St Raphael's
Your Local Hospice

QUALITY ACCOUNT
2022-2023

"The team members and level of care offered were amazing. They were on hand when we needed them and helped with everything required. We will be forever grateful."
"Excellent and absolutely indispensable"
(2022 VOICES SURVEY)

~

Contents

Part 1

What is a Quality Account?

The Quality Account for St Raphael's Hospice covers the period from 1 April 2022 to 31 March 2023 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 patients' own homes or in our in-patient unit, which has 12 en-suite single rooms and one larger, family suite. We also provide wellbeing services and psychological support services, including social work and bereavement support, to patients and those who are important to them.

Hospice care is holistic and tailored, as far as is practicable, to an individuals' needs. Our expert team are skilled in supporting patients and enabling them to maintain the best quality of life within the constraints of their condition. Our Services include:

- **Specialist clinical care provided by doctors and nurses in our in-patient unit.**
- **Specialist clinical care provided by doctors, nurses and specialist practitioners in patients' homes.**
- **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).**
- **Expert advice and 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 we provide. We receive a contribution of around 25% of these costs from the NHS, 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% which allows us to continue providing high quality care without charge to everyone receiving our services.

Statement from the Chief Executive

St Raphael's Hospice provides specialist palliative and end of life care to one in every four people who die in the boroughs of Merton and Sutton. Ultimately, that means that the Hospice will support one in four of all of us, and as the other three are family, friends and neighbours, the work impacts everyone in our community at the deepest level.

As an independent charity which was originally part of the Congregation of the Daughters of the Cross of Liege, our values arise from the Christian teaching to "love our neighbour as ourselves". At its heart, this means to care for everyone, from any and every background, regardless of who they are or what they can do in return, and to do this with the same tenderness and compassion that we might reserve for our closest family or indeed, hope for ourselves. This is our aspiration and I am often heartened to hear how our team has brought a sense of relief to the patients we support and to their families and to others who love and care about them.

As a local charity which is only 25% funded by the NHS we rely on the generosity of our community to raise the money that enables us to be here for all who need us, free of charge. Our strategy of "EVE" is to focus first on "excellence" as this is the foundation from which all else follows; we then aim to raise our "visibility" in the community so that people can be reassured to know who we are and what we do and, crucially, that we aim to do it as well as possible; we then look to "engage" with the whole diversity of our community in order to learn from them and also to provide opportunities for them to connect with us. In this way, we believe that our community will respond and support us by volunteering, by donating and leaving legacies, by playing our lottery or spending in our shops. That is what will enable us to continue to be serving Merton and Sutton long into the future.

This Quality Report outlines some important plans we have for the future and provides some feedback on plans from last year. It also evidences some of the ways that we are able to check ourselves and seek to improve and learn from our shortcomings as well as celebrate things that go well. I am very grateful to our Director of Quality and Governance, Alex Rudkin, who, together with the wider team, has written the report and, as a member of many key committees, helps to hold us all to account in the delivery of these vital services.

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

Nick Stevens
Chief Executive

Part 2

Priorities for improvement 2023 – 2024

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 2023-2024.

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 2023/24 and considers that its top three quality improvement priorities are:

Future planning priority 1:

An improvement project to broaden the offer from the Psychological Support Services Team

Standard: To maintain student placements at 8 with the potential to expand should additional environments be secured. To expand the provision of bereavement support work through continuation of the quarterly structured and facilitated bereavement support group and establishment of drop-in groups in partnership with the Wellbeing Centre and North Cheam Church. To increase the delivery of Trauma Specific work (EMDR). To increase the reach of Social Work support and intervention

Measure: Maintained or increased student counselling numbers; increased environment provision of counselling rooms; exploration of satellite venues; reduced need for counselling by the Psychological Support Services Clinical Lead; shorter waiting lists; referral and activity data monitoring; increased and /or more responsive Social Work contacts through addition of a part-time Social Work Asst.

Review: Clinical Heads of Department

Future planning priority 2:

An improvement project to grow the Compassionate Neighbours Program with community engagement and integration in local health pathways

Standard: To grow the number of volunteer Compassionate Neighbours and target funding opportunity to support service growth.

Measure: Compassionate Neighbour referral activity data, volunteer numbers, retention and recruitment rates.

Review: Clinical Heads of Department

Future planning priority 3:

An improvement priority to support the design, implementation, training, use, integrity and output of the EMIS (electronic patient record) system

Standard: To review membership of the EMIS implementation project team, to highlight user champions within services, to continue with the EMIS issues log review meetings, to plan best use of EMIS professional support, to establish EMIS induction for new starters, to plan staff training that is directed by service, to implement data sharing across GP providers in Merton and Sutton, to evaluate the integrity of data output and feed into user training/communications and develop reporting output that supports the production of organisational activity data.

Measure: EMIS project team feedback

Review: Information Governance and Security Committee

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 2022/2023, St Raphael's Hospice provided 6 NHS partially funded services:

- In-Patient Unit
- Wellbeing Centre
- Outpatients
- Hospice @ Home
- Community Clinical Nurse Specialist/Specialist Practitioner Service
- Psychological Support Services

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

The whole of the income provided by the NHS in 2022-23 was spent directly on the provision of the services listed above that same year.

What this means

St Raphael's Hospice is partially funded via a standard NHS contract and we need to fundraise in order to balance the books. The income provided by the NHS represents approximately 25% of the overall running costs of the Hospice. We aim to cover the remaining costs through legacies, our hospice shops and lottery and support from our generous community. As inflation increases our funding gap, this presents a risk for the future.

2.2 Participation in national clinical audits and confidential enquiries

During 2022/2023, 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 2022/2023 can be found at section 3.2.1.

2.4. Participation in clinical research

Participation in clinical research includes:-

CHELsea II research study examining hydration at the end of life - led by Surrey University Clinical Trials Unit: cluster randomised trial

Research into Equity of Access – led by Liverpool University

Marie Curie Better EOL Programme: Understanding OOH Service for Palliative and EOLC Across the UK

PALLUP Study – looking at community service provision to older people with advancing frailty

OPTIMAL CARE Study (optimising palliative care through electronic coordination)

Experiences and mental health of EOLC professionals during COVID-19 pandemic – Hong Kong Study

Equitable Care for All Ethnicities Research Audit – NHS Kings College Hospital NHS Foundation Trust

2.5 Goals agreed with commissioners

The NHS contribution towards St Raphael's Hospice's income in 2022/2023 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 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 latest Direct Monitoring Review was undertaken by the Care Quality Commission via virtual interview on 19th December 2022. No further regulatory activity was indicated.

The Care Quality Commission has not taken enforcement action against St Raphael's Hospice during 2022/2023.

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 2023.

Part 3

Quality Review

3.1 Review of quality performance in 2022/2023

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

Past 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: Following a market appraisal, feedback from other local Hospice users and input from SWLICB Information Governance, the EMIS system was chosen to replace the Crosscare system that has been in use at St Raphael's since December 2015. The EMIS system will allow for access to shared records across primary care providers in the boroughs of Merton and Sutton. Following staff training delivered in April 2023, the EMIS system went live on 3rd May 2023. Data sharing functionality is expected to be in place following the necessary information governance arrangements have been assured by the SWLICB IG team and associated bodies.

Past planning priority 2:

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

Standard: 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 was introduced into the workings of the Hospice @ Home team in 2022/23.
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: A CSNAT audit is underway and will feed into potential roll out across other services.

Review: The CSNAT audit is incorporated into the Hospice Clinical Audit/ QI & Research Program for 2023/24 and feeds back into the Hospice's Outcome Measurement Group.

Past planning priority 3:

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

Standard: Schwartz rounds provide a structured forum for supporting staff to handle the emotional impact of their work. They 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: Feedback forms are routinely completed by attendees.

Review: Three rounds were undertaken in 2022/23 and have been well-received and highly rated by attendees. They continue to be held in 2023/24. Coordinated by one of our Palliative Medicine Consultants and individually facilitated by trained personnel they support staff well-being. Topics in 2022/23 have been

- A colleague I'll never forget
- Music and Me
- An Unusual Request

3.2 Quality Management

Clinical Quality and Governance Committee

The Hospice's 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 CEO, the Clinical Director, the Lead Palliative Medicine Consultant and the Director of Quality and Governance. 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 Prevention and 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 a Palliative Care Educator, it meets every 3 months. Its membership includes the CEO, the Clinical Director, a Palliative Care Consultant, the Head of HR, Practice Education, the Inpatient Unit Sister, 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 Medicine Consultant, it meets every 4 months. Its membership includes the Consultants in Palliative Medicine, medical prescribers, non-medical prescribers, the Inpatient Unit Sister, the Community Services Team Manager, Practice Education, the Clinical Pharmacist, the Chief Pharmacists for both Sutton and Merton Clinical Commissioning Groups (or designated representative), the Clinical Director and the Director of Quality and Governance. 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 Director of Quality and Governance, it meets every 2-3 months. Its membership includes the Facilities Manager, the CEO, the Clinical Director, the Director of IT and Estates, the IPU Sister, the Community Services Team link nurse, the Housekeeping Manager, the Commercial Director, 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 prevention and control. Chaired by a Consultant Microbiologist from the local acute Trust, it meets between two and four times per year. Its membership includes the Clinical Director, a Palliative Medicine Consultant, the IPU Sister, the IPU IC link nurse, Practice Education, the Facilities Manager, the Director of Quality and Governance, 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 2022/2023, 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 340 charts assessed in 2022/23 (c.f. 193 in 2021/22) comprising 5722 prescription items (c.f. 3171 in 2021/22) and a respective evident prescription writing error rate of 0.7% and administration error rate of 0.5% (c.f. 0.7% and 0.3% in 2021/22).
Hospice @ Home Carer/Relative Satisfaction	2022 results show that 97% of respondents would recommend St Raphael's Hospice @ Home service with an increase in 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. The survey affirms the value and skill of the service and staff involved. Looking forward, the plan is to increase the numbers referred and contacts made into and by the H@H service in supporting the widened scope of the Community service and its promotion of collaboration.
Advance Care Planning – discussions held with the community palliative care team	2022 report shows 63% of ACP discussions were introduced on the first assessment and the remainder being introduced within the following 3 months. All ACP discussions were re-visited appropriately. No clear themes or barriers were identified regarding initiation of ACP discussions aside from theorised barriers that remain subjective. Audit heightened the importance of ACP discussions and has led to a revised local standard for introducing ACP discussion on the first assessment, new patient information literature and education.
Inpatient Unit Satisfaction	2022 results show that overall satisfaction returns at 98.93%. Feedback around care and treatment has been excellent. Particularly complimentary responses surrounding discharge has been encouraging. Further effort has been highlighted to improve participation with the survey alongside awareness of our Orangery and multi-faith chapel.
Safeguarding Documentation	All safeguarding events raised to the LA were raised with the CQC – 100% compliance.

Project	Results/Actions/Comments
Clinical Record Keeping	2022 results are once again positive with very few areas for improvement or focus. The majority of records were clear. All had rationale for actions documented. The records demonstrated individualised care with attention to detail where relevant. Areas for improvement regard being objective and occasional familiarity in referencing colleagues.
Outpatients	2022's audit demonstrates that 14 outpatient appointments were offered during a 5 month period (115 working days Mon-Fri, 1 appointment offered every 8 days) as an alternative to home visiting, following an assessment that the patient was physically able to travel or if they were already visiting the hospice outpatient services such as wellbeing and counselling. Continuing to promote and expand the outpatient offer may allow us to further increase out responsiveness, as the time saved travelling may allow clinicians to see more patients, whilst recognising that a significant number of our patients are unable to travel due to their deteriorating functional status and common symptoms such as pain and nausea which makes travelling burdensome. Working towards a hybrid model of both outpatient and home visiting may strike the necessary balance required to ensure the best, most responsive and holistic care for our patients and those important to them, whilst promoting patient choice, alongside the increasing demands on our service.
Care of Dying Adults in the last days of life – IPU & Community Re-audit	Report published in 2022 showed that standards were met in 7 out of 8 standards in the IPU and 2 out of 8 standards in the Community. These results show higher percentage of compliance across the standards for patients on the IPU than the Community. Although fewer standards (100% compliance) were met in the community, compliance was notably high (87.5%) for 4 standards. Although the compliance in the community is lower than the IPU, in comparison to the first cycle, there is notable improvement in compliance in the re-audit with respect to standards 1 to 3 at 87.5%. Neither the community nor the IPU met the standards for documenting discussions on risks and benefits of hydration options. In comparison to the first cycle audit, little compliance is noted in both arms. It should be noted that although there are 8 standards, the re-audit picked up additional data related to standard 5. These relate to anticipatory medication prescription and requirement. Results highlight that these were required in just over 50% in the community arm while it was required in 100% on the IPU. In the community, an approx. 30% reduction is noted in compliance in assessing hydration needs (60.61% to 37.5%). It is probably this is due to lack of appropriate documentation and not necessarily a lack of assessment. Improvement to retrospective data capture in support of this annual audit has been incorporated into the configuration of the replacement EPR system, EMIS, that was implemented in May 2023.
Quality of clinical documentation audit – objectivity and use of abbreviations/acronyms	2022's report showed that generally clinical notes were objective. A few themes for improvement were highlighted to include MDT documentation, documentation of patients with challenging behaviour, documentation of relationships of visitors to patients and emails copied into notes.

Project	Results/Actions/Comments
IPU Risk Assessments	2022's report showed that 83% of admissions had their pressure area risk assessment (RA) undertaken on admission, 81% their mouthcare risk assessment undertaken within the first day and 95% their handling and falls risk assessment undertaken within 4 hours of admission. 90% of pressure area risk assessments and 89% of handling and falls risk assessment hold evidence of review within 3 days. 64% of Cat 2 (or above) pressure ulcers were reported in the risk management incident system (paper form). 100% of patients identfied as falls risk had care plans written. 50% of falls were reported in the risk management incident system (paper form). 100% of falls had their RAs updated. 100% of falls were reported to a Doctor. 88% of falls had the falls protocol followed. 60% of patients with falls' history had movement sensor equipment in place. DATIX incident reporting system software was implemented after this audit period. Record-keeping was reviewed and a system for hard copy record capture introduced for specific personal assessment items.
IPU Referrals	2022's re-audit showed that by increasing the number of available beds to 10 this allowed 84% of patients referred to the inpatient unit to be admitted, versus 54% during the previous audit period, however this requires interpreting against a reduction in overall admission requests during the 2 audit periods. Examining the IPU length of stay data may be of interest as despite having 10 beds open the waiting time for an IPU bed increased to 2.7 days compared to 1.9 days, however it is reassuring to note that there was a significant reduction in the number of patients who died before a bed was available. Anecdotally, during this period there were longer than average delays in finding appropriate nursing homes with the skills required to look after our patient group e.g. those able to manage a syringe pump and this is likely to correlate with a longer than average length of stay. The hospice response to the tracheostomy training need, demonstrates the team's drive for excellence and motivation to be as responsive as possible to the needs of our patients Continuing to work closely with commissioners/EOLC partners to ensure rapid access to NHS CC funded care at home, or in a nursing home with appropriately trained staff is vital to ensure we can move patients on from the IPU once they have stabilised Continuing to work closely with our local hospitals is key to ensuring hospital referrals are appropriately triaged and prioritised. Meeting 100% of the urgency time frame currently specified in our admission's policy may be an over optimistic goal. However, we did see an improvement during this audit period and this standard may continue to act as an important motivation to continue to try and improve our responsiveness to the community we serve Of note 6 patients were pre-booked for admission following our introduction of the afternoon admission's meeting and will have allowed patients and families some time to prepare for transfer and is likely to have led to earlier IPU admission times, which impacts the patient and family experience, nursing and medical working hours and wellbeing. Continuing with the afternoon admissions meeting should continue to allow some admissions to be pre-booked as appropriate Increasing the number of beds available may contribute to a feeling of less pressure to discharge and also less time to focus on discharges with more patients to look after. Continuing to train the whole team in discharge management is vital in order to ensure flow through the IPU in order to allow the whole community access to inpatient beds, when they need them most.

Project	Results/Actions/Comments
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 2022:- Responses to the questions on the care and environment provided in the inpatient ward (IPU) are 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 93% from 64%. 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 maintained at 71%. Keeping family members always informed of the patient's condition was considered met for 78% from 88%. Always treating patients with respect and dignity was considered highly for both doctors and nurses at 94% from 94% for nurses and at 100% from 100% for doctors. Working well with GPs and other external services increased to 71% from 50%. A decrease in the numbers that considered they had definitely received enough emotional support as an inpatient – 72% from 75%. 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 an increase to 95% from 93% for doctors and a decrease to 89% from 100% for nurses. Regarding the food provided on the IPU, 'exceptional' and 'excellent' ratings combined decreased to 64% from 80%. 89% of respondents rated the patient bedroom as 'Excellent' which is a large increase from 71% Overall, care provided by the Community Palliative Care Team was considered as either 'Exceptional', 'Excellent' or 'Good' by 97% from 95% 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 increased to 81% from 69%. Responding to the Friends & Family question, 100% rated the Hospice as either 'Very Good' or 'Good' (c.f.94%), 0% 'Neither Good Nor Poor' (c.f. 2%) and 0% rated it as either 'Poor' or 'Very Poor' (c.f. 4%).

3.2.2 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 2022 owing to embrace of the electronic reporting system, a low threshold reporting culture and the potential to learn. There were no non-clinical incidents nor accidents that required report to the CQC in 2022/2023.
Clinical Incidents & Near Misses	An increase in reported incidents in 2022 across all incident areas reflected the introduction of an electronic incident reporting system at the end of 2021 alongside a low threshold reporting culture and embrace of the potential to learn. In 2022, medication incidents constituted 30% of all clinical incidents (c.f. 40% in 2021). The patient fall rate per 1000 bed days is 8.26 (c.f. 8.08 in 2021/22) and injurious falls in 2022/23 is 2.42 (c.f. 3.03 per 1000 occupied bed days in 2021/22).
CQC notifications	In 2022, there were 9 pressure area and 21 safeguarding notifications made.
Continuous Improvement Log	In compliance with information governance requirements to log information incidents, 21 incidents were recorded in our continuous improvement log in 2022.
Subject Access Requests or Requests made under the Access to Health Record Act 1990	In 2022, there were 5 access requests received under the Access to Health Record Act 1990.

3.2.3 Clinical Effectiveness

Clinical policy and guidelines

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 2022/23:-

CLINICAL	TITLE	ISSUE DATE
CLIN02	Care after Death	11/05/2022 06/07/2022
CLIN08	Infection Control	31/01/2023
CLIN10	Research and Writing for Publication Governance	23/11/2022
CLIN12	Safeguarding Children	30/11/2022
CLIN14	Safeguarding Adults	21/04/2022 30/11/2022
CLIN15	Deprivation of Liberty Guidelines	10/01/2023
CLIN18	Syringe Driver Policy (McKinley T34)	20/05/2022
CLIN24	Diabetic Management	23/09/2022 28/09/2022

CLINICAL	TITLE	ISSUE DATE
CLIN25	Controlled Drugs	20/07/2022 24/11/2022 06/03/2023
CLIN26	Generic Drugs	13/07/2022 31/08/2022 20/12/2022 31/01/2023
CLIN29	Preparing and Administering Injectable Medication Guidelines	17/01/2023
CLIN42	Tracheostomy	24/11/2022
CLIN45	Wound Management Guidelines	30/11/2022
CLIN46	Complementary Therapy Operational Policy	20/12/2022
CLIN49	Security of Patients' Valuables	04/10/2022
CLIN50	Administration of Subcutaneous Fluids in Palliative Care Guidelines	01/12/2022
CLIN52	Managing Covid 19	15/06/2022 06/07/2022 21/09/2022 01/12/2022 27/02/2023 01/03/2023
CLIN57	Community Guidance on Injectable Medications for Symptom Control at the End of Life	05/07/2022
CLIN57a	Flow Chart for Community prescribing at the end of life	05/07/2022
CLIN58	Use of the MAAR Chart for subcutaneous and intramuscular medication in the community	27/05/2022
CLIN63	Care of patients on the IPU with bariatric needs	09/05/2022
CLIN65	Transition of Young People to Adult Palliative Care Services	23/09/2022
CLIN66	The use of Ketamine for pain in palliative care for patients who have failed to respond to standard drug and non-drug treatments	31/01/2023
CLINSOP03	Inpatient Unit Medication Round	13/01/2023
CLINSOP08	Using Phase of Illness and the Australian Karnofsky Performance Scale Index – integrating OACC step 1	28/09/2022
CLINSOP09	Safe and Secure Management of NHS Prescription Stationery	20/10/2022
CLINSOP11	Aerosol Generated Procedures – Visiting Patients in the Community	31/08/2022
CLINSOP12	On-call Specialist Palliative Care Practitioner or CNS for CPCT	16/01/2023
CLINSOP13	Second On-call Specialist Palliative Care Practitioner or CNS for CPCT	16/01/2023
CLINSOP14	Admitting patients from prison to the IPU	16/01/2023
CLINSOP16	Verification of expected adult death by SRH RNs or Paramedics	09/05/2022
CLINSOP17	Managing Flowers in patient rooms	06/07/2022
CLINSOP18	Octreotide Prescribing for Patients in the Community	23/09/2022
CLINSOP19	Community Medicines Management for Clinical Nurse Specialists	17/10/2022
CLINSOP20	Safe Handling and Management of SHARPS injury / occupational exposure to blood borne viruses	31/01/2023
CLINSOP22	Re-purposing medication that is no longer required by inpatients	10/01/2023
CLINSOP23	Visiting patients in a prison setting	16/01/2023 31/01/2023
CLINSOP24	Transport of medication	31/01/2023
CLINSOP26	Micrel Syringe Pump Operating Procedure	08/03/2023
	Guidance for Prescribing and Administration of Continuous Subcutaneous Infusion Furosemide for Adults with End Stage Heart Failure in the Community	Feb 2023

Education

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. Provision of education was impacted by a vacancy in the Education Team between September 2022 and February 2023. Mandatory training remained a priority in 2022/2023. Training is delivered by the Education Team, SRH staff, external trainers and via Learningzone. Whilst not an exhaustive list, the clinical training delivered in 2022/2023 included:

Clinical team training:

- Manual Handling
- PPE training
- Fit testing
- Equality, diversity & inclusion
- Sage & Thyme communication training

Nursing Team Training

- Registered Nurse Verification of Adult Expected Death
- Tracheostomy care
- Safeguarding
- HCA second checker of controlled drugs
- Competencies
- Medicines management IPU
- Catheterisation training
- Preceptorship programme- supporting newly qualified nurses in their new role

Non-clinical team training

- Risk assessment
- Equality, diversity and inclusion

Training for external healthcare professionals

GP Masterclass- facilitated by the Medical Team. Attended by 16 GPs from the local area.

Education and Palliative Medicine Consultant attendance at a local secondary school's careers' fair and presented on working in nursing and medicine within the palliative care sector.

The Hospice supports placement requests from the wider healthcare community including District Nurses, Paramedics, Clinical Nurse Specialists and GPs.

Medical team Journal Clubs

Alfentanil conversion ratios and successful analgesia

State of the science: cannabis and cannabinoids in palliative medicine – the potential

DNACPR discussions – advanced communication skills

Recognition of dying by GPs in community

Presenting complaint: use of language that disempowers patients

Clonidine for refractory pain and agitation

Utilisation of a topical autologous blood clot for treatment of pressure ulcers

Orodispersible and transmucosal alternative medications for symptom control in adults

The challenges of understanding differential attainment in postgraduate medical education

Cannabinoid hyperemesis syndrome & cannabis withdrawal syndrome

Implantable cardioverter defibrillator devices: when, how and who should discuss deactivation with patients: a systematic literature review

CHELsea II study

Bereavement conference feedback

Palliative & EOLC and junior doctors: a systematic review and narrative synthesis

Palliating hiccups

Top Gun Lessons for the NHS

Pressure ulcers in patients receiving palliative care – a systematic review

Schwartz Rounds

- A colleague I'll never forget
- Music and Me
- An Unusual Request

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 2022/2023 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

Planned training for 2023

- Palliative Care Masterclass
- Advanced Communication Skills Training
- Advance Care Planning and difficult conversations for care home staff
- Conflict resolution training

MDT Journal Club meets on a monthly basis and is open to all clinical staff

Learn@Lunch is open to all staff with different presentations each month.

3.2.5 Clinical Research : See 2.4. Participation in clinical research.

3.2.6 Complaints Management

In 2022/23, 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 2022/23 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.

3.2.10 Organisational Development

St Raphael's Hospice seeks to be a learning organisation that is evolving and expects to continue to evolve to meet the changing demands for palliative and end of life care effectively. Within the constraints of our charitable funding we aim to provide the highest quality service that we can and to aspire to excellence in all that we do, whether clinically or in our fundraising and retail activities. We recognise that our external facing reputation is an important reflection of our internal realities and as such we seek to reflect upon and learn from feedback in all its guises.

As an independent charity we are governed by a Board of Trustees who are unremunerated volunteers and freely provide their expertise, and are ultimately responsible for the operation of the Hospice. With support from the Executive team, who create the annual management plan and budgets, the Board approve the plan and monitor progress on a quarterly basis through the Committee structure which reports to the main Board. The Board are also responsible for the longer term strategy and vision of the charity and each year aims to progress towards that sustainable future where St Raphael's is known as a reassuring presence at the heart of the communities of Merton and Sutton.

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

The Quality Account was compiled by the Director of Quality and Governance.
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.