. In 2021, medication incidents constituted 40% of all clinical incidents (c.f. 24% in 2020 & 38% in 2019). The patient fall rate per 1000 bed days is 8.08 (c.f. 8.45 in 2020/21 & 5.48 recorded in 2019/20) and injurious falls in 2021 is 3.03 (c.f. 2.11 per 1000 occupied bed days in 2020/21 & 1.56 in 2019/20).
CQC notifications	In 2021 there were 10 pressure area and 19 safeguarding notifications made.
Continuous Improvement Log	In compliance with information governance requirements to log information incidents. 10 incidents were logged in 2021.
Subject Access Requests or Requests made under the Health Record Act 1990	There were 5 access requests made under the Health Record Act 1990.

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 54 clinical policy/guideline reviews in 2021/22:-

CLINICAL	TITLE	ISSUE DATE
CLIN02	Care after Death	17/09/2021
CLIN03	Clinical Audit Policy	28/03/2022
CLIN06	Wellbeing Centre Operational Policy	18/01/2022
CLIN08	Infection Control	15/07/2021 23/09/2021 06/01/2022
CLIN09	Referral to Hospice Services	17/05/2021
CLIN11	Resuscitation Policy	06/12/2021
CLIN12	Safeguarding Children	24/09/2021
CLIN14	Safeguarding Adults	24/09/2021
CLIN17	Management of Patients with Enteral Catheters and Feeding Systems	27/09/2021
CLIN21	Anaphylaxis Management	04/10/2021
CLIN24	Diabetic Management	01/11/2021
CLIN25	Controlled Drugs	20/01/2022

CLINICAL	TITLE	ISSUE DATE
CLIN26	Generic Drugs	21/01/2022 15/03/2022
CLIN31	Mouth Care Guidelines	18/01/2022
CLIN33	Nutrition and Hydration Guidelines	01/04/2021
CLIN34	Non-medical Prescribers' Policy	01/04/2021
CLIN45	Wound Management Guidelines	25/05/2021
CLIN47	Being Open (Duty of Candour) Policy	20/01/2022
CLIN48	Community Services' Operational Policy	02/03/2022
CLIN51	Hospice Neighbour Scheme Operational Policy	17/06/2021
CLIN52	Managing Covid 19	11/05/2021 20/05/2021 06/07/2021 31/08/2021 29/09/2021 16/11/2021 07/12/2021 27/01/2022 21/02/2022 09/03/2022
CLIN57	Community Guidance on Injectable Medications for Symptom Control at the End of Life	04/05/2021
CLIN57a	Flow Chart for Community prescribing at the end of life	04/05/2021 18/10/2021
CLIN59	Prescribing Palliative Oxygen	12/10/2021
CLIN60	Subcutaneous Administration of Levetiracetam (Keppra)	08/10/2021
CLIN61	Prescribing Guidance for Methadone in Pain Management	11/10/2021
CLIN62	Clinical Supervision	22/03/2022
CLINSOP01	Inpatient Multidisciplinary Team Review	28/02/2022
CLINSOP02	Medical Team On-call	18/10/2021
CLINSOP04	Inpatient Unit Shift Coordinator	28/02/2022
CLINSOP05	Inpatient Unit Weekend or Bank Holiday Coordinator	28/02/2022
CLINSOP08	Using Phase of Illness and the Australian Karnofsky Performance Scale Index – integrating OACC step 1	05/05/2021 12/10/2021
CLINSOP09	Safe and Secure Management of NHS Prescription Stationery	25/05/2021 29/11/2021
CLINSOP10	Emergency transfer of medicines between Princess Alice Hospice and St Raphael's Hospice	14/06/2021
CLINSOP11	Aerosol Generated Procedures – Visiting Patients in the Community	23/06/2021
CLINSOP12	On-call Specialist Palliative Care Practitioner or CNS for CPCT	03/08/2021
CLINSOP13	Second On-call Specialist Palliative Care Practitioner or CNS for CPCT	03/08/2021
CLINSOP14	Admitting prisoners to the IPU	24/01/2022
CLINSOP15	Rapid Discharge Home from the Hospice for EOLC	28/03/2022
	Guidance for Prescribing and Administration of Continuous Subcutaneous Infusion Furosemide for Adults with End Stage Heart Failure in the Community	22/07/2021

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 an additional responsibility for infection control. Mandatory training remained a priority in 2021/2022. Whilst not an exhaustive list, the clinical training delivered in 2021/2022 included:

Clinical team training:

- Non-Medical Prescriber Update
- Manual Handling
- PPE training
- Fit testing
- Advanced Communications training
- Equality, diversity & inclusion
- OACC
- Psychology of Death & dying
- Infection Control updates

Nursing team training:

- Simulation training- anaphylaxis
- Heart failure
- Registered Nurse Verification of Adult Expected Death
- Tracheostomy care
- Safeguarding
- HCA second checker of controlled drugs
- Clinical skills for HCAs
- Difficult conversations in Palliative Care
- Placement of nasogastric tubes
- Stoma Care
- SBAR
- Clinical assessment and history taking
- Introduction to clinical audit
- Symptom control
- Palliative Care Emergencies
- Competencies

Medical team Journal club presentations:

- Patients' and carers' perspectives of palliative care in general practice: A systematic review with narrative synthesis
- Practice review: Evidence-based quality use of corticosteroids in the palliative care of patients with advanced cancer
- Incivility in the work place: A randomised control trial
- Severe and Enduring Anorexia Nervosa in the Court of Protection in England and Wales
- Racism in Palliative Care
- Antibiotic use towards the end of life: development of good practice recommendations
- Examining antidepressant use in palliative care patients by risk of antidepressant discontinuation syndrome
- Funding in palliative care
- Saint Raphael through the history of art
- Exploring communication difficulties with deaf patients
- Reflection on working in the community – BMA essay competition 2016 'Lessons from a good death' (at home)
- Loperamide: an emerging drug of abuse and cause of prolonged QTc
- Advanced decisions, directives and video advanced directives
- Including sustainability in QI projects
- Top 10 tips on psychosocial and family support
- Train the trainer simulation
- MDU cautionary tales 2021
- OACC
- Guildford Course feedback
- Transgender experiences with end of life care
- RMH study day - Palliative Care update video: Compassionate cultures for compassionate care
- Spiritual distress: symptoms, quality of life and hospital utilisation in home-based palliative care/ Ciptas et al BMJ Supp & Pall Care 2021; 11: 322-328
- Mortality Meeting Audit
- Whistle blower: Pfizer's vaccine trial
- Corneal donation
- MDU webinar: Conflict resolution
- NSAIDs and GI tract
- Diamorphine for pain and distress in young patient case examples and discussions on mechanisms
- Joint Audit presentation meeting: IPU Mortality meeting and Admissions to the IPU
- Conversations about assisted dying

Training for external healthcare professionals:

GP Masterclass- delivered by medical team

- Introduction to St Raphael's hospice and specialist palliative care
- Advance care planning
- Neuropathic pain
- Lesser known symptoms in palliative care

Virtual PACEs teaching for junior doctors in SW London fortnightly

"Talking about dying" afternoon seminar to GPVTSs in SW London

Foundations of Palliative Care- delivered by the education team

- What is palliative care
- Understanding prognosis
- Recognising dying
- Common symptoms at end of life
- Common medications at end of life
- Non-pharmacological interventions at end of life
- Syringe pumps- indications for use
- Syringe pumps and Saf T Intima devices – practical workshop

Education team attendance at the careers fair at a local secondary school and gave a presentation on nursing within the palliative care sector

3.2.4 Mandatory Training

Whist 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 2021/22, there were 12 complaints received: 7 written and 5 oral complaints. All have been investigated by a member of the Executive and reviewed by the Hospice Board of Trustees. All complaints received in 2021/22 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 Urgent Care plan 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. The Hospice provides all support services which enable the delivery of its person-centred specialist palliative and end of life care to the boroughs of Merton and Sutton.

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. By delivering excellence across all our services we aim to raise the hospice profile and thus provide assurance to our community and external stakeholders upon whom we depend to raise funds, that the hospice will be there when needed to provide expert, compassionate specialist palliative and end of life care.

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

The Quality Account was compiled 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.