

St Raphael's

Your Local Hospice



VOICES QUESTIONNAIRE

2024/25

Compiled by: Quality Office

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INTRODUCTION

The staff and volunteers of St Raphael's Hospice place great value on the views and experience of their patients, their relatives and carers. They wish to ensure that the care that they give is as helpful as possible for the patients and the people close to them. To do this, they seek to inform themselves as to how they can improve the way they look after people.

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 will support us to improve people's experiences of care at the end of life.

The VOICES questionnaire asks about the care and support both the patient and carer received in the last months of the patient's life and whether their needs were fully met. Most of the questions can be answered by simply ticking the most appropriate box.

AIMS

- To assess carer/relative opinion.
- To highlight areas for improvement or further evaluation.
- To identify action taken or to be taken consequential to feedback received.

METHODOLOGY

The questionnaire used in this survey is taken from the National Survey of Bereaved People (VOICES) questionnaire. The next of kin / main carer of those Hospice patients that died during the period 1st October 2024 to 31st March 2025 were sent questionnaires 4 months post-bereavement. They were invited to complete the questionnaire under no obligation, and return completed surveys in pre-paid envelopes. This is a comparative audit report comparing the 2024/25 dataset with earlier audit from 2024.

Executive Summary

- a) The number of returned questionnaires was 32% in 2024/25 (c.f. 32% in 2024, 31% in 2023/24, 29% in 2023, 25% in 2022/23, 26% in 2022, 27% in 2021/22, 25% in 2021, 37% in 2020/21, 26% in 2020, 28% in 2019/20).
- b) 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 96% agreeing that the environment respected the patients' privacy (see page 12). This shows a slight decrease on 2024 where there was perfect compliance for all criteria.
- c) Definite assertion of the adequacy of inpatient emotional support increased to 81% in 2024/25 from 2024's 79% (page 13) and definitive assertion of the adequacy of inpatient religious/spiritual support has decreased to 76% (c.f. 80% in 2024).
- d) Inpatient support regarding financial concerns or other practical problems was considered to be of somewhat greater need – 10 respondents (36%) in 2024/25 (c.f. 30% in 2024). That need was considered to have been definitely met by 9 (90% in 2024/25 c.f. 73% in 2024).
- e) Definite assertion that symptoms other than pain in the IPU had been relieved has decreased to 71% in 2024/25 (c.f. 82% in 2024). 100% recorded either definitely or to some extent in 2024/25 (c.f. 100% in 2024). 0% answered "No" (c.f. 0% in 2024).
- f) Support regarding family concerns of inpatients was considered to be of greater need – 64% in 2024/25 (c.f. 57% in 2024). That need was considered to have been definitely met by 67% in 2024/25 (c.f. 81% in 2024).
- g) Inpatient pain relieved completely, 'all of the time' has increased marginally to 67% in 2024/25 (c.f. 65% 2024), 'some of the time' has decreased to 17% in 2024/25 (c.f. 27% in 2024) and 'partially' has increased to 8% in 2024/25 (c.f. 3% in 2024) (Page 14).
- h) A small decrease in the number of family members being always kept informed of the inpatients' condition - 81% in 2024/25 (c.f. 84% in 2024) being always kept informed. 15% considered family members were usually kept informed (c.f. 11% in 2024). 4% considered family members were only sometimes informed (c.f. 3% in 2024).
- i) A large increase in respondents who considered the language used by doctors and nurses on the IPU to explain the condition to be 'very easy' to understand - 89% in 2024/25 (c.f. 65% in 2024) (Page 15) with a decrease in 'fairly easy to understand' responses to 11% in 2024/25 (c.f. 32% in 2024). 0% reported that they 'never spoke' to staff about the

- inpatient's condition (c.f. 0% in 2024). 0% reported that doctors and nurses "did not explain" the inpatient's condition (c.f. 3% in 2024).
- j) The number of respondents that felt that decisions were made about the inpatients' care/treatment that they wouldn't have wanted increased to 14% in 2024/25 (c.f. 11% in 2024). (page 15)
- k) Doctors and nurses 'always treating inpatients with respect and dignity' decreased marginally for nurses and increased for doctors – 96% for nurses and 100% for doctors in 2024/25 (c.f. 97% for nurses and 89% for doctors in 2024).
- l) Definite assertion by the nok of inpatients that the Hospice worked well with GPs and other external services increased to 64% in 2024/25 (c.f. 44% in 2024). 4% replied that the Hospice had worked well with the GPs 'to some extent,' (c.f. 9% in 2024). 4% of respondents (c.f. 3% in 2024) felt that they didn't work well together and 25% in 2024/25 didn't know (c.f. 44% in 2024) and 4% (c.f. 0% in 2024) recorded that they did not work together.
- m) A higher proportion of respondents regarded that being able to stay overnight in the Hospice was important – 62% (c.f. 50% in 2024) (page 17, Question 11).
- n) 'Definitely received sufficient emotional support from the hospice team' whilst an inpatient increased to 93% in 2024/25 (c.f. 83% in 2024) (page 17), with a decreased rate of emotional support not being required – 0% in 2024/25 (c.f. 3% in 2024). Taken together the adequacy of emotional support as either definite, to some extent or not required has maintained in 2024/25 at 100% on the IPU.
- o) Respondents were asked to rate care given to inpatients by doctors and nurses and the responses in 2024/25 show a shift from 'Excellent' and 'Good' up to 'Exceptional' for doctors. 78% considered doctor care to be 'Exceptional' (c.f. 64% in 2024), 22% considered it to be 'Excellent' (c.f. 28% in 2024) and 0% considered it to be 'Good' (c.f. 6% in 2024) and 0% considered it 'Fair' (c.f. 0% in 2024) and 0% recorded 'Don't Know' (c.f. 3% in 2024). **Taking 'exceptional' and 'excellent' together rates in 2024/25 for doctor care have increased to 100% (c.f. 92% in 2024).** Responses relating to nursing care show a slight shift away from 'Excellent,' both up to 'Exceptional' and down to 'Good.' 89% rating nursing care as 'Exceptional' (c.f. 84% in 2024) and 7% as 'Excellent' (c.f. 16% in 2024) and 4% as 'Good' (c.f. 0% in 2024) and 0% as 'Fair' (c.f. 0% in 2024) and 0% as 'Poor' (c.f. 0% in 2024) (Page 18). **Taking 'exceptional' and 'excellent' together, rates in 2024/25 for nursing care have decreased to 96% (c.f. 100% in 2024).**

- p) Regarding the food provided on the IPU in 2024/25, there was a very small decrease in ‘Exceptional’ responses and a small increase in ‘Excellent’ responses: 29% rated the food as ‘Exceptional’ in 2024/25 (c.f. 30% in 2024), 43% ‘Excellent’ (c.f. 41% in 2024), 10% ‘Good’ (c.f. 22% in 2024), 0% ‘Fair’ (c.f. 0% in 2024), 0% ‘Poor’ (c.f. 0% in 2024) (Page 18) and 19% recorded ‘Don’t know’ (c.f. 7% in 2024). Combining ‘exceptional’ and ‘excellent’ ratings there has been a marginal increase in 2024/25 – 72% (c.f. 71% in 2024).
- q) 89% of respondents rated the patient bedroom as ‘Excellent’ which is lower than the compliance of 97% in 2024. The en-suite bathrooms were rated ‘Excellent’ by 74% in 2024/25 (c.f. 89% in 2024) (Page 19) which is a decrease.
- r) Satisfaction with the Community Services should be regarded with a degree of caution as it is difficult to isolate St Raphael’s impact amongst what may be a multitude of community care providers. Responsiveness of visit has decreased to 79% in 2024/25 (c.f. 83% in 2024); ‘Yes definitely’ answers for emotional support have decreased – 65% (c.f. 76% in 2024); Religious or spiritual support have increased to 58% (c.f. 35% in 2024), but that question has a smaller data cohort, since fewer respondents consider religious/spiritual support to be necessary.
- s) A marginally lower proportion felt that the patient required help with urgent problems during the evenings, between 5pm and 11pm, – 68% in 2024/25 (c.f. 69% in 2024) and of those, a marginally decreased proportion – 70% (c.f. 71% in 2024) felt definitely that enough support had been received. (page 22)
- t) A higher proportion felt that the patient required help with urgent problems during the night (7pm – 9am) – 69% in 2024/25 (c.f. 58% in 2024) and of those, a slightly lower proportion – 71% (c.f. 73% in 2024) felt definitely that enough support had been received.
- u) A larger proportion of respondents considered that the patient’s pain had been completely relieved all of the time by the CPCT – “Completely all the time” 40% in 2024/25 (c.f. 35% in 2024), “Completely some of the time” 21% (c.f. 22% in 2024), and “Partially” 21% (c.f. 24% in 2024) and “Not relieved at all” 0% (c.f. 2% in 2024).
- v) A higher proportion in 2024/25 – 87% (c.f. 79% in 2024) stated that they and their family received enough help and support from the Hospice CPCT.
- w) The way in which the CPCT team explained the patient’s condition, treatment or tests shifted: ‘Very easy’ to understand decreased to 61% in 2024/25 (c.f. 76% in 2024) and ‘fairly easy’ increased to 37% (c.f. 22% in 2024).

- x) Care received from the CPCT altogether saw a decrease to 57% rating it as ‘Exceptional’ in 2024/25 (c.f. 64% in 2024), 2% rated it as ‘Poor’ (c.f. 0% in 2024) (Page 24). Overall, regard for care as a whole provided by the CPCT is similar to 2024 with either ‘Exceptional’, ‘Excellent’ or ‘Good’ still yielding 96% in 2024/25 (c.f. 96% in 2024).
- y) CPCT involving family/carers in decisions about the patients’ treatment has increased to 93% in 2024/25 (c.f. 91% in 2024).
- z) Patients’ explicit statement on their preferred place of death once again indicates that it is usually their home or the Hospice: Home – 65% (c.f. 47% in 2024) Hospice – 27% (c.f. 49% in 2024).
- aa) 91% of respondents in 2024/25 believed the patient died in the right place (c.f. 92% in 2024) (page 28).
- bb) 76% felt the patient achieved their preferred place of death in 2024/25 (c.f. 76% in 2024) (page 26).
- cc) Bereavement support for those whose loved ones died in the Hospice was considered definitely enough by 85% in 2024/25 – a decrease from 2024’s 94% (page 29).
- dd) 90% felt able to talk to someone from the Hospice as soon as they wanted about their bereavement (c.f. 76% in 2024) which shows an increase. 7% wanted it sooner (c.f. 12% in 2024) and 3% were unsure (c.f. 12% in 2024).
- ee) Following receipt of the bereavement leaflet – a very slightly decreased proportion - 83% found it either definitely helpful or helpful to some degree (c.f. 84% in 2024). 8% did not receive the leaflet (c.f. 12% in 2024).
- ff) The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has increased to 90% in 2024/25 (c.f. 80% in 2024). 4% felt the contact was unhelpful (c.f. 2% in 2024). Responses stating that contact wasn’t received decreased to 6% (c.f. 13% in 2024).
- gg) Of the 54 respondents who recorded answers for that time period, 37 (69%) rated the hospice as ‘Outstanding,’ 11 (20%) rated the hospice as ‘Very Good’, 5 (9%) rated the hospice as ‘Good’, 0 (0%) rated the hospice as ‘neither good nor poor,’ 0 (0%) rated the hospice as ‘Poor,’ 1 (2%) rated it as ‘Very Poor,’ and 0 (0%) did not know the answer to this question. Taken together, ‘Outstanding’ and ‘Very Good’ responses were awarded in 89% of responses (c.f. 89% in 2024). This shows similar rates of overall satisfaction between audit periods.

[Audit Periods Overview](#)

Click the link to view the table with the percentage scores and trends for all reported audit periods:

What can we learn?

- a) The survey return rate has begun to increase since 2023 and whilst the survey has been sent out 4 – 6 months following patient death in the past it is now sent out in month 4 as routine. To continue the routine and monthly mailing of VOICES questionnaires in A3 format and ensure mailing is undertaken in month 4 post patient death.
- b) We may expect that the reduction in manpower across the Community Team and the withdrawal of the Hospice at Home Service from July 2024 may have begun to impact this survey's CPCT responses. Overall, this was not realised in April to September's report and October 2024 to March 2025 data compares favourably with April to September 2024 in that the CPCT care on the whole was considered either Exceptional, Excellent or Good across 96% of responses in both periods alongside a moving 6 monthly average since 2015/16 of 96%.
- c) The Community Team, again, are commended for the service changes they have effected to support and respond to the needs of their patients and those important to them and are delivering a premium and responsive service. Arguably, there should be expectation and likelihood of reduction against specific CPCT criteria following the service reductions implemented in the summer of 2024; however, every effort is being made by the CPCT practitioners to offset the effects of a reduced workforce that maintains its focus to meet the challenges the service faces amidst a population that has increasing complexities and needs.
- d) There are so many heart-warming messages of appreciation captured through this survey that the teams that deliver the care, that support those important to patients alongside the teams that support the delivery of services should be immensely proud of their contributions.

What will we do or change?

- a) There are no plans to effect any additional resources (such as survey follow-up by t/c, email, post or implementation of an alternative/complementary route for survey returns) to increase the survey return rate. The return rate presently sits at the higher end of the acceptable level of 25%-35%.
- b) Review the operation and opening hours of the Orangery was completed and as routine the Orangery is currently 10am – 3pm Monday to Friday and the addition of a Vending Machine was installed in October 2024.

Under consideration are:

- b) Reconcile record of bereavement literature provision in EMIS with Q36 : **ACTION : J Cope / A Rudkin**
- c) Make record on EMIS of VOICES Survey sent : **ACTION : J Cope / A Rudkin**

MAIN BODY

In October 2024 – March 2025, there were 55 questionnaires returned, providing a return rate of 32% (c.f. 32% in 2024, 31% in 2023-2024, 29% in 2023, 25% in 2022-2023, 26% in 2022, 27% in 2021-2022, 25% in 2021, 37% in 2020-2021, 26% in 2020, 28% c.f. in 2019-2020, 25% in 2019, 29% in 2018-2019, 34% in 2018, 32% in 2017/18 & 28% in 2017).

Demographics:

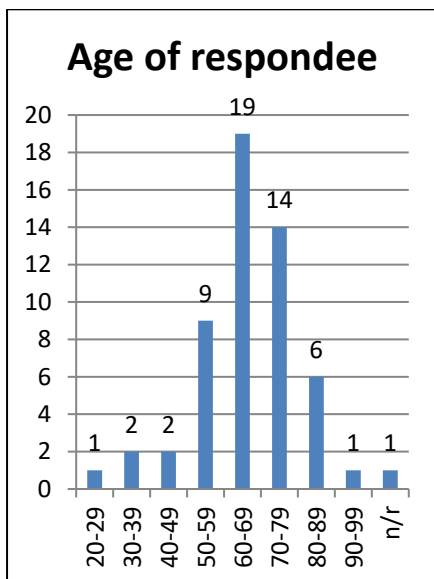
Gender of Respondent

Period	Male	Female	n/r
2024-25	19 (35%)	35 (65%)	1
2024	20 (31%)	44 (69%)	0
2023-24	16 (29%)	39 (71%)	0
2023	15 (31%)	34 (69%)	0
2022-23	9 (21%)	33 (79%)	2
2022	9 (30%)	21 (70%)	2
2021-22	13 (27%)	35 (73%)	0
2021	20 (41%)	29 (59%)	0
2020-21	21 (28%)	53 (72%)	2
2020	18 (32%)	39 (68%)	2
2019-20	19 (33%)	38 (67%)	1
2019	18 (36%)	32 (64%)	0
2018-19	19 (28%)	49 (72%)	1
2018	22 (31%)	50 (69%)	0
2017-18	16 (24%)	51 (76%)	0
2017	17 (35%)	31 (65%)	3

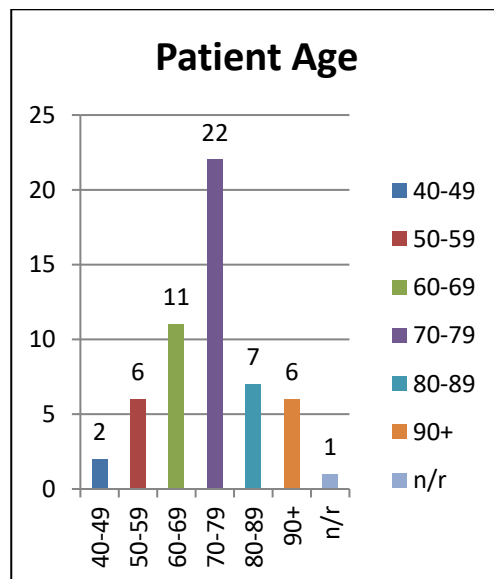
Gender of Patient

Period	Male	Female	n/r
2024-25	31 (57%)	23 (43%)	1
2024	30 (48%)	33 (52%)	1
2023-24	26 (47%)	29 (53%)	0
2023	28 (57%)	21 (43%)	0
2022-23	25 (60%)	17 (40%)	2
2022	19 (59%)	13 (41%)	0
2021-22	22 (49%)	23 (51%)	3
2021	26 (53%)	23 (47%)	0
2020-21	42 (58%)	31 (42%)	3
2020	27 (49%)	28 (51%)	4
2019-20	26 (46%)	31 (54%)	1
2019	23 (48%)	25 (52%)	2
2018-19	37 (54%)	31 (46%)	1
2018	38 (54%)	33 (46%)	1
2017-18	33 (49%)	34 (51%)	0
2017	23 (48%)	25 (52%)	3

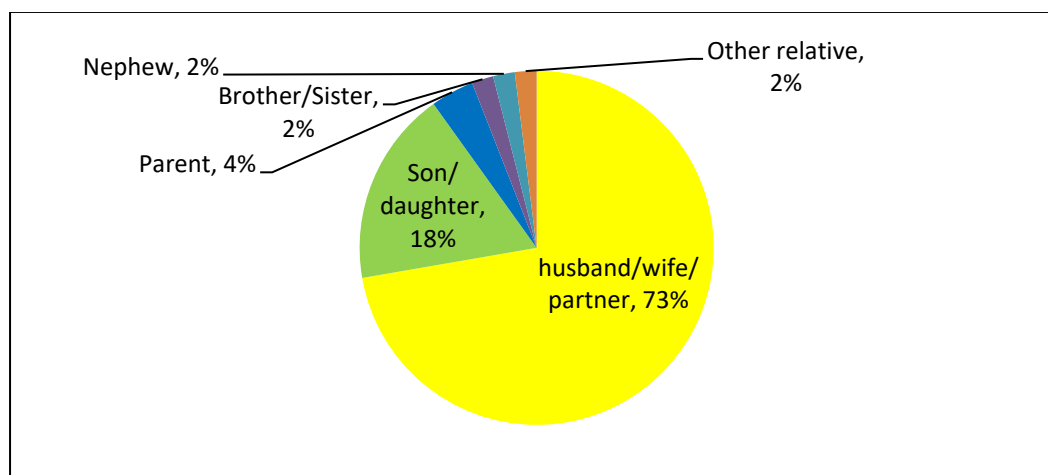
Age of respondent



Age of deceased



Respondent's relationship to patient

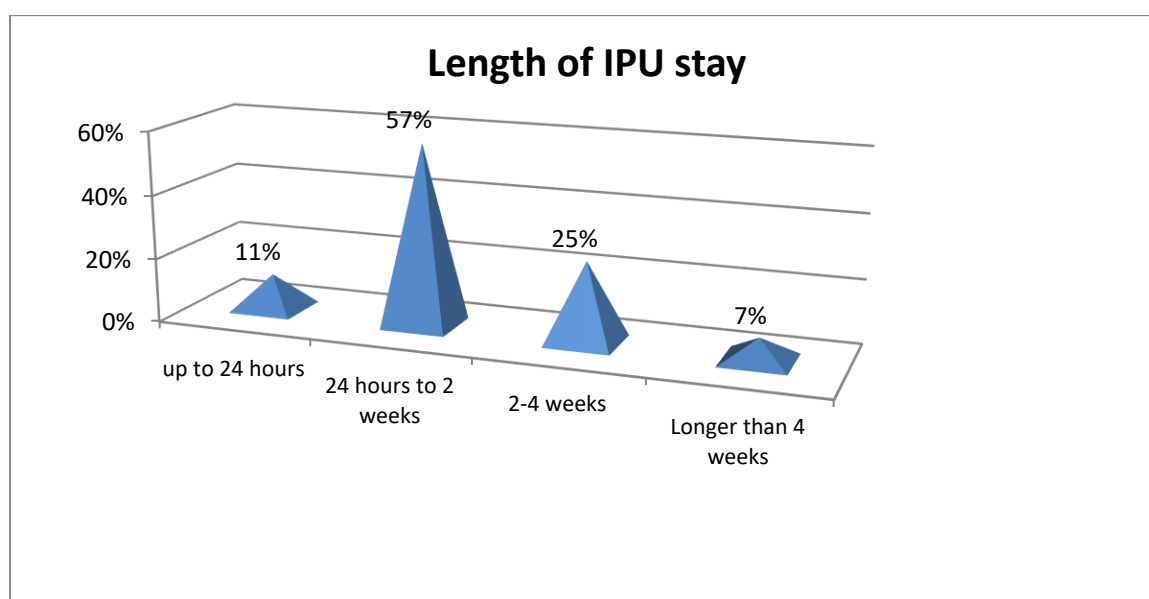


51 (93% c.f. 92% in 2024) of the 55 respondents who answered the question identified themselves as being 'White' (British/Irish/Other) with 4 (7%) identifying themselves as: 1 "Asian Indian," 1 "Black African," 1 "Black Caribbean." 1 did not record an answer. 50 (91% c.f. 86% in 2024) of the 55 patients who had the question answered on their behalf were identified as being white and the other 5 (9%) as: 1 "Asian Indian," 1 "Black Caribbean" and 3 did not record an answer.

Inpatient Care on Hospice Ward

Inpatient Stay

Q2) 28 (51% c.f. 58% in 2024) of the 55 respondents stated that the patient had stayed in the IPU at some point. Of these, 16 (57% c.f. 54% in 2024) had stayed between 24 hours and two weeks, 7 (25% c.f. 14% in 2024) stayed between two and four weeks and 2 (7% c.f. 22% in 2024) stayed for longer than 4 weeks. Three (11% c.f. 11% in 2024) stayed for less than 24 hours. None (0% c.f. 0% in 2024) did not record an answer.



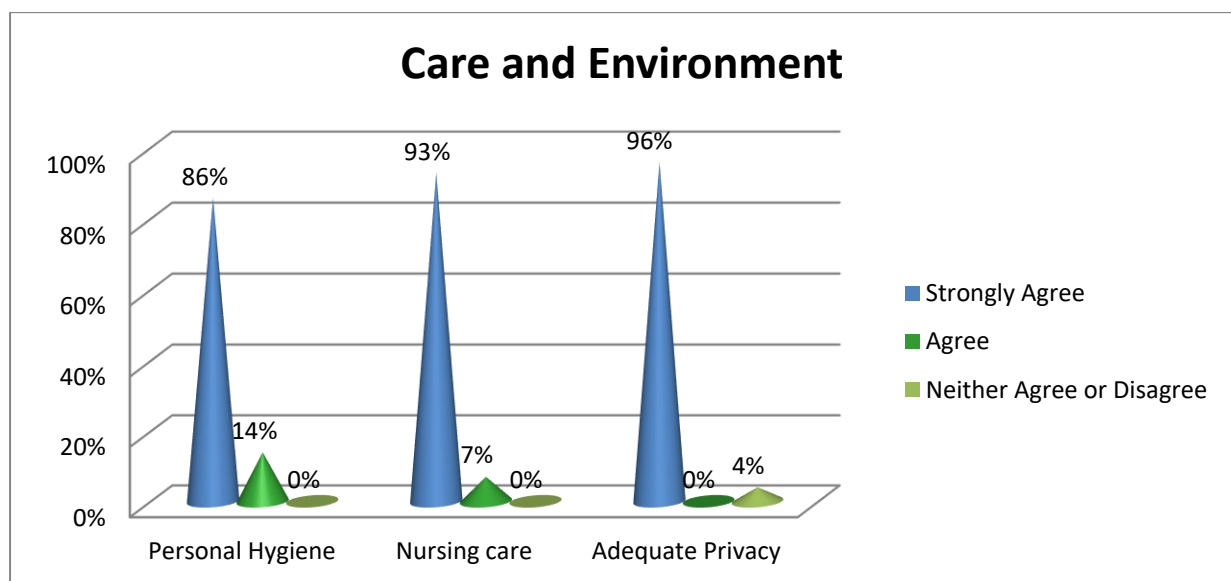
Care and Environment

Respondents were asked to rate the personal care available relating to hygiene and privacy. A five point Likert scale was used. The responses were overwhelmingly positive in both audit periods.

Q3A) 86% ‘strongly agreed’ that there was enough help with personal care such as washing, personal hygiene and toileting needs (c.f. 81% in 2024), 14% ‘agreed’ (c.f. 19% in 2024). 0 (c.f. 0 in 2024) did not record an answer.

Q3B) 93% ‘strongly agreed that there was enough help with nursing care such as giving medicine and helping the patient find a comfortable position in bed (c.f. 81% in 2024), a further 7% ‘agreed’ (c.f. 19% in 2024). 0 (c.f. 0 in 2024) did not record an answer.

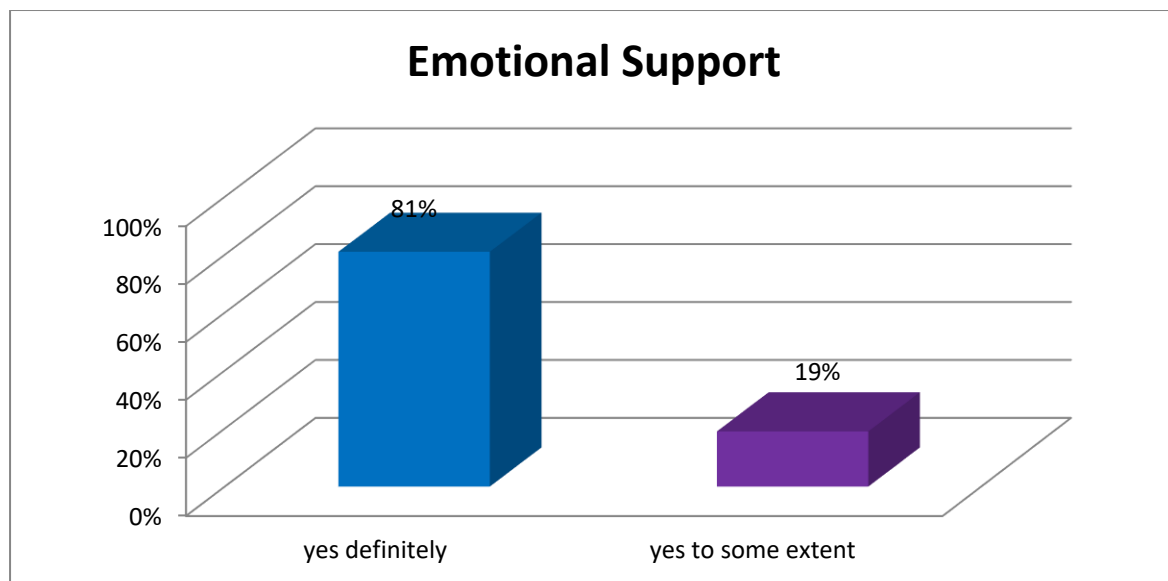
Q3C) With regards to the surrounding environment and bed area providing adequate privacy 96% ‘strongly agreed’ (c.f. 86% in 2024) and 0% ‘agreed’ (c.f. 14% in 2024) and 4% ‘neither agreed nor disagreed’ (c.f. 0% in 2024). 0 (c.f. 0 in 2024) did not record an answer.



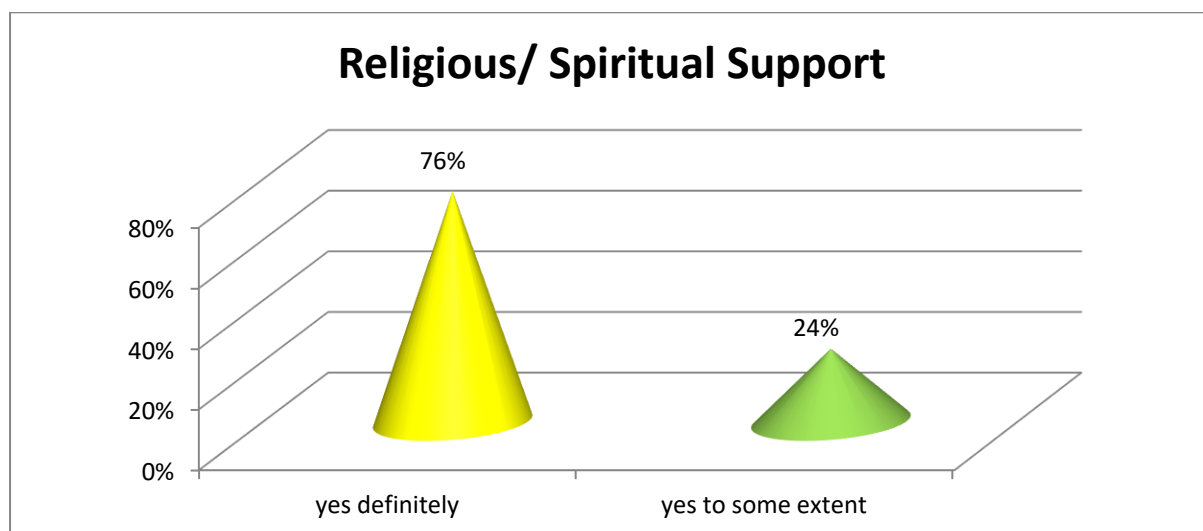
Support

Respondents were asked their opinions of support available for the patient. A five point Likert scale was used with ratings from 'Yes definitely,' 'Yes, to some extent,' 'No, not when s/he needed it,' 'S/he did not need this type of help' to 'Don't know.'

Q4A) When asked if there was sufficient emotional support, 93% of respondents responded with a definite yes/no answer (c.f. 92% in 2024). Of these, 81% responded 'Yes, definitely' (c.f. 79% in 2024) and 19% responded 'Yes, to some extent' (c.f. 21% in 2024) and 0% responded 'No, not when needed' (c.f. 0% in 2024).



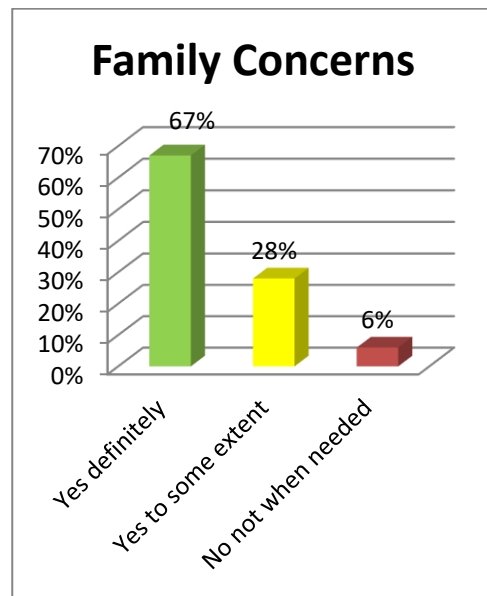
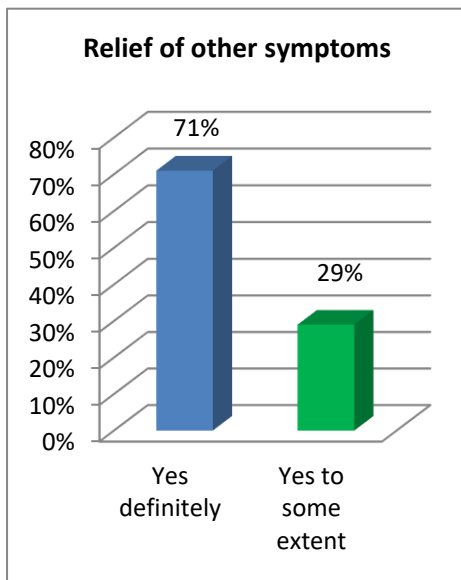
Q4B) Seventeen respondents felt the patients required religious/spiritual support. In answer to whether they received enough, 76% replied 'Yes, definitely' (c.f. 80% in 2024), 24% replied 'Yes, to some extent' (c.f. 20% in 2024) and 0% replied 'No, not when needed' (c.f. 0% in 2024).



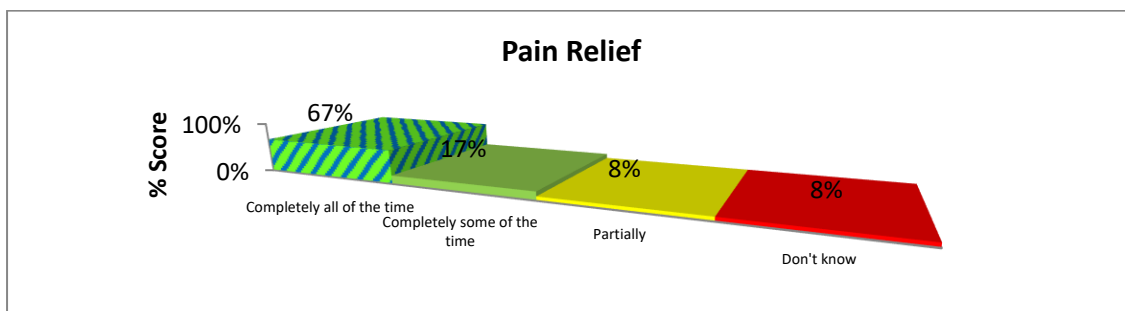
Q4C) 10 (36% c.f. 30% in 2024) respondents considered the patient to be in need of support regarding financial concerns or other practical problems. 9 (90% c.f. 73% in 2024) believed there was definitely enough support available and 1 (10% c.f. 18% in 2024) believed there was some support available and none (0% c.f. 9% in 2024) believed there was not enough support available.

Q4D) With regard to enough support for relief of symptoms other than pain, 86% of respondents responded either ‘Yes’ or ‘No’ (c.f. 89% in 2024). Of these, 71% considered there to have definitely been enough support (c.f. 82% in 2024) and 29% answered ‘Yes, to some extent’ (c.f. 18% in 2024).

Q4E) 64% of respondents considered that there was a need for support in family concerns (c.f. 57% in 2024). Of these, 67% considered there was definitely enough support (c.f. 81% in 2024) and 28% replied ‘Yes, to some extent’ (c.f. 19% in 2024) and 6% replied ‘No, not when needed’ (c.f. 0% in 2024).



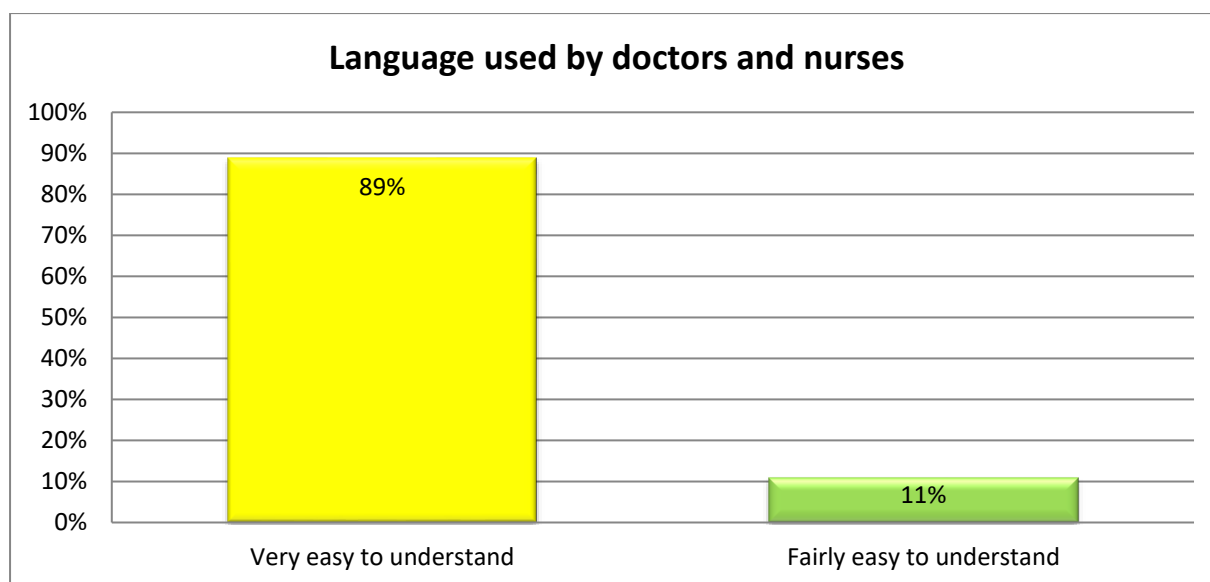
Q5) Respondents were asked how well the patient’s pain was relieved during their inpatient stay. Four (14% c.f. 0% in 2024) said that the question did not apply because the patient had no pain. Of the other 24 inpatient respondents who answered the question, 8% did not know the answer (c.f. 5% in 2024), 67% replied that the pain was relieved completely all of the time (c.f. 65% in 2024), 17% that it was relieved completely some of the time (c.f. 27% in 2024) and 8% considered it to have only been partially relieved (c.f. 3% in 2024).



Communication and involvement

Q6) Relevant to 28 patients who stayed in the Hospice inpatient unit. 1 did not record an answer (c.f. none in 2024). 22 (81% c.f. 84% in 2024) reported that family members were always kept informed of the patient’s condition, 4 (15% c.f. 11% in 2024) responded that this was usually the case and 1 (4% c.f. 3% in 2024) responded that this was sometimes the case. None (0% c.f. 3% in 2024) did not know the answer.

Q7) The language used by doctors and nurses when explaining the patient’s condition, treatments or tests was thought to be either ‘very easy’ to understand by 89% of respondents (c.f. 65% in 2024), fairly easy to understand by 11% (c.f. 32% in 2024). None found them fairly difficult to understand (c.f. 0% in 2024). 0% (c.f. 0% in 2024) responded that they never spoke to a doctor or nurse and 0% (c.f. 3% in 2024) responded that the doctors and nurses did not explain the condition/treatments/tests to them.

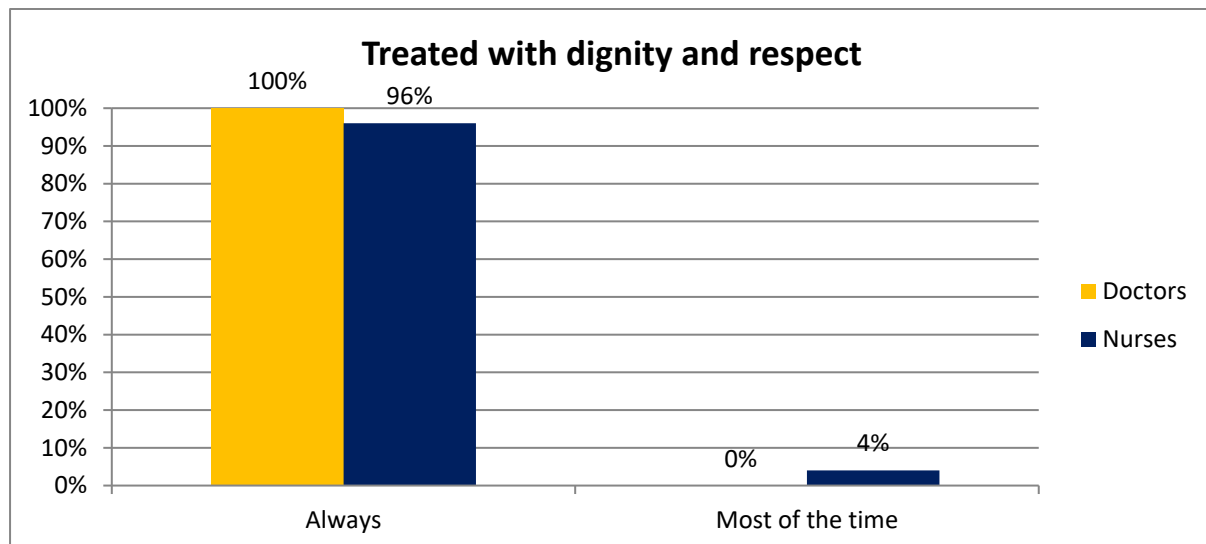


Q8) When asked the question: “During this admission, were there any decisions made about his/her care or treatment that s/he would not have wanted?” 79% responded with a positive ‘No’ (c.f. 84% in 2024), 7% replied that they did not know (c.f. 5% in 2024) and 14% replied with a negative ‘Yes’ (c.f. 11% in 2024).

One of the respondents who answered ‘Don’t Know’ recorded this comment:

ID	8 UNWANTED DECISIONS COMMENT
7	‘Difficult. We hated all hospitals and resisted any interference but adapted to St Raphael's mostly because of excellent nursing care and attitude of nurses.’ – Wife of patient

Q9) The respondents were asked “How much of the time was s/he treated with respect and dignity by the Hospice doctors and nurses?” The questions were asked separately for both nurses and doctors. For doctors, 100% stated ‘Always’ and 1 did not record an answer (c.f. 89% stated Always and 6% stated most of the time, 3% stated some of the time and 3% did not know the answer in 2024). For the nurses, 96% stated Always and 4% stated ‘most of the time.’ (c.f. 97% stated ‘Always’ and 3% stated ‘most of the time in 2024.’)



Q10) Answering the question as to whether the respondent felt that the Hospice worked well with the patient’s GP and other external services : 64% stated ‘Yes definitely’ (c.f. 44% in 2024) and a further 4% agreeing ‘Yes to some extent’ (c.f. 9% in 2024). 25% answered ‘Don’t know’ (c.f. 44% in 2024), 4% recorded ‘No’ (c.f. 3% in 2024) and 4% recorded that they did not work together (c.f. 0% in 2024).

Comments on hospice working in collaboration with GP practices:

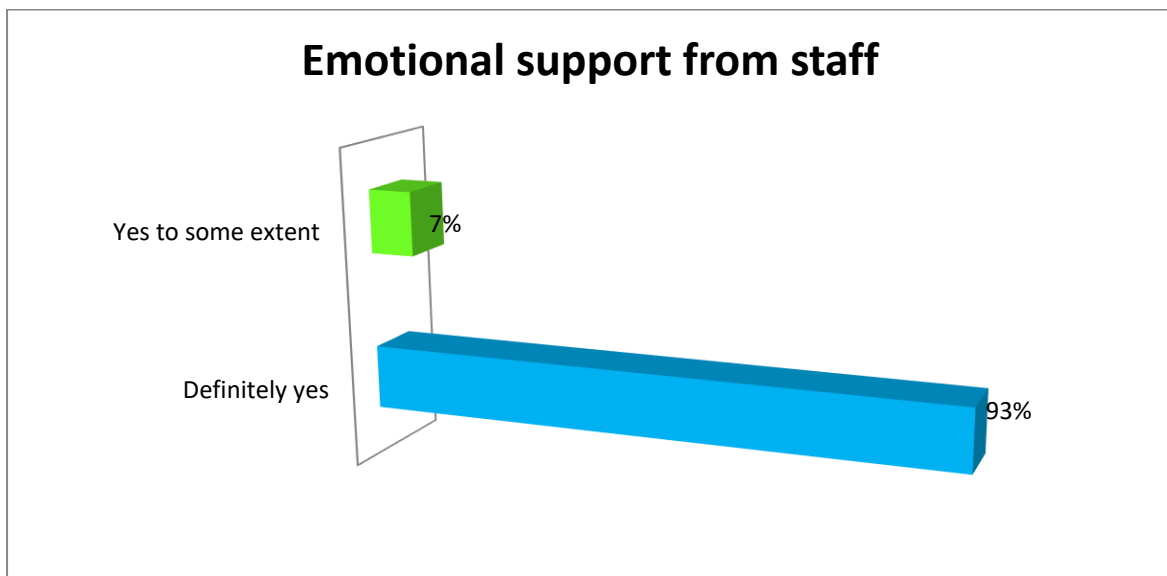
ID	10 GP COMMENT
7	No contact with GP at all, or district nurses. (Wife of patient)
12	The hospice team were especially good at managing the care and support to him and the family that fell short with regard to the NHS. (Wife of patient)
19	The GP surgery did not liaise very well with the hospice staff. (Mother of patient)
25	After my husband's death I was still receiving appointments/ messages from Royal Marsden. (Wife of patient)
31	My husband's GP was not very co-operative. (Wife of patient)
48	Everything was done. (Wife of patient)

Q11) Being able to stay in the Hospice overnight with their loved one was seen as important to 62% of respondents who recorded an answer (c.f. 50% in 2024). Of these, 94% were able to stay, and of these 94% who did get to stay, 100% found it helpful (c.f. 100% in 2024).

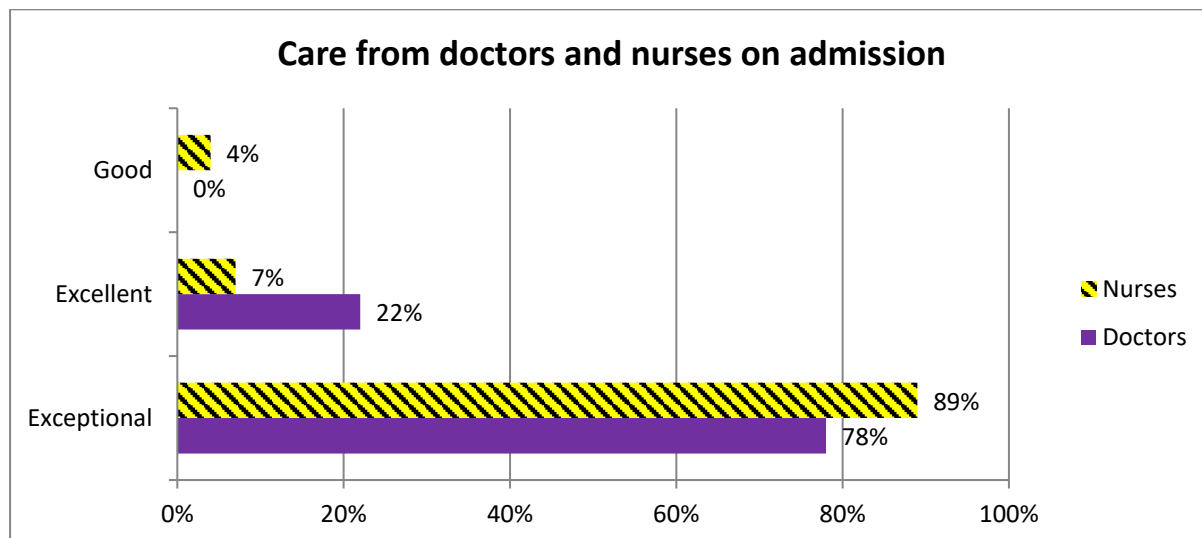
Comments on the subject of staying overnight:

ID	11 OVERNIGHT STAY COMMENT
6	We lived locally, so it gave me some respite to go home in the evening and return in the morning. (Wife of patient)
7	Wish I had been called again when my husband was in distress later in the week. (Wife of patient)
12	The hospice could call me anytime and could be there within minutes as necessary. (Wife of patient)
19	To begin with I slept on small bed in her room later and she was moved to family room with larger bed. (Mother of patient)
25	My husband passed away the evening I was planning to stay with him. (Wife of patient)
31	A bed was made up for me and I was very well treated at all times. (Wife of patient)
50	My sister stayed. (Son of patient)

Q12) Respondents were asked whether they felt that they had received sufficient emotional support from the Hospice staff. Responses showed 93% answering ‘definitely yes’ (c.f. 83% in 2024), 7% answering ‘yes, to some extent’ (c.f. 14% in 2024), and 0% replying that they did not require this kind of help (c.f. 3% in 2024). 0% (c.f. 0% in 2024) responded ‘no.’ 0% (c.f. 0% in 2024) recorded that they did not receive this kind of help, despite requiring it. 0% (c.f. 0% in 2024) recorded that they did not know the answer.



Q13) Respondents were asked to rate care given to the patients by doctors and nurses on admission and the responses were universally positive. 78% considered doctor care on admission to be ‘Exceptional’ (c.f. 64% in 2024), 22% considered it to be ‘Excellent’ (c.f. 28% in 2024), 0% considered it to be ‘Good’ (c.f. 6% in 2024), and 0% recorded ‘Don’t Know’ (c.f. 3% in 2024). 1 did not record an answer. Responses relating to nursing care were even better, with 89% rating nursing care as ‘Exceptional’ (c.f. 84% in 2024), 7% as ‘Excellent’ (c.f. 16% in 2024), 4% as ‘Good’ (c.f. 0% in 2024). 1 did not record an answer.



Food and Catering

Q14) It should be noted that 19% of respondents who answered the question about the quality of food provided for patients at the Hospice replied that their loved one did not have any food at the Hospice (c.f. 23% in 2024). Of those who replied that their loved one did partake of hospice food, 29% answered that the food was ‘Exceptional’ (c.f. 30% in 2024), 43% that it was ‘Excellent’ (c.f. 41% in 2024), 10% that it was good (c.f. 22% in 2024), 0% that it was ‘Fair’ (c.f. 0% in 2024), 0% that it was ‘Poor’ (c.f. 0% in 2024) and 19% of the respondents (c.f. 7% in 2024) did not know what rating to give it.



Four general written comments about the Hospice IPU were altogether positive:

ID	14 OTHER COMMENTS ON CARE
2	Could not have done more for us. Thank you. (Wife of patient)
9	During the patient's short stay there, she was very comfortable and she had all her grandchildren there and her children. I cannot thank the doctor or nurses enough. Thank you all. (Husband of patient)
12	The care was superb and we are so grateful that he was able to spend his last days there and the facilities around him that allowed us to stay and move around to get some fresh air etc. (Wife of patient)
31	I felt everyone from the reception to the cleaners were exceptional with the care and respect shown to everyone and willing to help us as well as care for my husband. Couldn't fault them. I wish everyone had access to their care. Excellent. (Wife of patient)

One general written comment about the Hospice IPU were neither praise nor criticism:

ID	14 OTHER COMMENTS ON CARE
7*	Couldn't fault the care he received. Perhaps the only aspect of concern was his mouth care which could have been improved upon. (Wife of patient)

*see follow up actions page 37

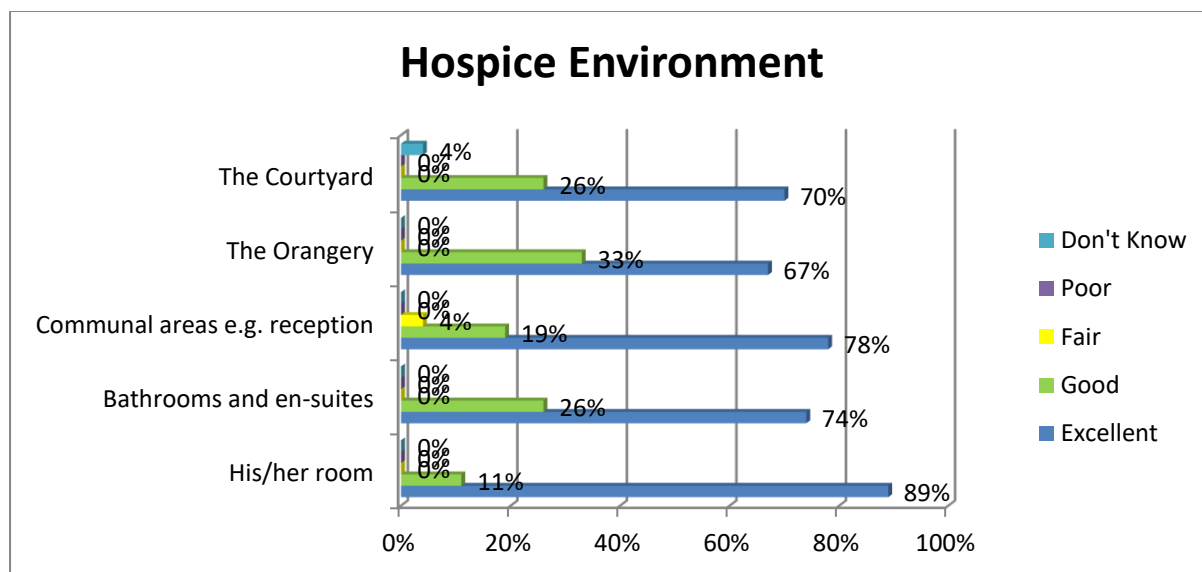
Q15 A-E) Respondents were asked to comment on different aspects of the Hospice.

The patient's room was considered to be 'Excellent' by 89% (c.f. 97% in 2024) and the remaining 11% rated the room as 'Good' (c.f. 3% in 2024). 0% considered it to be fair (c.f. 0% in 2024) and 0% did not know (c.f. 0% in 2024). 74% of respondents considered the ensuite bathrooms on the IPU to be 'Excellent' (c.f. 89% in 2024), 26% rated them as 'Good' (c.f. 11% in 2024), 0% rated them as 'Fair,' (c.f. 0% in 2024) and 0% did not know the answer (c.f. 0% in 2024).

When asked to rate the communal areas of the Hospice, such as the Reception, 78% of respondents rated them as 'Excellent' (c.f. 86% in 2024), 19% rated them as good (c.f. 11% in 2024), 4% rated them as fair (c.f. 0% in 2024) and 0% recorded 'Don't Know' (c.f. 3% in 2024).

When asked to rate the Orangery, 67% rated it as 'Excellent' (c.f. 78% in 2024), 33% rated it as 'Good' (c.f. 11% in 2024), 0% rated it as 'Fair' (c.f. 0% in 2024) and 0% answered that they did not know (c.f. 11% in 2024).

When asked to rate the courtyard, 70% rated it as ‘Excellent’ (c.f. 81% in 2024), 26% rated it as ‘Good’ (c.f. 6% in 2024), 0% rated it as ‘Fair’ (c.f. 0% in 2024), 0% rated it as poor (c.f. 0% in 2024) and 4% did not know how to rate the courtyard (c.f. 14% in 2024).



St Raphael's Community Services

Q16) 47 of the total 55 respondents, 85% (c.f. 78% in 2024) stated that the patient received care from the St Raphael's Hospice Community Palliative Care Team's (CPCT) Clinical Nurse Specialists, three were unsure whether they had or not and ten answered 'no' they had not and one did not record an answer. The following data is extracted from responses relating to the 47 patients (85%) who were recorded as having definitely received care. The total number of respondents varies slightly per question, since not all respondents answered every question.

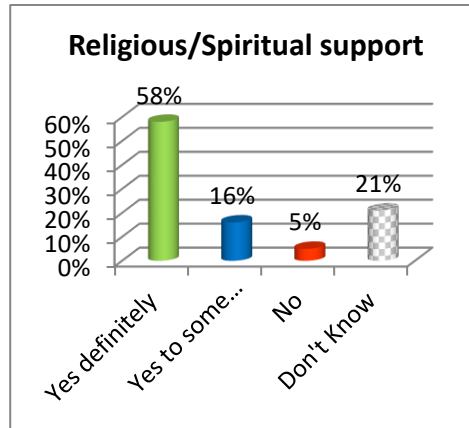
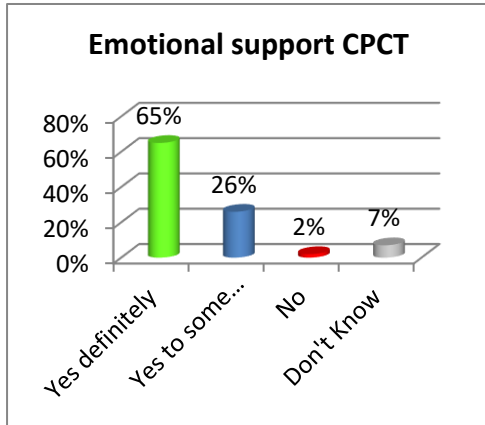
Responsiveness

Q17) Most respondents felt that the team visited as often as needed - 79% (c.f. 83% in 2024) and 16% felt that the team 'only sometimes' visited as often as needed (c.f. 15% in 2024), 0% replied 'no' (c.f. 0% in 2024) and 5% replied "don't know" (c.f. 2% in 2024).

Q18) The respondents were asked to comment on different aspects of CPCT care:-.

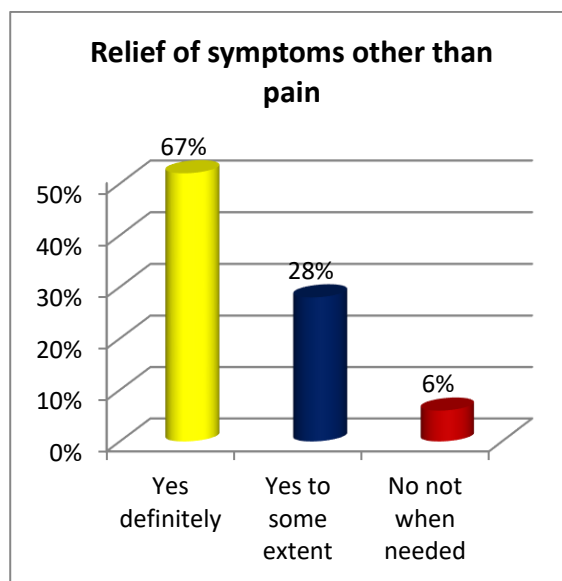
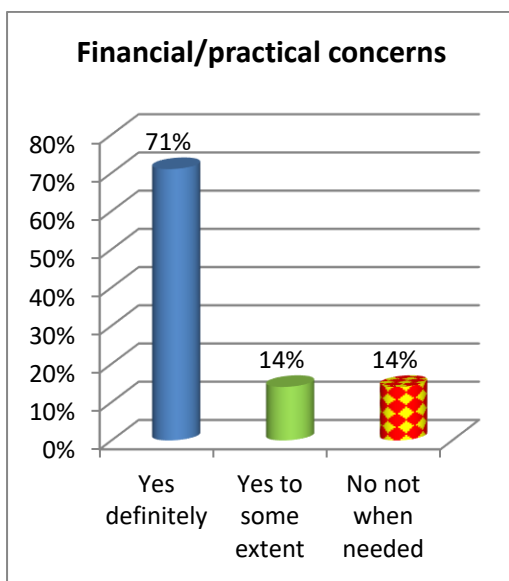
Q18A) When asked whether patient's received enough emotional support from the CPCT team, 43 (96% c.f. 89% in 2024) of the 45 respondents who answered the question acknowledged that the patient had a need for emotional support and of these, 65% replied 'Yes definitely' (c.f. 76% in 2024), 26% 'Yes to some extent' (c.f. 22% in 2024), 2% recorded 'No, not when needed' (c.f. 0% in 2024) and 7% recorded 'Don't know' (c.f. 2% in 2024).

Q18B) 19 (44%) of the 43 respondents who answered the question stated that the patient did require some kind of religious or spiritual support. In response to whether they received enough religious or spiritual support from the CPCT, 11 of these (58% c.f. 35% in 2024) answered ‘Yes definitely’ and 3 (16%) replied ‘Yes to some extent’ (c.f. 35% in 2024), 1 (5%) replied ‘No, not when needed’ (c.f. 0% in 2024) and 4 (21%) replied ‘Don’t Know’ (c.f. 29% in 2024).

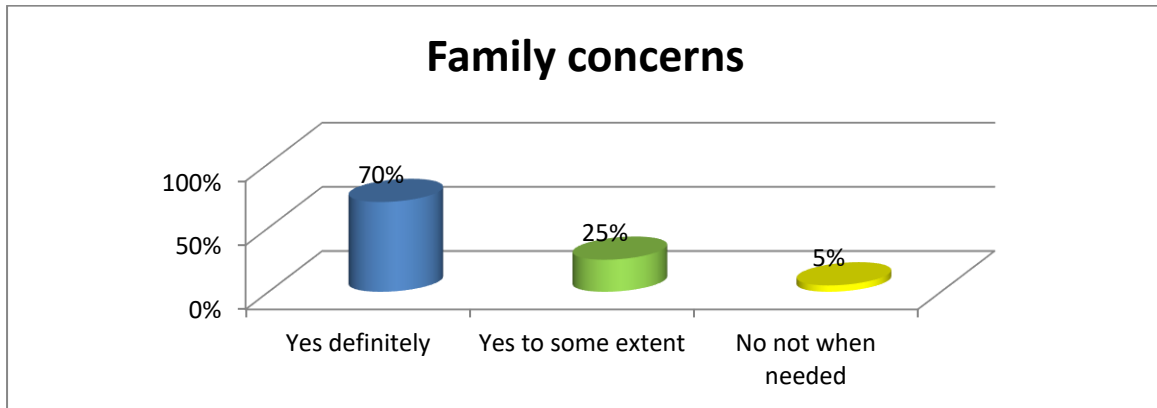


Q18C) 45% of respondents felt that the patient did not require help with financial concerns and other practical problems (c.f. 60% in 2024) and 7% respondents (c.f. 7% in 2024) did not know. Only 21 respondents felt that this support was needed and, of these, as to whether enough support was received, 71% replied ‘Yes definitely’ (c.f. 53% in 2024), 14% ‘Yes to some extent’ (c.f. 40% in 2024) and 14% ‘No not when needed’ (c.f. 7% in 2024).

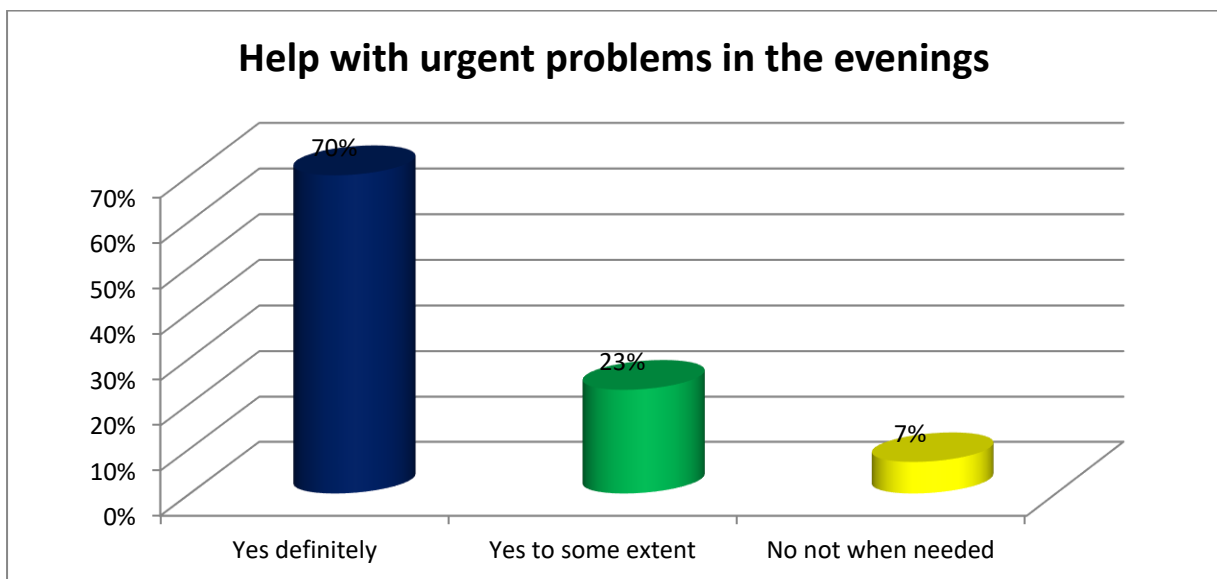
Q18D) 13% of respondents felt that the patient did not require help with relief of symptoms other than pain (c.f. 9% in 2024) and 7% respondents (c.f. 6% in 2024) did not know and 3 did not record an answer. 36 respondents felt that this support was needed and of these, as to whether enough support was received, 67% replied ‘Yes definitely’ (c.f. 65% in 2024), 28% ‘Yes to some extent’ (c.f. 33% in 2024) and 6% ‘No not when needed’ (c.f. 3% in 2024).



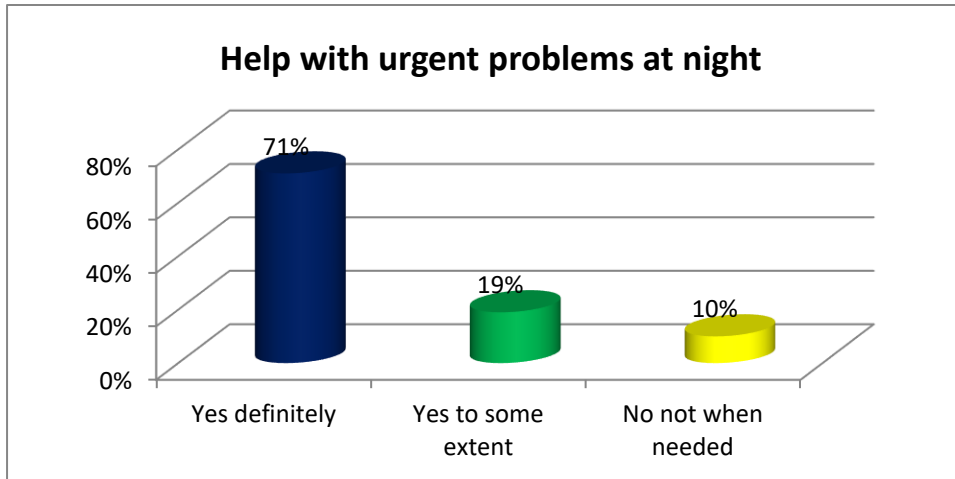
Q18E) 44% of respondents felt that the patient did not require help with family concerns (c.f. 39% in 2024) and 9% respondents (c.f. 7% in 2024) did not know and 4 did not record an answer. 20 respondents felt that this support was needed and of these, as to whether enough support was received, 70% replied ‘Yes definitely’ (c.f. 75% in 2024), 25% ‘Yes to some extent’ (c.f. 25% in 2024) and 5% ‘No not when needed’ (c.f. 0% in 2024).



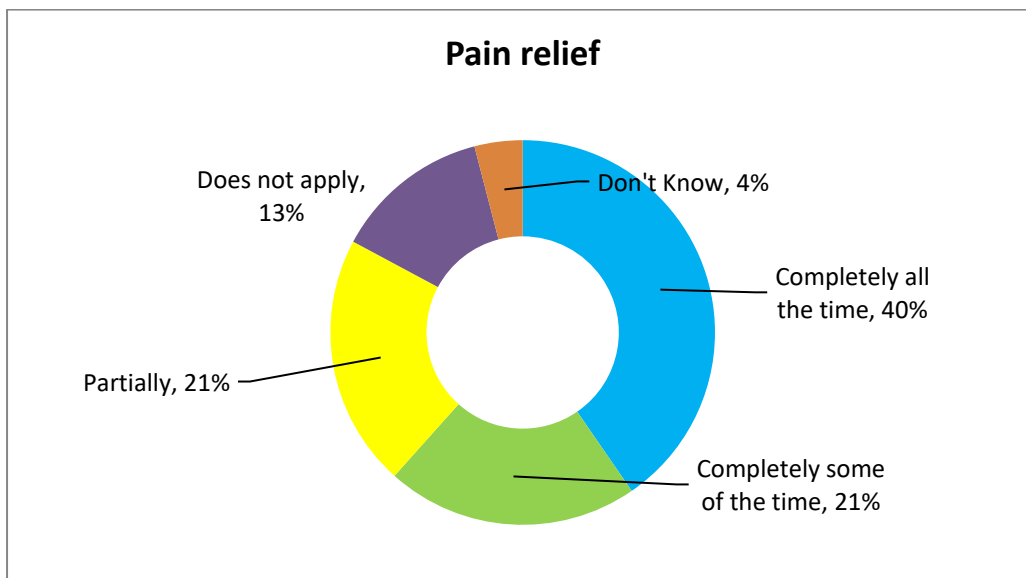
Q18F) 25% (c.f. 22% in 2024) of respondents felt that the patient did not require help with urgent problems during the evenings (between 5 PM and 11 PM) and 7% did not know (c.f. 9% in 2024). 30 (68% c.f. 69% in 2024) respondents who recorded an answer felt that this support was needed and of these, as to whether enough support was received, 70% replied ‘Yes definitely’ (c.f. 71% in 2024), 23% ‘Yes to some extent’ (c.f. 26% in 2024) and 7% ‘No not when needed’ (c.f. 3% in 2024).



Q18G) 24% of respondents felt that the patient did not require help with urgent problems during the nights (between 7 PM and 9 AM) (c.f. 29% in 2024) and 7% respondents (c.f. 13% in 2024) did not know. 31 respondents - 69% (c.f. 58% in 2024) of those who recorded an answer, felt that this support was needed and, of these, as to whether enough support was received, 71% replied ‘Yes definitely’ (c.f. 73% in 2024), 19% ‘Yes to some extent’ (c.f. 19% in 2024) and 10% ‘No not when needed’ (c.f. 8% in 2024).



Q19) Regarding Pain Relief: “Completely all the time” 40% (c.f. 35% in 2024), “Completely some of the time” 21% (c.f. 22% in 2024), and “Partially” 21% (c.f. 24% in 2024) and “Not relieved at all” 0% (c.f. 2% in 2024) and 4% “Don’t Know (c.f. 2% in 2024) and 13% recorded that this question did not apply because the patient did not have any pain (c.f.15% in 2024).



Q20) 45 of the 47 respondents answered the question relating to whether they and their family got enough help and support from the Hospice CPCT. See table below.

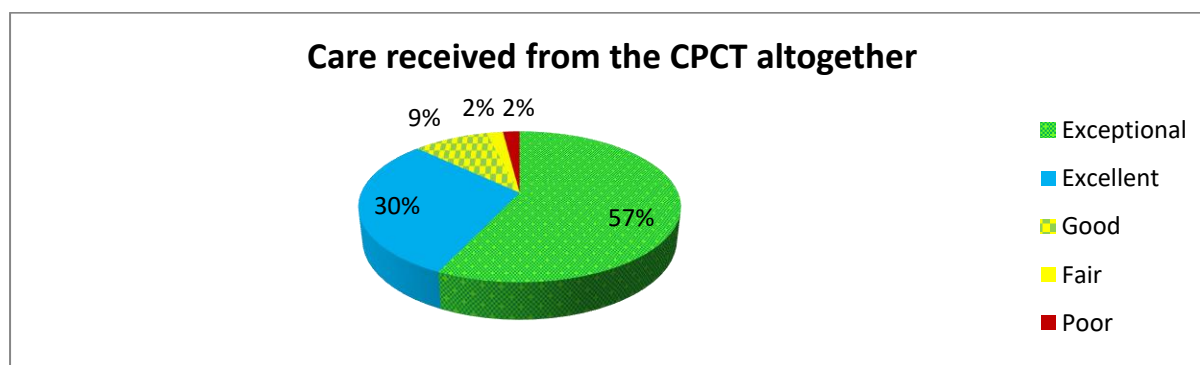
	2024-25	2024	2023-24	2023	2022-23	2022	2021-22	2021	2020-21	2020	2019-20	2019	2018-19	2018	2017-18	2017
Yes as much as we wanted	87%	79%	87%	86%	81%	84%	82%	85%	81%	85%	89%	82%	85%	79%	78%	83%
Yes, some, but not as much as we wanted	9%	15%	6%	5%	10%	8%	9%	5%	9%	8%	8%	9%	8%	12%	7%	17%
No, tried to get more	4%	2%	6%	5%	0%	8%	3%	5%	7%	3%	3%	6%	2%	4%	6%	0%
No, did not ask for more	0%	2%	0%	0%	6%	0%	6%	5%	0%	5%	0%	3%	4%	5%	7%	0%
Did not need	0%	2%	0%	5%	3%	0%	0%	0%	3%	0%	0%	0%	2%	0%	2%	0%

Communication with the CPCT team was altogether positive.

Q21) The way in which the CPCT team explained the patient’s condition, treatment or tests was considered ‘Very easy’ to understand by 61% of respondents (c.f. 76% in 2024) and ‘fairly easy’ by 37% (c.f. 22% in 2024), ‘fairly difficult’ by 0% (c.f. 0% in 2024) and one (2%) recorded that they did not explain anything (c.f. 2% in 2024). None (0% c.f. 0% in 2024) recorded that they never spoke with the team. One respondent did not record an answer.

Q22) 46 of the 47 respondents answered the question relating to whether the CPCT team had time to listen to them and 89% responded ‘Yes, all the time’ (c.f. 94% in 2024) and 7% responded ‘Yes, some of the time’ (c.f. 4% in 2024), one (2% c.f. 0% in 2024) recorded ‘No, not when needed,’ and one (2% c.f. 2% in 2024) responded that they did not know the answer to this question.

Q23) Overall impressions were very positive. When asked their opinion on the care as a whole from the CPCT team, all 47 of the 47 respondents recorded an answer and of these, 57% recorded ‘Exceptional’ (c.f. 64% in 2024), 30% ‘Excellent’ (26% in 2024), 9% ‘Good’ (6% in 2024), 2% ‘Fair’ (c.f. 4% in 2024), and 2% recorded ‘Poor’ (c.f. 0% in 2024).



Q24) 46 of the 47 respondents recorded an answer to the question as to whether the CPCT involved them in decisions about the patient’s treatment and care as much as they wanted. 93% recorded that they had been involved as much as they wanted (c.f. 91% in 2024), 4% recorded that they would have liked to have been more involved (c.f. 9% in 2024), 2% (c.f. 0% in 2024) recorded ‘Don’t know.’

12 respondents wrote a comment that related to their experiences of CPCT care. There were 8 written comments that were very complimentary, showing positive experiences.

ID	CPCT COMMENTS - PRAISE
12	When referred by the Royal Marsden, the support at home and the hospice was more than we expected as prior to the Marsden's diagnosis of terminal pancreatic cancer, the NHS had not been responsible enough to care for his needs so really good to have the hospice locally and to support a loved one who just wanted to die. (Wife of patient)
17	The team were always available to talk to for reassurance and guidance. (Daughter of patient)
23	Could not have coped without help and support for both of us. (Wife of patient)
25	My husband grew to enjoy visits from Kevin, he was extremely sympathetic, very approachable and understanding, his visits made our journey a lot easier. (Wife of patient)
28	The staff I met or had conversations with were compassionate, kind, professional and their knowledge exceptional. I was very grateful of their honesty towards me as the carer/wife and the respect and dignity given to my husband. Thank you to the team. (Wife of patient)
31	I found someone on the end of a phone to answer questions night or day, a great comfort and source of support. (Wife of patient)
37	The CPCT specialist nurses are essential as end of life care for those who wish to stay in their own home is non-existent. And GP surgeries have no idea how to deal with this. (Wife of patient)
41	Everything the hospice did for our daughter was exceptional. (Mother of patient)

Four comments either mixed praise and criticism, or were difficult to categorise.

ID	CPCT COMMENTS - NEUTRAL
14*	The care from hospice staff was excellent, but the very late night visits were too late. And some staff were way better than others. I have reservations about a nurse who wanted to just remove all feeding for someone who recovered a lot and didn't die for three months. (might have been a district nurse) (Daughter of patient)
16	Balancing drug medication was difficult, however the nurse spotted the GP had over prescribed blood pressure medication and this was causing falls, immediately changed. Number of visits limited, perhaps could have done with more. At last couple of months had to use a care home rather than the hospice ward. (Nephew of patient)
24	One visit (Wife of patient)
49	Not just primary carer. (Wife of patient)

Follow up action on page 37

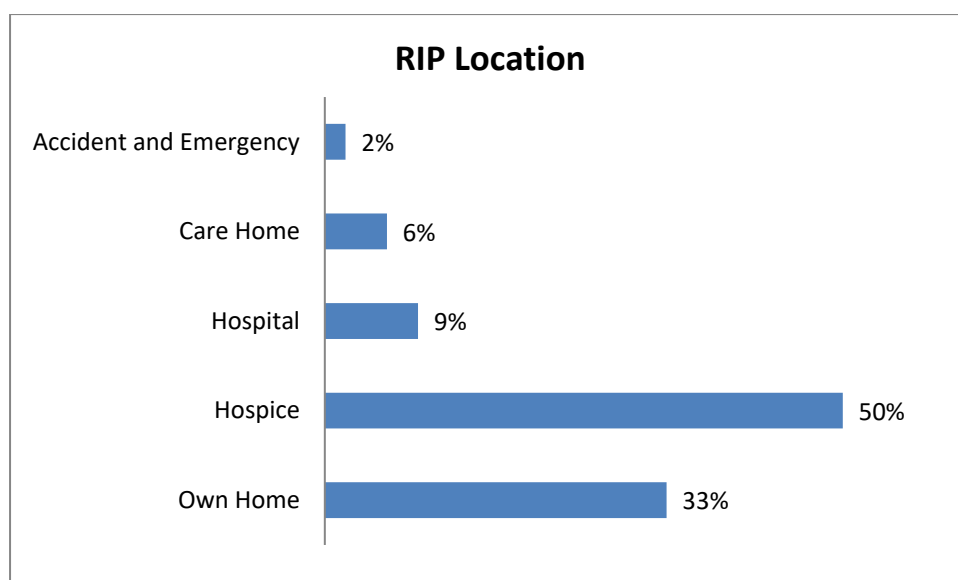
St Raphael's Hospice Wellbeing Centre

Q25) & Q26) 5 of the 55 respondents said that the patient had visited the Wellbeing Centre (c.f. 5 of the 64 in 2024). Three said that the patient always benefited from attending, one said that they usually benefited from attending, and one said that they sometimes benefited from attending.

Circumstances surrounding his/her death

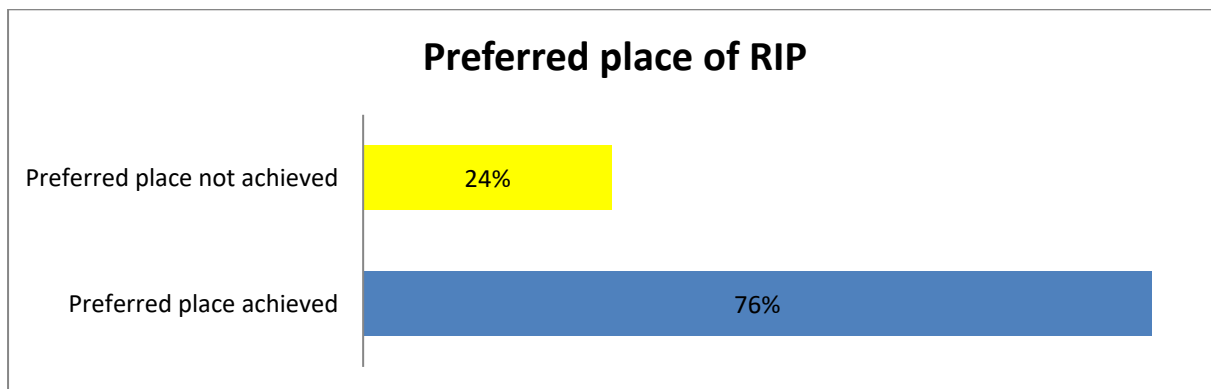
This section presents the views of the respondents regarding the circumstances of the patient's death and any expressed wishes. The questions were asked of all respondents.

Q27) 54 out of the 55 respondents recorded an answer to this question. Of these, 50% reported that their loved one died in the Hospice (c.f. 53% in 2024), 33% that they had died in their own home (29% in 2024), 9% that they had died in hospital (c.f. 11% in 2024), 6% that they had died in a care home (c.f. 3% in 2024), 0% that they had died in the home of their Family/Friends (c.f. 2% in 2024), 2% that they died in Accident and Emergency (c.f. 2% in 2024) and 0% that they had died abroad (c.f. 0% in 2024).



Q28) 37 respondents said that their loved ones explicitly stated where they wanted to die, 16 did not say, 1 was unsure and 1 did not record an answer to the question. Of the 37 who recorded that the patient stated their preferred place of death, 10 – 27% said they preferred a hospice (c.f. 49% in 2024), 24 (65% c.f. 47% in 2024) their own home, 1 (3% c.f. 0% in 2024) said they preferred a hospital, 1 (3% c.f. 0% in 2024) preferred a care home, 1 (3% c.f. 0% in 2024) preferred somewhere else, 0 (0% c.f. 2% in 2024) changed their mind and none (0% c.f. 0% in 2024) did not mind.

Q29) Of the 37 respondents who recorded that the patient had explicitly stated a specific preferred place of death, this was achieved in 28 (76%) of the 37 cases (c.f. 76% in 2024) who recorded an answer and one did not record where the patient wanted to die.



The table below illustrates the preferred places of death for those patients who had a specific preference:

Preferred place	Achieved 2024-25	Not 2024-25	Achieved 2024	Not 2024	Achieved 2023-24	Not 2023-24	Achieved 2023	Not 2023	Achieved 2022-23	Not 2022-23	Achieved 2022	Not 2022	Achieved 2021-22	Not 2021-22	Achieved 2021	Not 2021	Achieved 2020-21	Not 2020-21	Achieved 2020	Not 2020	Achieved 2019-20	Not 2019-20
Hospice	10	0	20	3	10	1	14	3	7	2	7	1	8	4	5	2	10	4	6	7	13	3
Either Home or Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Own Home	17	7	14	8	15	14	10	8	15	7	7	10	17	7	20	10	27	8	15	8	11	9
Somewhere Else	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Friend/Family Member's Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Son's Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Daughter's Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital	0	1	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Care Home	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	28	9	35	11	25	15	25	11	22	10	15	11	25	11	26	12	37	12	21	16	24	13

Q30) Respondents were asked whether their loved ones had enough choice about where they died. Of the 37 that did say where they wanted to die, 3 did not record an answer. Of the other 34, 31 – 91% reflected their loved one had had enough choice about where they died (c.f. 72% in 2024), 0 (0%) were ‘Unsure’ (c.f. 16% in 2024) and 3 (9% c.f. 12% in 2024) said they did not have enough choice.

Actual place of death	Yes	Unsure	No	N/R
Hospice	12		1	2
Hospital	1		1	
Own Home	17			
Family/Friend Home				
Accident & Emergency				1
Care Home	1		1	
Total	31	0	3	3

One of the respondents who did not record an answer had this comment to make:

ID	30 COMMENT ON ENOUGH CHOICE
1	Happened very suddenly. (Wife of patient)

Nine of the respondents who believed the patient did have enough choice recorded the following comments:

ID	30 COMMENT ON ENOUGH CHOICE
2	He did not want to die at home. (Wife of patient)
12	He just didn't want to die at home and didn't want a hospital bed at home. In the end... the hospice was able to take him from the hospital to the hospice for his final days. (Wife of patient)
14	Circumstances became difficult. Patient chose to go into hospital as she thought she would be made "better" - feeding tube blocked but she had pneumonia so tube couldn't be replaced. She wanted badly to be at home. We couldn't move. (Daughter of patient)
15	CPCT spent time talking/explaining option to patient. They explained all options to him. (Wife of patient)
24	My husband was going in hospice at 7 AM Sunday 9th February. He died 2 AM that morning. (Wife of patient)
26	Yes, but we asked about him going to the hospice, but this was declined so he had no choice but to stay at home. (Daughter of patient)
28	My husband wanted to be at home in loving, supportive surroundings with his family. (Wife of patient)
33	She stated that if the end was hard for me then she wouldn't mind going to the hospice. (Daughter of patient)
40	The hospice allowed him to stay at home for as long as possible and only in the end to die in hospice. (Son of patient)

Q31) On balance, when responding to the question of whether the patient died in the right place, 54 of the 55 respondents answered the question and of these, 49 replied that they did – 91% (c.f. 92% in 2024), 2 (4% c.f. 8% in 2024) were unsure, and 3 – 6% replied that they did not (c.f. 0% in 2024).

Actual place of death	Yes	Unsure	No	<i>Not Recorded</i>
Accident & Emergency	1	0	0	0
Care home	2	0	1	0
Hospice	24	2	1	0
Hospital	4	0	1	0
Own home	18	0	0	0
Family/ Friend Home	0	0	0	0
Not recorded	0	0	0	1
Total	49	2	3	1

Six of the 49 respondents who believed the patient had died in the right place recorded this comment:

ID	31 COMMENT ON PLACE
2	Could not have asked for better for him or us. (Wife of patient)
8	He was due to go to hospice on day he died. Too sick to travel so remained in hospital. (Wife of patient)
14	Medically yes, no question. All symptoms managed. Emotionally no. (Daughter of patient)
24	He wanted to be at home. (Wife of patient)
28	Peaceful, happy and pain free. (Wife of patient)
31	I couldn't have wanted a more dignified and pain free parting for him. (Wife of patient)

Both of the respondents who was unsure recorded these comments:

ID	31 COMMENT ON PLACE
13	Wanted to get home but was not mobile. (wife of patient)
19	In retrospect it would have been better if she could have died at home. (mother of patient)

Two of the three respondents who believed the patient did not die in the right place recorded these comments:

Id	31 comment on place
36	Had a difficult condition which required special care so could not be kept at home. (Son of patient)
54	He would have preferred to be at home. (Spouse of patient)

Bereavement Support

Q32) All 26 of the respondents who stated their loved ones died in St Raphael's Hospice (27 survey returns relate to patients who died in a hospice, but return #53 relates to a patient who died in another hospice) recorded an answer, and of these 85% felt that they were definitely given enough support by staff (c.f. 94% in 2024), 15% replied 'Yes, to some extent' (c.f. 3% in 2024), and 0% responded 'No, not at all' (c.f. 3% in 2024).

Five of the respondents who replied 'Yes definitely' recorded these comments:

Id	32 family help comment
2	Never rushed and was made to feel comfortable. (wife of patient)
3	All the nurses and staff were excellent. (wife of patient)
12	Fortunately a doctor there knew me through family/community connections in the area and with my local church... excellent. (wife of patient)
31	We were given as much time as we needed with him. (wife of patient)
55	I received a phone call at 4.20 AM to advise me of my husband's death a few minutes before. (wife of patient)

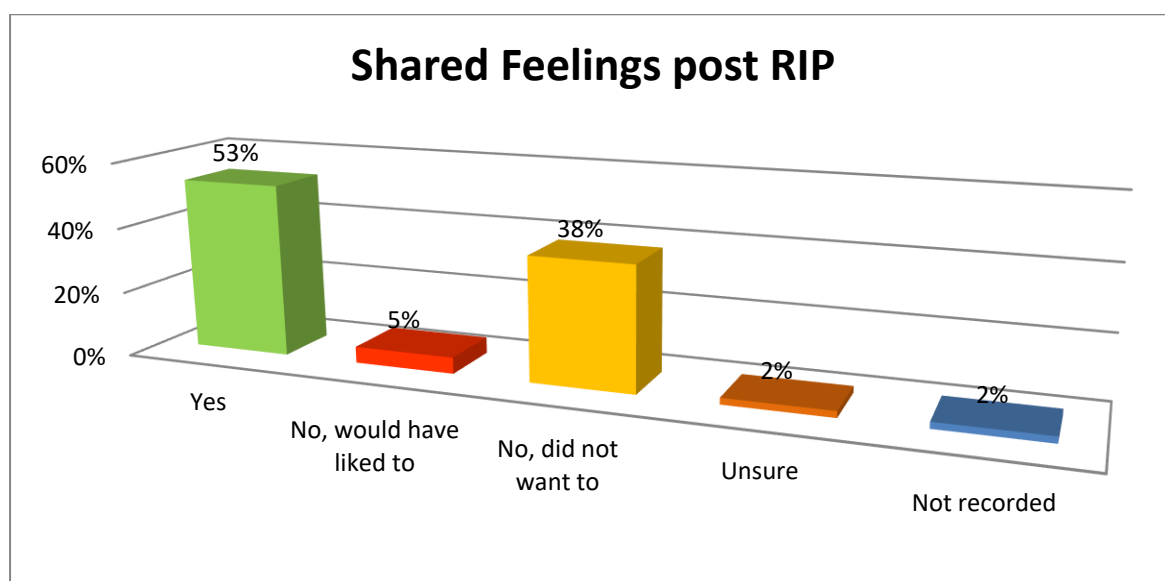
One of the four respondents who responded ‘Yes to some extent’ recorded this comment:

ID	32 FAMILY HELP COMMENT
7*	I feel better monitoring of people present at bedside when patient is near death. A friend was allowed in and we had difficulty telling her to go. In fact, she stayed for over two hours. She should not have been there and I had to be rather unpleasant to her at a time that should have been 100% for my husband. (Wife of patient)

*see follow up actions page 37

Q33) & Q34) Respondents were asked whether since the patient’s death had they talked to anyone from St Raphael’s about their feelings regarding their loved one’s illness and death.

21 of the 55 respondents had not spoken to anyone and said that it had been their choice. 3 replied that they would have liked to, 1 was unsure and 1 did not record an answer. 29 replied that they had (c.f. 28/64 respondents had in 2024). Of these 29, 9 (31%) spoke with Bereavement Service Volunteers, 5 (17%) spoke with a nurse, 3 (10%) spoke with a Bereavement Service Volunteer and a Counsellor, 2 (7%) spoke with a counsellor, 2 (7%) spoke with a Bereavement Service Volunteer and a nurse, 2 (7%) spoke with a doctor and a nurse, 2 (7%) spoke with ‘other,’ 1 (3%) Bereavement Service Volunteer and a doctor and a nurse and ‘other,’ 1 (3%) spoke with a counsellor and a nurse, 1 (3%) spoke with a doctor, and 1 (3%) did not share precisely who they spoke with.

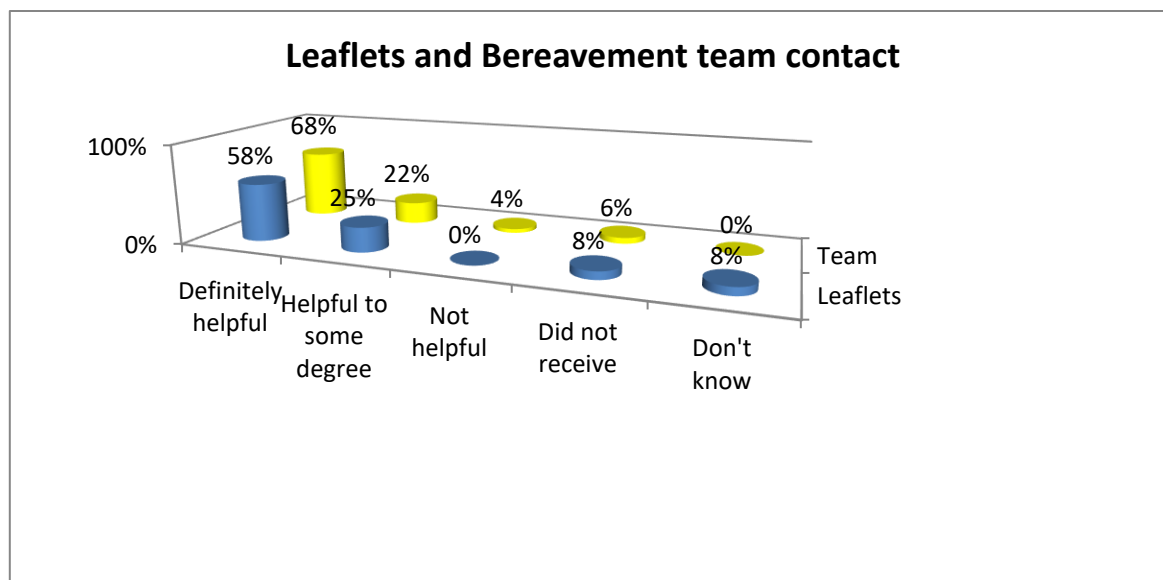


Q35) Respondents were asked whether they felt able to talk to someone from the Hospice as soon as they wanted and of the 29 who had spoken to someone, all recorded an answer and of the 29, 26 (90% c.f. 76% in 2024) responded that they had talked to them as quickly as they wanted to, 2 (7%) said they wanted it sooner (c.f. 12% in 2024), and 1 (3% c.f. 12% in 2024) was unsure.

Q36 A) When respondents were asked whether they had received a leaflet from the Hospice giving information about what to do after their bereavement, 7 did not record an answer, and of the 48 who did record an answer, 28 (58% c.f. 72% in 2024) found it ‘Definitely helpful,’

12 (25% c.f. 12% in 2024) ‘Helpful to some degree,’ 4 (8% c.f. 4% in 2024) did not know, 0 (0% c.f. 0% in 2024) found it ‘Not helpful’ and 4 (8% c.f. 12% in 2024) did not receive it.

Q36 B) When respondents were asked whether they had received contact from the Hospice Bereavement Team, 5 did not record an answer and of the 50 who did record an answer, 34 - 68% found it ‘Definitely helpful (c.f. 45% in 2024),’ 11 - 22% ‘Helpful to some degree (c.f. 35% in 2024),’ none - 0% did not know (c.f. 5% in 2024), two - 4% found it ‘Not Helpful’ (c.f. 2% in 2024) and 3 - 6% did not receive contact (c.f. 13% in 2024).



Bereavement Comments

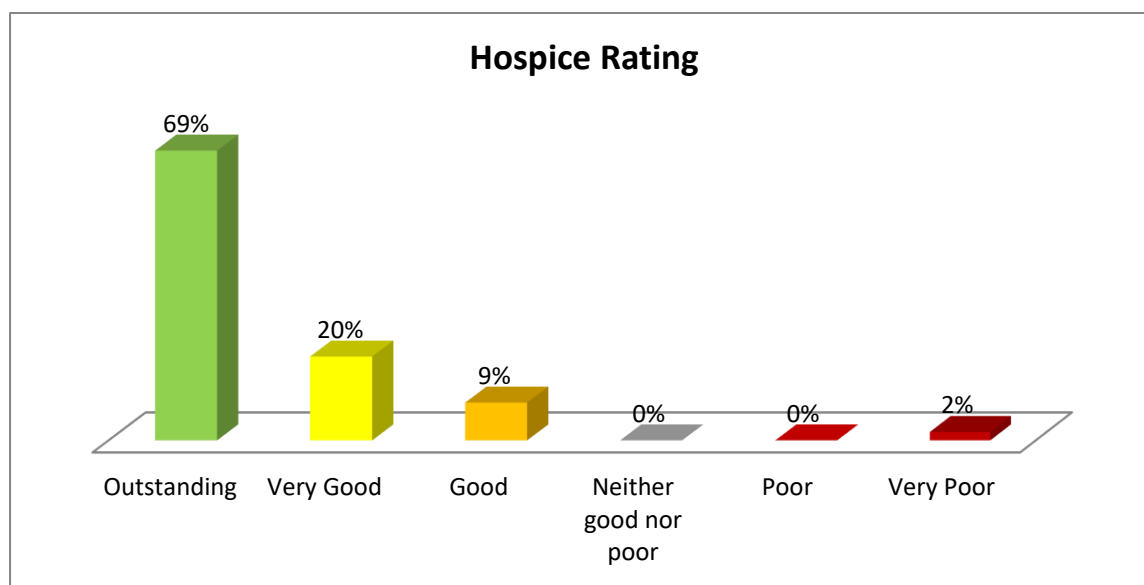
ID	36 COMMENT
12	None - given that I had time to put plans in place prior to his death etc. Funeral directors and their work with the hospice team made it seamless post death actions. (Wife of patient)
13*	Had to chase for help with grief. Took ages. Was told prior to this that I could join a bereavement group 6-8 weeks - never happened. (Wife of patient)
16	Was very adequately supported and knew there was more available if necessary. (Nephew of patient)
17	The process for end of life care that our mother had physically was exactly as we were told, therefore the grieving became easier to process. (Daughter of patient)
25	I received a phone call, but no follow up. (Wife of patient)
26	Send this form out earlier. (Daughter of patient)
28	I have had some contact, enough for now. The people I have had contact which have informed me they are available when I need them. (Wife of patient)
31	I am still not sure if I need ongoing support as it has not been very long since his passing, but I know I can call if needed. I knew I could phone whenever I needed to for support. (Wife of patient)
37*	I was offered bereavement service but I declined at the time it was offered, but two months on, I wish I had. (Wife of patient)

*See follow up action pages 37-39

Q36 a)

Friends and Family section

Of the 55 respondents one did not record an answer and of the other 54, 37 (69%) rates the hospice as ‘Outstanding’ (c.f. 73% in 2024), 11 (20%) rated the hospice as ‘Very Good’ (c.f. 16% in 2024), 5 (9%) rated the hospice as ‘Good’ (c.f. 8% in 2024), 0 (0%), rated the hospice as ‘neither good nor poor’ (c.f. 0% in 2024), 0 (0%) rated the hospice as ‘Poor’ (c.f. 2% in 2024), 1 (2%) rated it as ‘Very Poor’ (c.f. 0% in 2024) and 0 (0%) did not know the answer to this question (c.f. 2% in 2024).



Below are general comments of praise:

ID	36A FRIENDS AND FAMILY COMMENTS - PRAISE	43 YOUR RELATIONSHIP
2	Always supportive to me and our girls, from staff and volunteers. Kara went the extra mile to get him to eat.	Wife
3	From when my husband was admitted I felt all the staff and volunteers were excellent, caring and very supportive to him and myself and family.	Wife
4	Very comforting for myself during a difficult time.	Husband
6	We didn't know what to expect, everyone was kind, helpful and friendly and supportive.	Wife
7	I could not have wished for better care for my husband in every aspect of his care. Every hospital should be like St Raphael's.	Wife
8	Over the years I have had various relatives in hospice and have always received best of care and compassion. Excellent and caring services.	Wife
9	As I said before. She only had a short time there, but we were all so pleased with the care she received.	Husband
11	Everything was taken care of 24/7. Thank you so much.	Husband
12	The service was exactly right for patient who didn't want visitors other than myself and daughters - and we could keep others informed as appropriate.	Wife
13	My husband was cared for so well. Nursing staff went above and beyond.	Wife
15	St Raphael's nurse visit or phone calls were pretty much the only support we received and was professional, honest, supportive.	Wife

ID	36A FRIENDS AND FAMILY COMMENTS – PRAISE CONTINUED	43 YOUR RELATIONSHIP
16	Having been handed over from the Marsden there was good support from the hospice, far more so than the GP.	Nephew
17	Our mother's deterioration due to cancer came on quickly and the teams made everything clear as to what we would likely see our mother experience. They were always available to call at anytime which was hugely reassuring.	Daughter
22	You have supported me throughout this difficult time.	Wife
23	You gave us everything we needed or asked for. If you did not have it, you got it for us.	Wife
24	Lovely people and kindness they gave me.	Wife
25	Nothing was too much trouble, nurses very understanding at such a difficult time.	Wife
28	When we as a family were in turmoil, they helped us through the toughest time of his life. My husband was our rock, and we had to be his and your staff managed his pain and gave us some quality time before his passing.	Wife
29	CPCT were available when needed.	Wife
30	They were very helpful and supportive in the last few weeks of his life and explained all our questions that we needed to know. For us there was all the support we needed.	Wife
31	I just can't fault any part of the kind service, from your first contact until the end and would like to feel everyone should have this level of care. Please don't change.	Wife
33	The information shared and guidance given was good. The fact that I could call as often to query or give updates on my mom was awesome.	Daughter
35	Every nurse, volunteer and doctor were excellent. They facilities were comfortable and clean. We were very happy with all care and facilities from the moment we arrived.	Son
37	From our first visit from your nurses, everything was put into place, they took the stress away from me promptly with care and compassion.	Wife
39	Everybody was kind and so helpful. Nothing was too much for them.	Wife
40	Excellent support when we needed it most. Dad's comments will live with me for ever, he said "I've fallen on my feet getting in here." :)	Son
41	Because we were looking after a loved one, who was dying, we were numb! So guidance from the hospice staff was so appreciated.	Mother
43	Caring and very pleasant staff and nurses and doctors.	Husband
44	Caring and gentle conversation.	Husband
46	Because I could not believe how caring and kind all the staff were. Don't know what I would have done without everyone x	Wife
48	Everything was done very professionally, and we had a great deal of feeling that the patient was the most important thing.	Wife
49	We never felt alone. Contact was tactful and supportive and timing was well spaced.	Wife
50	She was always respectfully treated and looked after so well in a lovely room.	Son
52	I wish I could put into words just how amazing they were.	Daughter
53	You were always ready to give advice and help when my husband asked. He really did like attending wellbeing - he told everyone. He even appeared on C4 news for you.	Wife

Four comments were neither praise nor criticism:

ID	36A FRIENDS AND FAMILY COMMENT - NEUTRAL	43 YOUR RELATIONSHIP
1	The only support network available to us.	Wife
14	(1) Dr Busi. Listened. Helped plenty of times. (2) fantastic service, getting bed/equipment. Her case was medically unusual and complicated, but your nurses need training with NSJ being a whole different ballgame to NSG. They didn't understand the level of complication.	Daughter
32	My husband was only referred by the Marsden five days before he came home and only home seven days before he died.	Wife
38	The patient found dealing with a "hospice" very difficult, even though they needed palliative care.	Brother

One comment was critical:

ID	36A FRIENDS AND FAMILY COMMENT - CRITICISM	43 YOUR RELATIONSHIP
5*	They said she had two or three days to live three or four times, but she lived for ten months.	Husband

*See follow up action page 37

What could we have done better?

ID	36A DONE BETTER	43 YOUR RELATIONSHIP
1	Better connection with the GP centre.	Wife
5*	You did not know.	Husband
7*	Perhaps volunteers not quite so chatty - my husband hated "small talk" and being fussed over. This only really happened with one volunteer.	Wife
14*	Nurses were district I think. Waking patient up at midnight to give injection for sleep when she was asleep... too late... we all wanted to be in bed.	Daughter
15*	I had my own support, however, requested support for my daughter, she is on waiting list for counsellor.	Wife
16*	More visits, though appreciate resources are very stretched. Getting the correct medication was a constant challenge: GP, pharmacy, A&E, hospital consultants.	Nephew
17*	If given the correct funding by the government, you could always improve your service.	Daughter
25*	Liaised with Royal Marsden a bit sooner.	Wife
53*	It would have been a much better ending if you could have found him a bed at St Raphael's.	Wife

*Follow up action detailed on pages 37-39

The following comment on survey ID number 26 is very long and was treated as a complaint with investigation by the Community Team Manager and response by the Clinical Director:

36A DONE BETTER – ID # 26 – Appended letter by daughter of patient
<p>Thank you for asking me to fill in your questionnaire. I wanted to add a few comments so I can have some closure with my dad's death. Ideally I would have loved to fill in your questionnaire a bit earlier, maybe a couple of months ago, as it seems a shame to have to think about his situation all over again. I have been offered some bereavement counselling and had a chat with a counsellor yesterday, thank you for that, as I think I need it. And this has made me think about Dad's last few weeks all over again. You were very kind to him and offered him help, so he could stay in his own home as he got ill. I had carers arranged for him privately, as I needed help with him. But I was disappointed that you no longer offer hospice care generally. I know that it was not your fault that the government does not help now with care for the elderly, it is very sad. And I felt a bit let down, as I know he had been sending you cheques for your charity for many years!!! There were some problems that I think you should know, the main one was that my dad lived in Sutton, but had his GP surgery in Merton. This caused some real headaches for me, trying to get help for some night time cover was one of them. He had to have district nurses from Merton, who finished at 4.30 PM, then you didn't get any help after that, other than from calling 999 or 111!!! I asked the GP about this, she told me there should be Marie Curie nurses covering night time. I contacted Marie Curie and they told me that you would provide night time cover!!! I don't think that Marie Curie knew that you had stopped this. And the GP surgery did not realise either. One thing that really upset me and needs looking at is the lack of communication between the NHS, district nurses and yourself, it was terrible, I had to chase up things so many times as the different departments would not communicate with each other and I had to check stuff between you all the time. Adult social care really needs to be sorted out by the NHS and I hope that you can get funding, as it is just not working and communication is terrible!! This became very apparent to me, when I had to cope with an incident</p>

36A DONE BETTER – ID # 26 – Appended letter by daughter of patient

with Dad's carers. Dad had tried to get to his commode on his own and fallen on the floor. The carer there on her own was not allowed to pick him up, she called for help from a colleague. They called me to come over as they were not allowed to lift him really. They did this time, but told me they could not get him back into bed!!! What a stupid waste of time for the emergency services!! I called you for help and advice as well, but you could not come out to help me either, but said if the ambulance crew did not come before 5 PM you could call for me to try to get you to get me some help. But of course the ambulance crew did not come and I was left stranded with my Dad not being able to get into bed for the night. I called 999 to chase it, they just said they did not have a record of the call the carer made and to call 111, they sent me back and forth between them, it was terrible. So why do you not offer any help after 5 PM, just silly to put adult social care in charge of A&E after 5 PM?! In the end I asked my Dad's neighbour to come and help me and we easily got him into bed. So no help from the GP either, NHS and adult social care is just broken!! But I will say you did help me with a situation my dad had with a nose bleed on a Sunday and I really appreciated there was someone on the end of the telephone to talk to about this. The other problem I also had with a lack of communication between the different departments, was trying to get him continuing health care funding. No one would do his assessment!!! GP said you could do it, you told me GP should do it?? Then I was told that as he paid his council tax to Sutton, that a nurse from Sutton should come!! I tried to get in contact with them, they told me as he was under your care, you should do it. Then I think the district nurse from Merton was sent to do the assessment. They were supposed to tell me when they were going to do it, so I could be there, but they did it without me, I was so angry, and of course they turned my Dad down. I could see he was really unwell and asked for it to be done again as I was not there and was not told about it happening!! So they agreed, but still turned him down!! I was hoping you could have pushed a bit more for him to get this, I think it would have helped. In the end I think the nurse from Merton that arranged all the home help equipment pushed for it for me as I asked her to chase up the Merton district nurses. But Dad was really unwell by then and only got it for one week, disgusting!!!! I did not like that to get funding it was down to just one nurse's assessment on one day and if she said no, he would not get funding!!!!? And the last thing, and something I found upsetting the most, was the painkiller - injectable Midazolam that had been recommended by you in my dad's notes. The carers told the district nurse that dad had some back passage bleeding and he was given the maximum dose of the painkiller by injection by the district nurse, as in dad's notes recommended by you!!! This is not checked by a GP, why not?? I think it was too much of a big dose, something he had never had before in his life, and it completely knocked him out!!! And he never opened his eyes or spoke to me again after that!!!!!!! That was very hard to take, as I never really got to say goodbye to him, and it has been very hard to come to terms with this. I really feel he was overdosed. I know he had heart failure problems and the recommendation of a large dose may have been too much for him? All I got from him was a shaking of the head when I spoke to him and he never opened his eyes again!! I hope you don't mind me sending you this info, I really needed to get it off my chest, and as mentioned at the top of this page, I think the questionnaire should have been sent out to me earlier?

Follow up action for ID 26, handled as a complaint is on page 38-39

Follow Up Action

ID	SRH FOLLOW UP	YOUR RELATIONSHIP
5	Forwarded to Community Team Manager and Clinical Director. Anon comment cannot be traced to anyone. Clinical Director replied: The feedback doesn't make sense - there are a number of contradictions such as around bereavement contact. I am wondering if this respondent didn't understand the form.	Husband
7	<p>Forwarded to IPU Clinical Lead. IPU Clinical Lead replied 9-4-2025: Resolutions for the following raised issues:</p> <p>Question 14 Mouthcare- reinforced messaging to the IPU staff to clearly document if a patient declines any intervention with an appropriate state of mental capacity documented.</p> <p>Question 32 Unwanted visitor- At present our source of information is solely on EMIS and staff recollection. I have started a new system in the IPU where they save a copy of handover sheet in a ward form folder so we can trace back any queries and triangulate the information with EMIS.</p> <p>Question 36a Volunteer behaviour- we could maybe update ward companions when they come in as to patients family who are emotionally distressed and needs delicate care.</p>	Wife
13	<p>Forwarded to Bereavement Journey Coordinator 3-7-2025. Bereavement Journey Coordinator replied, 4-7-2025:</p> <p>I have looked into this and I do remember doing the referral for counselling for respondent.</p> <p>The respondent's husband died on 3/2 and she rang the hospice in April to ask for bereavement support. Unfortunately she rang whilst I was on holiday and whoever took the call, put her through to my voicemail. When I returned from holiday on the 15th April, I called the respondent but there was no reply. I called again on the 16/4 but, as still no reply, I sent her an email asking her to contact me. She replied on the 17th April and the referral was done. She was actually in Australia when I called / emailed and advised that she returned on the 14th May and would like to be contacted ASAP upon her return as she wanted help ASAP, which was noted on the referral. I obviously apologised that she was put through to my voicemail whilst I was on holiday (but this only delayed the referral being done by possibly a week and would not have meant she would have been seen sooner due to our limited resources and we have a waiting time to be seen face to face of approx. 3 months). Counselling team contacted respondent on 22/5, followed up on 27th May and bereavement support commenced 16th June.</p> <p>In summary, the only issue was that she should have been put through to someone in my absence (holiday) but she is receiving support and commenced within two months of referral, which is sooner than what we advise.</p> <p>4-7-2025 Psychological Lead. This is in expected timelines. We have a waiting list and this lady was contacted assessed and allocated to counsellor as soon as we could if not quicker. I don't know if she attended the Bereavement Group but the group would be available to her.</p>	Wife
14	Forwarded to Community Team Manager 3-7-2025. NFA - for info purposes re district nurses.	Daughter
15	Forwarded to Psychological Lead 16-7-2025: This lady is not on our waiting list as she is not known to our service. I have copied Bereavement Journey Coordinator to make bereavement follow up with possible referral to us if requested.	Wife

ID	SRH FOLLOW UP	YOUR RELATIONSHIP
16	Scanned to Clinical Director for info purposes re the topic of government funding 16-6-2025	Nephew
17	Scanned to Clinical Director for info purposes re the topic of government funding 16-6-2025	Daughter
25	<p>Forwarded to Community Team Manager 14-7-2025 and IPU Clinical Lead 16-7-2025. IPU Clinical Lead replied 25-7-2025: We had a look at the notes and on Feb 24 we communicated to RMH and informed them of the status of the patient and requested all relevant clinics with potential pending appointments to update records. NHS Appointments sent to patients goes through a drawn out process. Consultant > secretary > Appointments centre > appointments centre generates letter > sends letter through Hospital mailing system. It could be that from the day of patient passing, the letter was already on process within the hospital system. Our patient passed away on the 17th. There were no notes that state whether there were comms conveyed to the RMH clinic from 17th up until the 24th of February entry, which was an email to RMH contact who took action straight away. Also another point that may not have helped is, if the patient is under the care of the IPU and the clinic appointment is arranged by us, we are more likely to chase informing the clinic because we have the contact details/ existing comms with the clinical team in the hospital. Looking at the EMIS documentation, it looks like the clinic (which is most likely from the melanoma, skin and sarcoma team) must have been arranged prior to IPU admission. So it is the timing from the time the letter has left the team and the time the patient passed away.</p>	Wife
26	<p>VOICES survey (overall rating GOOD) and accompanying letter investigated by Community Services Manager; medication reviewed by Consultant in Palliative Medicine and response handled by the Clinical Director CD responded by letter following phone call with complainant whose issues were related more so to the wider community provision of support/communications external to SRH being fragmented at times and her feeling as she was battling on her own.</p> <p>As discussed, the limitation in resources contributed to this. SRH Hospice at Home team had to cease last year due to a lack of funding and this is a service that would have been of benefit to her and her father. CD expressed that we are sorry that we were unable to provide this support. In addition, as CD explained, St Raphael's Hospice has never provided overnight care in the community and the daughter had been misinformed by another team that this is something we could offer.</p> <p>Also discussed was the dose of midazolam that her father was given by one of the District Nursing Team, which had been prescribed following advice from St Raphael's in the event of a large bleed leading to distress. Although this dose was within the safe national prescribing guidelines, it was not intended to be given if her father was not in distress. It is difficult to know whether the medication alone led to her father's deterioration in responsiveness but we have fed back to the District Nursing Team that the dose prescribed was intended only if he was distressed.</p> <p>There were a number of other issues that were raised, which although unrelated to SRH service, played a part in the distressing experiences that she described and CD expressed that we are sorry that they happened, that we work closely with our fellow community colleagues and discuss all learning in order to reduce</p>	Daughter

ID	SRH FOLLOW UP	YOUR RELATIONSHIP
	<p>the likelihood of similar circumstances happening again. CD expressed that she is reassured to learn that the daughter will be receiving some bereavement counselling from us.</p>	
37	<p>SENT TO COUNSELLING TEAM 31-3-2025. Request for follow up 1-8-2025. Psychological Lead replied 8-8-2025: I have contacted this lady with follow up after VOICES feedback, and she still does not want counselling. Please see below the notes from EMIS: Community Team Manager to respondent following VOICES feedback that she perhaps wanted the counselling, which was initially declined. Respondent still 'doesn't know if counselling is for her'. We have discussed and agreed that she can contact us in the future and make self-referral for bereavement counselling if she wishes to. She appreciated the call. No further action at this point.</p>	Wife
53	<p>Forwarded to Clinical Director on 29-8-2025. Clinical Director replied 16-9-2025: I don't think there is any benefit to the respondent in revisiting this. Thank you for flagging it, though</p>	Wife

2024/25 VOICES Report Review Meeting Feedback

VOICES REPORT 2024/5 – Reflection meeting

Present:

AR, BT, GT-R, JC (notes)

The VOICES report shows the feedback from the questionnaires completed by the next of kin / main carer of those Hospice patients that died during the period 1st October 2024 to 31st March 2025, who were sent questionnaires 4 months post-bereavement. They were invited to complete the questionnaire under no obligation, and return completed surveys in pre-paid envelopes.

The return rate has risen to 32% compared to a low point of 25% in 2022/3. GT-R suggested the feedback rate of 32% may be improved upon if the recipients were expecting to receive the questionnaire as part of its introduction from the Bereavement Journey coordinator. AR confirmed that Ashley knew of the VOICES Survey but was not sure if she forewarned nok to expect it as part of the journey contact. BT will pose the question to Ashley. AR advised that he remained comfortable with the return rate that exceeds the 15% quality marker rate set by the ICB.

AR brought the attention of the meeting to the report's Executive Summary. Item K shows that doctors 'always treating inpatients with respect and dignity' has increased to 100% and the corresponding figure for nurses has decreased very slightly to 96%; that compliance in this area is very high.

GT-R expressed surprise about the definitive assertion of inpatient religious/spiritual support being so high (at 76%) because she feels that it is an area that could currently be improved. BT and AR noted the increase of definitive assertion of the adequacy of inpatient religious/spiritual support from 56% in 2020 to 88% in 2020/21, during the height of COVID. GT-R said that the newly designated multifaith space will enable the hospice to provide better religious/spiritual support for IPU patients.

GT-R noted that all respondents were satisfied with the quality of food provided in the hospice. 'Exceptional' rating percentages are a long way up from those in 2018 and 2019.

BT said that Ali Lutz has brought new energy to the counselling service so percentages for respondents rating the Bereavement services as 'Definitely Helpful' is increasing.

AR observed that there has been a small decrease in Family always being informed of patient condition (81% compared to 84% in the previous audit period) but that compliance remains high and 96% of respondents considered that the family had been kept informed either 'always' or 'usually.'

GT-R expressed concern about the wording of the question that asks whether language used by doctors and nurses was easy to understand because there are those who would choose to interpret

it as a way to criticise staff who do not have English as a first language. The question with its existing wording is a standard question for the VOICES survey.

GT-R observed how the percentage of answers saying that the CPCT nurses always visited often enough is 79%, very nearly the average since 2022 (80%) so there has been no significant drop. GT-R commended how the CPCT have managed caseloads and deployed responsiveness precisely as required.

GT-R observed that the percentage of 'yes definitely' answers in response to whether there was enough emotional support from the CPCT team has decreased to 65% from 76% in the previous audit period, but the combined total of 'yes definitely' and 'yes to some extent' answers remains similar to the average for audit periods since 2022.

Regarding comments of praise for CPCT services on page 25 of the report, GT-R and BT agreed that these can be fed back to the team by Heather Syddall. The praise of Kevin should be included in his appraisal. Comments are generally very positive and are good evidence of outstanding service that will support a CQC inspection as too is the overall % regard for the services provided.

Regarding comment number 26 on page 28, GT-R considered that the respondent was being overly harsh when she reported that the request for the patient to be admitted to the hospice was declined, since the hospice would not outright say 'no.'

GT-R commented that it is very difficult to improve upon the figure for patients achieving their preferred place of RIP, since there are so many variables that are outside the control of the hospice.

Regarding comment number 7 on page 30 which details how an unwanted family friend was allowed at the patient's bedside, GT-R commented on how it is a challenge for the hospice to be embroiled in the patient's family dynamics and it is not clear that the respondent communicated to the staff that they did not want the particular friend there.

On page 34, Dr Busi is praised.

BT and GT-R agreed that the comments in the report can be fed back to staff, especially the CPCT team. The comments of praise are all very positive.

BT suggested that the survey be sent out at three months post RIP instead of four months to further reduce the timeline between RIP and report. AR will liaise with Ashley should there be any clash with the bereavement journey contact.

Overall, the report, the spreadsheet showing results since 2015 and particularly the verbatim comments received, really support demonstration of how well received the services provided by the medical, inpatient, community, psycho-social, wellbeing and housekeeping teams are to our community; that staff should be encouraged by these results and take a high degree of pride in how they make such a positive difference to the lives of patients and those important to them at such a challenging and vulnerable time.