



QUALITY ACCOUNT

2023-2024

“Very caring, individualised and personal care tailored to the patient’s and our family’s needs”

“Everybody was most helpful. Always had time to answer my questions”.

“Compassionate staff, professional at all times. Lovely doctors and nurses and volunteers.”

(2023 VOICES SURVEY)

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Part 1

What is a Quality Account?

The Quality Account for St Raphael's Hospice covers the period from 1 April 2023 to 31 March 2024 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 included:

- **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.

Our planning priorities ultimately depend on the resources available to St Raphael's from the NHS's contribution and the very generous support of our donors, supporters, and the communities we serve. The substantial financial challenges we face will affect what we can deliver in the coming year.

Our mission remains to provide a safe and efficient clinical service within the boroughs of Merton and Sutton and parts of Wandsworth, maintaining our IPU facility and specialist care outside, alongside the wellbeing, counselling and bereavement support we can provide to patients, those important to them, and community members.

Our staff and volunteers are at the heart of this, and our wish to support them through necessary organisational change in 2024/25 will be an underpinning factor.



The Board of Trustees and/or its committees have endorsed the Management Plan for 2024/25 and considers that its top three quality improvement priorities are:

Future planning priority 1:

An improvement project to develop the Bereavement Pathway

Standard: To develop the bereavement pathway project

Measures:

- Step by step process spanning pre-death to one-year post death
- Collateral (communication leaflets and letters that support the bereaved that includes fundraising/in memory giving pleas) produced for each step
- Tree of life sculpture
- Book of Remembrance
- Virtual Book of Remembrance & Memory Wall
- Refurbished reflective space
- Closer working between clinical and non-clinical

Review: Clinical Heads of Department & Clinical Quality & Governance Committee

Future planning priority 2:

An improvement project to expand Provision of Bereavement Support Work to High Down Prison as well as specialist palliative care psychotherapy to residents at end of life

Standard: Expand Provision of Bereavement Support Work to High down Prison as well as specialist palliative care psychotherapy to residents at end of life.

Measures:

- Grant to fund the project (Linden Foundation) deployed.
- Specialist psychotherapist recruited.
- Project evaluation infrastructure for funding organisation

Review: Clinical Heads of Department & Clinical Quality & Governance Committee



Future planning priority 3:

An improvement priority to embrace the NHS Patient Safety Incident Response Framework (PSIRF), maintain robust infection prevention and control and produce annual report for all accidents and incidents

Standard: To build upon the foundation of an open and supportive learning culture through demonstrable embrace of the NHS PSIRF, maintenance of a robust approach to Infection Control across clinical and non-clinical services and production of an annual review report for accidents and incidents that showcases assurance and learning.

Measures:

- Incorporation of the PSIRF actions into policy and development of a patient safety plan.
- Accessing of additional training to ensure compliance with PSIRF requirements.
- Production of an annual report for all accidents and incidents.
- Production of an Infection Control annual report.
- Continuation of quarterly graphical presentations of audit results
- Maintenance of access to expert infection control advice and up to date policy.

Review: Clinical Heads of Department & Clinical Quality & Governance 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 2023/2024, 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 2023-24 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, the profits from our hospice shops and lottery and through donations, grants and fundraising activities from our generous.

2.2 Participation in national clinical audits and confidential enquiries

During 2023/2024, 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 2023/2024 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

Palliative care and Oncology Survey on Terminology (POST) Study - led by Our Ladies Hospice in Ireland in liaison with Royal Surrey County Hospital: a patient survey.

2.5 Goals agreed with commissioners

The NHS contribution towards St Raphael's Hospice's income in 2023/2024 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 last 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 2023/2024.

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
- System design enhancements to facilitate inputs and useful outputs
- Data cleansing
- Data monitoring

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 2024.



Part 3

Quality Review

3.1 Review of quality performance in 2023/2024

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

Past 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: Student placement numbers have maintained in 2023/24 and bereavement counsellors continue to make a highly valued contribution to the individuals who are either preparing for or are handling a bereavement. Plans for drop-in groups at the North Cheam Church required changing whilst a drop-in group on our site led by our pastoral Sister has flourished. Our Wellbeing Centre and complementary therapies have also been accessed by the bereaved. A Psychological Support Services hub has been established on the Hospice site with designated counselling offices re-furbished and equipped to provide suitable environments for counsellors to use. Planned access to bereavement counselling out of hours was accommodated by the team and provided within the Hospice main building. Social work support was complemented by the addition of a part-time social work assistant and continues to meet the challenges faced by our



patients and their families amidst increased complexity owing to shortage in social housing, cost of living increases and ensuring wishes are in place. Trauma specific work (EMDR) remains a well utilised and comprehensive psychotherapy and in 2023 we were the only UK Hospice delivering this type of treatment.

Implementation of a psychological support services client feedback survey that are provided to all once their counselling has ended was implemented in June 2023 and continues to provide excellent assurance that the service meets the needs of its clients.

Past 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:** The number of volunteer Compassionate Neighbours (CN) reached a high of 77 in 2023/24 with 33 being active, 20 on hold and 24 in progress. The average number of visits per month was 125. Recruitment is steady and administrative support was increased in line with the growing numbers. CN support takes the form of weekly visits or telephone calls and is flexible and varied. Some CNs bring their community members to our Wellbeing Centre, others might provide support and company at home to those who are less mobile – this also provides respite for carers. Demand is infinite and challenge is meeting that demand. £10K has just been awarded by the Wimbledon Foundation Community Fund.



Past 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: EMIS replaced Crosscare as the Hospice's electronic patient record system in May 2023. Its project team was led by the Director of IT and Estates and the system's configuration was heavily supported by one of the Hospice's consultants in palliative medicine and one of the Hospice's clinical nurse specialists. The project team also comprised the Director of Quality and Improvement and the lead administrator. Following retirement of the lead administrator, the project team was complemented by the addition of the clinical administration lead – a role shared by two members of staff who have provided practical support to users alongside other members of the project team. A program of training that spanned 4 weeks was facilitated by EMIS and was attended by Hospice team members. The system's implementation and usage has been a success and user feedback has been positive. An issues' log that is available to all users provides a depository of required questions, issues and actions. The log is reviewed and actions effected by the consultant in palliative medicine and Director of IT on a routine basis and wider discussion items are included in the agenda of the project team meetings that are held as required. Induction and training on the system is delivered by team members with support from the clinical administration lead, the IT department and other members of the project team. Once the required information governance assurances were



established, implementation of data sharing across all GP providers in Merton and Sutton began in November 2023 and this has been completed with efforts continuing to activate the sharing agreement with our local community nursing teams. System reporting has serviced the delivery of activity data to the Hospice's commissioners – SWLICB and continues to provide assurance over data integrity.

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, 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 Nursing Lead and the Community Services Team Manager. 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 Nursing Lead, the Community Services Team Manager, Practice Education, the Clinical Pharmacist, the Chief Pharmacists for Sutton and Merton areas of the SWLICB (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 Nursing Lead, the Community Services Team link nurse, the Housekeeping Manager, the Commercial Director (or rep), 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 Prevention & 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, the Hospice Lead for Infection Prevention and Control, a Palliative Medicine Consultant, the IPU Nursing Lead, the IPU IC link nurse, Practice Education, the Facilities Manager, the Director of Quality and Governance and the Housekeeping Manager. 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 2023/2024, the Hospice undertook a number of clinical audit projects, amongst which were:

Project	Results/Actions/Comments
Prescription Chart Documentation Audit	Weekly audit by the Hospice's Clinical Pharmacist shows 316 charts assessed in 2023/24 (c.f. 340 charts in 2022/23) comprising 5709 prescription items (c.f. 5722 in 2022/23) and a respective evident prescription writing error rate of 0.8% and administration error rate of 0.8% (c.f. 0.7% and 0.5% in 2022/23).
Inpatient Unit Satisfaction Survey	2023 results show that overall satisfaction returns at 98% c.f. 99% in 2022. Feedback around care and treatment has been excellent. Particularly complimentary responses surround being treated with dignity and respect, hygiene, nursing care and privacy. Further effort has been highlighted to improve participation with the survey alongside access to OOH vending.
Safeguarding Documentation Audit	All safeguarding events raised to the LA were raised with the CQC – 100% compliance.
Care of Dying Adults in the last days of life – IPU & Community Re-audit	<p>Report published in 2023 showed the good documentation of the assessment of needs across all symptoms and including pressure areas, mouth care, hygiene, bladder and bowel function (100% achieved). This is testament to the diligence of medical and nursing teams work and documentation.</p> <p>There was good documentation of other needs- anxiety, psychological support, social and practical needs (100%). This was slightly less for spiritual, religious and cultural needs (86%).</p> <p>There was documentation confirming that 100% of patients had their nutrition and hydration assessed daily and that all patients were supported to eat and drink as long as they were able to and wished to.</p> <p>100% of patients who were able (due to conscious levels and capacity) and 100% of next of kin had a discussion regarding resuscitation.</p> <p>100% of patients had a treatment escalation plan documented.</p> <p>Additional actions include review of the elements that comprise the "individualised end of life care plan", usage of the EOLC template when the patient is entering the dying phase, raising the profile of spiritual care and production of new information literature on eating and drinking at the end of life.</p>
Mouthcare Audit	2023's audit showed an improvement in mouthcare risk assessments being completed on admission, however, the target of 100% was only reached twice on any audit month with the average completion across the 8 months of audit reaching 89%. Frequency of reassessment being every 3 days improved during the audit period with 5 of the latest audit months achieving either the 80% median or higher with a peak at 92%. Undertaking mouthcare three times a day was a new objective and whilst compliance initially was low, this improved to the latter four months data showing 69% compliance.



Project	Results/Actions/Comments
IPU Risk Assessments Audit	<p>2023's report showed that 97% (c.f. 83% in 2022) of admissions had their pressure area risk assessment (RA) undertaken on admission, 97% (c.f. 95% in 2022) their handling and falls risk assessment undertaken within 4 hours of admission. 92% of pressure area risk assessments (c.f. 90% in 2022) and 92% of handling and falls risk assessment (c.f. 89%) hold evidence of review within 3 days. 88% of Cat 2 (or above) pressure ulcers (c.f. 64% in 2022) were reported in the risk management incident system. 100% of patients (c.f. 100% in 2022) identified as falls risk had care plans written. 100% of falls were reported in the risk management incident system (c.f. 100% in 2022). 100% of falls had their RAs updated (c.f. 50% in 2022). 100% of falls were reported to a Doctor (c.f. 100% in 2022). 100% of falls had the falls protocol followed (c.f. 88% in 2022). Compliance for completing risk assessments for pressure ulcers and falls on admission and after 72 hours has improved since the last audit which is positive. Auditing whether risk assessments continued to be reviewed every 72 hours was new for the latest audit and showed less compliance. On over half of the cases where a risk assessment was completed on day 4 rather than day 3 this was between the end of one month and beginning of the next. There were no instances where one risk assessment had been completed without the other, for example falls being completed without pressure ulcer care. Compliance with falls reporting and following protocol has improved from 2022.</p>
Use of Language Line QI project	<p>Results in 2023 showed that 29% of patients were non-native English speakers and, of these, 77% of these patients were fluent in English and did not require an interpreter. 16% were not fluent in English, 5% did not have their fluency recorded and 2% were fluent but had other communication difficulties. Language line was offered to 33% of those who were not fluent with/without communication difficulties. Use of relatives were the main interpreters during consultations. The offer of interpreter can be multi-faceted owing to patient preference, perceptions of interpreters, precedents already set by hospital to not use an interpreter owing to patients attending appointments with a carer, friend or family member. Recommended actions included:</p> <ol style="list-style-type: none"> 1. To identify at first point of contact whether or not the patient speaks English fluently/ well enough to engage in a first assessment without a need for an interpreter. If this is not the case then to recommend/offer the use of an interpreter, and document clearly this discussion/decision and outcome. 2. First language and fluency status should be documented for all non-native English speakers, and the nature of communication difficulties should be specified. Where interpreters are offered this should be documented, including the informed consent process if the offer of an interpreter is declined. 3. To ensure every patient on our caseload has a confirmed ethnicity recorded and checked with them.
Hospice @ Home Carer/Relative Satisfaction Survey	<p>2023 results show that 100% of respondents would recommend St Raphael's Hospice @ Home service with, again, 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.</p>



Project	Results/Actions/Comments
IPU Referrals QI project	<p>2023/24's review period showed that 91% of patients referred to the IPU were able to be admitted to the hospice compared to 84% and 54% in the previous periods. The data demonstrates that remaining open to 10 beds with required occupancy flexibility based on patient dependency and staffing levels allowed almost all patients referred to be admitted to the IPU during this review period.</p> <p>The number of admissions achieving the urgency time frame standard during this review period was 90% versus 57% and 43% during the previous periods. This is a significant improvement and reflects the responsiveness of the IPU to admission requests during this time period. The afternoon admissions meeting becoming embedded may have contributed to this responsiveness. Examining the source of referrals, this has evened out with 48% from home and hospital respectively and one admission from prison. Clarification of the process for OOA requests within local policy documents has increased team confidence in this area, including the process for OOA NHS CC funding for symptom control admissions.</p> <p>The number of IPU referrals was slightly higher than the previous review period with a rate of 0.7 referrals a day compared to 0.6, but still lower than the peak of 0.9 referrals a day during the initial review period (Feb/March 22). This may reflect the return to normal community services following a period of instability around the COVID pandemic allowing more people to remain at home.</p> <p>Looking at AKPS this review period showed that the majority (95%) of patients had a score of 40% (in bed more than 50% of the time) or lower with only one patient with a score above this of 70%. This supports the ongoing nursing numbers required to safely manage our inpatients, who require extensive nursing care. Looking at POI, the majority of patients were rated as deteriorating on admission to the hospice.</p> <p>Admission Score sheet completion showed some improvement during this review period with 87% of patients referred having a scoresheet completed compared with 83% and 79% during the previous audit periods.</p> <p>This review period showed continued improvement in the IPU responsiveness to admission requests during January 2024 with 96% of patients being offered a bed following referral to the IPU. The urgency of the referral was met for 90% of referrals. This supports our current model of working with an occupancy of 10 IPU beds, with daily review of staffing levels and patient dependency guiding the number of admissions each day.</p>
Phase of Illness & AKPS Audit	<p>2023's report showed 100% patients had POI & AKPS completed on admission which is the same as in the initial 2021 audit. 100% patients had POI & AKPS completed on discharge – the 2021 data showed 60% had AKPS completed, so re-audit has shown improvement in this aspect although the sample size is lower. POI/AKPS is a useful, more objective way to monitor a patient's condition during admissions at the hospice. On the IPU, admission scores were completed 100%, and there was an improvement to 100% of recording POI/AKPS on discharge. The recognition of last days of life is always nuanced & difficult to assess, however our team have demonstrated the ability to recognise deterioration & dying, reflected in POI scores which were selected appropriately around 67 – 100% of the time. It is likely deteriorating and the possibility of dying were communicated to families even if the dying POI was not selected. From experience, the team only feel able to select the dying phase when they recognise 'active' dying.</p>



Project	Results/Actions/Comments
Psychological Support Services (PSS) Survey	<p>2023 saw the introduction of a feedback questionnaire for the clients receiving a psychological support service from St Raphael's Hospice i.e. counselling/psychotherapy or social work support. Overall satisfaction with the service across 10 criteria achieved 98% compliance with 100% of participants recommending the services to others. The survey supports the maintenance and development of the counselling services offered to patients and those important to them</p>
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 2023:-</p> <p>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.</p> <p>Definite assertion of the adequacy of emotional support decreased slightly to 89% from 90%.</p> <p>Definite assertion that symptoms other than pain in the IPU had been definitely or to some extent relieved has decreased to 94% from 100%.</p> <p>Pain relief in the IPU, reported to have been relieved completely either, 'all of the time' or 'some of the time', has decreased slightly to 94% from 95%..</p> <p>Keeping family members always informed of the patient's condition was considered met for 84% from 82%.</p> <p>Always treating patients with respect and dignity was considered highly for both doctors and nurses at 100% from 95% for nurses and at 100% from 95% for doctors.</p> <p>A larger proportion of respondents regarded that being able to stay overnight in the Hospice was important – 75% from 55%.</p> <p>A decrease in the numbers that considered they had definitely received enough emotional support as an inpatient – 75% from 86%.</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 maintenance at 95% from 95% for doctors and nursing staff.</p> <p>Regarding the food provided on the IPU, 'exceptional' and 'excellent' ratings combined decreased to 80% from 82%.</p> <p>95% of respondents rated the patient bedroom as 'Excellent' from 91%.</p> <p>Overall, care provided by the Community Palliative Care Team was considered as either 'Exceptional', 'Excellent' or 'Good' by 100% from 88% in the previous bi-annual report.</p> <p>The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has increased to 82% from 76%.</p> <p>Responding to the Friends & Family question, 98% rated the Hospice as either 'Very Good' or 'Good' (c.f.94%), 2% 'Neither Good Nor Poor' (c.f. 3%) and 0% rated it as either 'Poor' or 'Very Poor' (c.f. 3%).</p>



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 incidents/accidents has maintained a reporting level of within 2.6% of 2022's figures owing to continued embrace of the electronic reporting system, a low threshold reporting culture and the value associated with our potential to learn. Number of injurious accidents were 50% lower than 2022's figures. There were no non-clinical incidents nor accidents that required report to the CQC in 2023.
Clinical Incidents & Near Misses	A 6.7% increase in reported incidents in 2023 overall maintains the embrace and use of the electronic incident reporting system alongside a low threshold reporting culture and the value associated with our potential to learn. In 2023, medication incidents constituted 34% of all clinical incidents (c.f. 30% in 2022). In 2023, pressure ulcers on admission constituted 16% of all clinical incidents (c.f. 12% in 2022). The patient fall rate in 2023/24 per 1000 bed days is 6.81 (c.f. 8.26 in 2022/23 and injurious falls in 2023/24 is 1.02 (c.f. 2.41 per 1000 occupied bed days in 2022/23).
CQC notifications	In 2023/2024, there were 27 serious injury notifications all relating to pressure ulcers of which 21 were identified upon admission and 12 safeguarding notifications made.
Continuous Improvement Log	In compliance with information governance requirements to log information incidents, 23 incidents were recorded in our information governance continuous improvement log in 2023/2024.
Subject Access Requests under the Data Protection Act 2018 or Requests made under the Access to Health Record Act 1990	In 2023/2024, there was 1 access request 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 56 clinical policy/guideline reviews in 2023/24:-

CLINICAL	TITLE	ISSUE DATE
CLIN01	Admissions Policy	11/09/2023
CLIN02	Care after Death	02/08/2023 23/08/2023 25/10/2023
CLIN05	Consent Policy	30/08/2023
CLIN07	Discharge Policy	03/08/2023



CLINICAL	TITLE	ISSUE DATE
CLIN08	Infection Control	31/08/2023 16/11/2023 06/02/2024
CLIN09	Referral to Hospice Services	05/10/2023
CLIN12	Safeguarding Children	07/06/2023 16/10/2023 19/02/2024
CLIN13	Suicide Policy	13/02/2024
CLIN14	Safeguarding Adults	07/06/2023 16/10/2023 19/02/2024
CLIN15	Deprivation of Liberty Guidelines	30/06/2023
CLIN16	Mental Capacity Act – Guidelines	22/03/2024
CLIN17	Management of Patients with Enteral Catheters and Feeding Systems	22/12/2023
CLIN24	Diabetic Management	06/10/2023
CLIN25	Controlled Drugs	22/12/2023
CLIN25a	Safety and storage of patients' own CDs in the Community	19/03/2024
CLIN26	Generic Drugs	09/08/2023
CLIN31	Mouthcare Guidelines	23/05/2023
CLIN32	Naloxone administration in the palliative care setting	07/02/2024
CLIN32a	Naloxone flowchart	07/02/2024
CLIN33	Non-medical Prescribers' Policy	07/06/2023
CLIN39	Pressure Ulcer Prevention and Management Guidelines	20/12/2023
CLIN44	Venous Thromboembolism Prophylaxis Guidelines	15/05/2023
CLIN48	Community Services' Operational Policy	07/09/2023
CLIN52	Managing Covid 19	25/05/2023 16/11/2023 18/01/2024 19/02/2024
CLIN53	Implantable Cardiac Defibrillator Guidance	25/03/2024
CLIN57	Community Guidance on Injectable Medications for Symptom Control at the End of Life	19/12/2023
CLIN58	Use of the MAAR Chart for subcutaneous and intramuscular medication in the community	08/03/2024
CLIN60	Subcutaneous Administration of Levetiracetam (Kepra)	22/12/2023
CLIN67	Treating patients and those important to them with dignity, privacy and respect	04/01/2024
CLINSOP02	Medical Team On-call (PAH, SRH, Kingston Acute Trust)	25/03/2024
CLINSOP04	Inpatient Unit Shift Coordinator	03/08/2023
CLINSOP05	Inpatient Unit Weekend or Bank Holiday Coordinator	30/06/2023
CLINSOP08	Using Phase of Illness and the Australian Karnofsky Performance Scale Index – integrating OACC step 1	12/12/2023
CLINSOP11	Aerosol Generated Procedures – Visiting Patients in the Community	09/05/2023
CLINSOP20	Safe Handling and Management of SHARPS injury / occupational exposure to blood borne viruses	28/04/2023
CLINSOP22	Re-purposing medication that is no longer required by inpatients	13/11/2023 22/12/2023
CLINSOP24	Transport of medication	08/03/2024
CLINSOP24 a	Returning unused CDs or medication to a community pharmacy from the patient home	19/03/2024



CLINICAL	TITLE	ISSUE DATE
CLINSOP25	Supporting a mesothelioma and/or private health insurance claim	07/06/2023 28/11/2023
CLINSOP27	Visiting Guidance	30/06/2023
CLINSOP28	Care and maintenance of a PICC (Peripherally Inserted Central Catheter)	09/11/2023
CLINSOP29	Transfer of IPU Patients	31/10/2023
CLINSOP30	Palliative care support for patients who are substance misusers	19/02/2024

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 an ongoing period of sickness from November 2023. Mandatory training remained a priority in 2023/2024. Training is delivered by the Education Team, SRH staff, external trainers and via Bluestream Academy. Whilst not an exhaustive list, the clinical training delivered in 2023/2024 included:

Non-clinical team training

- Equality, diversity and inclusion
- Industrial Manual Handling
- Food Hygiene
- First Aid at Work

Clinical team training:

- Manual Handling
- PPE training
- Fit testing
- Equality, diversity & inclusion
- Sage & Thyme communication training
- Conflict Resolution
- First Aid at Work
- EMIS





Nursing Team Training

- Registered Nurse Verification of Adult Expected Death
- Tracheostomy care
- Safeguarding
- HCA second checker of controlled drugs
- Competencies
- Medicines management IPU and CPCT
- Catheterisation training
- Preceptorship programme- supporting newly qualified nurses in their new role
- Non-Medical Prescribing Update
- Advanced Communications Skills Training
- HCA Study Day
- IPU Study Day (incl. 'Agitation')
- Fast Track Training
- EMIS

Training for external healthcare professionals

- Palliative care 'Masterclass'- facilitated by the Medical Team. Attended by 16 GPs from the local area.
- Non-Medical Prescribing Update - facilitated by the Education Team and the Medical Team. Attended by internal non -medical prescribers and external non -medical prescribers
- Advanced Communication Skills Training- facilitated by the Education Team. Attended by internal and 6 external healthcare professionals.
- The Education Team gave a presentation on Palliative Care to third year nursing students at the University of Roehampton.
- End of Life: Sensitive conversations and planning ahead- monthly sessions for care home staff in Sutton and Merton, to facilitate advance care planning. Facilitated by the Education Team.



- Invitation to speak at Merton GP training afternoon delivered by palliative medicine consultants alongside Merton EOL team lead CNS Smith.
- The Hospice supports placement requests from the wider healthcare community including District Nurses, Paramedics, Clinical Nurse Specialists and GPs.

Medical team Journal Clubs

- Fatigue in cancer patients in palliative care – a review on pharmacological interventions
- MDU – introduction to confidentiality
- Dealing with cultural diversity in palliative care
- Psychogenic non epileptic seizure: an empathetic, practical approach
- Ignorance is bliss? With attention to ethical theories, discuss the role of truth-telling within good palliative care
- Finding meaning in the hidden curriculum – the use of the hermeneutic window in medical education
- Iatrogenic suffering at the end of life: an ethnographic study
- Epilepsy and brain tumours
- Cultural competence in pain and palliative care
- Ethics of sedation for existential suffering
- AI-based clinical decision making systems in palliative medicine ethical challenges
- Redefining palliative care – a new consensus-based definition
- Propantheline for excess respiratory secretions in MND
- Differences in trends in discharge location in a cohort of hospitalised patients with cancer and non-cancer diagnoses receiving specialist palliative care: a retrospective cohort study
- Podcast – people I (mostly) admire – drawing from life (and death)
- Palliative care for people with a pre-existing diagnosis of mental health – Hospice Webinar
- A good death: non-negotiable personal conditions for clinicians, healthcare administrators and support staff
- Effect of chair placement on physicians' behaviour and patients' satisfaction: randomised deception trial
- Workload and the mysterious law of karma
- Efficacy of cola ingestion for oesophageal food bolus impaction: open label, multicentre, RCT



Schwartz Rounds

April 2023 – ‘An unusual request’	June 2023 – ‘When you feel you can’t go back’
July 2023 – ‘Why I work here’	September 2023 – ‘A patient I’ll never forget’
December 2023 – ‘This time of year’	January 2024 – ‘Feeling on the outside’
March 2024 - ‘Kindness’	

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. Bluestream Academy was introduced as our new e-learning provider in February 2024. The new system provides a wide range of modules and enhances our reporting. Training effected in 2023/2024 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 2024

- Palliative Care Masterclass
- Advanced Communication Skills Training
- Non -Medical Prescribing Update
- Medicines Management for nursing teams



- HCA Second Checker Controlled Drugs 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.
- The EducationTeam support nursing staff with their revalidation process.

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

3.2.6 Complaints Management

In 2023/24, there were 18 complaints received: 7 clinical and 11 non-clinical. All have been investigated by a member of the Executive and reviewed by the Hospice Board of Trustees. All complaints received in 2023/24 have been closed.

3.2.7 User Feedback

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

- Inpatient Satisfaction Survey
- Bereaved Carer/Relative Survey (VOICES)
- Hospice@Home Service Carer/Relative Survey
- Psychological Support Services 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.

The Hospice User Group (HUG) was initiated in January 2024 and is already contributing to the content of the Hospice's patient and carer information. Its usefulness will be developed over the coming year.

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.

