St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

To be held by video call

At 10:00am on Friday 19th April 2024 10am-12pm

Members: Dr Carrie Chill – Trustee & Committee member (CC)
Alan Cogbill – Trustee & Committee member (AC)
Benard Marley – Trustee & Committee member (BM)
Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Nick Stevens – CEO (NS)
Alex Rudkin – Director of Quality and Governance (AR)
Dr Naomi Collins – Consultant (NC)
Rebecca Trower – Clinical Director (BT)
Anna Machin – Governance (AM)

Item	Time	Description	Purpose	Lead
1.	10.00 – 10.05	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	10.05 – 10.15	Review of minutes from Clinical Quality & Governance Committee meeting held on 19th January 2024	Approval	Chair
		Actions List and update on matters arising	Discussion	
3.	10.15 – 10.25	Evidence of Excellent Practice Register	Discussion	RT
4.	10.25 – 10.35	Clinical Risk Register	Discussion	RT
5.	10.35 – 11.15	Clinical Quality & Governance Report inc. Clinical Action Plan	Discussion	RT, AR
6.	11.15 – 11.30	Minutes of internal meetings	Discussion	AR
7.	11.30 – 11.45	Safeguarding Update	Discussion	AR
8.	11.45 – 11.55	Annual review of Committee Terms of Reference	Discussion	AM
9.	11.55 – 12.00	Any Other Business & Date of next meeting	Discussion	Chair

Dates of future meetings: 10am-12pm Friday 12th July 2024

St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call access

At 10:00 on Friday 19th January 2024

Members: Dr Carrie Chill – Trustee & Committee member (CC)
Alan Cogbill – Trustee & Committee member (AC)
Bernard Marley - Trustee & Committee member (BM - apologies)
Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Nick Stevens – CEO (NS)
Dr Naomi Collins – Consultant (NC)
Alex Rudkin – Director of Quality and Governance (AR)
Dr Jenny Strawson – Consultant (JS)
Rebecca Trower – Clinical Director (BT - apologies)
Anna Machin (Governance – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. Clinical risk register	Take forward discussion on use of technology for note-taking to Hospice user group	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/01
	Reflect further on lone working communications to staff	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/02
5. Clinical Quality & Governance Report	Include Psycho-Social team survey report in April meeting pack	Alex Rudkin	For April 2024 meeting	19.01.24/03
	Consider further ways to streamline referral notes process	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/04
	Update on grant funding proposal	Consultant team, Becca Trower	For April 2024 meeting	19.01.24/05
	Update pages 16 and 18 in report on patient numbers	Alex Rudkin	Immediate	19.01.24/06
	Split out minor and major IG incidents in report	Alex Rudkin	Immediate	19.01.24/07

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1. Welcome, apologies for absence and declarations of interest

Alan Cogbill took the Chair and welcomed attendees to the meeting. Apologies were received and accepted from Bernard Marley.

2. Review of minutes from 12th October 2023 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meeting were approved as an accurate record of proceedings. The main action arising from the previous meeting had been a request to invite John Groom to present on cyber-related risks at this meeting. This had sadly been superseded by the fact that the Hospice experienced a cyber-attack in October 2023, and a comprehensive update to the Board had then been given, both live by email correspondence and then at the Hospice Board held at the end of November.

The Committee received confirmation the cyber-insurance is now in place, and at the time of prior Clinical Quality & Governance meeting, was due to come into effect on 1st November. £50k has been spent on forensic legal and technical advice to respond to the attack, which evidences external independent review of processes, vs the ongoing cost of around £3.5k per annum in insurance. The forensic report did not highlight additional areas of technological/ systems provision that should have been in place, and commented on the speed of recovery in that within 24 hours, most services were at capability. The experience has also prompted continual focus on practices around document retention.

3. Evidence of Excellent Practice Register

The paper was taken as read, and the Committee noted the range of positive comments, including for non-clinical colleagues such as those working in Retail. The opportunity to share these stories shows the Hospice's positive culture and supports staff morale.

4. Clinical Risk Register

It was confirmed that there were not a significant number of changes to the risk register since the last review in October 2023.

An in-depth discussion was held on use of mobile technologies and Chromebooks, and how devices could facilitate the opportunity for live note-taking to save time, balancing this with the fact that that for appointments held by one person, it is important for the patient to feel listened to and therefore notes will not always be inputted live onto systems. Within IPU, there will usually be more than one colleague involved in speaking to patients, which facilitates live updates.

The Committee reflected that this may be a topic to discuss with the Hospice user group in order to seek patient feedback. It will then link in to organisational culture and training, e.g. practices to ask for consent/ agreement for live note-taking. The benefits of accurate, tagged notes that are searchable in the EMIS system were recognised, and how this can be used to extract data that informs decision-making.

The Committee next asked about risks around staff capacity during this period of winter illness. It was confirmed that impacts are generally felt most in IPU with 24-hour staffing, and that from a medical perspective, capacity has been sufficient to offer strong care. Patient admission decisions can be used to flex numbers as needed, with 7-8 beds usually operated and – from a practical perspective – one bed broken and due to be fixed currently.

The Committee received information on approaches to acuity scoring used by St Raphael's, which had been presented at the Hospice UK conference, and is working well for the population and context.

It was confirmed that it is rare for the team to turn down an admission due to complexity of the patients' needs, and that internal training and development has broadened procedures that can be offered e.g. aerosol generated procedures.

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This is supported by close working with the Education team. The Committee recognised that this continues the step-change in the depth of understanding of patients' needs before they enter the Hospice's care, compared to 4-5 years ago.

The Committee and colleagues then noted debates in the wider sector around Physician Associate (PA) roles, and how the Hospice supports PAs internally and uses their time. It was recognised that it is important to provide strong support and supervision, and that in Primary Care settings, this capacity for engagement and oversight can be stretched. However, the Hospice's experience has been positive, with the PA working alongside other nurses, giving a full-time consistent presence and adding capacity through delivery of relevant procedures.

The specialist leading Infection Control has joined recently and capacity on night shifts is much improved compared to a few years ago, with a further full-time night shift colleague due to join.

The Committee received assurance on the devices given to lone workers, who also take their phones, and reminders shared to charge devices alongside training delivered to colleagues. Risk assessments will also note if a visit should be carried out as a pair. The Committee encouraged the team to reflect on and reiterate communications in this area to support staff safety.

5. Clinical Quality & Governance Report inc. Clinical Action Plan

Alex Rudkin shared that the most recent survey of Psychological Support Services is a testament to the team's work with the strongest feedback received to date, and will be included in the April meeting papers for discussion. This team are set up in their new building, and on the theme of long working do not allow volunteers to use the space in the evening. The space is at capacity currently and so if the service expands in future, the logistics of this will need to be considered.

The Committee discussed contributing factors to the fact noted in the report that information received on admission from referrals is not always as comprehensive as it should be and this can impact communications. For example, a GP may refer a patient to the Hospice's care without confirming to them that a referral for palliative care has been made. It is recognised that medical professionals are time-poor, and the team were encouraged to look at opportunities to find solutions e.g. referrals just being made by phone or paper.

The Committee discussed the grant funding opportunity of £15k, which could be used to develop bereavement support work, or activity in prison, and shared their experiences of working in this latter setting alongside how any work in prisons might interplay with the Hospice's communications activity. A proposal is being developed currently, and an update would be given at the next meeting.

The figures on patient numbers were then reviewed, which also enables a comparison across Sutton and Merton. The team also participate in further activity for example patient MDTs, which is not fully captured here. The nature of Hospice support is intensive particularly within the IPU. It was agreed that Alex Rudkin would update pages 16 and 18 of the report to note 10-bed occupancy, giving more context to the metrics. The Committee discussed the mixed understanding amongst NHS funders of Hospices around the nature of funding and percentage contribution to clinical core funding given by the CCG.

The Committee noted the increase in information governance incidents in recent months, and received assurance that this was primarily due to minor access issues with EMIS. The Committee requested that this data be split out to denote minor access issues from any more significant incidents.

The Consultant team described the process to close the loop and inform practice informed by Datix data, e.g. to identify pressure sores. The Committee also noted actions taken in relation to complaints received, and how interpreters are used by the team.

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6. Minutes of internal meetings

The Committee noted the minutes of internal meetings included in the paper pack, and that the themes within them had been echoed through this meeting.

7. Safeguarding update (standing item)

Alex Rudkin confirmed that reports continue to be referred to Local Authorities (LA) and CQC in line with agreed protocols, primarily by the Community team.

8. Any Other Business and Dates of future meetings

There were no further items of business raised. The date of the next meeting was confirmed as Friday 19th April 2024 from 10am-12pm.

The meeting ended at 12.20pm.

Approved…………………………………..

Date………………………………………..

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Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2024/01	TC	01/01/2024	Feedback how incredibly insightful Community Team Manager thought Becky was to a patient on New Years Day . It was an extremely busy day however you took the time to take photos of the IPU to help support the patient and family in making a decision regarding admission to the IPU . I'm aware the visit had a high level of emotions and stress yet without the support you demonstrated the situation would have been more difficult. A sincere thank you for your insightful , caring and calm approach.
2024/02	AR	10/01/2024	**Medical Examiner Feedback - October 2023** St Raphael's Hospice were brilliant There were no care concerns re: St Raphael's St. Raphael's Hospice very caring and marvellous. Amazing, fantastic care at St Raphael's St Raphael's was really good, a relief to be there at the end. No care concerns x 4
2024/03	AR	10/01/2024	**Medical Examiner Feedback - November 2023** Care in St Raphael's was amazing, fabulous. The family especially appreciated the calming effect of the 'pat' dogs. St. Raphael's Hospice care was very good and comforting. St Raphael's Hospice was amazing - No care concerns - Very happy with St Raphael's hospice Care was good, no concerns, looked after well St Raphael's hospice went above & beyond, absolutely marvellous with pt and family. GP-ok. SGH -wasn't good but will not pursue. No care concerns x 5
2024/04	AR	10/01/2024	**Medical Examiner Feedback - December 2023** No care concerns x 11
2024/05	GT	12/01/2024	Thank you hamper and card from partner and family of RIP patient
2024/06	TC/AR	17/01/2024	This is a written documentation of the verbal feedback I received but also added to personally, regarding the care, performance and professionalism demonstrated by our community CNS Michelle Brocklehurst earlier this month. During our morning handover multidisciplinary meeting we were discussing a call received out of hours from a family concerned that their loved one was very unwell. This patient had only just been discharged from hospital the day before and was awaiting routine review from our team. Active engagement in the discussion meant that Michelle appropriately identified the urgency of this matter, proactively volunteered to go and review this patient in her home (which involved leaving the morning meeting early with very little time to prepare). Her decisiveness and willingness to be a team player was truly admirable, and as the consultant in the MDT I later publically expressed how impressed I was by her attitude and response. As one of the more experienced CNSs in the team she was an excellent role model for the more junior and new starters. She returned after the visit sharing how she had, based on her clinical assessment and examination, recommended urgent return to hospital for probable sepsis. She had challenging open and honest conversations with the patient and the family regarding her concerns that she was "sick enough to die" but that without hospital assessment, she would not have the chance to see if anything was reversible (completely appropriate in this particular case given she was well the day before and had only just started active cancer treatment). I subsequently received a phone call from one of the hospital palliative care consultants asking for some more information regarding the patient's arrival to A&E, and she too verbally praised Michelle's appropriate actions to encourage ambulance transfer, as this patient did indeed have life-threatening neutropenic sepsis. Sadly, this patient died despite active management. Once again, Michelle demonstrated great professionalism in volunteering to perform a bereavement call to the family, when this must have been an emotive case for her.
2024/07	TC	24/01/2024	H@H Debbie Thaxter response visit to support wife, who was very distressed after husband had died
2024/08	TC	08/02/2024	H@H Caroline Finn accomapanied Sister er Anne to do a homevist to meet the spirtual needs of a patient
2024/09	TC/AR	09/02/2024	Thank you. Dear Becky, Kate, Kevin and other team members. Thank you for all the amazing support and kindness you gave my mother, our family and me in the care of my mother. I will always feel very grateful and thankful for your work especially when I had no or little experience of end of life/death care. I should have written previously but today, the anniversary of her death, I could delay it no longer. My mother had a strong faith and it certainly feels that God was looking after us in the care and people she encountered. Thank you.

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2024/10	LJ/AR	07/03/2024	Hi Becky, Jackie and the St Raph's team, I wanted to drop you a note to say thank you to the whole team for the advice, support and care that was provided to my mum but also myself and partner in the short time my mum was ill until she passed in the hospice on the 16th February. I cannot speak highly enough of the important work you all collectively do. In particular I wanted to say a huge thank you to Becky Lucas and Jackie from the hospice at home team who have been there supporting mum, making sure she had all she needed and us from the beginning of this journey and particularly towards the end of mums life, knowing when the time was right for mum to fortunately be able to come to the hospice. Whilst in the hospice It allowed myself and partner time to be family again, not just carers and your team providing the amazing specialist care that mum needed (that we were unable to provide) in the short time of being in the hospice. I do not have the words to say how grateful we are. Myself and family wanted to invite you to Mum's service We have asked for donations to St Raph's and have set up a tribute page for mum linked to St Raph's which is nearly at £600 at the moment. Mum was truely grateful for the support and care and wanted to be able to give back to you and the tribute page is the start. We will also be flying the flag for you all once back in Australia.
2024/11	RT	22/03/2024	A gentleman was dying at home and became very symptomatic Katie White CNS, was unable to contact the Wandsworth District Nurses and so did a responsive visit herself at approx. 6pm She was able to avert the family calling an ambulance and she dealt with their distress. This gentleman later died peacefully at home surrounded by his family.
2024/12	GT	04/04/2024	Card of appreciation and thanks from family of young RIP patient to Ginny and the hospice volunteers
2024/13	LJ/AR	09/04/2024	Card of thanks received from family of patient who died in SRH : Dear Jenny, Gaby and Naomi, I just wanted to write a heartfelt thank you to you for your kind support and care. Being able to stay at St Raphael's was ahuge comfort to us all and allowed us all to be fully present with him until the end. A gift we will forever be thankful for. Please than Jovi, Steph, Busi & Ambreen for their expertise, care and gentle approach also. Knowing my son was pain free and is such safe hands was all we could have hoped for. With kindest regsrds.
2024/14	AR	11/04/2024	**Medical Examiner Feedback - January 2024** Care was exceptionally good, so welcoming and comforting. Care was amazing, unbelievable! Very good, excellent; STH: poor involvement in d/c planning. Care was exceptional Care was amazing No care concerns x 8
2024/15	AR	11/04/2024	**Medical Examiner Feedback - February 2024** Care was thrilling Care was fantastic Outstanding care from St Raphael's. Excellent care at St Raphael's, everyone was marvellous & kind. Care was fantastic, could not fault. The support, care and advice provided from the team was amazing Very pleased with care at St. Ralph's Care at St Raphael's hospice was very good Hospice care was amazing, couldn't fault them at all. Supported the patient and family very well. No care concerns x 3
2024/16	AR	11/04/2024	**Medical Examiner Feedback - March 2024** Very happy with CARE Hospice were "amazing.....brilliant" Care was wonderful The care was amazing, very respectful and supportive for the whole family Care was excellent No care concerns x 8

Clinical Risk Control Register

Risk Category	Activity	Top Risk(s)	Initial Likelihood	Initial Severity	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Likelihood	Final Severity	Final Risk Rating	Responsibility?	Last / next review
1	IT PAS System Failure / Cloud Access Down	· Inability to access contemporaneous clinical records or run business continuity reports	5	3	15	· IT System Management Controls	· Contactable team OOH (not formal contract) · Back up resource -outsourced at times of AL · 2 x HSCN routers and lines to support fail over · Hard copy daily print outs to provide basic continuity . EMIS mobile has been rolled out for the IPU, medical team and community team incase of system failure. . Medical team can access our EMIS tenant from Princess Alice Hospice IT system. . In an emergency our neighbouring Hospices would allow us access to our EMIS system from either their sites or through remote access. · 2 x virtual tokens that can be used on the COWs (when tethered with mobile data) to allow remote access from the cloud to IPU NHS data access - should the physical routers or hardware fail. If any site wide issues in gaining access, we can request to visit any of our neighbouring hospices to gain remote access. . 2 x Cisco firewalls configured for high availability.	4	2	8	IT/CD	Apr 24 / Jul 24
2	Infection spread within hospice	· Inability to provide full clinical service impacting on both patients, their families and staff. · May impact on external stakeholders. · May impact reputational damage and potential funding streams	4	3	12	· Attention to and compliance with governmental guidance · Implementation and maintenance of CLIN52 COVID policy · Implementation and maintenance of CLIN08 Infection Control policy · IPC Lead appointed - overseeing the link nurses on the IPU and Community Team and close working with SWL infection control leads.	· Implementation and maintenance of CLIN52 COVID policy · Implementation and maintenance of CLIN08 Infection Control policy · PPE regular supply available · Contingency planning clarified for any identified cases within the Hospice - as per governmental guidance · Single room nursing. Increased telephone contact · FFP3 mask fit testing ongoing · Refresher PPE training and advice and support from PHE · LFD testing for symptomatic staff in clinical situations · Facility for staff to work from home · Staff vaccination program access facilitated	3	2	6	CD	Apr 24 / Jul 24
3	Insufficient Nursing Resource on the Inpatient Unit.	· Unable to operate IPU safely · IPU has to close · Impact on patients, families and reputation	3	3	9	· Bank and Agency Nurses available · Staff adapting/flexing shifts to cover IPU · Monitoring of staffing capacity monthly/weekly/daily · Alignment with Agenda for Change pay scales implemented · Crisis cover payments in place · Active recruitment ongoing - currently fully staffed	· IPU admissions can be reduced to meet staffing capacity · Majority of patients are cared for in the community · Nursing Associates are being upskilled · Acuity score being adopted to help guide admissions v staffing levels · All Leave policies amended with improved leave entitlements · Utilisation of 10 hour shifts to provide better cover · Night staff no longer having to rotate onto days	2	3	6	CD/IPU Sister	Apr 24 / Jul 24
4	NHS Doctor Strikes	· Impact on admissions to the IPU · Impact on outpatient led planned tx · Impact on education and professional activity support · Impact on non-striking medical team (risk of burn out)	5	2	10	· Government response awaited	· Weekly review of the medical rota to prioritise cover for the IPU · Flexible working pattern across community and inpatient unit · Non-essential non-clinical commitments postponed · Consultant with NHS contract prioritising SRH · Medical capacity added to IPU acuity score	5	1	5	Lead Palliative Medicine Consultant / CD	Apr 24 / Jul 24
5	Breaches of confidentiality involving person identifiable data (PID), including data loss	· Reputational damage · Litigation · Fines from ICO · Service user distress and safety risk	3	3	9	· Protecting Confidential Information Policy · All personnel and volunteers trained on Information Governance on induction and annual mandatory training. · Data User Agreements in place · DPO, ISO, Caldicott Guardian & SIRO in place · Suite of Information Security and Governance policy in place · Test Phishing emails via IT Dept 3rd party contract. · Secure PID communication email channel in place through NHS Net. · Regular organisational sweeps in all departments · Caldicott Guardian attends regular training and presents at associated fora. · Maintenance of shared network drive to ensure file security. - IT policy's in place to restrict USB storage devices from being used. - no local workstations store data, all data is accessed on centralised SAN.	· All personnel and volunteers trained on Information Governance on induction and annual mandatory training. · Proactive checking in areas such as photocopier/clear desks. · Established link with Capsticks solicitor who provides ad hoc advice on data access issues · Annual - Information Governance Check list audit / Clinical Record documentation audit	2	2	4	IT/CD	Apr 24 / Jul 24

Risk Category	Activity	Top Risk(s)	Initial Likelihood	Initial Severity	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Likelihood	Final Severity	Final Risk Rating	Responsibility?	Last / next review
6	Embedding of clinical administration system EMIS from Crosscare	· Limited Project leadership due to other work pressures · BAU functionality of system (includes reporting) · User proficiency takes time to embed· Incorrect data entry - content & pathway	3	2	6	· EMIS user guide · Reporting testing / Output · Access to Crosscare Archive for 8 years. · More than one project expert Increasing number of EMIS champions	· System User Guides · Induction and training videos · EMIS project team remains active for first year of project · Reporting	2	1	2	EMIS Project Team	Apr 24 / Jul 24
7	Lone working	· Staff/volunteers work singularly in the community within referred patients homes. · Risk of accident/incident in a patients home and individual risk to staff member. · Risk in travel to and from home visits	3	2	6	· OP17 Lone worker Policy · Community staff are supplied with a mobile phone for contact with the hospice or other healthcare professionals. ACC informed of access and egress. · Lone worker alert devices in place.	· Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. · Clarification and supported training on use of safety devices. · EXEC OOH on call in place for contact and advice on further action. · If there is perceived or hx of risk staff work in pairs and alert is added to the EPR.	2	1	2	CD/MDT	Apr 24 / Jul 24
8	Extended bed occupancy	· Delay to discharge due to limited availability of CHC funded beds in the community and patient/family reluctance to transfer. · Limits our processing of requests for admission. · Potential effect on reputation, income generation and staff morale. · Does fluctuate but more of an issue in the autumn/winter.	3	2	6	· Maintain relationships with Care Homes/ Sutton and Merton PLACE that have CHC funding. · Provision of information to patient and family	· Staff proficiency in completing fast track. · Screen referrals for potential impact. · Dual planning with Hospital requesting admission. · Consideration of CHC funded IPU beds in future. · Expertise in discussion with patients and family members re discharge planning.	2	2	4	CD/IPU MDT	Apr 24 / Jul 24
9	Clinical Incidents	· Serious or moderate harm to patient Safety · Risk of complaints from patients/families · Reputational damage / litigation	2	3	6	· Low threshold to reporting · Culture embraces reporting of all incidents related to clinical care · Hierarchy of investigation · Outputs- Learning informs improved procedures and processes · Report to Clinical Quality & Governance Committee supports transparency	· Continued staff training and awareness of new techniques and products. · Opportunity to participate in refection and sharing learning and outcomes. · Feedback to complainants regarding change in practice. · Encourage an environment of comprehensive reporting to support learning and quality improvement across all departments. · Annual clinical audit /QI / research / data montoring program	2	2	4	CD & Director of QI	Apr 24 / Jul 24
10	Clinical Complaints	Local press coverage Potential for public concern Elements of public expecation not being met Loss of confidence in the service Reputational damage	3	2	6	· Organisational policy supporting values, behaviours and practices · Education and training re communication · Adherence to OP05 Feedback and Complaints policy · Reported at Clinical Quality and Governance Committee · All complaints discussed at hospice team meetings for awareness and learning across the organisation	· Reporting culture of any concerns- no blame but responsibility · Use of root cause analysis for significant incidents. · Feedback to complainants regarding change/improvment in practice. · All complaints both verbal and written treated with the same level of scrutiny · Scoping to establish all clinical staff access to communication skills training · Training on care delivery · Information shared re: Duty of Candour and scope of the policy · Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Clinical Director, and maybe offered opportunity to join HUG to help with SRH future learning · Complaints documented and register maintained · Annual review by EXEC	2	2	4	CD	Apr 24 / Jul 24

Key

The axis for Likelihood should be from 1. Very Low – 2. Low – 3. Medium – 4. High – 5. Very High
The axis for Severity should be from 1. Light – 2. Serious – 3. Major – 4. Catastrophic – 5. Multi Catastrophic

Over 13 = red
8-13 = amber
7 or under = green

ITEM 05

Clinical Quality and Governance Report

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Aim

To update the non-executive members of the Clinical Quality and Governance Committee on a selection of key areas that are integral to the Hospice's clinical quality and governance agendas.

Recommendation

The report be noted.

Report

Clinical Services

Psychological Support Services

Social work:

- It has been an interesting and busy start to the year, the challenges faced by our patients and families are becoming more complex due to, the cost of living increases, shortage of social housing options, 'getting your life in order' to ensure their wishes are in place and the unique person they are at the end of their life all add to the situation. Alison and Elisa continue to have the privilege to support our patients, families and significant others at a very challenging time of their lives

These are a snapshot of examples of their continuing work in the last 3 months

- A young patient with 3 young children and her husband living in a one-bedroom social housing flat, whom had been on a waiting list for many years to move. The CPCT referred this patient to us, we worked with the family to assess their needs. We contacted the housing dept, proactively advocating for the family and within a short time a 3-bedroom house was allocated to the patient; without our skills, knowledge and expertise it is unlikely they would have been moved. Our patient is very unwell, but it has given her so much joy at this time, to see her young children playing in the garden and settled in their own bedrooms in their new home, she has made some very positive memories for the children and has given her some peace of mind

- We have supported patients with young children with how to have honest conversations about what is happening - 'I am going to die' conversations. As experienced practitioners, we work with the patient, listening to their fears, they want to do the best for their children. We consider the child's age, developmental stage, family setup and, and most importantly, how the child/ children are coping as a family, living with an incurable diagnosis We coach the patient on how to find the words and the confidence to achieve this. We also support parents with plans for whom will parent/care for their children long term, whether they need any legal support or documentation for the plans to be achieved and then we put this in place.

- Making Memory boxes for children is an ongoing piece of work we have for our families. Alison our social work assistant has shown a great flair for this and is presently actively working with several families at various stages and has completed boxes with patients that have died under our care.

- Ensuring families have access to any financial benefits that they are entitled too as well as applying for end of life grants. An increasing number of families have significant debt and we have built up links with relevant support charities, gaining access to legal/ financial support to get affairs in order. We are also seeing a sharp increase in families unable to meet burial costs and therefore support them to access grants/benefits for this purpose.

Counselling:

- Systemic training was arranged for the team and counselling student volunteers (and was extended to other departments). The training took place on Monday 15 January and provided a rich learning opportunity and was a great success. The training was facilitated by Rebecca James. The learning outcomes included:
    - Broadening therapeutic identity through systemic language and tools.
    - Cultivating skills to become an affirmative therapist.
    - Enhancing awareness of systemic practice.
    - Understanding how to conduct a genogram with clients.
    - Built curiosity that continues beyond the workshop.

- Staff absence, illness and leave in the team during this quarter has impacted heavily on the department. Even though the team made every effort to see clients and particularly patients within a two-week period, we have been facing an increased number of referrals and increased complexity to our clinical work in recent months. Current staff counsellors' caseloads are above the expected limits.

- Alex, a valued member of the team, who had volunteered for the hospice for 5 years, left in February. He will be sadly missed. Alex held a caseload of four patients and was in a position to provide home visits. With increased demand for home visits, we are now facing an additional pressure on our ability to service this promptly.

- Prison Project – SJ (volunteer counsellor, now qualified therapist) will be involved).

- The student/volunteer bereavement counsellors continue to deliver on average 30 sessions of counselling weekly and we are at capacity regarding rooms and placement availability. The work delivered is exemplary and feedback from the volunteers attests to the quality of their experience and learning.

- Cecilie continued to cover student supervision in Steve's absence when required.

- Steve, Diana and Cecilie temporarily offered an emergency hour each week for a short period due to an increased waiting list/demand by the ward. However, this was not utilised as expected and is no longer in place.

Wellbeing services

- Compassionate Neighbours project is now re-open for referrals and numbers are growing slowly – there has been absence in the team which has slowed down referrals and matches to date.
- A £1500 grant was received from Toyota and the money has been used to purchase garden planters and trellis as well as equipment for table top gardening – a popular activity already!
- The centre remains busy with at least 6 different activities per week as well as music events, groups and complementary therapy.
- The attendees are now a 50/50 split between those known to our clinical service and those not known but in the last year of life, the bereaved and carers
- The 3rd well attended Tea Dance event for WBC attendees was held in St Bede's room B at the end of March and had an Easter theme. This was also attended by the Deputy Mayoress of Sutton.

Inpatient Unit

- The ward has said goodbye to two registered nurses in March and welcomed a new registered nurse and a new HCA.
- We also have welcomed a new band 6 who has started on nights.
- With the new starters, the ward is now fully staffed.
- The ward continues to receive wonderful feedback from patients and those important to them highlighting the outstanding care given.
- The band 6s are developing their leadership skills, undertaking individual roles on the ward such as incident management and roster management.
- We have been reviewing our risk assessment on the ward and bringing them in line with NICE guidance, updating our nutritional assessment, with a plan next month to introduce a new delirium screening tool.
- A new 'This Is Me' document has been created that the HUGs group are looking at so we can better understand our patients needs and support them while on the unit.
- In February we removed mandatory mask wearing however due to a spike in COVID 19 we have had to reintroduce them this month.

Community Palliative Care Team (CPCT)

- CPCT Staffing has continued to be challenging with an agreed average of 90 hrs pw AL (including study), sickness and mat leave. CNS Kevin Hobson is off on compassionate / sick leave after his partner died. Workload is complex, accessing community services remains challenging (GP / DNs and social care)
- Sponsor a Nurse campaign– CPCT spotlight. Staff have embraced the opportunity and worked well with the Communications team.
- Kate Weldon has excelled within the Locality Lead secondment whilst covering the maternity leave and is demonstrating good leadership qualities.
- H@H staffing has also been adequate – there is one vacancy (22.5pw) not currently advertised. The team continue to receive outstanding feedback demonstrating the value of their service
- Dr Ambreen has returned to the ward and Dr Busi has been working in the CPCT
- StR Stephanie is spending a period of time within the CPCT
- PA Jovy continues to work in CPCT on a Tuesday

- EMIS GP sharing record now accessible - still awaiting Merton and Sutton Community Nursing access to be agreed
- As the only OOH community palliative support service 7 days per week, the weekends continue to be mostly busy supporting patients registered and at times unregistered to us.
- CSP Heather Syddall has completed NMP and is awaiting final results
- CNS Avril Lovegrove / Beverly Mc Dermott are transitioning their NMP skills before final sign off. Once all three are signed off, we will have 8 x NMPs in the team
- Weekly MDT meeting with St Heliers PCT continues. The aim is to continue to build good relations, improve communication and identify referrals for the hospice
- Daily meeting with Sutton Hub and MEoLT re Referrals
- TC and Gaby worked with Merton T+F group on Syringe Pumps in N Homes

Education/Training

- A study day for Health Care Assistants was held in January. Topics included- Difficult conversations, CSNAT and hand massage and sleep promotion for patients. Feedback from staff who attended was really positive.
- Bluestream Academy launched successfully in February. The new system will enable straightforward and accurate reporting on the completion of mandatory training modules. Access to Learningzone ceased at the end of March.
- Teaching sessions on sensitive conversations for care home staff continue on a monthly basis with excellent feedback from attendees
- Maura delivered two presentations on End of Life Care to third year student nurses at Roehampton University
- A placement audit was conducted with Roehampton University to ensure that our organisation continues to be an appropriate placement provider for nursing students
- Maura supports students on placements and has supported nursing staff with revalidation
- Two new competency documents have been developed to support IPU staff caring for patients with Pleural Catheters and Enteral Feeding Devices.
- Regular education events continue such as Learn@Lunch and MDT Journal Club.

- Staff were also supported with training from external providers:
  Equality, diversity and inclusion training
  Basic Life Support
  Sage & Thyme
  Social Graces- Systemic Therapy
  Infection Prevention Solutions
  Practice Assessor Training

- The team is impacted by the absence of Karen Cook who is on long term sick leave

Medical Team

Staffing

We have continued to navigate the ongoing doctor strikes with team flexibility across the inpatient unit and community teams. Dr Jenny Strawson reduced her working hours from 4 days to 3 days per week (working Mondays, Tuesdays and Fridays as of 1st March). We recruited Dr Chris Roughly, a local GP, to join the medical team as a specialty doctor, working on Wednesdays from the end of February. We also have two Psychiatry trainees who have chosen to spend their special interest sessions with us starting mid-April.

Since April, the consultants have rotated lead positions, with Dr Naomi Collins taking over from Dr Gaby Tamura-Rose as lead consultant.

We continue to host specialist Palliative Medicine Trainees, currently supervising Dr Stephanie Ainley in her final year of training.

On Call

On call collaboration with Princess Alice and Kingston Hospital continues, with the consultants across all 3 sites meeting every 3-4 months remotely.

Engagement

Dr Gaby Tamura-Rose continues to provide 1 clinical session a week to St Helier Hospital Palliative Care Team (Thursday mornings), and Dr Sam Raveney, Palliative Care Consultant at St Helier, provides 1 session to the inpatient unit per week (Thursday mornings).

The consultant team continue to host monthly MDTs for the Merton EOLC team in which complex cases are discussed and education given, providing peer support/supervision (income generating). This invitation has been extended to Sutton Care Home Support Team and Sutton Palliative Care Hub and we are awaiting review of contracts.

We typically host 4-5 medical students from St George's per month (income generating). We also have an ongoing informal relationship accommodating junior doctors attached to the hospital palliative care team at St Helier Hospital for shadowing experience with the medical team.

Dr Naomi continues to provide clinical support to HMP High Down.

The newly established Hospice User Group (HUGs) had their first meeting in January, supported by Dr Gaby and Rebecca Wallis, and have proven invaluable already in providing feedback on information materials and proposed projects for the hospice.

Dr Jenny did a fantastic job representing the medical team in the recent filming for the soon to be released hospice tour, which will be a vital educational resource for the population we support.

Audit and Research

Naomi continues to lead the CHELsea 2 hydration at the end of life study as Principal investigator at the hospice site, recruitment and data collection is ongoing – we have recruited 14 out of the required 20 patients to date (deadline September 2024).

We continue to recruit for the POST study – Palliative care and Oncology Survey on Terminology – with 4 patients recruited.

We have recently been accepted as a hospice site to host a PhD student at Lancaster University investigating the use of videoconferencing for emotional support in palliative care.

The consultant team continue to attend and participate with the South London Clinical Research Network.

Dr Jenny is the new consultant lead for audit and research. Dr Jenny and Rebecca Trower are meeting with the Research Lead at Princess Alice Hospice on 22nd April to get involved with her research governance in hospice project.

EMIS

Jenny continues to work as part of the EMIS working group, troubleshooting issues and updating templates as required. John Groom and Jenny have updated all clinical templates for use on EMIS Mobile, which acts as an alternative non web-based platform as part of our disaster recovery IT plan. The EMIS sharing agreement is fully operational with all local GPs. Work to activate the sharing agreement with our local community nursing teams in Sutton and Merton is ongoing. Current projects include integrating EMIS with the Universal Care Plan and use of Accuryx through EMIS.

Education

Dr Gaby is the new consultant lead for education.

The medical team continue to meet weekly for journal club/ education/ business meetings as well as joining and contributing to the Monday medical teaching coordinated across Princess Alice and Woking and Sam Beare Hospices.

The medical team continue to provide educational support in the form of presentations for the inpatient unit study days and non-medical prescribing days.

Dr Gaby successfully mentored Heather Syddall for her non-medical prescribing course which she passed in April.

Dr Jenny continues in her role as Clinical Lead for Schwartz Rounds. The next Round is on Monday 15th April, with Dr Gaby speaking on "Professional boundaries – can we be friends?"

Dr Naomi is a member of the CSNAT (Carer Support Needs Assessment Tool) steering group, and they expanded the project to include the community team this year.

Dr Gaby spoke again upon invitation at the Management Course hosted by St Christopher's Hospice for final year palliative medicine trainees on 25th January.

Supervision

The consultants continue to be actively involved in educational and clinical supervision of our medical team (rotational specialty registrars and GPVTSs, specialty doctors, and our Physician Associate). We also are responsible for providing medical support for the Locality Caseload reviews for the community team.

Appraisal

All three consultants are now trained medical appraisers and ensure all of the medical team are supported with their yearly appraisal and revalidation. Gaby also facilitates several NHS appraisals for staff at St Helier Hospital as part of her contract. Jenny has acted as an NHS appraiser for a member of the ESTH palliative care team this year.

Information Governance

Gaby continues to attend Caldicott Council meetings as an invited guest, and was invited to speak again on 26th March at a national conference for newly appointed Caldicott Guardians on difficult ethical issues faced. In her role as Caldicott Guardian for the hospice, Gaby continues to review information sharing requests and performance of the organisation as a whole.

CQC and Organisational Assurance

The CQC last inspected the Hospice in November 2019 and awarded a Good rating. The report is available via the Hospice website.
Much has changed since our last inspection and we are keen to showcase all the developments we have made.
Some Hospices are now being inspected under the new Single Assessment Framework and those with lower ratings or where concerns have been raised, are being inspected first.
A depository for evidence of excellence is included as an Agenda item for the CQ&G Sub.
We expect our KLOE work will support our evidence base to demonstrate compliance and will undertake work this year to make any alignment with the Single Assessment Framework that became effective from April 2023. Achieving an 'Outstanding' rating at our next inspection and maintaining it in the future remains our ambition.

Governance meetings

The Hospice's 'Governance' meetings feed into the work of all the sub-committees of the Hospice's Board of Trustees. Presently, there are 7 clinically focused forums that currently feed into the CQ&G Committee.
The Health & Safety Committee feeds into the F&R Committee.
The Staff Consultative Group is suspended and the Training & Development Committee feeds into the HR Committee.

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Oct'22	Oct'22	Apr'24
Clinical HoDs	Mar'24	Mar'24	Apr'24
Medical Business	Jan'24	Jan'24	Feb'24
Drugs & Therapeutics	Feb'24	Feb'24	Jun'24
Outcome Measurement Group	Dec'23 (no min)	May'22	May'24
Infection Control	Feb'24	Feb'24	TBA
Prescribers	Nov'23	Nov'23	TBA

Incidents / Accidents / Near Misses

- DATIX incident reporting was implemented in November 2021. Each incident is reviewed by the line manager (HoD) and all incidents receive final approval from a member of the Executive team. Clinical review has been incorporated into the business of the Clinical Heads of Department Meeting that meets every 6 weeks. Those that are non-clinical are reviewed at H&S Committee. Representatives are expected to cascade review information back to their teams and an incident feedback facility is programmed into the DATIX report for the reporter. Data is presented later in this report and remains to note how engagement with the system continues to be healthy, from both clinical and non-clinical departments.

- An annual report for incidents will be re-introduced as part of the Management Plan objectives for 2024/25 to demonstrate the range of incidents / accidents recorded across the Hospice and to provide a useful reference point for the learning taken.

- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are on-going with the latest submission made in April 2024. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

The Hospice submitted its **Quality Account** for 2022/2023 to the NHS Choices web site on 30 June 2023. It is available on the Hospice's website and copy is made available within the Hospice.

EMIS

Implementation of the new EMIS system commenced in May 2023.
The project team includes Clinical Admin (Kelly & Dawn) who provide users with additional practical support.
EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings.
Design and rollout of EMIS mobile has been effected. This provides both connectivity contingency and facilitate community engagement.
Data sharing was also implemented in December 2023 which means that shared records can be viewed amongst participating providers (predominantly GP practices in Sutton & Merton). Engagement of the community hubs remains ongoing and is proving a challenge due to digital governance hurdles.

Clinical Audit, Quality Improvement, Monitoring and Research

Proactive audit of the prescription charts remains a weekly undertaking for our clinical Pharmacist and results are routinely shared via the Live Care system and reported to the D&TC. The management of controlled drugs (cds) audit is an annual audit undertaken by the Ashton's Pharmacist and our Clinical Director who is our Accountable Officer for CDs.

Review of progress with the clinical audit program and opportunity to feedback results is provided via the Clinical Audit and Activity Data forum (CAAD). Its next meeting is scheduled for April 024. A Clinical Audit and Quality Improvement Project Presentation Forum that provides platform for project leads to present results of their project to a wider audience was last held in February 2024 with presentations delivered on use of language line, safeguarding Jun'21 to Dec '22 and care of dying adults. The forum usually occupies a lunch-time slot and is open to the clinical teams and those with an interest in topic.

Progress of the Audit/Research Programme 2023/24 - spanning clinical audit, quality improvement, research and data monitoring - is set out from page 12. At the start of 2023/24 we set out 25 projects for pursuit:- of these 14 were completed, 2 are under final edit , 9 are rolling over into 2024/25. Ownership is delegated across the clinical team and Quality office and the medical team projects have Dr Strawson as medical audit and research overseer from April 2024 to the end of September 2025.

Data Dashboards

Clinical data dashboards that inform the service areas of the IPU, Well-being Centre, Community and Psychological Support Services teams did not move any further forward in 2023/24 due to competing commitments but expectation is to re-engage and embrace these data products this year. An index of tracked data that has been periodically presented and communicated to the clinical team is held.

Report Reference	**Title**	**Lead**	**Created**	**Function**	**Primary Aud.**	**Exec / CCG Interest**	**Freq**
20/001	UCR Monitoring	BG	Jan-20	To improve UCR data capture	CPCT	Yes	Weekly
20/002	NoK Details	SM	Jan-20	To improve NoK data capture	Psy / Qual / Donor Support	No	Monthly
20/003	Community Team Visit Responsiveness	LB	Jan-20	To support responsiveness evidence	CPCT	Yes	Quarterly
20/004	Sharing Information Consent	TC	2018	To monitor and improve Sharing Information Consent data capture	CPCT	No	Monthly
20/005	Safeguarding Monitoring	RW	Feb-20	To highlight patients with safeguarding concerns and track follow up	CPCT	No	Monthly
20/006	Referrals Monitoring	JO'G	Mar-20	To monitor and improve Referrals data capture	CPCT	No	Monthly
20/007	Referral to RIP Monitoring	JO'G	Mar-20	To monitor time between referral and death	CPCT	No	Monthly
20/008	Active Caseloads	NS/ GL	May-20	To monitor active caseload levels	Exec	Yes	Weekly
20/009	Daily Activity Data - capacity tracker support	NS/ GL	May-20	To monitor activity recorded on Crosscare	Exec	Yes	Daily
20/010	Referrals by Postcode	DN	Jun-20	To monitor referrals by postcode	Fundraising & Exec	Yes	Monthly
21/001	PPoD vs Actual PoD Monitoring	RT	Apr21	To monitor PPoD achievement rates	Exec	Yes	Quarterly
21/002	IPU Waiting Times / Re4quests for Admission	RT	Feb-22	To demonstrate the servicing of admission requests and profile waiting times for admission	Exec	Yes	Quarterly

Clinical Quality & Governance Management Plan Objectives 2023/24

Summary

DATE	Number	Complete / on-going	Into 24/25	Pended
04/05/2023	35	1	32	2
19/06/2023	35	2	31	2
17/07/2023	35	4	29	2
09/01/2024	35	16	17	2
31/03/2024	35	24	9	2

Goals Completed

Ref	Goal
3.1	Maintain CNS Development posts subject to availability and attrition
3.2	Produce and maintain an audit/monitoring/research project schedule 2023/24
3.3	New literature to be produced on EMDR, Financial Support and Services for Children and Young Adults.
3.4	Develop a robust approach to Infection Control across clinical and non-clinical services • Appointment of IPC lead for the hospice • Ending agreement for IPC support with SHH. • IPC link healthcare professionals supported to continue leading on audits Closer working between Facilities, Housekeeping and clinical services
3.5	Support the design, implementation, training, use, integrity and output of the EMIS system
3.6	Hospice UK Conference Presentation on EMDR.
3.8	Maintain student placements at 8
3.9	Expand provision of Bereavement Support Work: • continue with quarterly structured and facilitated group • establish drop-in group in partnership with Wellbeing Centre.
3.10	Increase delivery of Trauma Specific Work (EMDR).
3.11	• Review CLIN 33 • Develop Non-Medical Prescriber checklist for Practice • Review Scope of practice document Continue Royal Pharmaceutical Society (RPS) prescribing competency annually
3.12	Enhance the discharge process by the:- • Weekly allocation of 2 members of staff to lead on discharges • Creation of a document with a process map and all contact details for CHC discharges and social services discharges • Holding family meetings one week after admission to discuss discharge • Creating and using an EMIS discharge planning template
3.13	• Embed CSNAT within the H@H service and translate its outcomes into service delivery / development
3.14	• Achieve an establishment that services the safe delivery of care for a 10 bed IPU
3.15	To maintain the development of joint-working across the clinical areas
3.17	Continued development of Locality Team Lead Roles and responsibilities via • Job Descriptions review to ensure currency • Education opportunities • Coaching opportunities Support/ feedback from line manager

Ref	Goal
3.18	Increase SRH presence in the Merton Borough via:- • Collaboration with MEoLCT – identifying patients for H@H • Daily referrals meeting • TC to work with H@H and HPOC lead maximising opportunity • Extend Referral Policy to capture self-referral for patients discharged from the Hospice clinical service
3.19	• Sustain provision of a 10 bed IPU including the family suite appropriately staffed • A more responsive and active IPU
3.20	Move IPU towards a model of Excellence and a role model for other hospices by • Refining existing model to play to strengths, provide professional development opportunities and meet the needs of our patient group • Developing our Band 6 nurses in terms of succession planning • Discussing in-house management course for band 6s with no previous training.
3.21	• Development of education programme to include- mandatory and statutory education requirements • Facilitating access to CPD based on individual and service needs Support the development of extended roles for HCA and registered staff. For example, second checker role and audit.
3.22	• Plan implementation and timeline for CSNAT on the IPU and Community CPCT post consolidation/learning exacted from H@H
3.23	• Develop the Bereavement Pathway Project
3.26	• Embed our CT services into the Living Well program in order to reach more people. That means taking part into the Pampering sessions every six weeks. • Offer complementary therapies in the Den. • Attend the needs of the IPU by offering 'aromastick' inhalers and short treatments with the assistance of volunteers. For example: develop a "prepare to sleep" program for patients and carers in IPU with the help of a nurse and an HCA champion.
3.27	Recruit more volunteer therapists via advert in social media (liaison with Comms) Liaise with other therapists
3.28	• Double our morning and afternoon sessions on Tuesdays, Wednesdays and Thursdays using both The Den and The Wellbeing Centre. • Increase the range of services to include additional art sessions, light exercise classes, tech support, scam awareness and more social sessions (card/bridge/board games/quizzes). • Try to get outside more: regular Walk and Talks, utilising the outside space for sessions when the weather allows and starting regular gardening sessions in raised beds. • Reinstate carers lunches • Cntinue to run trips to galleries/theatre/museums Use facilities in The Den to bake biscuits / pizzas / other simple dishes

Objectives rolled into 2024/25 plan

Ref	Goal
3.7	• Create training video to service daily activity data extraction for EMIS
3.16	Evaluate the Patient Safety Incident Response Framework and position the Hospice accordingly
3.24	• Compassionate Neighbour Volunteer Training • Volunteer Office Drop-Ins Increase number of CN Volunteers to support increase in service delivery
3.25	• Develop the compassionate community's model • Learn from other Hospice organisations that have developed this model • Work in collaboration with the Wellbeing Centre to communicate and inform about CC • Recruit volunteers to support CN • Potential to work collaboratively with other voluntary sector organisations such as Age UK, Sutton/Merton Carer Centres.
3.29	Establish H@H HCA access and engagement with the Universal Care Plan (UCP)
3.30	Create an annual incident review report that extracts learning and staff/service development
3.32	Developing a complementary therapy survey with the Comms Team - asking patients for feedback via email.
3.34	Develop and substantiate communication links between patient and carer feedback and supporter development
3.35	Embed quantitative clinical activity data into clinical service reflection via CAAD meetings

Objectives pended

Ref	Goal
3.31	Increase the availability and accessibility of Counselling in the Community
3.33	Implement Step 2 of OACC – iPOS on the IPU and in the Community

Audit / QI /Research 2023/24

Overview

25 projects scheduled in 2023/2024

2023/24 Listing

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-01	Community - Carer & relative questionnaires for the Hospice @ Home Service	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - 2022 report published June 2023
2023/24-02	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - Latest Report for Oct 22 – Mar 23 published in March 2024
2023/24-03	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	IPU - R Wallis Quality Office - J Cope / A Rudkin	Ongoing - 2023 report published March 2024
2023/24-04	IPU – Infection Control : Environment & Hand-washing Audit	Priority 1 External 'must do' audit	IPU - S Leech Community - J Smith Quality Office - J Cope / A Rudkin	Ongoing - Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps.
2023/24-05	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ashton's Clinical Pharmacist	Ongoing Last published in January 2024

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-06	IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Priority 1 External 'must do' audit	Dr Naomi Collins	Presented at lunch time Audit Meeting - Sep 2022 ; re-audit for Oct- Dec 2022 published in Jan 2024
2023/24-07	IPU : Patient Handling / Pressure Areas	• Priority 2 Internal 'must do' audit	Rebecca Wallis	March 2024 report for final sign off
2023/24-08	IPU : Mouthcare Audit	• Priority 2 Internal 'must do' audit	Rebecca Wallis	March 2024 report for final sign off
2023/24-09	Controlled Drugs Annual Audit	Priority 1 External 'must do' audit	R Trower	Ongoing Last published in January 2024
2023/24-10	Out of Hours Calls Monitoring	• Priority 3 Specialty Priority	Dr N Collins	Published in July 2023
2023/24-11	Spoken Language Active Referrals	• Priority 3 Specialty Priority	Dr G Tamura-Rose	Published in November 2023
2023/24-12	OACC measures (Step 1 - Phase of Illness + Karnofsky performance status)	• Priority 2 Internal 'must do' audit	OACC Task & Finish Group JG - IPU GT-R / BD-S - Community	November 2021 IPU Audit Report published in January 2023; November 2022 audit published in March 2024
2023/24-13	Outcome measures (Step 2- CSNAT)	• Priority 2 Internal 'must do' audit	Implementation Group MV - H@H	Nov 22 - Apr 23 data pilot summary reported in July 2023.
2023/24-14	Psychological Support Services Questionnaire	• Priority 4 Clinician interest audit	Psychological services SM	Bespoke survey started in June 2023 – 1st report published in January 2024

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-15	Activity Monitoring Data UCR NoK CPCT Responsiveness Sharing Information Safeguarding Referrals Referrals to RIP Active Caseloads Daily Activity Data - capacity tracker Referrals by Postcode Community RA DoLs PPoD	• Priority 3 Specialty Priority	Quality Office+ CAAD	Ongoing
2023/24-16	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	• Priority 2 Internal 'must do' audit	Quality Office + CAAD	Ongoing
2023/24-17	Incidents	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs	Ongoing NEW annual report expected in 2024/2025
2023/24-18	Falls	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs Mtg	Ongoing - April 2022 - March 2023 chart last produced in June 2023
2023/24-19	Complaints	• Priority 2 Internal 'must do' audit	Quality Office + Exec	Ongoing - 2022 complaints reviewed in August 2023

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-20	Safeguarding Documentation	• Priority 3 Specialty Priority	Rebecca Wallis	Data Collection (June 2021 - December 2022) Report published in September 2023 2023 annual report expected by end of May 2024.
2023/24-21	Clinical Records Documentation	• Priority 2 Internal 'must do' audit	R Trower	Last Reported in Dec 2022. Re-audit tba in 2024
2023/24-22	Referral to the IPU Re-Audit	• Priority 3 Specialty Priority	Dr J Strawson	Data Collection for Jan/Feb 2024. Report expected in May 2024
2023/24-23	Caldicott - IG Sweep	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose	Annual Data collection Last undertaken in January 2023. Tool to be reviewed and revised for re-audit in 2024.
2023/24-24	CHELsea II examining hydration at the end of life - led by Surrey University Clinical Trials Unit : cluster randomised trial til Oct 2024	• Priority 3 Specialty Priority	Dr N Collins	Data Collection : 14 patients recruited as at 22-03-2024
2023/24-25	Patient 'label' research project - the PhD project for a Pall Care SpR in Our Ladies Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall Care Consultant at Royal Surrey County Hospital, is UK lead.	• Priority 3 Specialty Priority	Dr N Collins	Ethical approval confirmed. Remote site visit in November. Data collection started in November 2023 (whole project nationally to recruit 383 patients across 7 sites).

Clinical Risk Management

Clinical Unexpected Incidents

Overview of incident data for January – December 2024 is shown below:-

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024	2023	2022	2021	2020
Admissions to IPU	**21**	**16**	**18**										**55**	**207**	**207**	**138**	**195**
Discharges	**4**	**1**	**4**										**9**				
RIPS on IPU	**13**	**13**	**13**										**39**				
Beds	**10**	**10**	**10**														
Bed Occupied Days	**237**	**237**	**229**														
Bed Available Days	**310**	**290**	**310**	**300**	**310**	**300**	**310**	**310**	**300**	**310**	**300**	**310**					
Bed Occupancy (variable beds)	**76.45%**	**81.72%**	**73.87%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**					
Bed Occupancy (10 beds)	**76.45%**	**81.72%**	**73.87%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**					
CD Medication Incident	3	0	0	0	0	0	0	0	0	0	0	0	**3**	**42**	**29**	**35**	**15**
CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**1**	**2**	**1**
Non-CD Medication Incident	1	2	1	0	0	0	0	0	0	0	0	0	**4**	**22**	**21**	**7**	**4**
Non-CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**3**		
Pressure Sore on Admission	4	4	1	0	0	0	0	0	0	0	0	0	**9**	**30**	**22**	**16**	**19**
Pressure Sore during Admission	3	0	1	0	0	0	0	0	0	0	0	0	**4**	**16**	**17**	**6**	**4**
Moisture Associated Skin Damage ON Admission	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**1**		
Moisture Associated Skin Damage DURING Admission	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**0**		
Sharps/Splash	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**3**	**3**		
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**3**		
Infection	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**3**	**6**		
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**			
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**		**1**	**1**
Staffing	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**9**		

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024	2023	2022	2021	2020
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**1**		
IG	0	1	0	0	0	0	0	0	0	0	0	0	**1**	**15**	**16**	**4**	**3**
IG near miss	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**3**	**4**	**5**	**1**
Manual Handling	1	0	0	0	0	0	0	0	0	0	0	0	**1**	**0**	**1**	**2**	**1**
Slips, trips, falls	2	2	3	0	0	0	0	0	0	0	0	0	**7**	**14**	**21**	**19**	**20**
Falls near miss	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**6**			
Verbal Violence (Pt)	0	1	0	0	0	0	0	0	0	0	0	0	**1**	**1**			**1**
Physical Violence (Pt)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**2**	**3**		
Bump	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**			
Burn/Scald	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**1**		
Equipment	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**2**	**1**		
Equipment (near miss)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**2**	**1**		
Doctor On Call	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**0**		
EXEC Out of Hours Call	0	0	1	0	0	0	0	0	0	0	0	0	**1**	**5**	**2**		
OTHER - Admin/Property/Documentation/OOH Contact	2	1	2	0	0	0	0	0	0	0	0	0	**5**	**11**	**12**	**12**	**14**
MAD Alerts (re SRH)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**2**			
*** Incidents reported to Community – non-SRH**	3	0	0	0	0	0	0	0	0	0	0	0	**3**	**7**	**25**	**2**	**8**
*** MAD Alerts (incl. in Community: non-SRH)**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**3**	**12**		
Total 2023 *excluded	**16**	**11**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**36**				
Total 2023 *excluded	26	8	31	7	24	12	4	15	20	13	23	9		192			
Total 2022 *excluded	8	12	15	10	15	19	18	16	13	24	16	14			180		
Total 2021 *excluded	3	2	7	8	21	13	3	1	19	9	11	12				109	
Total 2020 *excluded	7	6	7	6	11	15	5	5	4	3	8	8					85

Incident Key

Medication Incidents	
Level 0	Error prevented by staff or patient surveillance
Level 1	Error occurred with no adverse effect to patient
Level 2	Error occurred: increased monitoring of patient required, but no change in clinical status noted
Level 3	Error occurred: some change in clinical status noted and/or investigations required: no ultimate harm to patient
Level 4	Error occurred: additional treatment required or increased length of patient stay e.g. Naloxone required for opioid overdose
Level 5	Error resulted in permanent harm to patient
Level 6	Error resulted in patient death
Reference	Wilson DG et al (1998) in Naylor R, Medication Errors, Radcliffe medical press, Oxford, 2002.

Falls	**Include all slips, trips and falls (inpatient unit only).** (e.g. if a patient is found on the floor, lowered themselves onto the floor, slipped from a chair, rolled out of bed, etc)
No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving care. Impact not prevented – any patient safety incident that ran to completion but no harm occurred.
Low harm	Harm requiring first-aid level treatment, or extra observation only (e.g.bruises, grazes). Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving care.
Moderate harm	Harm requiring hospital treatment or a prolonged length of stay but from which a full recovery is expected (e.g. fractured clavicle, laceration requiring suturing). Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving care.
Severe harm	Harm causing permanent disability (e.g. brain injury, hip fractures where the patient is unlikely to regain their former level of independence). Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving care.
Death	Where death is directly attributable to the fall. Any patient safety incident that directly resulted in the death of one or more persons receiving care.
References	- National Patient Safety Agency 2010 Slips trips and falls data update NPSA: 23 June 2010. - NPSA Seven Steps to Patient Safety.

2024 Clinical Significance	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2024	2023	2022	2021	2020
Admissions to IPU	**21**	**16**	**18**	55	**0**	**0**	**0**	0	**0**	**0**	**0**	0	**0**	**0**	**0**	0	**55**	**207**	**207**	**138**	**193**
Bed Occupied Days	**237**	**237**	**229**		**0**	**0**	**0**		**0**	**0**	**0**		**0**	**0**	**0**						
Bed Available Days	**310**	**290**	**310**		**300**	**310**	**300**		**300**	**310**	**300**		**310**	**300**	**310**						
Bed Occupancy	**76.45%**	**81.72%**	**73.87%**		**0.00%**	**0.00%**	**0.00%**		**0.00%**	**0.00%**	**0.00%**		**0.00%**	**0.00%**	**0.00%**						
Fall No Harm	2	2	3	7				0				0				0	**7**	**11**	**15**	**12**	**14**
Fall Low Harm	0	0	0	0				0				0				0	**0**	**3**	**6**	**7**	**6**
Fall Moderate Harm	0	0	0	0				0				0				0	**0**	**0**	**0**	**0**	**0**
Med Level 0	0	1	0	1				0				0				0	**1**	**32**	**4**	**20**	**9**
Med Level 1	4	1	1	6				0				0				0	**6**	**34**	**49**	**20**	**10**
Med Level 2	0	0	0	0				0				0				0	**0**	**0**	**1**	**0**	**0**
Med Level 3	0	0	0	0				0				0				0	**0**	**0**	**0**	**0**	**0**
Minor (No Harm or Low Harm)	3	3	3	9				0				0				0	**9**	**62**	**65**	**25**	**15**
Moderate (Moderate Harm)	0	0	0	0				0				0				0	**0**	**0**	**0**	**3**	**6**
Serious (serious Harm)	0	0	0	0				0				0				0	**0**	**0**	**0**	**0**	**1**
Pressure Sores	7	4	2	13				0				0				0	**13**	**50**	**40**	**22**	**23**
Totals 2024	**16**	**11**	**9**	**36**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**36**				
Totals 2023	**26**	**8**	**31**	**65**	**7**	**24**	**12**	**43**	**4**	**15**	**20**	**39**	**13**	**23**	**9**	**45**		**192**			
Totals 2022	**8**	**12**	**15**	**35**	**10**	**15**	**19**	**44**	**18**	**16**	**13**	**47**	**24**	**16**	**14**	**54**			**180**		
Totals 2021	**3**	**2**	**7**	**12**	**8**	**21**	**13**	**42**	**3**	**1**	**19**	**23**	**9**	**11**	**12**	**32**				**109**	
Totals 2020	**7**	**6**	**7**	**20**	**6**	**11**	**15**	**32**	**5**	**5**	**4**	**14**	**3**	**8**	**8**	**19**					**85**

Clinical Complaints

- Review of complaints received between 1st April 2023 and 31st March 2024 is planned for a meeting of the Hospice executive in May 2024. Summary will be included in July 2024 papers.
- There has been 1 clinical complaint received in and between January and March 2024.

Complaints Overview

2023 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January											**2**				**2**
February											**0**				
March											**1**				**1**
April															
May															
June															
July															
August															
September															
October															
November															
December															
2024		1						1	1		3		1		3
2023	1	4	1	4	0	1	1	0	10	0	22	3	9	0	20
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14
2019	0	0	3	3	0	1		0	2	2	14				9
2018	2	5	10	4	1	0		0	1	0	27				19

Clinical Complaints: January – March 2024

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2024/02	Daughter	26/01/2024	Daughter completed survey return and was unhappy with the care her brother had received in the Community. Requested meeting to discuss. - Didn't feel heard by SRH - ain aim was staff to increase Pregablin / Oxycodone - No leaflets or WBC - No contact from bereavement team	Community Comms	Investigation led by T Christmas & Dr G Tamura-Rose. Liaison with Steve Molyneux. Time line completed of events 29th Jan Phone call to daughter - thanked for feedback and F2F meeting arranged and held with complainant on 6th February 2024 with T Christmas and Dr G Tamura Rose. • No visit after D/c from hospital 26.03.2023 – regular telephone contact • No discussion Care after death recorded – (records changed to EMIS) • NO PSS offered during visits Evidence of good practice Pregablin was decreased and increased in a step wise approach in relation to probable neuropathic pain . There was telephone support from hospice within 72 hrs of medication changes as per policy Clin 48 GP increased oxycontin by 20mg intervals. Reference made in assessment to no signs of opioid toxicity and Egfr being greater then 9o. Palliative DXT was being considered by SGH • No leaflets or WBC -CPR leaflets given and introduction to WBC 1 st assessment • No contact from bereavement team- Follow up by CNS and signpost by Ashley . Daughter reported that fundraising marketing caused her distress and was triggering following the death causing her to request no further hospice contact . She has now agreed to be contacted and also happy for bereavement follow up by SRH.	Upheld in part

Records – Access Requests

Between January and March 2024, we have had no access to health records requests and just two sharing requests.

	DSARs	Access To Health Records	Sharing	Care Cost Summary
2024		1	2	
2023	0	0	3	5
2022	0	5(*2)	1	3(*2 included)
2021	0	5	4	
2020	0	3	4	
2019	1	4	0	

Notifications

Between January and March 2024 there have been 9 serious injury notifications made to the CQC all concerning pressure sores grade 3 or above.

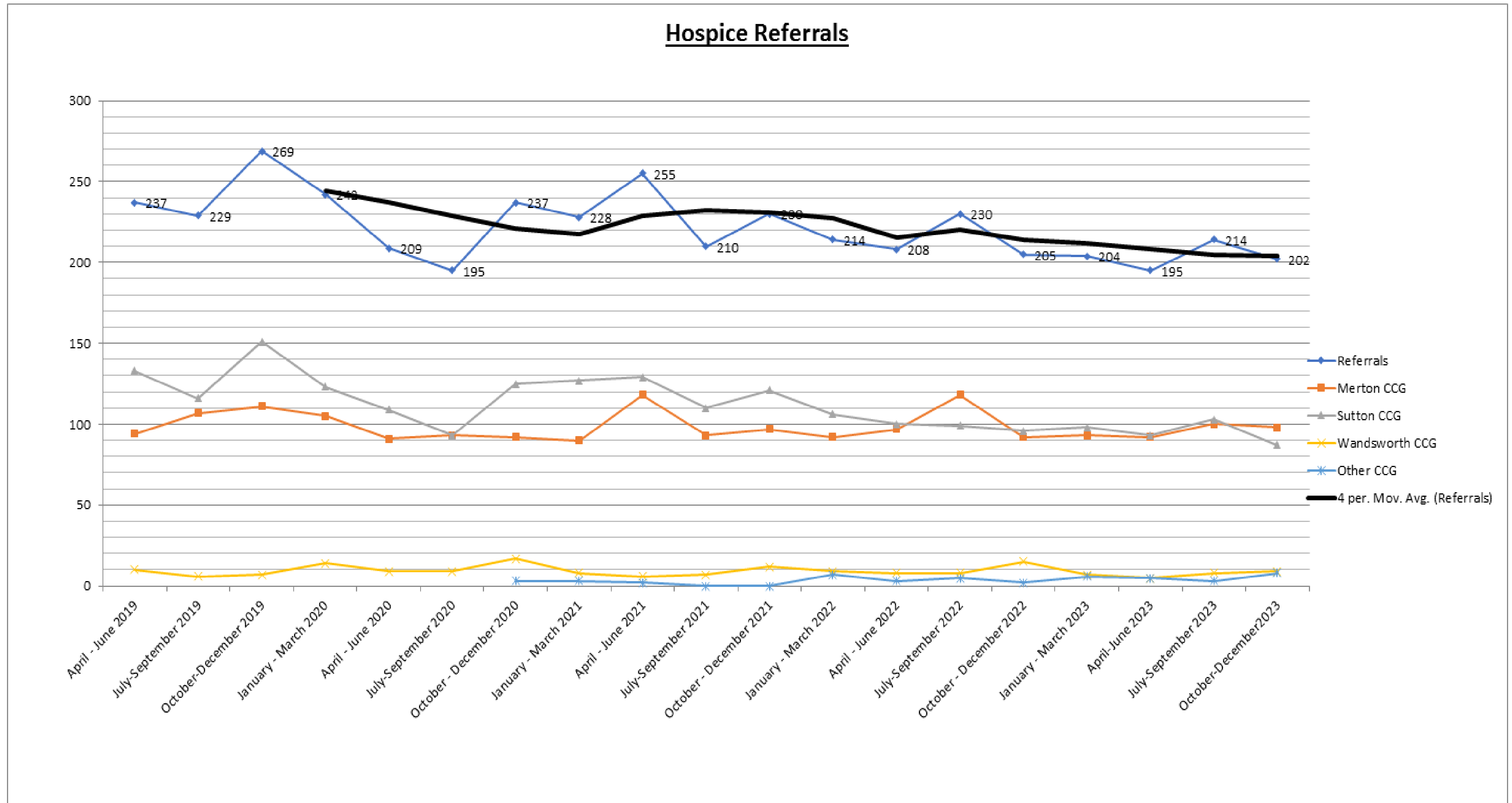
Between January and March 2024 there have been 3 safeguarding notifications made to the CQC: 1 concerning patient self-neglect, 1 concerning financial concern and 1 concerning care provider neglect. All were reported to the local safeguarding teams. Of the 3, 2 have been triggered by report from the Community Team and 1 by the Inpatient Unit Team.

	Serious Injury	Safeguarding
2024	9	3
2023	21	13
2022	9	21
2021	10	19

There have been no safeguarding notification raised against St Raphael’s in 2024.

Clinical Commissioning Group (CCG) Data

Submission of Activity data for the preceding quarterly period is routinely supplied to the SWL CCG prior to our contract review meetings.



The authors of this paper are Mrs R Trower- Clinical Director, Dr N Collins – Lead Palliative Care Consultant and Mr A Rudkin - Director of Quality with inputs from clinical heads.

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MINUTES OF THE INFECTION CONTROL COMMITTEE

Held at 1pm on 20th February 2024
at St Bede's Conference Centre and via MS Teams

Attendance	
(Dr JS) Dr J Stephenson, Consultant Microbiologist -ESTH, SSAH (Chair)	(MF) M Flint – Palliative Care Educator
(RT) R Trower – Clinical Director,	(SL) S Leech – IPU IC Link HCA
(RW) R Wallis, IPU Sister	(SC) S Cresswell – Facilities
(TC) T Christmas – Community Team Manager	(AR) A Rudkin – Quality
(SM) Sara Mosalam – Infection Control Lead	(JC) J Cope – Quality (Minutes)

Apologies	(PD-P) P Di-Palma – Housekeeping, (CF) C Foster - IPU IC Link RN, (MS) M Sorrell – Community rep, (AD) Angela Durrant – IPU rep, (Dr GT-R) Dr G Tamura-Rose, Consultant in Palliative Medicine

Action

ITEM 1: Welcome

Dr JS extended welcome to all present. Apologies had been received from PD-P prior to the meeting. AR welcomed SM to the meeting.

ITEM 2: Apologies for Absence

Apologies as listed above.

ITEM 3: Minutes of the last meeting held on 14 March 2023

3.1 These were accepted as exemplary minutes.

ITEM 4: Matters Arising

4.1 **IPC Leaflets (ESBL, C-Diff, Norovirus and MRSA)**. The leaflets are available on the N drive. Dr JS commended this resource as useful to have on hand in case of issues arising that require answers to questions.

ITEM 5: COVID-19 Update

5.1 **Staffing :** Currently minimal impact.

5.2 **Testing :** *(SL, RT and TC arrived)* RW informed the meeting that mask wearing had been de-escalated the previous week and that there is LFT testing for all admissions and if symptomatic. Staff can receive testing kits if they are symptomatic. Either staff collect the kits or they are sent to staff in the post. Staff officially start being COVID positive when they are symptomatic. Dr JS reported that acute hospitals no longer test as routine. Their staff must buy testing kits.

Admissions from Hospital should have had an LFT test.

5.3 **PPE :** RW informed the meeting that there were no stock issues. Fit-testing was performed by 57 staff members. Fit-testing is to be reviewed once every 2 years.

5.4 **POLICY :** SM has updated CLIN52 Managing COVID to include the route of availability and FTP testing.

ITEM 6: Audit Actions and Update

6.1 The last ESTH audit has been reviewed and actions effected as required. All the environmental /process IPC audits have been reviewed by SM and a Waste Management audit has been added. The IPU audits are carried out on a monthly basis and JC creates graphical representations of the Infection Control data on a quarterly basis for publication on the IPU. An IP&C annual report is part of SM's future reporting intent. SM

ITEM 7: IPC training/education

7.1 MF informed the meeting that 5 staff attended the IPC course. SM informed the meeting that the hospice has been enrolled in Community Testing provided by Healthcare Conferences UK. There will be a pilot test in March 2024. MF advised that there is nothing new to report from Hospice UK.

ITEM 8: IPC reporting

8.1 The issues cited in the feedback for September 2023 were actioned immediately. SC will remove the plugs from the hair washing basins. The plugs harbour bacteria.

ITEM 9: IPC Incidents / Sharps Injuries / Body Fluid Exposures / Audit

9.1 There has been a needlestick injury. There have been flaws with syringe devices whereby the needles do not retract as they should.

9.2 In November 2023 there was a COVID outbreak where three IPU patients tested positive and the IPU had to be closed to admissions for three days.

ITEM 10: Alert Organisms Surveillance

10.1 RW informed the meeting that there have been instances of Klebsiella in catheters. Dr JS informed the meeting that this microbe is resistant to antibiotics and is common in patients who have been in secondary care.

ITEM 11: Water Assessment and testing

11.1 There havebeen two cases of positive Legionella tests, though these were both at a low level. One was in September 2023 and the other in December 2023. They were both from the mains water and in the kitchen sinks. SC told the meeting that this area has hard water which causes limescale to accumulate. Limescale is a breeding ground for legionella. Bigger sites have water softening systems. Being a smaller site, the Hospice has instead had a scale inhibitor added to the water. The contractors HSL advised daily flushing of the taps which has been carried out,

pulling water through the taps for a few minutes each day. One tap system in the kitchen has been replaced. HSL carry out monthly chemical tests. Dr JS advised that Legionella is not such a grave issue in the kitchen – it would be a greater problem if it developed in patient bedrooms.

ITEM 12: Any Other Business

12.1 SM announced that there will be online courses. The Hospice must continue to email alerts for COVID outbreaks.

ITEM 13: Date of next ICC meeting

Date	Event	Venue/Time
TBA	**ICC Meeting**	

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Meeting: **Clinical HODs Meeting**

Date: 25.03.24 Time: 14:00

Chair : Rebecca Trower Minutes: Lynn Jackson

Present: Tracy Christmas (TC), Rebecca Trower (RT), Dr Naomi Collins (NC), Maura Flint (MF), Dr Jenny Strawson (JS), Alex Rudkin (AR), Rebecca Wallis (RW) Sara Mosalam (SaM)

Apologies: Steve Molyneux (SM) Dr Gabrielle Tamura-Rose (GTR), Karen Cook (KC)

Agenda item	**Discussion**	**Actions & by whom**	**Anticipated date for completion**
Review of previous minutes	Agreed		
Matters Arising			
Topic			
Infection Prevention	Fit testing for new starters to be carried out. The furniture/chairs in the IPU seating area are non-wipeable, however they are cleanable as per manufacturers instructions. A request to the Housekeeping manager PDP for housekeeping to clean them to be made. We will review if there is a spillage on the chairs.	SM/staff SM/RW/ Housekeeping	Ongoing Ongoing
Medical Devices	Neria guard trial is coming to an end on the IPU – there have been mixed responses and the team have been asked whether they would like to continue to use them or not. Wait to hear. Bariatric hoist – training is being arranged. IPU – Before a patient is admitted, staff will endeavour to ensure that the most appropriate mattress is in situ.	RW/IPU staff Education/IPU IPU staff/medical team	May 24 May 24 Ongoing
Medicine Management	IPU Nurses study day on the 2nd April and 23rd May CPCT Nurses study days are scheduled for May & July – dates TBC. Catch up sessions to be held if necessary.	Education/IPU/ CPCT Dr NC/RW/IPU	Dec 24 Ongoing

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	Consider avoiding use of Haloperidol 500 microgram tablets where possible, insteaduse liquid/ injection or 1.5 mg tablets, as 500mcg tablets are significantly more expensive. RW to request Ashtons to flag any expensive medications if requested.	RW/ IPU staff/ Medical team	Ongoing
Incidents & Accidents/RCA's	AR shared the January/February '24 incident report with the group. Report to be added throughout the year as necessary. There was 1 incident with regard to the Mortuary. A further discussion is to be held with regard to family viewings of their deceased loved ones – date TBC	AR RT/RW/IPU	Ongoing Ongoing
Complaints	None to report at present		
Health & Safety	Two incidences of equipment in hospice causing harm to staff (chair broke while staff member sitting on it and radiator fell on staff members leg). Staff & Housekeeping to report faulty equipment/furniture or fixtures to facilities. DSE – any changes in staff circumstances should be flagged toIT & DSE report to be completed	All Staff/facilities/ Housekeeping Staff/IT	Ongoing Ongoing
New Policies/ Guidelines	SM updated suicide policy & still writing department operational policy. CHODS to review/comment before published Still ongoing regarding Dept. Ops Policy Falls policy flow chart updated and definition added. RW is updating "What is a fall?" guidance. AR to make clear on report Falls Incidents Policy updates have been emailed to staff CPCT – Storage of CDs at home/transport/diverted drugs policy reviewed	SM/CHODS RW RW/AR AR TC	Ongoing March 24 Ongoing March 24 Ongoing

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Documentation/ EMIS	Psychosocial notes should remain confidential on EMIS & not shared – SM working with John Groom and JS on this. This has been agreed and completed. There is a reminder on patient EMIS Consultation notes. 4AT tool – Becca W looking at adding this into the risk assessment on the IPU as currently there isn't a screening tool if everyone is in agreement. To be completed on patient admission or if there is a clinical change. Dr JS to add tab to EMIS notes. ABBEY Pain score tab to be added to EMIS PurposeT – This was due to be rolled out on the IPU – agreed with band 6s that this would be put on hold until new IPU Clinical Lead appointed	SM/JG/Dr JS Dr JS/RW Dr JS/CPCT	Ongoing Ongoing Ongoing
Audit/Research	CHELsea II study currently on 14th recruit (6 to go before Oct 2024) POST study – no new recruits since last CHODs (total 4 to date) New study proposed studying patient and staff perspective of using remote consultations	Dr NC Dr NC Dr JS/SM	Ongoing Ongoing Ongoing
Education/Training Reflective Forums	Bluestream Academy – 22% complete Apprenticeships- AD & RO NMP Update 11th June – bookings are being taken Palliative Masterclass 24th September – advertised on website Medicines Management – IPU & CPCT Guildford – 4 spaces available for September intake Dying Matters Week – May topic "Language" International Nurses Day – Sunday 12th May – w/b 13-17th May – tea & cake for nurses. T&D Committee meeting Freedom to Speak Up – e-learning	Education/all staff Education	Ongoing Ongoing
Recruitment/ Staffing	New IPU night band 6 has started New IPU RN on days starts on 2rd April New IPU HCA on nights starts 3rd April Also recruited new RN There has been interest in the IPU Clinical Lead post	RT/RW/HR RT/RW/HR	May 24 Sept'24

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CQC/PIR	Nothing to report at present		
AOB			
RW	Thoughts on “This is me” document. CHODS agreed with the document. RW to redesign a SRH copy with relevant references. Once draft complete, document to be reviewed by HUGS RT to email CHODS re SRH Financial awareness/Budget usage AR thanked CHODS for their engagement in the 22/23 Clinical Audit Programme. **MANAGEMENT PLAN** CHODS discussed/reviewed & amended the Management Plan as necessary. **SWLCCG ACTIVITY DATA 2023/24 REPORT** CHODS reviewed & discussed the report & its findings. They looked at accuracy bearing in mind the implementation of EMIS in April 2023 Dr Ambreen & PA Jovy are interested in carrying out an IPU “Fast Track” Audit – TO be confirmed.	RW/RT/HUGS RT AR/CHODS RT/AR/CHODS	Ongoing May 24 Ongoing Ongoing

Date next meeting: MONDAY 6TH MAY

St Raphael's Hospice is inviting you to a scheduled Zoom meeting.

Topic: CHODS

May 6, 2024 01:30 PM

Jun 17, 2024 01:30 PM

Jul 29, 2024 01:30 PM

Sep 9, 2024 01:30 PM

Oct 21, 2024 01:30 PM

Dec 2, 2024 01:30 PM

Jan 13, 2025 01:30 PM

Meeting ID: 856 3859 2795

Passcode: 976968

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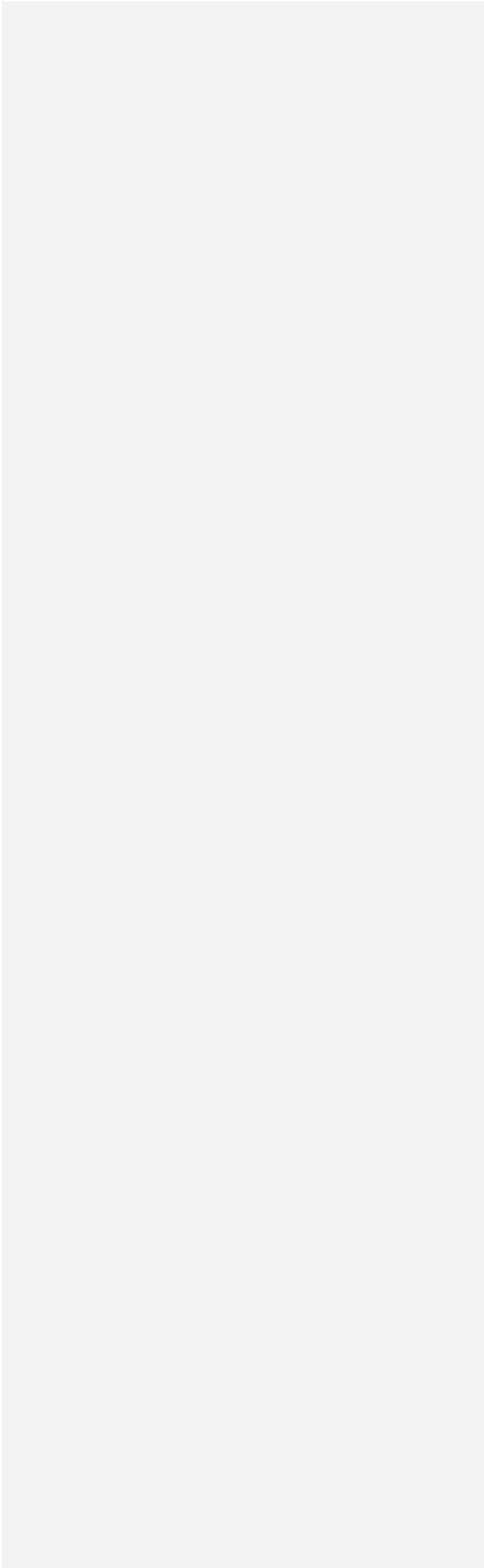

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MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 7th February 2024
in St Bedes / Zoom

Attending

(Dr JS) Dr Jenny Strawson - Hospice Palliative Care Consultant (NC) Dr Naomi Collins - Hospice Palliative Care Consultant (Dr GT-R) Dr Gaby Tamura-Rose - Hospice Palliative Care Consultant (MF) Maura Flint – Practice Educator (KH) Kevin Hobson - CNS NMP (RW) Rebecca Wallis -(IPU Sister	(HT) Hai To - Sutton CCG Care Home Pharmacist (JG) Jovi Giles – Physician Associate (AR) Alex Rudkin – Director of Quality and Improvement / Mins (HS) Heather Syddall – CNS, NMP (BD-S) Dr Busi Da Silva – Hospice Doctor (AA) Dr Ambreen Akhtar – Hospice Doctor

ITEM 1: Welcome

1.1 Dr GT-R extended welcome.

ITEM 2: Apologies for Absence

(PH) Philomena Hutchinson – IPU Senior Nurse, (TC) Tracy Christmas – Community Services Manager, NMP, (S-AB) Sally-Ann Bowen - Ashton's Pharmacist, (JS) Jill Smith - CNS NMP, (RT) Rebecca Trower – Clinical Director

ITEM 3: Presentation of what EOLC support is available OOH in SW London

A presentation written by Vishnu Madhok, London IUC Medical Director, Practice Plus Group (PPG) was presented by video link – Rehan Chaudary (Rehan.Chaudary@practiceplusgroup.com) presented alongside Dalvinder Jammu (Patient Engagement & Stakeholder Lead) and Marc Smith (Service Delivery Manager – SWL). A selection of frequently asked palliative care questions was also provided.

The team were thanked for the presentation and the group took opportunity to ask questions regarding their service amongst which included:-

- a query as to whether Practice Plus Group can see the Hospice's shared record when they access the GP record. Rehan will pose the question to their IT.
- Confirmation that PPG don't access oxycodone but have morphine at base in line with Home Office restrictions.
- Urgent visits by a PPG medic are serviced within 2 hours
- The frequency of OOH use is variable. October / November 2023 the service was accessed a lot. It is usually connected with overnight Pharmacy cover.

- Confirmation that the PPG medic can access the UCP plus the special notes tab, GP connect and the summary care record. GP connect provides the most up to date and extensive information.
- Pharmacy provision in the community is changing and reducing.
- An overview that there is an inefficient set up for servicing palliative care needs OOH.

ITEM 4: Minutes of the Last Meeting

Minutes of the last meeting held on 29th November 2023 were agreed.

ITEM 5: Matters Arising

a) A list of training topics that Ashton's provide has been received. Update awaited from Ashton's as to who will be providing the booked training on Drug Sensitivities / Interactions. MF to follow up with Ashton's. MF

b) AR has sent on revised copy to S-AB (Ashton's) of the Hospice's CLIN24 Diabetic Management guidelines that was last published in October 2023.

c) Re-design of the clinic room is planned for 2024 subject to securing trust funding RW

d) Re-design of the clinic room is planned for 2024 subject to securing trust funding RW

e) There is lead clinician responsibility for Liveview management sign off

ITEM 6: Pharmacist Update

No Ashton's representation at today's meeting.

RW attends the Ashton's working group. Communications and timings of receipt of ordered items remains improved

Ashton's report was pended to the next meeting

ITEM 7: Buscopan in place of glyco as first line anti-secretory at end of life

Discussion – glycol not recommended in renal failure. More pros than cons for use of Buscopan as first line anti-secretory medication at end of life. Requires Ashton's advice if there are any supply issues for Busopan. HT commented that she was not aware of any at the moment. Agreed to raise topic and agree practice at the Prescribers' meeting with potentially plan to trial on IPU and feedback at CHoDs. If change is agreed that flow charts will require amendment. JS/GT-R/NC

ITEM 8: SOP for patients using illicit drugs (att)

Reviewed.

ITEM 9: Naloxone flow chart

GT-R

GT-R to re-circulate for comment

ITEM 10: Update on medication policy review

Medication policy publications between 29th November 2023 and 7th February 2024 include:-

CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life N:\Policy Manual\CLIN\CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life.pdf v4.2 issued 19-12-2023 **(minor textual changes and punctuation – no substantive change)**
CLIN25 Controlled Drug Policy N:\Policy Manual\CLIN\CLIN25 Controlled Drug Policy.pdf v2.5 issued 22/12/2023 **(4.3 requisitioning authorisation amended; 4.6 original copy of requisition sheet to be sent by post to Ashtons; Receipt of CDs 5.1 – 5.6 substantive revision; 10.1 -10.7 Record Keeping updated; 11.1 -11.5 Prescribing for Inpatient updated; 11.2 Prescribing for Outpatients – NMPs included; 12.25 re medication chart crossings out revised; 13.0 COVID Pandemic Response section removed; 15.3 Unwanted own CD or DLM medication can be re-purposed if suitable and in accordance with CLINSOP22)**
CLIN26 Generic Drugs Policy N:\Policy Manual\CLIN\CLIN26 Generic Drugs Policy.pdf v3.3 issued 22/12/2023 **(5.7 re medication chart crossings out revised ; 5.9 revised re patient unable to consent ; section 5 staff responsibilities updated; section 8 staff responsibilities updated; section 9 Use of Patient's Own Medicines revised; section 12 'Messages and Remote Prescribing' revised; section 15 'Procedure of Discharge' revised; section 16 'Disposal of Drugs' revised; Appendix 4 updated)**
CLIN60 Subcutaneous (SC) Administration of Levetiracetam (Keppra)N:\Policy Manual\CLIN\CLIN60 Subcutaneous (SC) Administration of Levetiracetam (Keppra).pdf v1.1 issued 22/12/2023 **(Administration at section 2 amended)**
CLINSOP22 Re-purposing medication that is no longer required by inpatients N:\Policy Manual\CLINSOP\CLINSOP22 Re-purposing medication that is no longer required by inpatients.pdf v1.2 issued 22/12/2023 **(minor amendments and inclusion of ' while the patient remains an inpatient' at 2.8)**

ITEM 11: Serious Medication Incidents

There have been no serious medication incidents reported between 29tH November 2023 and 7th February 2024.

Discussion over recent incident of mg administration rather than mcg administration of alfentanil despite being written in full. Individual error rather than process error. No harm to patient.

There is an open and robust reporting culture amongst the teams at SRH with an emphasis on embracing learning opportunity.

ITEM 12: Update on CAS/MHRA Alerts

12.1 All CAS/MHRA alerts are logged on our register at N:\Governance\Central Alerting System\Register of Alerts.

12.2 Fluoroquinolone antibiotics (includes ciprofloxacin): must now only be prescribed when other commonly recommended antibiotics are inappropriate

ITEM 13: Any other business

- KH advised that there has been new guidance issued on paramedic prescribing of CDs.
- Congratulations to Heather Syddall who has successfully qualified as a NMP.
- Medicines Management and NMP prescribing education dates to be set possibly before the end of June 2024.

MF

ITEM 14: Future Dates

14.1 Dates for future meetings in 2024 are :-

Date & Time	Event	Venue/Virtual
Wed 5th June 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual
Wed 9th October 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual

Minutes and Updates of the Medical Business Meeting 6th March 2024			
In attendance	Chris Roughly	Specialty Dr	CR
	Ambreen Akhtar	Specialty Dr	AA
	Jovy Giles	PA	JG
	Gaby Tamura-Rose	Consultant	GTR
	Emily Stainton	GPST2	ES
	Busi Da Silva	Specialty Dr	BDS
Apologies for absence	Jenny Strawson	Consultant	JS
	Stephanie Ainley	SpR	SA
	Naomi Collins	Consultant	NC
Minutes of the last meeting (6/3/23)	Reviewed		
Team wellbeing	Consultants to buy juniors ice cream 😊		
Rota / staffing	<u>Location:</u> GS on IPU NC, JS & SA in community CR on IPU for foreseeable future <u>Annual Leave/Study Leave:</u> JS on AL 15/03/24 ES on AL 19 – 22/03/24 JG on AL 18/03/24 & 25 – 29/03/24 AA on AL 11 – 15/03/24 CR on AL 03/04/24 GTR on study day 13/03/24 – NC to cover IPU MDT <u>IPU Cover:</u> Next Friday 15/03/24 ?senior doctor cover – JG & ES on IPU <u>Community Cover:</u> ES swapping to community for 16/04/24 – 18/04/24 <u>SPA:</u> BDS 2nd Tues of every month, AA Thurs PM, JG Mon PM, SA Tues PM (now swapped to CPCT) <u>AOB:</u> SA clarify update on-call SOP re: urgent OOH religious death (facilitating video call for 1st on-call Dr where possible)		SA
Clinical challenges	<u>Learning Tools:</u> MG summary document Fluconazole interactions to be summarised <u>IPU:</u> Switch on IPU for buscopan for secretions for glycol		JG JG

	Complex diabetes management on IPU – review literature for EOLC on libre	ES
Infection control	<u>COVID</u> For posting of lateral flow tests home if you think you have covid with view to return to work at 5 days if well enough to work <u>IPU</u>: Pt on ward to possible norovirus – maintain good hygiene practices	
Education	<u>Schwartz Round:</u> Fri 08/03/24 – "Kindness" <u>Recurring Teaching:</u> MEOLC Teaching 1st Weds of every month – NC & GTR covering as JS non-working day. Can SA cover for teaching & portfolio practice GP Masterclass ?Sept 2024 – consider inviting difficult cases <u>One-off Teaching:</u> Exploring supporting Sutton Hub/Care home for teaching on referrals & general palliative medicine <u>Conferences:</u> Upcoming conference list for team allocation Hospice UK abstracts anyone?	SA JG
Datix	Well done team! No recent Datix's	
Audit & Research	<u>CHELseaII</u> 13 patients recruited <u>Audits:</u> JS audit lead JG – OACC IPU re-audit 2024 (need to submit) AA – meeting pending BDS – meeting pending GTR – Caldicott audit (physical & IT) Audits for allocating – Language Line audit	JG
Deep Dive	Nil	
AOB	<u>Feedback/Info Gathering:</u> HUGs – reviewing information on consent & 'privacy notice' VOICES questionnaire	

	Other: BDS queried electronic prescribing on EMIS in place of FP10 – JS explained has been raised and some hospices do prescribe electronically, it remains on future EMIS projects list as cost involved IPU laptops breaking – inform IT to ensure are fixed	
Date of next meeting	3/4/24	

PSYCHOLOGICAL SUPPORT SERVICE SATISFACTION QUESTIONNAIRE

2023

INTRODUCTION

The staff and volunteers of St Raphael's Hospice place great value on the views and experience of their patients and the relatives and carers of those patients. The Hospice Psychological Support Services Questionnaire has been designed with the input of key Hospice staff and has been approved by the Head of Psychological Support Services. It seeks to gain the views and opinions of patients and those important to them (clients) who require counselling input.

AIMS

1. To assess the opinions of the clients of the counselling services.
2. To highlight areas for improvement.
3. To appraise the questionnaire design and methodology.

METHODOLOGY

Psychological Support Services Questionnaires are made available to each client who receives a counselling session of any kind. Clients are invited to complete questionnaires on a voluntary basis and given prepaid envelopes for return to the Quality Office.

This report reflects the results for the period from June (when the survey commenced) to December 2023. All respondents were assured that their information would be treated as confidential.

RESULTS

INTRODUCTION

There were 28 questionnaires completed in 2023 from June to December and analysis is based on those 28 questionnaires.

Q1. Which Psychological Support Service was received?

Support Service received	2023
I am the patient and I received counselling/psychotherapy	6
I received pre-bereavement counselling	4
I received bereavement counselling	9
I received both	3
I received Social Work Support	5
My late loved one received counselling	0
Not recorded	1
Total	**28**

Q2. How helpful was the support received?

	Very Helpful	Helpful	A Little Helpful	*Not Recorded*
2023	23	3	1	*1*
As %	85%	11%	4%	*n/a*

General comments:

ID	Which psychological service?	How helpful comment
11	BEREAVEMENT COUNSELLING	I HAVE NEVER BEEN OFFERED ANYTHING LIKE THIS BEFORE. IT EXCEEDED ANY THOUGHT OR EXPECTATION I MAY HAVE HAD.
7	BEREAVEMENT COUNSELLING	SUPPORT THAT I HAVE RECEIVED WAS INVALUABLE. WITHOUT THIS SUPPORT I WOULD HAVE BEEN IN A MUCH WORSE PLACE.
3	BEREAVEMENT COUNSELLING	I LEARNT A LOT ABOUT MYSELF.
2	BEREAVEMENT COUNSELLING	MY BEREAVEMENT THERAPIST, STEVE MOLYNEUX, WAS INTUITIVE, INTELLIGENT AND SPACIOUS.
1	BEREAVEMENT COUNSELLING	I WISH THERE HAD BEEN MORE SESSIONS WITH CECILLE.
16	BEREAVEMENT COUNSELLING	ANNABEL WAS A FANTASTIC COUNSELLOR AND REALLY WORKED TO CREATE A STRONG RELATIONSHIP WITH ME.
22	BEREAVEMENT COUNSELLING	HONESTLY, IT WAS AMAZING. SJ AND I WORKED WELL TOGETHER. I WASN'T SURE WHAT TO EXPECT AT FIRST, BUT I WAS PUT AT EASE AND IT WAS JUST THE BEST THING I COULD HAVE DONE.

ID	Which psychological service?	How helpful comment (continued)
6	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	I FOUND DIANA VERY EASY TO TALK TO AND HER ADVICE EXTREMELY HELPFUL.
21	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	THIS REPLY WAS IN BETWEEN HELPFUL AND VERY HELPFUL AS SOME WEEKS I FELT IT HAD HELPED MORE THAN OTHERS AND I FELT BETTER LEAVING THE ROOM. SOMETIMES I FELT CONFUSED AT MYSELF BECAUSE I HAD NOT COME TO A DECISION ON ANYTHING.
19	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	WITHOUT DOUBT
23	PRE-BEREAVEMENT COUNSELLING	EXTREMELY HELPFUL, AT THE TIME WE BEGAN THE SESSIONS I WAS FEELING OVERWHELMED AND STRUGGLING TO COPE.
12	PRE-BEREAVEMENT COUNSELLING	CAREGIVING FOR MY ELDERLY MOTHER WAS/IS TAKING OVER MY LIFE. A PLACE TO TALK ABOUT THIS.
4	PRE-BEREAVEMENT COUNSELLING	VERY UNDERSTANDING TO HEAR WHAT YOU HAVE TO SAY WHAT THE PERSON OF THE ILL PERSON IS FEELING ALL OF THE TIME.
26*	PRE-BEREAVEMENT COUNSELLING	I'M NOT SURE WHAT HELP I GOT FROM THE SESSIONS
28	SOCIAL WORK SUPPORT	THE ADVICE GIVEN COULD NOT HAVE BEEN BETTER. IT WAS WELL STRUCTURED, CONSIDERED, TAILORED AND EMPATHETICALLY DELIVERED. THE SUPPORT WAS EXTREMELY HELPFUL!!!

*This is the respondent who recorded that the support was only “a little” helpful.

What difference (if any) did the support make?

ID	Which psychological service?	What difference did support make?
11	BEREAVEMENT COUNSELLING	IT ENABLED ME TO THINK ABOUT TURNING A CORNER. IT OPENED ME UP TO AN ARRAY OF THINGS - MORE THAN MY RELATIONSHIP WITH MY LOST LOVED ONE. IT GAVE ME A SAFE SPACE AND THE FREEDOM TO TALK LIKE I NEVER HAVE BEFORE!
7	BEREAVEMENT COUNSELLING	IT PROVIDED A SAFE SPACE TO TALK ABOUT MY MOM WITHOUT FEELING THAT I WAS STRESSING OR BOTHERING ANYONE. I NEEDED THAT TIME TO REMEMBER MY MOM AND WHAT A LOVELY RELATIONSHIP WE HAD. THIS HAS HELPED ME TO DEAL WITH THE TRAUMA OF HER ILLNESS AND HER PASSING.
22	BEREAVEMENT COUNSELLING	WELL MUM PASSED AWAY IN SEPTEMBER 2022 AND IT WASN'T UNTIL FEBRUARY 2023 I FELT I WAS IN NEED OF SUPPORT. DEALING WITH FAMILY RELATIONSHIPS, SELLING A HOUSE ETC. WAS JUST TOO MUCH, SO IT FELT. THIS WAS THE PERFECT TIME TO WALK THROUGH THIS PROCESS WITH SOMEONE BY MY SIDE WHO ENABLED ME TO MAKE CHOICES, LOOK AT THE WHOLE PICTURE AND KEEP PERSPECTIVE AND GIVE MYSELF TIME. TIME TO ACKNOWLEDGE AND PROCESS THESE "FEELINGS" I HAD NOT EXPERIENCED BEFORE AND TO KNOW IT WAS ALL OK. WHAT I LEARNT DURING MY SESSIONS, I AM STILL PUTTING INTO PRACTICE. IT REALLY WAS TRANSFORMING FOR ME :)
3	BEREAVEMENT COUNSELLING	IT HELPED ME MANAGE MY FEELINGS AND PROCESS MY EMOTIONS.
2	BEREAVEMENT COUNSELLING	IT GAVE ME ENOUGH SPACE TO EXPLORE VERY COMPLEX FEELINGS AND PONDERINGS IN THE PRESENCE OF ANOTHER (QUITE RARE FOR ME)

ID	Which psychological service?	What difference did support make? (continued)
1	BEREAVEMENT COUNSELLING	IT GAVE ME THE TOOLS TO COPE.
16	BEREAVEMENT COUNSELLING	I CAME OUT FEELING MORE EQUIPPED TO DEAL WITH MY GRIEF AND MUCH MORE AWARE OF THE SECONDARY CONSEQUENCES OF LOSS, SUCH AS THE EFFECT ON MY RELATIONSHIPS WITH OTHER FAMILY MEMBERS.
27	BOTH PRE & BEREAVEMENT COUNSELLING	IT HELPED ME TO COPE WITH THE LOSS OF A LOVED ONE.
21	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	THE SUPPORT HELPED ME LOOK AT ANY PROBLEMS OR CONCERNS DIFFERENTLY AND AT TIMES I COULD LOOK AT A BETTER OUTCOME ON MY GRIEF AND CONCERNS. IT WAS VERY HELPFUL TO KNOW THAT I COULD TALK THIS THROUGH IN CONFIDENTIAL SURROUNDINGS.
23	PRE-BEREAVEMENT COUNSELLING	THE SESSIONS WERE STRUCTURED IN A WAY THAT WAS GENTLE YET DUG DEEP INTO MY PERSONAL HISTORY. ALEXANDER HAD THE INSIGHT TO KNOW THAT WHAT I NEEDED WAS A BALANCE OF CAREFULLY LOOKING AT MY PAST AND HOW IT RELATED TO HOW DISORIENTATED I FELT ABOUT MUM'S ILLNESS. HE WAS SENSITIVE AND CARING TO MY RESPONSES AND GUIDED ME TO A BETTER UNDERSTANDING OF WHY I WAS FEELING SO CONFLICTED AND UPSET.
19	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	ONE OF THE MOST IMPORTANT FACTORS IN THE PSYCHOLOGICAL SUPPORT THAT DIANA PROVIDED WAS THE ALLOWANCE FOR ME TO BE VULNERABLE, SOMETHING THAT I HAVE FOUND VERY DIFFICULT TO BE WITH MY FAMILY AND FRIENDS DUE TO THEM GETTING UPSET. SO BEING ABLE TO TALK FREELY TO SOMEONE WITHOUT JUDGEMENT, ABOUT YOUR DARK THOUGHTS, SAD MOMENTS, PAIN, FEARS AND PERSPECTIVE (AS WELL AS YOUR POSITIVE THOUGHTS) THIS ALONG WITH THE WELLNESS CENTRE HAS MADE ME WHO I AM TODAY. I CANNOT RECOMMEND THESE SERVICES HIGHLY ENOUGH AND THE VALUE THEY BRING AT A TIME WHEN YOU HAVE NO CONTROL…!
6	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	THE SUPPORT HAS MADE A HUGE DIFFERENCE TO MY MENTAL HEALTH AND MY ABILITY TO ACCEPT AND DEAL WITH MY STAGE FOUR CANCER DIAGNOSIS.
12	PRE-BEREAVEMENT COUNSELLING	IT HELPED ME LOOK AT MY LIFE - THE SACRIFICES I WAS MAKING. IT HELPED ME TO CONSIDER THE REST OF MY FAMILY AND TO PRIORITISE MY OWN HEALTH AND START TO SET HEALTHY BOUNDARIES.
4	PRE-BEREAVEMENT COUNSELLING	IT MADE ME UNDERSTAND SOMETIMES WHEN YOU GET ANGRY WITH THE SICK PERSON. THAT IT'S NOT THEIR FAULT THAT THE CANCER HAS SPREAD AND THAT THEY DIDN'T TAKE YOUR ADVICE AND GET EARLY TREATMENT. THINGS MIGHT HAVE BEEN DIFFERENT IF THEY HAD.
15	SOCIAL WORK SUPPORT	A LOT!
28	SOCIAL WORK SUPPORT	IT GAVE ME A STARTING POINT OF HOW TO BEGIN APPROACHING A SOON TO BE BEREAVED, BLIND PENSIONER. ALL AVENUES WERE EXPLORED AND OUTCOMES EXPLORED. GREAT TIME, CARE AND ATTENTION. WAS PUT INTO EXPLORING THE NEEDS AND PERSONALITIES OF THOSE INVOLVED AND RECOMMENDATIONS TAILORED ON A BEST CASE AND WORST CASE SCENARIO WITH A VIEW ON BENEFICIAL BEHAVIOURS AND RESPONSES FROM ALL PARTIES.
20	SOCIAL WORK SUPPORT	I AM VERY GRATEFUL FOR SOCIAL WORK SUPPORT DURING THIS VERY DIFFICULT PERIOD SINCE MY HUSBAND DIED. ESPECIALLY I WOULD LIKE TO EXPRESS MY THANKS TO ELISA. SHE SUPPORTED ME FULLY. SHE WAS NOT JUST PRACTICAL, BUT KIND AND THOUGHTFUL AS I HAVE NO ONE TO HELP ME.

Q3. Thinking about the counsellor/social worker, were they understanding?

	Very Much	Yes	A Little	Not At All
2023	23	5	0	0
As % of recorded responses	*82*	*18*	-	-

Q4. Thinking about the counsellor/ social worker, were they accepting and did they convey empathy?

	Very Much	Yes	A Little	Not At All
2023	23	5	0	0
As % of recorded responses	*82*	*18*	-	-

Q5. Thinking about the counsellor/ social worker, were they friendly and supportive?

	Very Much	Yes	A Little	Not At All
2023	25	3	0	0
As % of recorded responses	*89*	*11*	-	-

ID	Which psychological service?	Counsellor/social worker additional comments
11	BEREAVEMENT COUNSELLING	SJ WAS EXCEPTIONAL. I FEEL VERY LUCKY TO HAVE HAD THE OPPORTUNITY TO TALK TO HER.
7	BEREAVEMENT COUNSELLING	DIANA WAS ABSOLUTELY AMAZING. VERY KNOWLEDGEABLE, VERY EMPATHIC, VERY ENGAGED AND SO VERY SUPPORTIVE. IT REALLY MADE A DIFFERENCE TO HOW I WAS FEELING. I WAS LOOKING FORWARD TO OUR SESSIONS AND FELT I HAD A FRIEND WHO WOULD LISTEN TO ME NO MATTER WHAT.
3	BEREAVEMENT COUNSELLING	VERY CALM APPROACH. SHE LISTENED AND PICKED UP ON PERTINENT POINTS.
2	BEREAVEMENT COUNSELLING	ON THE FIRST SESSION I SPOKE WITHOUT STOPPING FOR 30 MINUTES! STEVE TRACKED ME WELL. HE HAS A FORMIDABLE MEMORY.
1	BEREAVEMENT COUNSELLING	I VERY MUCH LOOKED FORWARD TO MY SESSIONS WITH CECILLE AND WILL MISS HER.
22	BEREAVEMENT COUNSELLING	I THINK SJ KNOWS MORE ABOUT ME THAN ANYONE AND SHE WAS PROFESSIONAL AND CARING AND NEVER JUDGED. SHE WANTED THE BEST FOR ME. IT WAS "MY TIME" EACH WEEK AND THAT WAS SPECIAL.
19	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	DIANA HAD THE RIGHT LEVEL OF EMPATHY SUPPORT, HELPING ME IDENTIFY TRIGGERS, CREATE COPING STRATEGIES AND CHALLENGED MY THOUGHTS, PERSPECTIVES ALLOWING ME TO GROW IN THE NEW ME MANAGING A LIFE CHANGING PROGNOSIS.
23	PRE-BEREAVEMENT COUNSELLING	ALEXANDER MANAGED TO GET THE BALANCE OF SUCH AN APPROACHABLE DYNAMIC WITH ALLOWING ME TO STEP BACK AND HAVE SPACE, HE PROVIDED A RARE FORM OF SUPPORT THAT GAVE ME TOOLS TO ALSO INDEPENDENTLY SUPPORT MYSELF. I FOUND THAT HIS ATTITUDE OF SERIOUS YET HUMOROUS INTERACTION EASED SOME PAINFUL REFLECTIONS IN MY FAMILY RELAITONSHIPS.
12	PRE-BEREAVEMENT COUNSELLING	YES, I FELT FROM THE START I COULD OPEN UP TO THE COUNSELLOR AND MAKE IT VERY CLEAR HOW I FELT.
28	SOCIAL WORK SUPPORT	EVEN WHERE DIRECT ASSISTANCE WASN'T POSSIBLE, STAFF RESEARCHED SOLUTIONS AND PROVIDED USEFUL CONTACT.

Q6. At the end of the initial assessment, did you have a full understanding of how support would be provided?

	Yes	No	Can't Remember/ Unsure
2023	21	1*	6
As % of recorded responses	*95%*	*5%*	-

*Study No. 26

Q7. Was there satisfaction with service response times? (e.g. responding to telephone calls, assessment, beginning of support)?

	Very Much	Yes	A Little	Not At All
2023	22	6	0	0
As % of recorded responses	*79%*	*21%*	-	-

ID	Which psychological service?	Satisfaction with response times?	Response times comment
11	BEREAVEMENT COUNSELLING	VERY MUCH	COULDN'T FAULT ANY OF IT.
7	BEREAVEMENT COUNSELLING	VERY MUCH	EVERYTHING WENT VERY SMOOTHLY AND VERY FAST.
22	BEREAVEMENT COUNSELLING	VERY MUCH	AMAZING SERVICE. THANK YOU.
23	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	ALEXANDER WAS CLEAR AND INFORMATIVE FROM THE BEGINNING OF HOW WE WOULD DEVELOP THE SESSIONS TOGETHER. I HAD NO EXPECTATIONS OF WHAT WOULD HAPPEN AND DUE TO A GENUINE SHIFT IN MY ANXIETY LEVELS. I'M SO RELIEVED THAT THE NATURE AND PROGRESSIONS OF THE SESSIONS PROVIDED SUCH A HIGH RELIEF.
12	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	YES, I HAD A PROMPT RESPONSE AND A MEETING WAS SET UP.
28	SOCIAL WORK SUPPORT	VERY MUCH	THE SERVICE WAS UTTERLY PERFECT. PLEASE ENSURE MY THANKS AND PRAISE ARE PASSED ON TO THE WHOLE TEAM. THEY DESERVE A PAY RISE.

Q8. Were the right number of sessions provided?

	Too many	Just right	Not enough	*Not recorded*
2023	0	25	2*	1
As % of recorded responses	-	*93*	*7*	-

*Study Nos 1 & 2

ID	Which psychological service?	Right number of sessions provided?	Number of sessions comment
11	BEREAVEMENT COUNSELLING	JUST RIGHT	NOW I CAN SEE IF THERE IS A PLACE FOR FURTHER FORMS OF TALKING THERAPY OR THERAPIES IN MY LIFE.
2	BEREAVEMENT COUNSELLING	NOT ENOUGH	I COULD HAVE GONE ON FOR YEARS!
1	BEREAVEMENT COUNSELLING	NOT ENOUGH	I THINK AT LEAST 20 SESSIONS FOR PARENTS WHO HAVE LOST CHILDREN.
16	BEREAVEMENT COUNSELLING	JUST RIGHT	ANNABEL GAVE ME SIX EXTRA SESSIONS WHICH WERE NEEDED TO WORK THROUGH SOME ISSUES IDENTIFIED TOWARDS THE END OF THE INITIAL BLOCK.
22	BEREAVEMENT COUNSELLING	JUST RIGHT	DIFFICULT TO ANSWER REALLY. AFTER THREE SESSIONS I FELT THAT WE HAD DEALT WITH THE "BEREAVEMENT" BIT AND I FELT MUCH BETTER ABOUT A PARTICULAR THING THAT HAD BEEN BOTHERING ME AND AS A GIVER I FELT THAT SOMEONE ELSE COULD HAVE MY REMAINING SESSIONS. I AM SO GLAD TO HAVE HAD THE TWELVE SESSIONS AND WE WORKED THROUGH SO MUCH MORE ALL RELATED TO RELATIONSHIPS AND THE RELATIONSHIP I TREASURED WITH MY MUM.
21	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	JUST RIGHT	I WAS OFFERED MORE IF I NEEDED THEM AND WHO KNOWS IN THE FUTURE, BUT I FEEL MORE ABLE TO LOOK AT MY GOALS CONCERNING MY GRIEF AND PUTTING MYSELF FIRST AS MUCH AS I CAN ALTHOUGH THIS IS SOMETHING I STILL NEED TO WORK ON AFTER A LIFETIME OF HELPING OTHERS WHEN THEY ARE ONLY USING ME FOR THEIR GAINS.
23	PRE-BEREAVEMENT COUNSELLING	JUST RIGHT	BY THE END OF THE SESSIONS I FELT IT WAS JUST THE RIGHT FREQUENCY OF ENGAGEMENT. ALEXANDER CHARTED AN EFFECTIVE COURSE DURING OUR TIME SO THAT WHEN WE FINISHED I FELT EQUIPPED TO SUPPORT MYSELF AND MY MUM, DAD, FAMILY IN A MUCH MORE PEACEFUL MANNER WHICH I DIDN'T FEEL CAPABLE OF BEFORE OUR TIME TOGETHER.
12	PRE-BEREAVEMENT COUNSELLING	JUST RIGHT	ONE COULD ACCESS MORE SUPPORT - AS IT IS ALWAYS A CHANCE TO SET CLEAR BOUNDARIES - ALSO TO BE ACCOUNTABLE FOR YOUR NEW ROUTINE.
26	PRE-BEREAVEMENT COUNSELLING	RECORDED NOT	YES, I FELT HAVING MORE SESSIONS WOULD NOT NECESSARILY HELP ME FURTHER.
15	SOCIAL WORK SUPPORT	JUST RIGHT	SHE SORTED ME OUT.
28	SOCIAL WORK SUPPORT	JUST RIGHT	COMPLETELY PERFECT.

Q9. Have you been informed about further support should you, or your family, require it in the future?

	Yes	No	Can't remember/ Unsure
2023	22	2*	4
As % of recorded responses	*92*	*8*	-

*Study Nos 26 & 27

Q10. Overall, how satisfied were you/ your loved one with the service provided?

	Very Much	Yes	A Little	Not At All
2023	24	4	0	0
As % of recorded responses	*86*	*14*	-	-

ID	Which psychological service?	Satisfied overall?	Overall satisfaction comment
11	BEREAVEMENT COUNSELLING	VERY MUCH	I AM SO GRATEFUL TO ST RAPHAEL'S AND TO SJ. THERE DIDN'T SEEM TO BE ANYWAY OF RESURFACING FROM THE GRIEF BEFORE.
7	BEREAVEMENT COUNSELLING	VERY MUCH	A BIG THANK YOU TO ST RAPHAEL'S FOR EVERYTHING THROUGHOUT THE JOURNEY OF MY MOM'S ILLNESS AND PASSING. THE BIGGEST THANK YOU TO DIANA FOR AN INVALUABLE SUPPORT AFTER MY MOM'S PASSING.
3	BEREAVEMENT COUNSELLING	VERY MUCH	I MISS MY MUM VERY MUCH, BUT HAVE FOUND THE COUNSELLING HELPFUL TO MANAGE MY THOUGHTS AND EMOTIONS. THE HOSPICE HAVE BEEN AMAZING.
2	BEREAVEMENT COUNSELLING	YES	I FOUND MYRIAM'S VISITS CHALLENGING AND VERY HELPFUL. (AND THOUGHT PROVOKING - CHALLENGING HABITS OF A LIFETIME!!) I LIKED HER A LOT.
22	BEREAVEMENT COUNSELLING	VERY MUCH	IT WAS JUST AMAZING AND IS AMAZING THAT YOU ARE ABLE TO PROVIDE THIS SERVICE. THANK YOU AGAIN.
19	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	VERY MUCH	WHAT I APPRECIATED WAS BEING PART OF THE ENDING PROCESS. LOSING SUPPORT WHETHER IN A GOOD PLACE OR NOT IS CHALLENGING, AS YOU CAN FEEL AFLOAT AND ALONE. BEING A PART OF THE ENDING PROCESS ALLOWED ME TO BE IN CONTROL, PREPARED AND CONFIDENT IN THE DECISION.
23	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	I CAN'T EXPRESS THE SATISFACTION AS THE CHANGE IN MY PERSPECTIVE TOWARDS MY FAMILY IS QUITE DRAMATIC. IT'S ONE THING TO KNOW WHAT TO DO, BUT ALEXANDER'S ENERGY AND SUPPORT PAVED A STABLE PATH TO CONFIDENTLY NAVIGATE A CHALLENGING TIME.
12	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	VERY SATISFIED. I INITIALLY DIDN'T EXPECT TO FIT THE CRITERIA FOR SUPPORT - WAS RELIEVED WHEN I DID. ALTHOUGH SIX SESSIONS GOES VERY QUICKLY. A GROUP SUPPORT WOULD BE A GOOD FOLLOW ON.
9	RECORDED NOT	VERY MUCH	MY COUNSELLOR WAS FANTASTIC
15	SOCIAL WORK SUPPORT	VERY MUCH	THANK YOU.
28	SOCIAL WORK SUPPORT	VERY MUCH	THE QUALITY OF THE SERVICE WAS TRULY EXCELLENT.
24	SOCIAL WORK SUPPORT	YES	THANK YOU.

Q11. Would you recommend these services to others?

	Yes	No	Unsure	*Not recorded*
2023	27	0	0	*1*
As % of recorded responses	*100*	-	-	-

- No 14 did not record an answer but at Q10 recorded that they were very much satisfied.

Q12. Do you have any other comments or suggestions you would like to make about the services?

ID	Which psychological service?	Satisfied overall?	Comments/suggestions
11	BEREAVEMENT COUNSELLING	VERY MUCH	THANK YOU.
5	BEREAVEMENT COUNSELLING	VERY MUCH	DEBRA WAS KIND AND EMPATHETIC. SHE WAS KNOWLEDGEABLE OF HER SUBJECT AND REMEMBERED WHAT I HAD SAID IN ALL PREVIOUS SESSIONS. I WAS ABLE TO TALK TO HER FREELY AND DISCUSS THINGS AT LENGTH THAT I WOULD HAVE BEEN UNABLE TO DO WITH FRIENDS AND FAMILY.
2	BEREAVEMENT COUNSELLING	YES	I WAS VERY "LUCKY" TO BE ALLOCATED STEVE - IN THE LAST SESSION WE DISCOVERED WE BOTH HAD A PASSION FOR POETRY AND THE ARTS. WHAT A GIFT! (OH, THAT MY TRAINING THERAPISTS WERE MORE RIGHT BRAINED). THANK YOU
1	BEREAVEMENT COUNSELLING	VERY MUCH	I THINK THERE SHOULD BE MORE SERVICES AND SESSIONS FOR PARENTS BEREAVED OF THEIR CHILDREN. THERE IS NOT ENOUGH SUPPORT OUT THERE FOR THIS - THE WORST GRIEF, WHICH AS A PARENT YOU CARRY WITH YOU FOR LIFE.
22	BEREAVEMENT COUNSELLING	VERY MUCH	GOSH, I THINK I HAVE SAID IT ALL. IF YOU EVER NEEDED "REFERENCES" ABOUT THIS SERVICE, FOR ANY OF YOUR ADVERTISING/PROMOTIONAL PAPERS, EVEN THE HOSPICE MAGAZINE, I WOULD BE HAPPY TO WRITE SOMETHING FOR YOU TO PROMOTE IT OR PLEASE USE ANYTHING I HAVE WRITTEN HERE IT WOULD BE AN HONOUR.
18	BOTH	VERY MUCH	DIANA WAS EXCELLENT. I WOULD RECOMMEND HER TO OTHERS.
17	BOTH	VERY MUCH	DAD ENJOYED HIS SESSIONS WITH CECILIE AND FOUND THEM VERY USEFUL. THANK YOU FOR PROVIDING HIM WITH SOMEONE TO TALK TO AS HE ADJUSTS TO LIFE WITHOUT MUM.
6	I AM THE PATIENT AND I RECEIVED COUNSELLING/ PSYCHOTHERAPY	VERY MUCH	ST RAPHAEL'S PROVIDE AN EXCELLENT SERVICE AND SUPPORT PEOPLE SO WELL. ALL THE STAFF I HAVE COME INTO CONTACT WITH HAVE BEEN PROFESSIONAL, FRIENDLY AND APPROACHABLE.
23	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	THE GRATITUDE I FEEL TOWARDS YOUR ORGANISATION AND ESPECIALLY ALEXANDER'S TIME AND SUPPORT IS IMMEASURABLE. THERE WAS A LOT OF PAIN, UNCERTAINTY AND LOSS OF HOPE WHEN I CAME TO YOU FOR HELP. AFTER THE SERVICE YOU AND ALEXANDER GAVE ME, I FEEL LIGHTER, HAPPIER AND SO MUCH MORE CAPABLE OF COPING WITH SUCH A SAD SITUATION MUM IS IN. THANK YOU SO MUCH. IF YOU NEED ANY TESTIMONIES IN THE FUTURE ABOUT YOUR SERVICES. PLEASE DON'T HESITATE TO CONTACT ME.
12	PRE-BEREAVEMENT COUNSELLING	VERY MUCH	GROUP SESSIONS FOR CARERS OF ELDERLY AND SICK COULD MAKE A NICE FOLLOW UP.

9	RECORDED NOT	VERY MUCH	I WOULD MOST DEFINITELY RECOMMEND THIS SERVICE TO OTHERS.
28	SOCIAL WORK SUPPORT	VERY MUCH	PLEASE, PLEASE KEEP AND EXPAND THIS INVALUABLE SERVCE. THE WHOLE HOSPICE IS ESSENTIAL TO THE COMMUNITY AND SHOULD BE FULLY FUNDED BY THE GOVERNMENT WITH DONATIONS USED TO ENHANCE THE OFFERING AND INCREASE STAFF COMPENSATION TO ENSURE STAFF ARE RETAINED IN THE INDUSTRY.

E. Overall Satisfaction **Based on 10 questions in 2023**

2023 is: 98% (based on 28 questionnaires)

CONCLUSIONS

1. In 2023, 96% of respondents considered the support received to be either "Very Helpful" or "Helpful."

2. All respondents responded either "Very Much" or "Yes" to the questions that asked whether their counsellor/ social worker was understanding, empathetic and supportive.

3. All respondents responded either "Very Much" or "Yes" to the questions that asked whether they were satisfied with service response times.

4. All respondents responded with either "Very Much" or "Yes" to the question asking whether they/their loved one was satisfied with the service provided.

5. In 2023, overall satisfaction calculated by adding up all the responses to the ten questions that solicited an answer based on the respondent's satisfaction (so excluding questions one and twelve) is 98%, based on 28 surveys received over six months from June to December.

6. Written comments are nearly all very complimentary.

7. This exercise can definitely supports the maintenance and development of the counselling services offered to patients and their relatives.

RECOMMENDATIONS

1. The Psychological Support Services survey form should remain available to all patients and relatives attending counselling sessions, along with the prepaid envelopes.

2. To ensure results of this survey are considered by the Psychological Support Services staff.

3. To consider a questionnaire question 10 re-wording - Very satisfied, Satisfied, Neither Satisfied nor dissatisfied and Not Satisfied.

4. Consider the process and the flexibility the service has in deciding upon the number of sessions individuals need, particularly those experiencing loss of children.

ACTION TAKEN IN RESPONSE

1. Surveys will continue to be given to all patients and loved ones at the end of their counselling contracts so that we can carry on receiving user-led feedback to inform the services.

2. The results from this survey, and future ones, will be shared with all staff and volunteers so that they can learn and importantly, hear first hand the tremendous impact their work has on those they engage with therapeutically.

3. I agree to the rewording of question 10.

4. Contract length is on a case-by-case basis and extensions are possible where needed; agreed by the counsellor, clinical supervisor and client in question. We ought not place grief into a hierarchy as it is an individual process, suffering cannot be compared and the pain of loss is not defined by the title of the relationship but by the quality of it.

St Raphael's
Your Local Hospice

INPATIENT SATISFACTION SURVEY

2023

INTRODUCTION

The staff and volunteers of St Raphael's Hospice place great value on the views and experience of their patients. The Hospice Patient Satisfaction Survey form has been designed with the input of key Hospice staff and volunteers. It seeks to gain the views and opinions of patients admitted to the Inpatient Unit (IPU) and allow patients relatives and visitors to provide feedback.

The design of the survey has taken account of the patient surveys undertaken in the NHS and the Patient Survey that has been approved by Hospice UK. This survey provides the basis for the regular survey of patient opinion within St Raphael's.

AIMS

1. To understand patient opinion.

2. To highlight areas for improvement.

3. To appraise the questionnaire design and methodology.

METHODOLOGY

The inpatient survey has been designed to support both interview and self-completion. wishes. As advised by the Nurse in Charge of the IPU, consent from the patient/family is sought before undertaking the survey through interview. Undertaking the survey is entirely voluntary.

All patients and carers are reassured that their feedback will be treated as confidential.

RESULTS

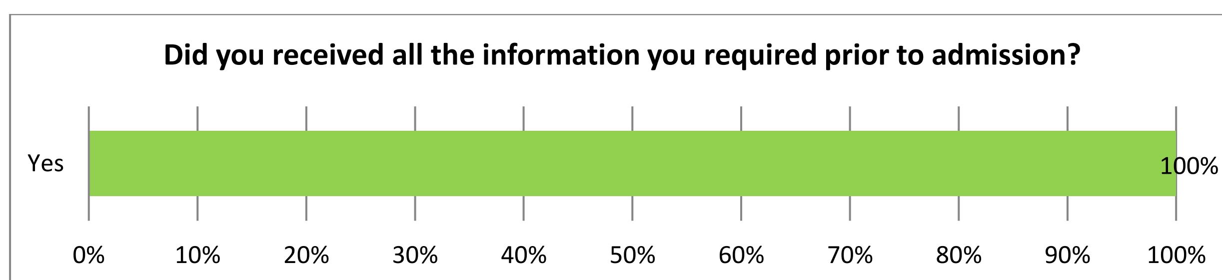
A. INTRODUCTION

From January 2023 to December 2023, there were 17 questionnaires completed by inpatients (c.f. 25 in 2022). There was a total of 146 inpatient deaths and 56 discharges during this period, providing a completion rate overall of 8% (c.f. 13% in 2022). Based upon patient discharges, the completion rate in 2023 is 30% (c.f. 39% in 2022).

4 were completed with the help of a volunteer, 9 with the help of a relative or friend, 1 was completed with a carer, and 3 did not share who the questionnaire was completed with.

Communication

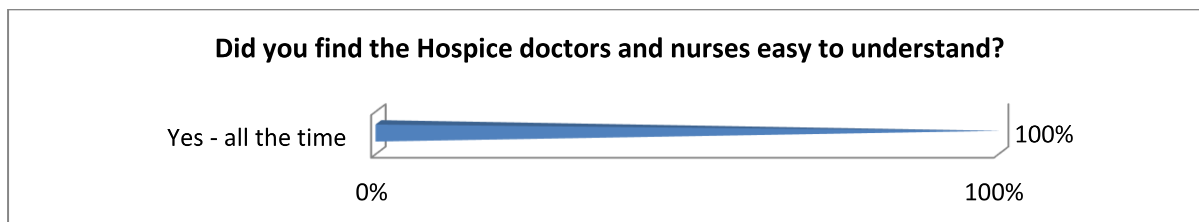
1. Do you feel you received all the information (written/verbal) you required prior to your admission to St Raphael's?



All 17 (100% c.f. 92% in 2022) respondents replied that they had received all the information (written/verbal) they required before their admission and none (0% c.f. 8% in 2022) responded that they had not.

ID	Received info pre-adm	Comment pre-adm info
4	YES	I CERTAINLY DO. EXCELLENT COULD NOT FAULT IT.
5	YES	RECEIVED ADVICE ON MEDS ON ARRIVAL; WAS AN OPPORTUNITY TO WAIT AND ASSESS FOR THE MEDS.
6	YES	THE STAFF WERE EXTREMELY HELPFUL ON THE TELEPHONE, EXPLAINING EXACTLY WHAT WOULD HAPPEN.
7	YES	DR SPOKE MANY TIMES TO US AT ST HELIER AND EXPLAINED WHAT WOULD/WILL HAPPEN.
13	YES	ADMITTED FOLLOWING ADVICE FROM CNS AFTER TWO DAYS ON WAITING LIST.
15	YES	ABSOLUTELY
17	YES	THE COMMUNITY TEAM WERE EXCELLENT IN SUPPORTING THE TRANSFER TO THE HOSPICE. THEY MADE SURE MY QUESTIONS WERE ANSWERED AT ALL TIMES.

2. **During this admission, did you feel the Hospice doctors and nurses communicated with you in a way that was easy to understand?**

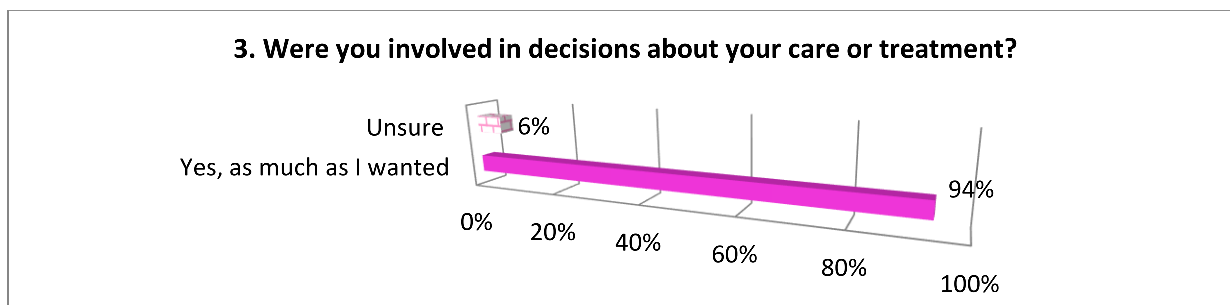


All 17 (100% c.f. 92% in 2022) respondents replied that the doctors and nurses were "easy to understand all the time" and none (0% c.f. 8% in 2022) replied that they were "easy to understand some of the time".

ID	Drs Nurses easy to understand	Comment Drs Nurses
4	YES ALL THE TIME	100% YES I CERTAINLY DID
5	YES ALL THE TIME	DOCTORS ARE ALL KIND AND UNDERSTANDING. THEY ARE ALL REALLY PATIENT TOO.
7	YES ALL THE TIME	EVERYTHING WAS EXPLAINED ALL QUESTIONS ANSWERED.
16	YES ALL THE TIME	THEY MADE SURE THAT I UNDERSTOOD EVERYTHING
17	YES ALL THE TIME	BOTH IN PERSON AND OVER THE PHONE, THE RESPONSE TIME HAS BEEN FANTASTIC.

Your Care

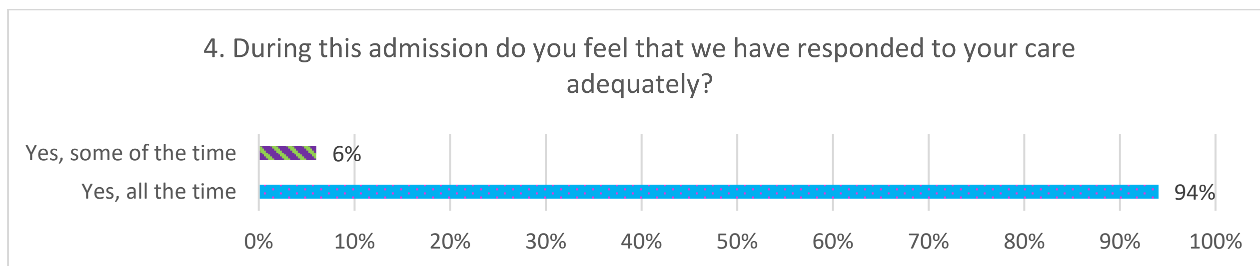
3. **During this admission, did you feel fully involved in any decisions about your care or treatment?**



16 (94% c.f. 96% in 2022) of the respondents replied that they were involved to the extent they wanted in any decisions made about their care and treatment. 1 (6% c.f. 4% in 2022) was 'Unsure.'

ID	Care or Tx decisions involved	Comment Care or Tx decisions
4	YES AS MUCH AS I WANTED	PUT NO PRESSURE ON ME AND MY FAMILY
7	YES AS MUCH AS I WANTED	ALWAYS EXPLAINED.
17	YES AS MUCH AS I WANTED	I FELT LISTENED TO.

4. **During this admission, do you feel that we have responded to your care needs adequately?**



16 (94% c.f. 96% in 2022) of the respondents replied that staff responded to their care needs adequately "all the time", and 1 (6% c.f. 4% in 2022) responded that staff responded to their care needs "some of the time".

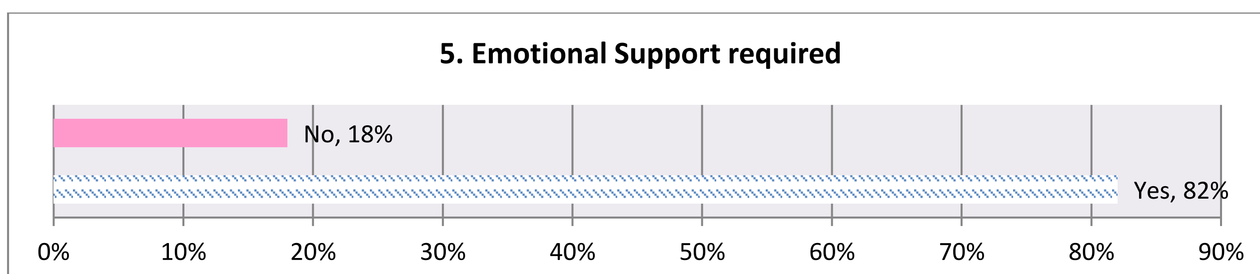
ID	Responded to care needs adequately	Care needs comment
3	YES ALL	EXCEPT ONE PERSON
4	YES ALL	THE NURSES ARE SUPERB. SO CARING AND GENTLE
5	YES SOME	ONLY ONE INCIDENT NURSE FELL BEHIND TIME. ALTHOUGH TRACK OF TIME WAS LOST ON THAT ONE OCCASION, IT WAS RESOLVED QUICKLY.
6	YES ALL	THE DOCTORS AND NURSES ARE VERY RESPONSIVE AND LISTEN AND ACTUALLY EXECUTE
7	YES ALL	OVER AND ABOVE COMMITMENT TO MY WIFE.
11	YES ALL	VERY PLEASED WITH CARE RECEIVED.
16	YES ALL	CARE HAS BEEN OUTSTANDING FROM THE MOMENT I CAME THROUGH THE DOOR, EVERYONE IS SO FRIENDLY AND HAPPY.
17	YES ALL	I NEVER FELT LIKE ANYTHING WAS AN EFFORT. I FELT AS THOUGH ANYTHING MUM NEEDED WAS FINE AND NOT TROUBLE WHETHER THAT WAS PAIN, DIETARY OR HYGIENE.

5. **During this admission, did you feel you needed support in any of the following areas?**

The answers for the five areas were always 'strongly agree' 'agree' or 'neither'.

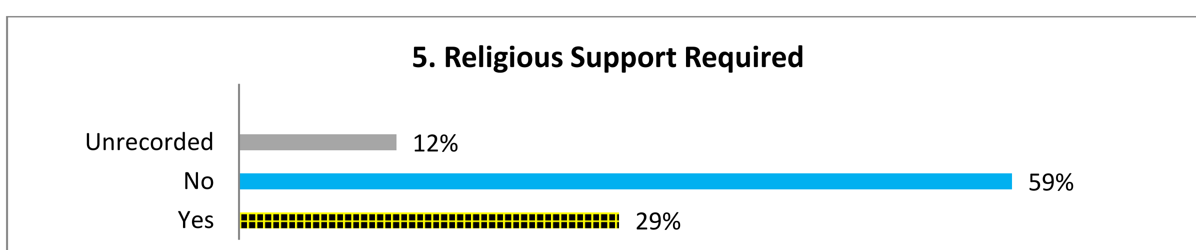
Here are the results for all five questions in graphical form.

Regarding emotional support, 14 (82% c.f. 48% in 2022) of respondents felt they needed it, 3 (18% c.f. 40% in 2022) felt they did not need it and none (0% c.f. 12% in 2022) did not record an answer.

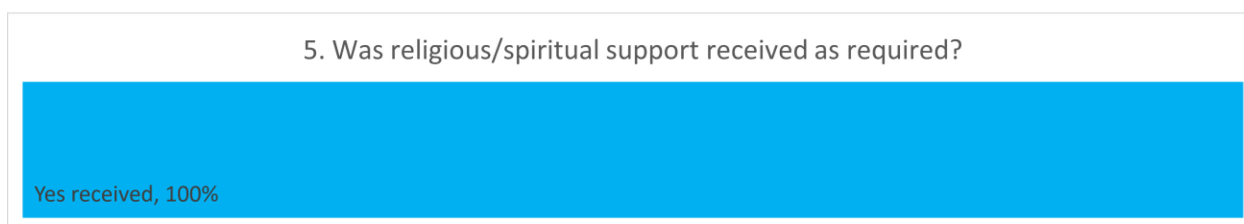


Of the 14 who needed emotional support, 1 did not record an answer as to whether they received it and the other 13 (100% c.f. 100% in 2022) all recorded that they received the support.

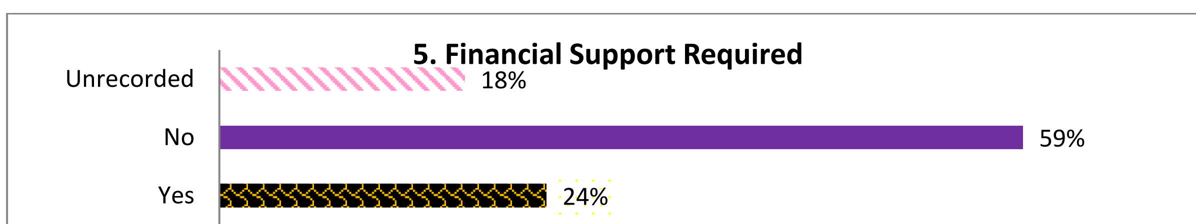
Regarding religious support, 5 (29% c.f. 24% in 2022) of respondents felt they needed it, 10 (59% c.f. 64% in 2022) felt they did not need it and 2 (12% c.f. 12% in 2022) did not record an answer.



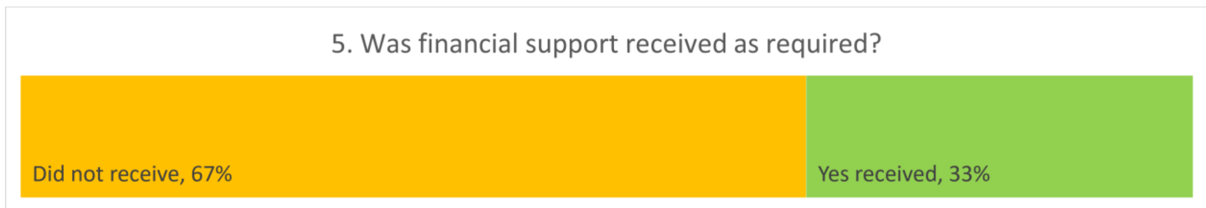
Of the 5 who needed religious/spiritual support, 1 did not record an answer as to whether they received it and the other 4 (100% c.f. 100% in 2022) recorded that they received the support.



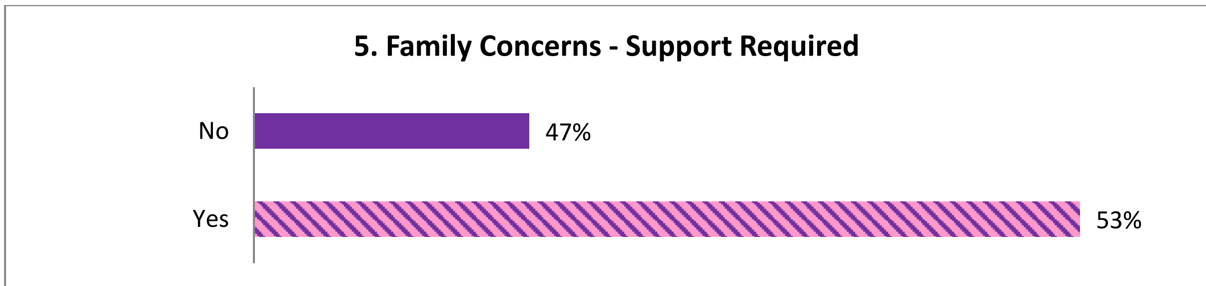
Regarding financial advisory support, 4 (24% c.f. 12% in 2022) of respondents felt they needed it, 10 (59% c.f. 72% in 2022) felt they did not need it and 3 (18% c.f. 16% in 2022) did not record an answer.



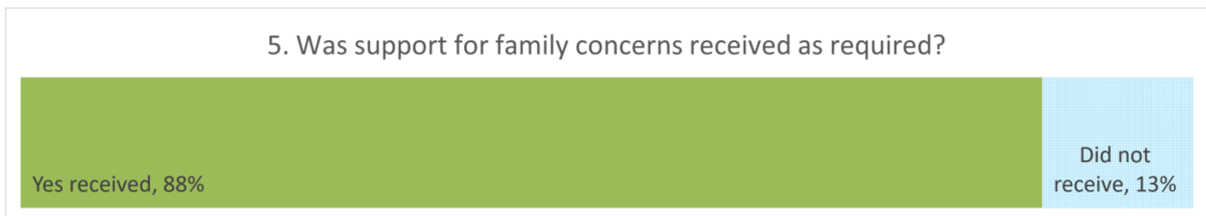
Of the 4 who needed financial advisory support, 1 did not record an answer as to whether they received it, 1 (33% c.f. 100% in 2022) recorded that they received the support, and the other 2 recorded that they did not receive the support (67% c.f. 0% in 2022).



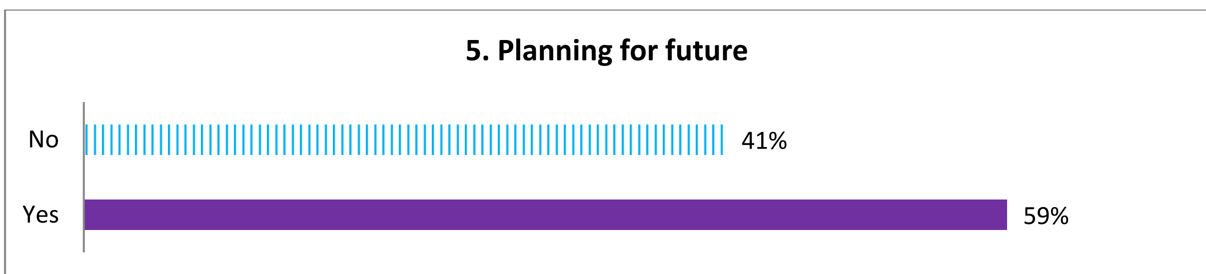
Regarding support for family concerns, 9 (53% c.f. 24% in 2022) of respondents felt they needed it, 8 (47% c.f. 60% in 2022) felt they did not need it and none (0% c.f. 16% in 2022) did not record an answer.



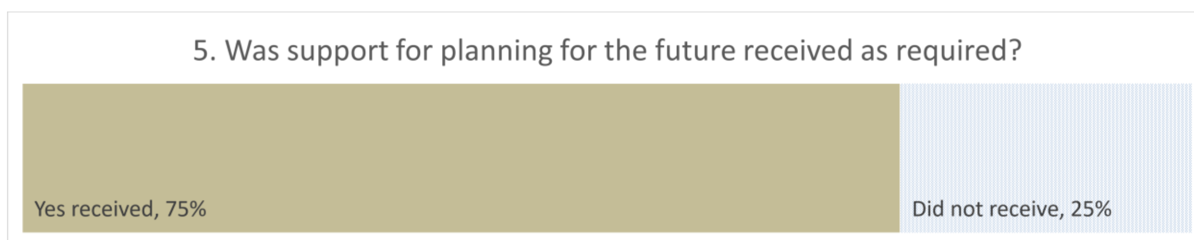
Of the 9 who needed support for family concerns, 1 did not record an answer as to whether or not they received it, 7 (88% c.f. 100% in 2022) recorded that they received the support, 1 (13% c.f. 0% in 2022) did not receive it.



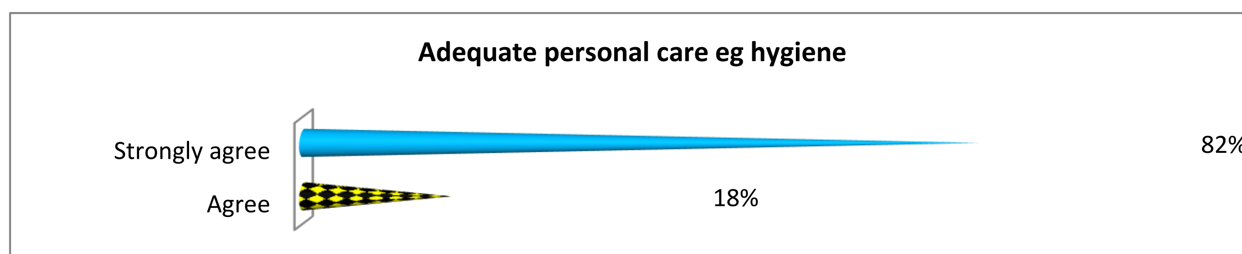
Regarding support for planning for the future, 10 (59% c.f. 32% in 2022) of respondents felt they needed it, 7 (41% c.f. 52% in 2022) felt they did not need it and none (0% c.f. 16% in 2022) did not record an answer.

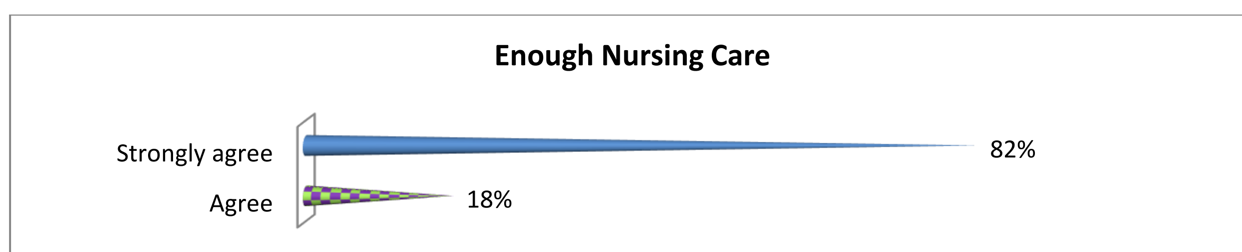


Of the 10 who needed support for planning for the future, 2 did not record an answer as to whether they received it, 6 (75% c.f. 100% in 2022) recorded that they received the support and 2 (25% c.f. 0% in 2022) did not receive it.



6. Adequate help with Hygiene, Nursing Care and Bed Area Privacy





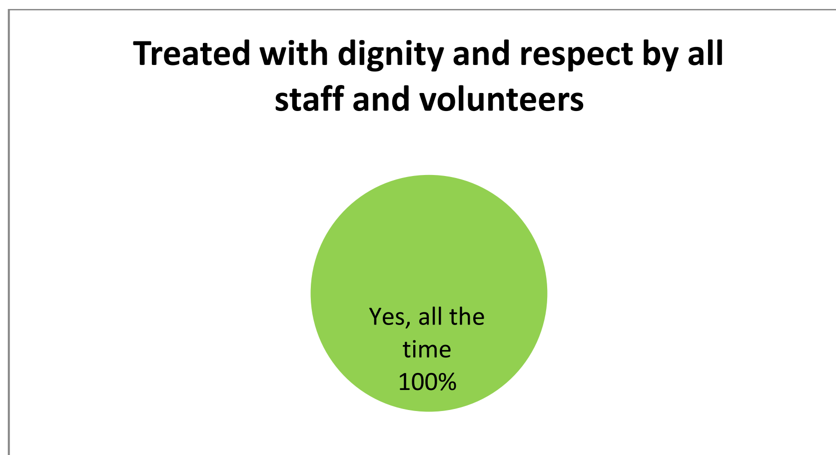
Regarding Personal Care (with hygiene etc.), 14 (82% c.f. 96% in 2022) of the 17 respondents strongly agreed that there was enough, and 3 (18% c.f. 4% in 2022) agreed.

Regarding Nursing Care (medicine and bed positioning etc.) 14 (82% c.f. 96% in 2022) of the 17 respondents strongly agreed that there was enough, and 3 (18% c.f. 4% in 2022) agreed.

Respondents were able to comment on whether they required support in any other area:

ID	Any other support needed comment
1	THE SUPPORT THAT I RECEIVED WAS SUPERB ALL ROUND
3	NO, NOT REALLY
4	NO EVERYTHING WAS SUPERB
7	NONE TOTALLY LOOKED AFTER, CARE IS 100%
9	NOT AT ALL!
11	VERY GOOD IN ALL AREAS
15	IT IS AN AMAZING PLACE. LOVELY SUPPORTIVE STAFF. HAPPY ATMOSPHERE. MAKES SUCH A DIFFERENCE TO HOW I FEEL.
16	I'VE HAD ALL THE CARE AND SUPPORT WE NEEDED.
17	NURSES AND HCAs DESERVE A SHOUT OUT AS THEY HAVE BEEN AMAZING.

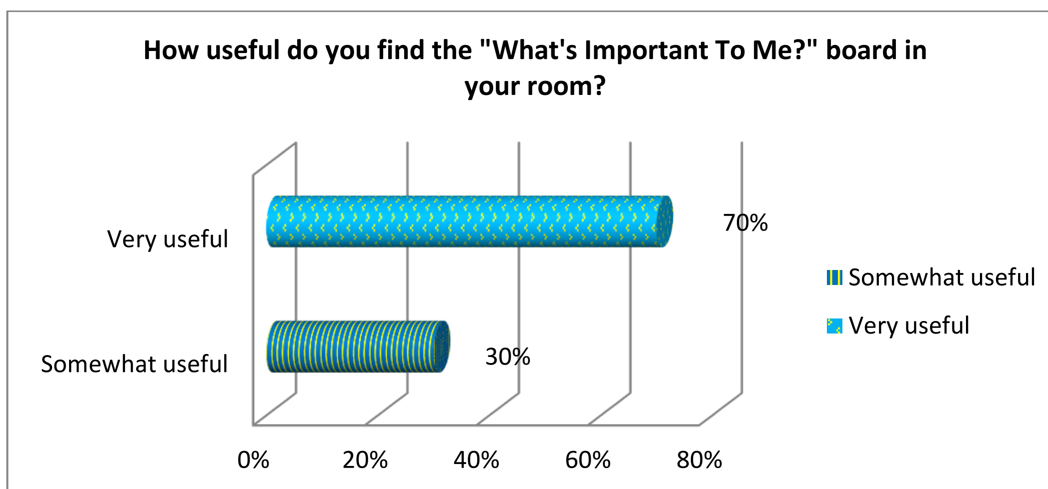
7. **How much of the time were you treated with dignity and respect by staff and volunteers?**



All 17 (100% c.f. 100% in 2022) patients replied that they were always treated with dignity and respect by all staff and volunteers. Seven added comments:

ID	Staff and volunteers respect	Staff volunteers respect comment
4	YES ALL THE TIME	COULD NOT FAULT THEM
6	YES ALL THE TIME	THE STAFF ARE ABSOLUTELY AMAZING.
7	YES ALL THE TIME	NOTHING IS TOO MUCH TROUBLE
9	YES ALL THE TIME	ALL THE STAFF ARE AMAZING!
15	YES ALL THE TIME	ABSOLUTELY ALL OF THE TIME.
16	YES ALL THE TIME	STAFF ARE AMAZING.

8. **How useful did you find the 'What's Important To Me" whiteboard in your room?**

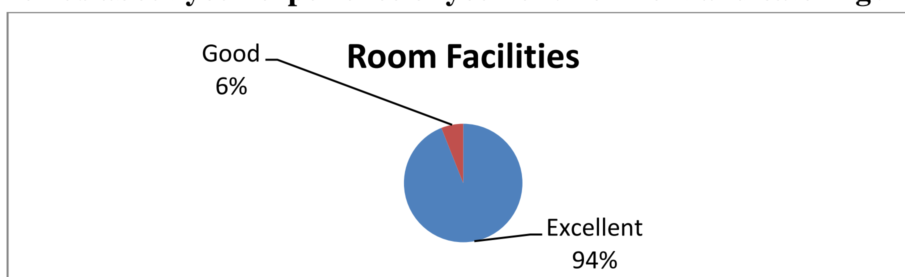


Of the 17 respondents, 7 (41% c.f. 4% in 2022) did not use it and 0 (c.f. 8% in 2022) did not record an answer. Of the 10 who did use it, 7 (70% c.f. 77% in 2022) found the "What's Important To Me?" board in patient rooms to be "Very useful," 3 (30% c.f. 14% in 2022) found it to be useful "To Some Extent," and none (0% c.f. 9% in 2022) recorded that it was "Not at all" useful.

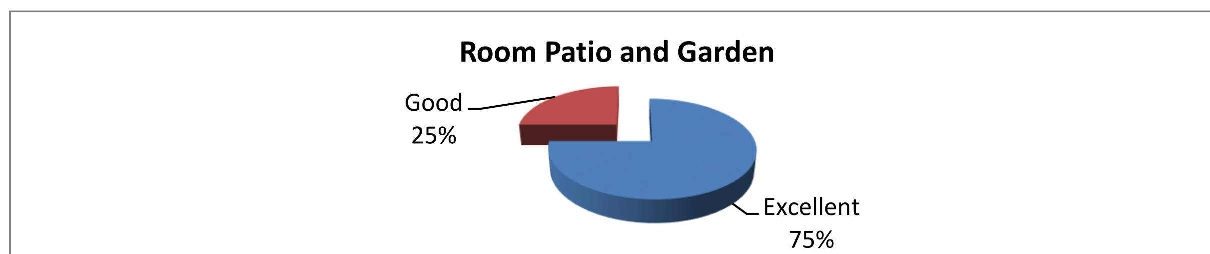
Six respondents left written comments:

ID	What's important to me whiteboard	Whiteboard comment
3	DID NOT USE	DIDN'T NOTICE
7	VERY USEFUL	CLEVER IDEA, LIKE A NOTEBOOK TO PUT THINGS ON YOU NEVER REMEMBER LATER.
8	VERY USEFUL	TO KNOW WHAT NURSES WERE WORKING EACH DAY
11	VERY USEFUL	EVEN THOUGH MY AUNT CANNOT SEE IT, THE MESSAGE ON BOARD IS READ TO HER AND IS VERY HELPFUL TO ALL.
13	SOME EXTENT	I HAVE NOT HAD MUCH USE OF IT, BUT IT IS GOOD TO KNOW WHO IS ON DUTY. ALSO, TO HAVE FAMILY NAMES ON IT IS NICE.
16	VERY USEFUL	GRANDKIDS LOVED TO LEAVE ME PICTURES, MESSAGES, WHICH I LOVED.

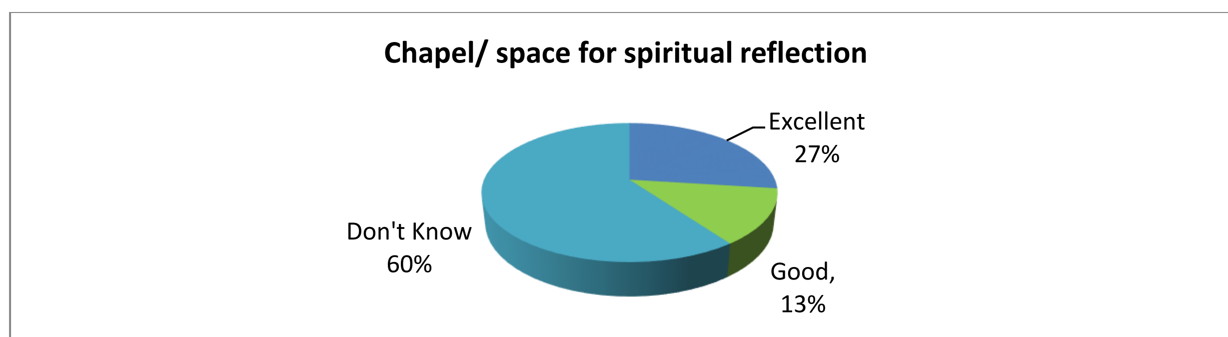
9. Tell us about your experience of your environment and catering?



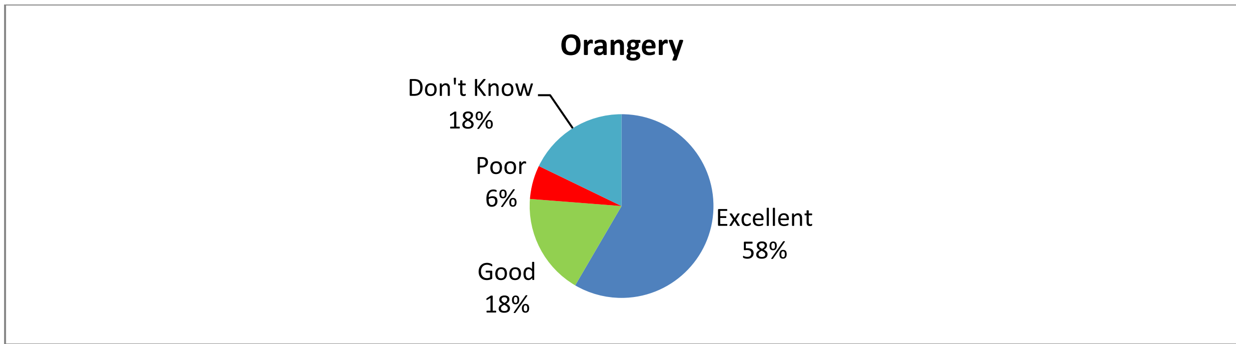
Regarding the room and its facilities: 16 (94% c.f. 92% in 2022) rated them 'Excellent' and 1 (6% c.f. 8% in 2022) 'Good.'



Regarding the room's patio and garden: 12 (75% c.f. 92% in 2022) rated it 'Excellent,' 4 (25% c.f. 8% in 2022) 'Good' and 1 did not record an answer.



Regarding the Chapel/ space for spiritual reflection, 4 (27% c.f. 32% in 2022) rated it as 'Excellent,' 2 (13% c.f. 0% in 2022) rated it as 'Good' and 9 (60% c.f. 68% in 2022) 'Didn't Know' and 2 did not record an answer.



Regarding the Orangery, 10 (59% c.f. 57% in 2022) rated it as 'Excellent,' 3 (18% c.f. 0% in 2022) rated it as 'Good,' 0 (0% c.f. 5% in 2022) rated it as 'Fair', 3 (18% c.f. 38% in 2022) 'Didn't Know' and 1 (6% c.f. 0% in 2022) rated it as poor. The respondent who rated the Orangery as "Poor" recorded a comment about it (see page 13).

Regarding the Food/Drinks choice/ taste and dietary needs met, 10 (59% c.f. 73% in 2022) rated them as 'Excellent,' 4 (24% c.f. 27% in 2022) rated them as 'Good,' 2 (12% c.f. 0% in 2022) rated them as fair and 1 (6% c.f. 0% in 2022) did not know how to rate them.

Regarding the Service/ Hospitality, 13 (76% c.f. 96% in 2022) rated them as 'Excellent,' 3 (18% c.f. 4% in 2022) rated them as 'Good' and 1 (6% c.f. 0% in 2022) did not know how to rate it.

Regarding the Facilities for visitors, 12 (71% c.f. 92% in 2022) rated them as 'Excellent,' 2 (12% c.f. 4% in 2022) rated them as 'good' and 2 (12% c.f. 4% in 2022) rated them as 'Fair,' and 1 (6% c.f. 0% in 2022) did not know how to rate it.

Seven respondents left written comments. Four were complimentary

ID	Environment and catering comments
4	EVERYTHING, REALLY PERFECT. COULD NOT FIND ANY FAULT.
7	ALTHOUGH WE ARE NOT CHURCHGOERS, IT IS ALWAYS GOOD TO TALK.
13	UNFORTUNATELY I HAVE NOT BEEN ABLE TO MAKE USE OF THE PATIO AND GARDEN BUT HAVE ENJOYED BEING ABLE TO SEE OUT AND WATCH THE BIRDS. SIMILARLY, IT IS GOOD TO KNOW THERE IS A CHAPEL AND SPACE. I HAVE BEEN VISITED BY THE SISTER BUT I HAVE NOT BEEN TO THE CHAPEL. THE FOOD WAS GOOD THOUGHOUT AND SERVED IN MANAGEABLE PORTIONS. THE MEAT WAS PROVIDED DAILY.
17	WE HAD A FAB EXPERIENCE AS ALL THE STAFF MADE SURE OUR NEEDS (ESPECIALLY WITH DRINKS AND MEALS) WERE MET.

Two were critical:

ID	Environment and catering comments
6*	THE ORANGERY CAFÉ COULD BE OPEN MORE FOR VISITORS. ALSO, IT REALLY NEEDS TO HAVE A MENU AND MORE CHOICE. THE CONFECTIONARY, CRISPS AND DRINKS ARE VERY LIMITED TOO. A COUPLE OF THE VOLUNTEERS NEED TO BE MORE ATTENTIVE AND COULD DO WITH SOME CUSTOMER SERVICE TRAINING. MAYBE A VENDING MACHINE WITH SNACKS, COLD DRINKS COULD BE MADE AVAILABLE. PATIENTS ARE NOT ALWAYS SURE WHAT THEY CAN CHOOSE FROM SO END UP HAVING SAME ALL OF THE TIME.
8	WEEKEND NEEDS A VENDING MACHINE OR A COFFEE MACHINE

*This respondent rated the Orangery as 'Poor.'

One mixed praise with criticism:

ID	Environment and catering comments
16	I DON'T KNOW ABOUT THE FOOD AS I DON'T WANT TO EAT. I AM VERY HAPPY WITH THE CHOICE OF ICE LOLLIES, ICE CHIPS AND COLD MILK AVAILABLE. HAVING A FREEZER IN THE VISITORS KITCHEN WOULD BE GREAT SO MY FAMILY CAN KEEP MY DRINKS AND ICE LOLLIES FOR THEM TO GET FOR ME INSTEAD OF BOTHERING THE BUSY NURSES AND STAFF FOR THEM ALL DAY.

10. Please provide any comments regarding the discharge planning process and how we discussed this with you?

Eight respondents left written comments. Four were complimentary:

ID	Discharge planning comment
3	YES, STAFF WERE CLEAR AND GAVE INFORMATION
6	SO FAR SO GOOD.
15	NOT QUITE THERE YET. HAS BEEN ASKED HOW SHE CAN MANAGE, WHO'S AT HOME, EQUIPMENT ETC. WHILST SHE CAN REMAIN INDEPENDENT SHE WISHES TO DO SO.
17	OUR MUM ASKED TO GO HOME AND EVERYONE WORKED SO QUICKLY TO MAKE SURE THAT WAS POSSIBLE AS WE ARE SO GRATEFUL.

Four were ambiguous or mixed praise with criticism:

ID	Discharge planning comment
1	WHEN DISCHARGING THE PATIENT, YOU NEED TO KNOW THE DEFINITE DATE AND CONFIRM IT BEFORE YOU TELL THE PATIENT. SOMETIMES THE PATIENT GETS THEIR HOPES UP, ONLY TO BE LET DOWN.
2	THE DOCTOR SAID WE WILL APPLY FOR CARE IN A NURSING HOME.
11	TO BE DISCUSSED WITH FAMILY AND DOCTORS INVOLVED IN CARE AND NURSING TEAM.
13	AFTER AN INITIAL MISUNDERSTANDING WE HAD A MEETING WHERE THE DISCHARGE ARRANGEMENTS WERE CLARIFIED TO OUR SATISFACTION.

11. Please add any suggestions about how we might improve the experience for you or your visitors.

Fourteen respondents left written comments. Two had suggestions for areas they considered in need of improvement.

ID	Suggestions for improvement
6	NOT SURE WHY EVERYDAY I VISIT I HAVE TO GIVE MY TELEPHONE NUMBER AS IT IS ON YOUR RECORD. NO BIG DEAL. THIS HOSPICE IS AMAZING AND ALL THE STAFF ARE TOO. THERE IS PROBABLY A LOT MORE WAYS YOU COULD FUNDRAISE, WHILST VISITORS COME.
8	VENDING MACHINE. COFFEE MACHINE.

Twelve had only compliments to give.

ID	Suggestions for improvement
2	NO ALL WAS GOOD
3	NOT REALLY, NO CHANGES.
4	ALL FINE
5	EVERYTHING ALL PERFECT
7	NO SUGGESTIONS NEEDED I THINK THE WHOLE EXPERIENCE HAS BEEN CATERED FOR HERE.
9	EVERYTHING IS SPOT ON!
11	THERE IS NO ROOM FOR IMPROVEMENT AS FAR AS MYSELF OR FAMILY ARE CONCERNED. THE SERVICES CARE AND KINDNESS SHOWN IS BRILLIANT.
12	SATISFIED
13	WHILST I AM SURE THERE WILL BE WAYS OF IMPROVING THE EXPERIENCE IT IS DIFFICULT TO THINK OF ANY. WE HAVE ALL BEEN GRATEFUL FOR YOUR HELP THROUGHOUT. THANK YOU AGAIN.
15	EVERYTHING IS PERFECT.
16	CAN'T THINK OF ANYTHING
17	CAN'T THINK OF ANYTHING :)

12. As a patient is there anything else you would like to share with us? We welcome all feedback – positive or negative. Please feel free to add any comments

Seven respondents left written comments. They were all very complimentary.

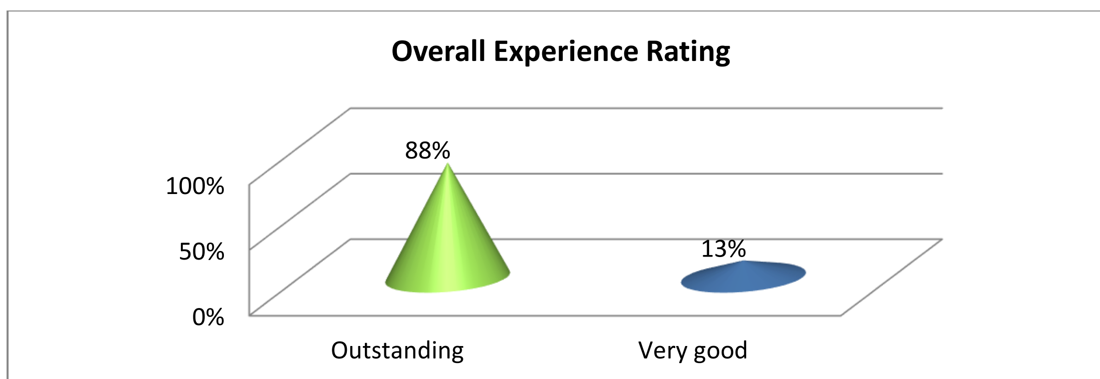
ID	More feedback
2	VERY POSITIVE
7	THERE IS NOTHING NEGATIVE ABOUT ST RAPHAEL'S HOSPICE. 100% LOYALTY FROM STAFF TO RESIDENTS.
8	NONE. EXCELLENT SERVICE.
13	IT IS GOOD TO SEE SO MANY VOLUNTEERS WORKING WITH PAID STAFF, THEY ARE SO HELPFUL WHEN YOU ARE UNABLE TO COMPLETE THINGS YOURSELF! THEY ARE WILLING TO ASSIST IN ANY WAY. IT IS VERY MUCH APPRECIATED.
15	A BIG THANK YOU FOR ALL THE CARE AND FUN. STAFF MAKE YOU LAUGH, MAKES YOU FEEL BETTER.
16	STAFF ARE AMAZING
17	WE REALLY APPRECIATE THAT YOU LOOKED AFTER ALL THE VISITORS AS WELL AS THE PATIENT

13. Thinking about the service we provide on the inpatient unit, overall, how was your experience?

NB in 2023, the first eight questionnaires did not include the option to rate the inpatient unit experience as 'outstanding' but the latter nine questionnaires did. Therefore the two lots of questionnaires will be depicted separately.

For the first eight – where the highest rating option is very good – one respondent did not record a rating and the other seven (100%) rated it as 'Very good.'

For the latter nine - where the highest rating is outstanding – one did not record an answer, 7 (88%) rated it as 'Outstanding' and 1 (13%) rated it as 'Very good.'



In 2023, 14 (93% c.f. 92% in 2022) of the 15 who recorded an answer gave the highest rating they could.

In 2022 – when the highest rating available was 'Very good' - 22 (92%) rated their overall experience as 'Very good,' 1 (4%) rated it as 'Good' and 1 (4%) did not know what rating to give. 1 did not record an answer

Can you tell us why you gave that response?

ID	Overall experience rating	Overall experience comment
2	VERY GOOD	ALL THE STAFF WERE VERY SUPPORTIVE
3	VERY GOOD	WELCOMING AND VALUED PATIENT CARERS AND PLEASANT GREETING. SMOOTH AND CLEAR DIRECTION.
4	VERY GOOD	BECAUSE EVERYBODY IS SO KIND AND CARING.
6	VERY GOOD	BECAUSE COMPARED TO THE ACUTE SECTOR IT IS.
7	VERY GOOD	TOTAL 100% CARE TOP BOX SHOULD BE EXCELLENT.
8	VERY GOOD	STAFF ARE VERY PROFESSIONAL/ 😊 AND KIND.
10	OUTSTANDING	EVERY MEMBER OF STAFF IS HELPFUL AND FRIENDLY. ALL STAFF ARE ATTENTIVE AND CARING WITH AN APPROACH OF "NOTHING IS TOO MUCH TROUBLE." RESPECT AND DIGNITY IS SHOWN AT ALL TIMES AND EVERYTHING EXPLAINED TO THE PATIENT.
11	VERY GOOD	I HAVE BEEN MADE TO FEEL COMFORTABLE AND SAFE, WELCOMED BY ALL AND HAVE HAD EVERYTHING EXPLAINED TO MYSELF EVERY TIME SOMEONE HAS COME INTO MY ROOM.
13	OUTSTANDING	WE HAVE ALL BEEN LOOKED AFTER VERY WELL. ALL THE STAFF HAVE BEEN HELPFUL AND VERY PLEASANT.
14	OUTSTANDING	PATIENT HAD NOTHING BUT PRAISE FOR THE HOSPICE
16	OUTSTANDING	THE STAFF ARE EXCELLENT, ALWAYS HAPPY AND FRIENDLY. ANYTHING ASKED OF THEM IS NO BOTHER. THE FACILITIES WERE KEPT CLEAN AND TIDY. THE PATIENT WAS KEPT COMFORTABLE AND CLEAN.

14. Is there anything you might want us to do that would improve your visit to the Hospice?

Six respondents recorded written comments. Three were complimentary:

ID	What could improve visits to Hospice?
1	THANK YOU TO ALL THE STAFF AND VOLUNTEERS. YOU HAVE BEEN FANTASTIC WITH YOUR CARE AND TREATMENT. IT HAS BEEN A PLEASURE TO HAVE STAYED HERE. LOVE YOU ALL. THANK YOU.
14	100% AS IT IS
15	NOTHING THE HOSPICE CAN DO TO IMPROVE. EVERYTHING IS PERFECT.

The other three did cite areas for improvement:

ID	What could improve visits to Hospice?
10	ACCESS TO TEA/COFFEE, SNACK MACHINES WHEN ORANGERY IS CLOSED (E.G. EVENINGS/WEEKENDS). RECEPTION TO HOLD A LIST OF REGULAR VISITORS WITH CONTACT DETAILS TO AVOID GIVING NAME/NUMBER OF EACH VISITOR ON EVERY VISIT - THIS WILL SPEED UP THE CHECKING IN PROCESS EACH TIME ON ARRIVAL. WE ARE OFTEN KEEN TO GET IN AND SEE OUR MUM AS QUICK AS WE CAN!
12	CHEF
16	A FREEZER IN VISITORS KITCHEN WOULD BE GREAT. CAFÉ BEING OPEN A BIT LONGER WITH SOME DINNER OPTIONS.

15. As a relative/ friend is there anything else you would like to share with us?

There were seven written comments. Six were complimentary.

ID	Relative / friend feedback
3	THANK YOU, ASSESSMENT WAS VERY GOOD BETWEEN MULTIPLE DISCIPLINARY TEAM, AND THEY LISTENED TO THE PATIENT'S WISHES TO GO HERE. GAVE CARE TO PATIENT'S BEST WISHES AND LISTENED TO HIM.
4	ALL EXCELLENT.
7	I THINK THE SERVICE GIVEN IS SECOND TO NONE, CANNOT FAULT ANYTHING.
8	ALL THE STAFF ARE VERY HELPFUL AND KIND. AND A LOT OF SUPPORT!
9	I WOULD LIKE TO THANK ALL THE STAFF FOR THEIR SUPPORT, KINDNESS AND PROFESSIONALISM. THANK YOU!
10	THIS IS AN ABSOLUTELY AMAZING SERVICE FOR BOTH PATIENTS AND RELATIVES. THE OVERALL ENVIRONMENT HAS BEEN WELL STRUCTURED TO ENSURE IT IS PEACEFUL AND PROVIDES AN ATMOSPHERE THAT IS SUITABLE FOR PALLIATIVE CARE. THE STAFF ARE ATTENTIVE AND WORK INCREDIBLY HARD TO ENSURE FIVE STAR CARE IS PROVIDED BOTH DAY AND NIGHT. THIS ENVIRONMENT AND SUPPORT HAS SUPPORTED MY SISTER AND I TO FEEL REASSURED THROUGHOUT A DIFFICULT TIME AND COULD NOT THINK OF A BETTER PLACE FOR MY MUM TO BE SPENDING HER FINAL DAYS. A MASSIVE THANK YOU TO EVERYONE!

One expressed some concerns:

ID	Relative / friend feedback
11	WE ARE ALL VERY CONCERNED AS TO AFTERCARE AND THE FINANCIAL SIDE OF THINGS.

OVERALL SATISFACTION 2023: 97.86% - Based on 21 questions

OVERALL SATISFACTION 2022: 98.93% - Based on 21 questions

Conclusions

1) Overall satisfaction is an extremely satisfying and impressive 97.86% (c.f. 98.93% in 2022). Staff should be immensely proud of the work they do in supporting the inpatients and those important to them.

2) The survey participation rate 8% (c.f. 13% in 2022) across patients who were either discharged from or died on the IPU is disappointing but will be associated with the patient's condition whilst an inpatient on the IPU. Reflecting upon survey completion by those discharged the completion rate rises significantly to 30% in 2023 (c.f. 39% in 2022).

3) Given the very high levels of satisfaction, countered by the low number of representative sample in 2023, it is still important to examine any areas of potential development or improvement reflected in the survey. This does not undermine the high level of attained satisfaction with the inpatient service. In summary, the following areas should receive reflection and comment:-

    a. Plan to increase the participation rate
    b. Review provision of OOH refreshments
    c. Consider a patient/visitor accessible refrigerator.
    d. Review the adequacy of offer from the Orangery to service visitor needs

4) Feedback around care and treatment has been excellent.

RECOMMENDATIONS

1) Utilising an interview methodology for this survey remains the methodology of choice.

2) Ensure volunteer ward companions have the necessary training to facilitate this valuable form of information capture.

3) Feedback at an Audit and QI feedback forum in 2024.

4) Routinely ensure that every patient fit for discharge has been provided with an opportunity to complete a questionnaire.

5) Liaise with IT to explore the feasibility of introducing an iPAD-based digital feedback form to facilitate participation in completing the survey.

IPU Sister Take-Away / Action Points

The low response numbers are disappointing however overall the feedback given is very positive and reflects the hard work of the nursing team. It is very positive that all patients felt they were treated with respect and dignity at all times and there was a small increase in patients or relatives giving us the highest rating available (very good or outstanding). Some of the percentages do seem lower this year however this is largely due to the lower response rate. It is disappointing that some patients or family members felt they didn't receive needed financial support or have family concerns addressed. It is difficult to know whether this is because they were referred to other services that were unable to meet the needs within the time frame or whether they were not discussed at all. We are due to start CSNAT on the ward with HCAs already having training on this so this will give carers greater opportunity to say what is worrying them. It is great there was an increase in people finding nurses and doctors easy to understand. There were some more negative comments around the discharge process but it should be recognised that this is an especially complex process and can be stressful for family members despite all efforts of staff involved.

It seems that the whiteboards are useful when used however may not be getting used as much as before. It is important the staff show those important to the patient that they can use the whiteboards themselves. We are also discussing on the ward using the This Is Me booklets more often however currently they are being redesigned to be inclusive of all patients, not only for those with dementia.

With regards to facilities, there is a fridge in the galley area for the relatives to use however a fridge with a freezer section could be considered as patients often do like ice-lollies or ice cream. Relatives do often ask for food or drinks outside the orangery opening hours so it may also be beneficial to have a small selection of snacks they could buy out of hours.

Clinical Director Take-Away / Action Points

As above – agree with IPU Sister's comments.

Overall positive but agree that uptake is low.

Financial concerns/family support comments are also worth sharing with Social Worker and Assistant.

Housekeeping Manager Take-Away / Action Points

Considering we do not have a commercial kitchen, we are very restricted in regards to what meals we can offer. Therefore, I am happy with the score.

There is a microwave in the Galley kitchen which can be used by visitors, and tea and coffee is available 24 hours. We have had a patient fridge in the past but was not used and relatives are more than welcome to bring in food which we are happy to store. As always, space is an issue.

A vending machine has been looked into but is costly and raises up-keep and service costs. Companies that have been approached have also commented that our foot fall does not warrant it.

The orangery has a menu and our staff are always willing to cater for strange requests. Our prices are affordable and this service does operate at a loss. After 3pm our main kitchen is happy to make a snack for visitors who are staying over, and a light breakfast is always offered.

The housekeeping team have a limited amount of staff who are also responsible for the Orangery. Increased hours are not an option at this moment but we are grateful for any volunteers that can help us.

Appendix A – N:\Clinical\Clinical Governance\Clinical Audit\Audits - project folders\2023-24\Surveys\Master\Inpatient Questionnaire version 22-06-2023.pdf

St Raphael's
Your Local Hospice

VOICES QUESTIONNAIRE

2022-2023

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 2022 to 31st March 2023 were sent questionnaires 4-6 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 2022/23 dataset with earlier audit from 2022.

Executive Summary

a) The number of returned questionnaires was 25% in 2022/23 (c.f. 26% in 2022, 27% in 2021/22, 25% in 2021, 37% in 2020/21, 26% in 2020, 28% in 2019/20, 25% in 2019, 29% in 2018/19 ;34% in 2018; 32% in 2017/18; 28% in 2017).

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 all agreeing that the environment respected the patients' privacy (see page 12).

c) Definite assertion of the adequacy of inpatient emotional support decreased slightly to 89% in 2022/23 from 2022's 90% (page 13), whilst definitive assertion of the adequacy of inpatient religious/spiritual support has increased to 80% from 2022's 67%.

d) Inpatient support regarding financial concerns or other practical problems was considered to be of lesser need – 5 respondents (24%) in 2022/23 (c.f. 41% in 2022). That need was considered to have been definitely met by all 5 (100% in 2022/23 c.f. 56% in 2022).

e) Definite assertion that symptoms other than pain in the IPU had been relieved has increased to 94% in 2022/23 (c.f. 89% in 2022). 94% recorded either definitely or to some extent in 2022/23 (c.f. 100% in 2022). 6% answered "No." (c.f. 0% in 2022).

f) Support regarding family concerns of inpatients was considered to be of lesser need – 48% in 2022/23 (c.f. 68% in 2022). That need was considered to have been definitely met by 90% in 2022/23 (c.f. 87% in 2022).

g) Inpatient pain relieved completely, 'all of the time' has decreased to 61% in 2022/23 (c.f. 68% 2022), 'some of the time' has increased to 33% in 2022/23 (c.f. 27% in 2022) and 'partially' has decreased to 0% in 2022/23 (c.f. 5% in 2022) (Page 14).

h) Small shift in the number of family members to being always kept informed from "usually" being kept informed of the inpatients' condition - 84% in 2022/23 (c.f. 82% in 2022) being always kept informed. 16% considered family members were usually kept informed (c.f. 18% in 2022). 0% considered family members were only sometimes informed (c.f. 0% in 2022).

i) The percentage of respondents who considered the language used by doctors and nurses on the IPU to explain the condition to be 'very easy' to understand increased to 80% in 2022/23 (c.f. 77% in 2022) (Page 15) with a decrease in 'fairly easy to understand' responses to 15% in 2022/23 (c.f. 23% in 2022). 0% reported that they 'never spoke' to staff about the inpatient's condition (c.f. 0% in 2022). 5% reported that doctors and nurses "did not explain" the inpatient's condition (c.f. 0% in 2022). (The 5% reflects on one respondent).

j) The number of respondents that felt that decisions were made about the inpatients' care/treatment that they wouldn't have wanted has increased to 15% in 2022/23 (c.f. 5% in 2022). (page 15)

k) Doctors and nurses 'always treating inpatients with respect and dignity' achieved the same for doctors and nurses – 100% for nurses and 100% for doctors (c.f. 95% for nurses and doctors in 2022).

l) Definite assertion by the nok of inpatients that the Hospice worked well with GPs and other external services has decreased to 40% in 2022/23 (c.f. 62% in 2022). 0% of respondents (c.f. 14% in 2022) felt that they didn't work well together and 50% in 2022/23 didn't know (c.f. 24% in 2022).

m) A larger proportion of respondents regarded that being able to stay overnight in the Hospice was important – 75% (c.f. 55% in 2022) (page 17, Question 11).

n) There has been an decrease in respondents considering that they had 'definitely received sufficient emotional support from the hospice team' whilst an inpatient – 75% in 2022/23 (c.f. 86% in 2022) (page 17), with maintained emotional support not being required – 5% in 2022/23 (c.f. 5% in 2022). Taken together the adequacy of emotional support as either definite, to some extent or not required has decreased to 95% on the IPU from 100% in 2022.

o) Respondents were asked to rate care given to inpatients by doctors and nurses and the responses in 2022/23 show a shift to 'Excellent' down from 'Exceptional.' 50% considered doctor care to be 'Exceptional' (c.f. 77% in 2022),' 45% considered it to be 'Excellent' (c.f. 18% in 2022) and 5% considered it to be 'Good' (c.f. 5% in 2022) and 0% considered it 'Fair' (c.f. 0% in 2022) and 0% recorded 'Don't Know' (c.f. 0% in 2022). Taking 'exceptional' and 'excellent' together rates in 2022/23 have maintained at 95% (c.f. 95% in 2022). Responses relating to nursing care show a shift to 'Excellent' from 'Exceptional': 65% rating nursing care as 'Exceptional' (c.f. 77% in 2022) and 30% as 'Excellent' (c.f. 18% in 2022) and 5% as 'Good' (c.f. 5% in 2022) and 0% as 'Fair' (c.f. 0% in 2022) (Page 17-18). Taking 'exceptional' and 'excellent' together, this has maintained in 2022/23 at 95% (c.f. 95% in 2022).

p) Regarding the food provided on the IPU in 2022, there was a small decrease in 'Exceptional' responses: 33% rated the food as 'Exceptional' in 2022/23 (c.f. 35% in 2022), 47% 'Excellent' (c.f. 47% in 2022), 13% 'Good' (c.f. 12% in 2022), 7% 'Fair' (c.f. 6% in 2022), 0% 'Poor' (c.f. 0% in 2022) (Page 19) and 0% recorded 'Don't know' (c.f. 0% in

2022). Combining ‘exceptional’ and ‘excellent’ ratings there has been a small decrease in 2022/23 – 80% (c.f. 82% in 2022).

q) 95% of respondents rated the patient bedroom as ‘Excellent’ which is an increase from 91% in 2022. The en-suite bathrooms were rated ‘Excellent’ by 95% in 2022/23 (c.f. 82% in 2022) (Page 19) which is a significant increase.

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 care providers. Responsiveness of visit is increased – 82% in 2022/23 (c.f. 71% in 2022); ‘Yes definitely’ answers for emotional support have increased – 75% (c.f. 67% in 2022); Religious or spiritual support have increased to 58% (c.f. 43% in 2022), but that question has a smaller data cohort, since fewer respondents consider religious/spiritual support to be necessary.

s) A lower proportion felt that the patient required help with urgent problems during the evenings, between 5pm and 11pm, – 50% in 2022/23 (c.f. 65% in 2022) and of those, an increased proportion – 82% (c.f. 67% in 2022) felt definitely that enough support had been received. (page 23)

t) A lower proportion felt that the patient required help with urgent problems during the night (7pm – 9am) – 55% in 2022/23 (c.f. 64% in 2022) and of those, a higher proportion – 81% (c.f. 71% in 2022) felt definitely that enough support had been received.

u) A slightly lower proportion of respondents considered that the patient’s pain had been completely relieved all of the time by the CPCT – 39% in 2022/23 (c.f. 40% in 2022) (page 23). [Note – complete pain relief on the IPU has decreased during this audit period – it was 61% (c.f. 68% in 2022)]

v) A slightly lower proportion in 2022/23 – 81% (c.f. 84% in 2022) 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 slightly: ‘Very easy’ to understand increased to 73% in 2022/23 (c.f. 65% in 2022) and ‘fairly easy’ maintained at 27% (c.f. 27% in 2022).

x) Care received from the CPCT altogether saw an increase to 48% rating it as ‘Exceptional’ in 2022/23 (c.f. 42% in 2022), 0% rated it as ‘Poor’ (c.f. 4% in 2022) (Page 25). Overall regard for care as a whole provided by the CPCT shows an increase on 2022 with either ‘Exceptional’, ‘Excellent’ or ‘Good’ yielding 100% in 2022/23 (c.f. 88% in 2022).

y) CPCT involving family/carers in decisions about the patients’ treatment has increased to 90% in 2022/23 (c.f. 88% in 2022).

z) Patients' explicit statement on their preferred place of death once again indicates that it is usually their home or the Hospice: Home – 61% (c.f. 63% in 2022) Hospice – 25% (c.f. 30% in 2022).

aa) 85% of respondents in 2022 believed the patient died in the right place (c.f. 94% in 2022) (page 28).

bb) 69% felt the patient achieved their preferred place of death in 2022/23 (c.f. 58% in 2022) (page 26).

cc) Bereavement support for those whose loved ones died in the Hospice was considered definitely enough by 94% in 2022/23 – a small decrease from 2022's 95% (page 29).

dd) 83% felt able to talk to someone from the Hospice as soon as they wanted about their bereavement (c.f. 81% in 2022) which shows a small increase. 10% wanted it sooner (c.f. 5% in 2022).

ee) Following receipt of the bereavement leaflet – a decreased proportion - 77% found it either definitely helpful or helpful to some degree (c.f. 82% in 2022). 21% did not receive the leaflet (c.f. 7% in 2022).

ff) The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has increased to 82% in 2022/23 (c.f. 76% in 2022). 0% felt the contact was unhelpful (c.f. 3% in 2022). Responses stating that contact wasn't received increased to 11% (c.f. 7% in 2022).

gg) Responding to the Friends & Family question, all 41 of the 44 respondents recorded an answer and 35 (85%) rated the hospice as 'Very Good' in 2022/23 (c.f. 81% in 2022), 5 (12%) rated the hospice as 'Good' (c.f. 13% in 2022), 1 (2%) rated it as 'neither good nor poor' (c.f. 3% in 2022). 0 (0%) rated it as 'Poor' (c.f. 0% in 2022), 0 (0%) rated it as 'Very Poor (c.f. 3% in 2022),' and 0 (0%) did not know the answer to this question (c.f. 0% in 2022). Taken together, 98% rated the Hospice as either 'Very Good' or 'Good' in 2022/23 (c.f. 94% in 2022).

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 really bears no relationship to whether the survey is sent out in month 6 or month 4 following patient death. To continue the routine and monthly mailing of VOICES questionnaires in A3 format and ensure mailing is undertaken between 4-6 months post patient death.

What will we do or change?

a) Without additional resources (such as survey follow-up by t/c, email, post or implementation of an alternative/complementary route for survey returns) targeted toward improving the survey return rate, the return rate sits within an acceptable level 25%-35%. However, we will strive to improve the return rate.

Under consideration are: **ACTION : A Rudkin / R Trower**

i. utilising email or our website as potential complementary or primary communication route for the survey;
ii. reducing the number of questions in the survey questionnaire;
iii. exploring if VOICES survey follow-up can be combined with any routine contact undertaken by the newly established bereavement journey assistant.

b) Consider if the VOICES survey is the most acceptable method of requesting feedback on service experience – particularly the Community Team whose inputs may sometimes not be remembered by those important to the patient as distinct from other community service providers. **ACTION : Clinical Heads**

c) To include any completed questionnaire that has a point of potential learning / dissatisfaction expressed and contact details included in the DATIX feedback software for respective clinical HoD to review and feed into any consequential action taken. **ACTION : J Cope/A Rudkin**

d) To review the phrasing of Q18a to distinguish between CPCT and PSS. **ACTION : J Cope/A Rudkin**

Update on Last Report Actions : April 2022 – October 2022

a) 'Outstanding' included as an option for the overall rating (in line with the IPU survey) from November 2023.
b) A new and enlarged family room that will service bariatric admissions as its primary function but will otherwise provide overnight accommodation for family members opened in September 2023.
c) Demand for advice out of hours and its impact upon staffing has been audited. A flowchart to support the inpatient nurses with the management and triage of OOH calls to lessen any distress or undue burden they may have been causing is in place.
d) A bespoke survey for the Psychological Support Services that is provided to all clients at the close of their counselling was introduced in June 2023.
e) Being treated with dignity and respect achieved 100% compliance in the IPU.

OVERVIEW

In October 2022 – March 2023, there were 44 questionnaires returned, providing a return rate of 25% (c.f. 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:

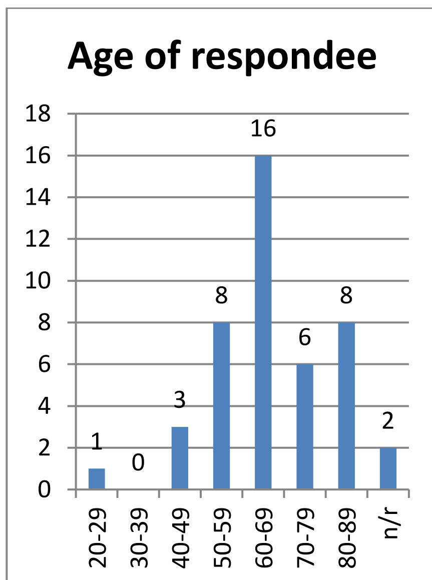
Gender of Respondent

Period	Male	Female	*n/r*
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*

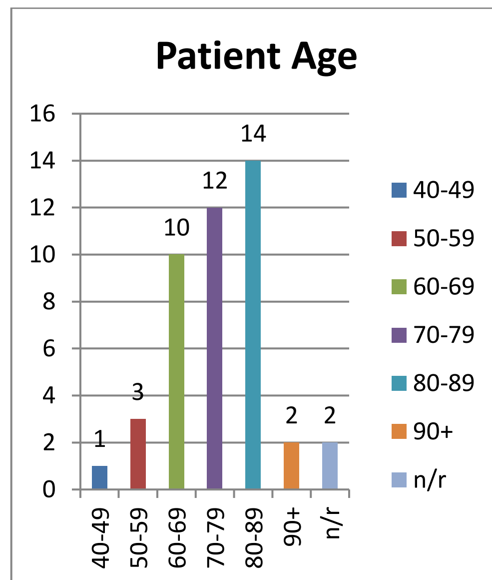
Gender of Patient

Period	Male	Female	*n/r*
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*

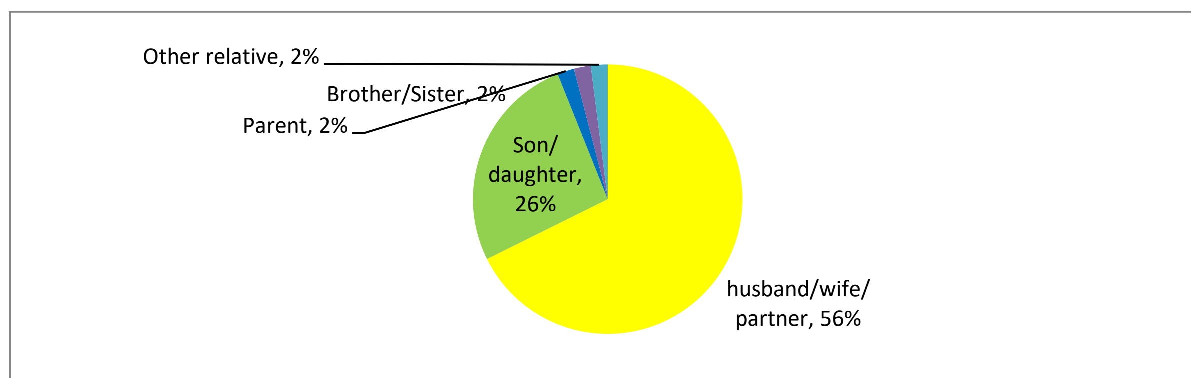
Age of respondent



Age of deceased



Respondent's relationship to patient

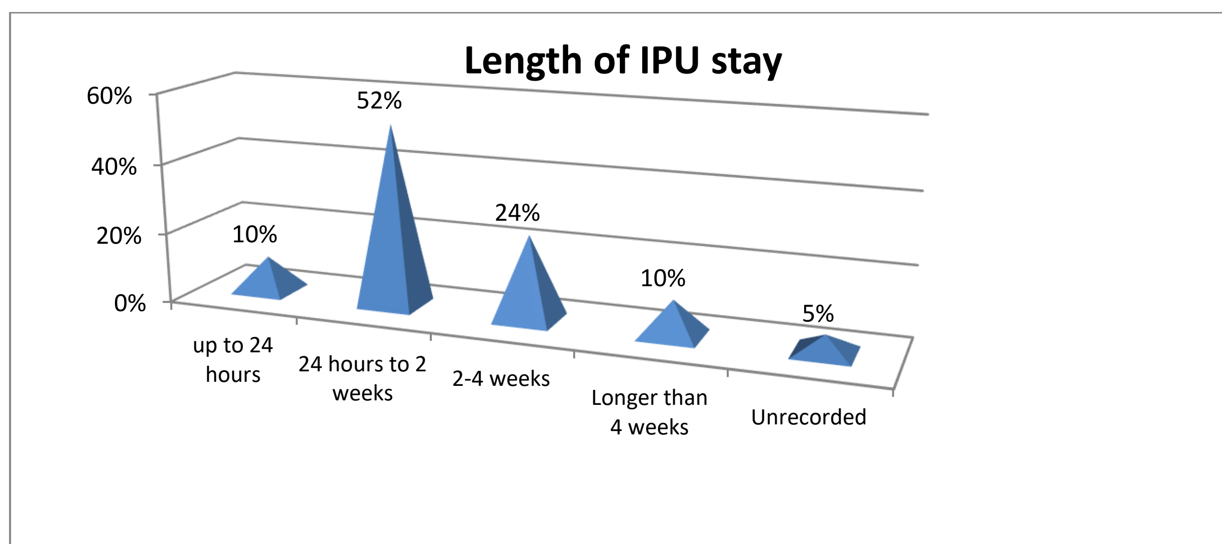


36 (86% c.f. 94% in 2022) of the 42 respondents who answered the question identified themselves as being 'White' (British/Irish/Other) with 6 (14%) identifying themselves as "Black African," "Asian Indian," "Asian Pakistani," "Asian Other," and "Mixed Other." 2 did not record an answer. 37 (88% c.f. 94% in 2022) of the 42 patients who had the question answered on their behalf were identified as being white and the other 5 (12%) as 2 "Asian Indian," "1 Asian Pakistani," "1 Asian Other," and 1 "Mixed White and Black Caribbean." 2 did not record an answer.

Inpatient Care on Hospice Ward

Inpatient Stay

Q2) 21 (48% c.f. 69% in 2022) of the 44 respondents stated that the patient had stayed in the IPU at some point. Of these, 11 (52% c.f. 45% in 2022) had stayed between 24 hours and two weeks, 5 (24% c.f. 32% in 2022) stayed between two and four weeks and 2 (10% c.f. 9% in 2022) stayed for longer than 4 weeks. Two (10% c.f. 9% in 2022) stayed for less than 24 hours. One (5% c.f. 5% in 2022) did not record an answer.



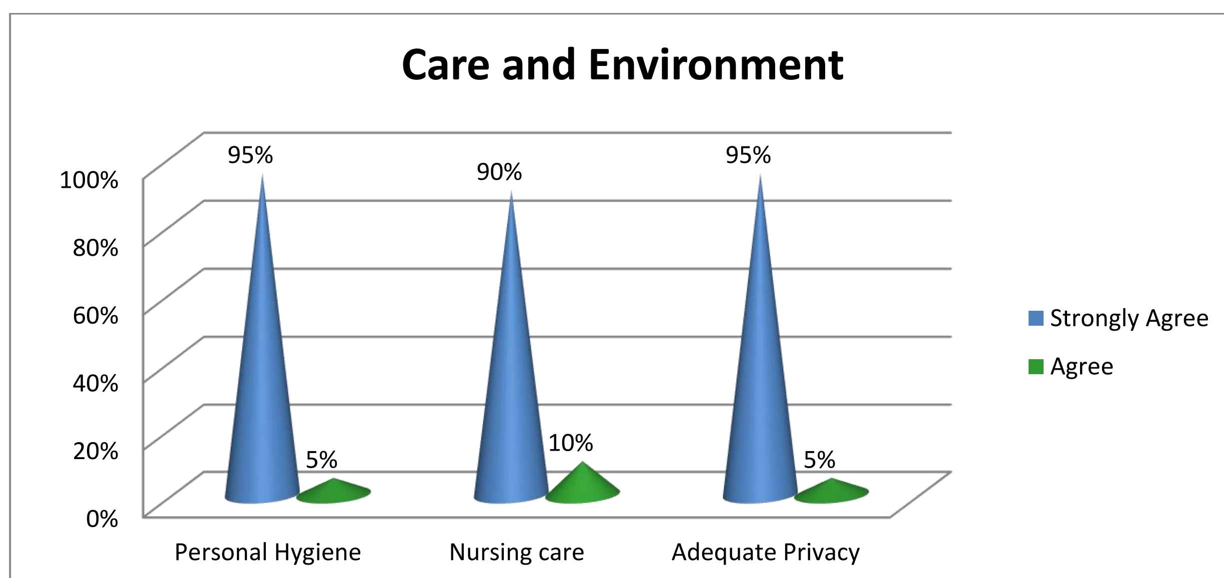
Care and Environment

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) 95% 'strongly agreed' that there was enough help with personal care such as washing, personal hygiene and toileting needs (c.f. 91% in 2022), 5% 'agreed' (c.f. 9% in 2022) and 0% (c.f. 0% in 2022) neither agreed nor disagreed.

Q3B) 90% '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. 91% in 2022), a further 10% 'agreed' (c.f. 9% in 2022).

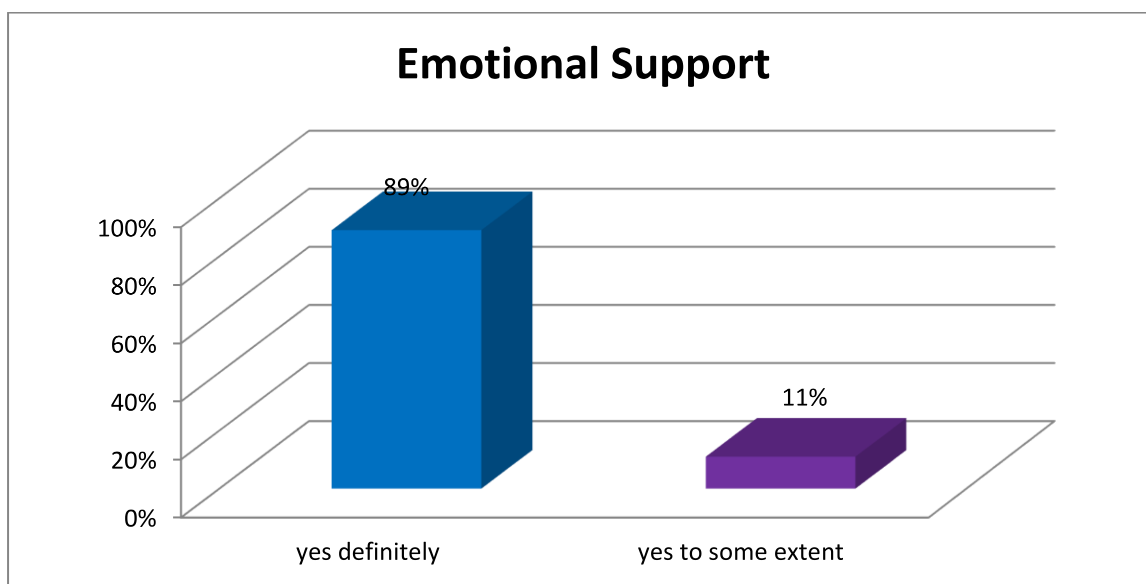
Q3C) With regards to the surrounding environment and bed area providing adequate privacy 95% 'strongly agreed' (c.f. 91% in 2022) and 5% 'agreed' (c.f. 9% in 2022).



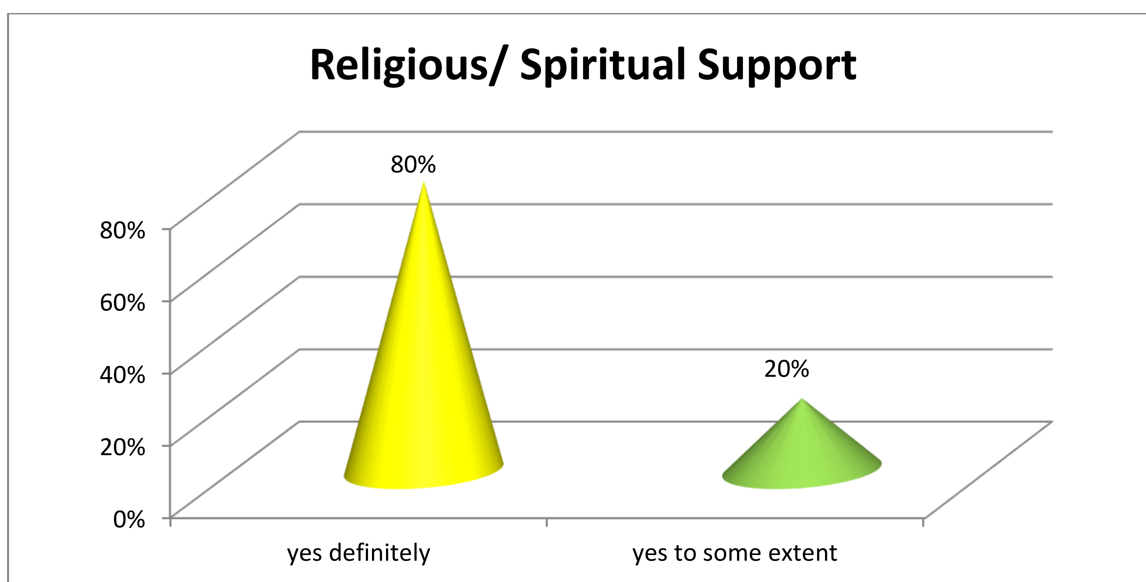
Support

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, 86% of respondents responded with a definite yes/no answer (c.f. 91% in 2022). Of these, 89% responded 'Yes definitely' (c.f. 90% in 2022) and 11% responded 'Yes to some extent' (c.f. 10% in 2022).



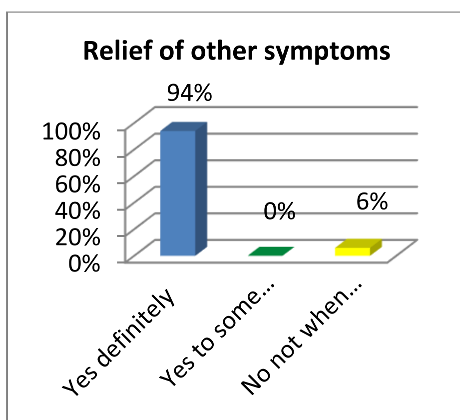
Q4B) Ten respondents felt the patients required religious/spiritual support. In answer to whether they received enough, 80% replied 'Yes, definitely' (c.f. 67% in 2022) and 20% replied 'Yes, to some extent' (c.f. 33% in 2022).

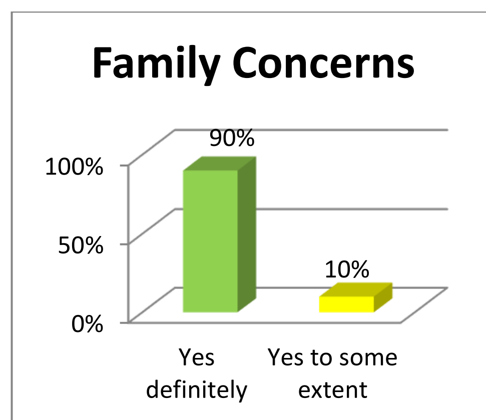


Q4C) 5 (24% c.f. 41% in 2022) respondents considered the patient to be in need of support regarding financial concerns or other practical problems. 5 (100% c.f. 56% in 2022) believed there was definitely enough support available and 0 (0% c.f. 33% in 2022) believed there was some support available and 0 (0% c.f. 11% in 2022) believed there was not enough support available.

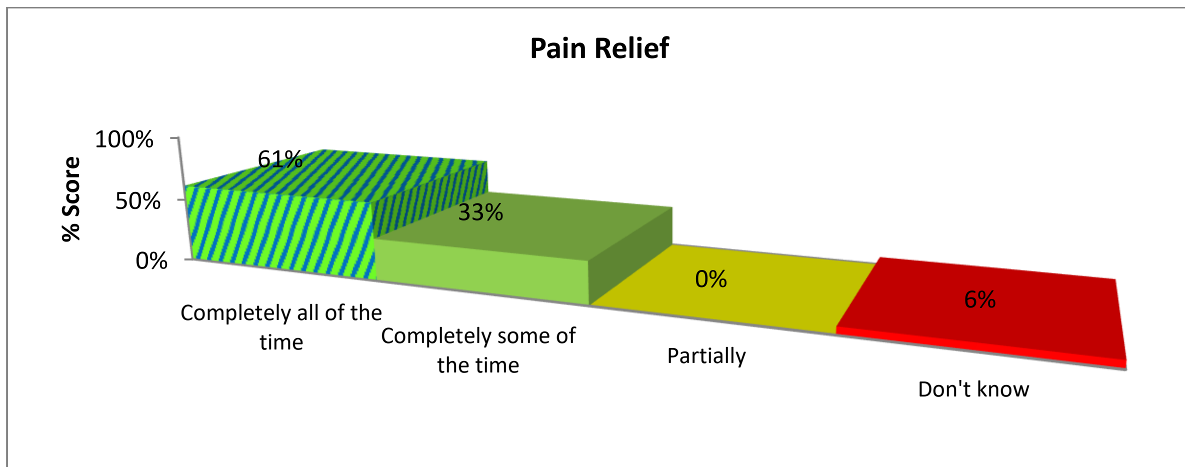
Q4D) With regard to enough support for relief of symptoms other than pain, 81% of respondents responded either 'Yes' or 'No' (c.f. 86% in 2022). Of these, 94% considered there to have definitely been enough support (c.f. 89% in 2022) and 0% answered 'Yes, to some extent' (c.f. 11% in 2022) and 1 (6% c.f. 0% in 2022) answered 'No.'

Q4E) 48% of respondents considered that there was a need for support in family concerns (c.f. 68% in 2022). Of these, 90% considered there was definitely enough support (c.f. 87% in 2022) and 10% replied 'Yes, to some extent' (c.f. 13% in 2022).





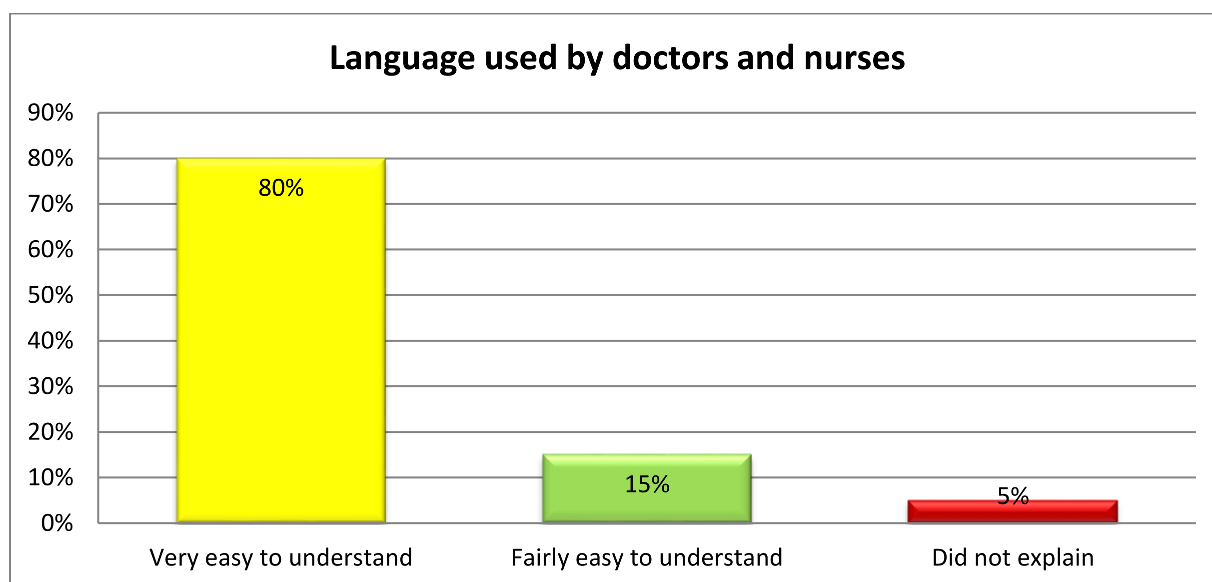
Q5) Respondents were asked how well the patient's pain was relieved during their inpatient stay. Two (10% c.f. 0% in 2022) said that the question did not apply because the patient had no pain. Of the 18 inpatient respondents who answered the question, 6% did not know the answer (c.f. 0% in 2022), 61% replied that the pain was relieved completely all of the time (c.f. 68% in 2022), 33% that it was relieved completely some of the time (c.f. 27% in 2022) and 0% considered it to have only been partially relieved (c.f. 5% in 2022).



Communication and involvement

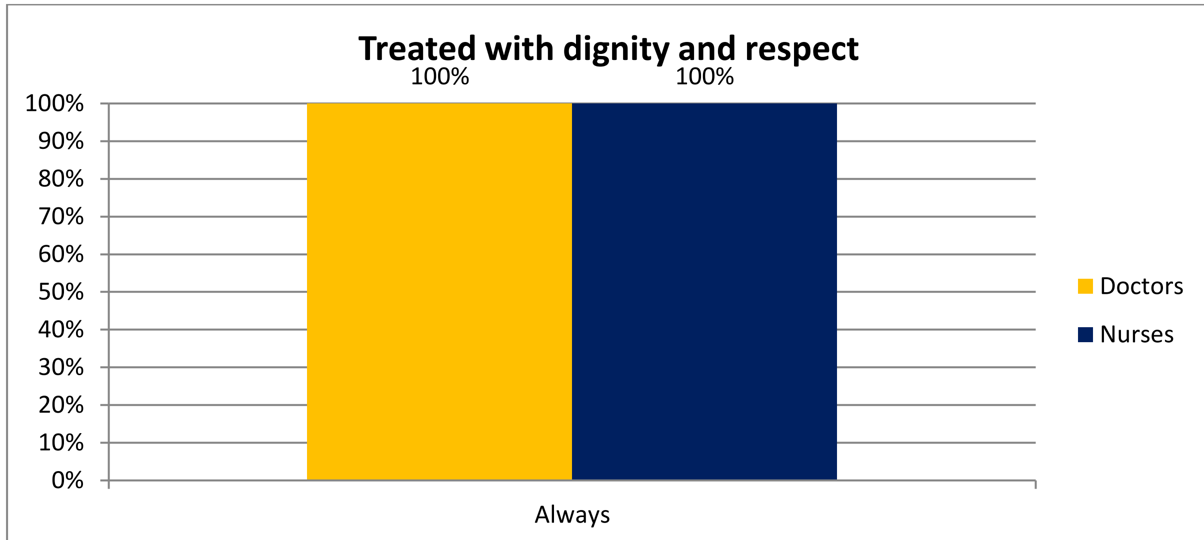
Q6) Relevant to 21 patients who stayed in the Hospice inpatient unit. Two did not record an answer and of the 19 who did record an answer, 16 (84% c.f. 82% in 2022) reported that family members were always kept informed of the patient's condition, 3 (16% c.f. 18% in 2022) responded that this was usually the case and 0 (0% c.f. 0% in 2022) responded that this was sometimes the case.

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 80% of respondents (c.f. 77% in 2022), fairly easy to understand by 15% (c.f. 23% in 2022). None found them fairly difficult to understand (c.f. 0% in 2022). 0% (c.f. 0% in 2022) responded that they never spoke to a doctor or nurse and 5% (c.f. 0% in 2022) 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?" 70% responded with a positive 'No' (c.f. 95% in 2022), 15% replied that they did not know (c.f. 0% in 2022) and 15% replied with a negative 'Yes' (c.f. 5% in 2022).

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 0% stated 'most of the time,' and 0% recorded 'Don't Know' (c.f. 95% stated Always and 5% stated most of the time and 0% did not know the answer in 2022). For the nurses, 100% stated Always and 0% stated 'most of the time.' (c.f. 95% stated 'Always' and 5% stated 'most of the time in 2022.')



Q10) Answering the question as to whether the respondent felt that the Hospice worked well with the patient's GP and other external services : 40% stated 'Yes definitely' (c.f. 62% in 2022) and a further 10% agreeing 'Yes to some extent' (c.f. 14% in 2022). 50% answered 'Don't know' (c.f. 24% in 2022), 0% recorded 'No' (c.f. 0% in 2022) and 0% recorded that they did not work together (c.f. 0% in 2022).

Comments on hospice working in collaboration with GP practices:

'Moved from St George's Hospital' – Daughter of patient

'GP not involved in treatment' – Daughter of patient

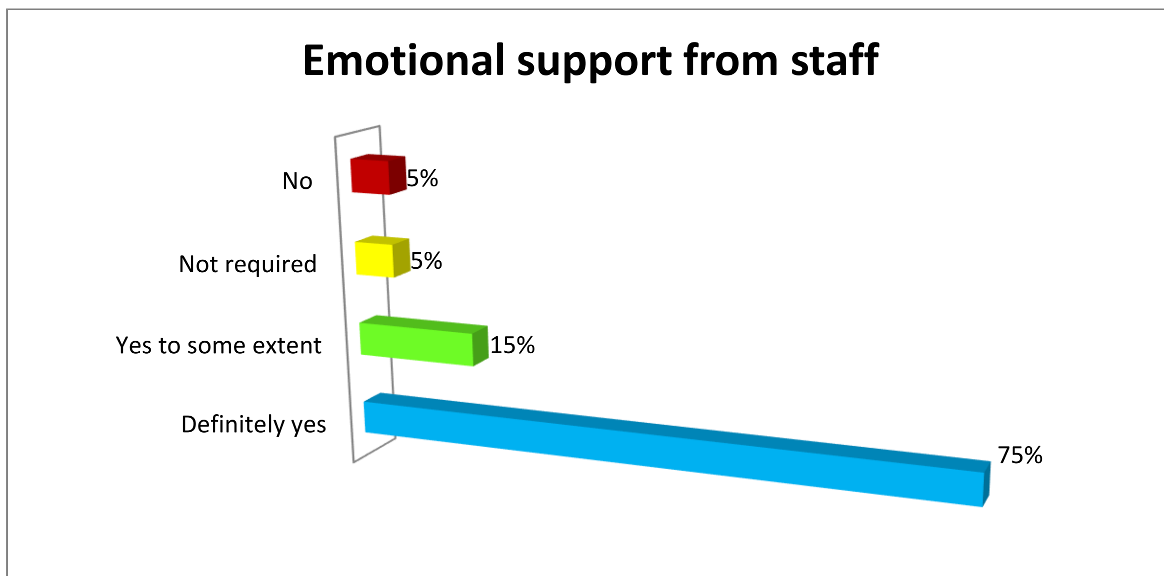
'At all times' – Husband of patient

Q11) Being able to stay in the Hospice overnight with their loved one was seen as important to 75% of respondents who recorded an answer (c.f. 55% in 2022). Of these, 80% were able to stay, and of these 80% who did get to stay, 100% found it helpful (c.f. 100% in 2022).

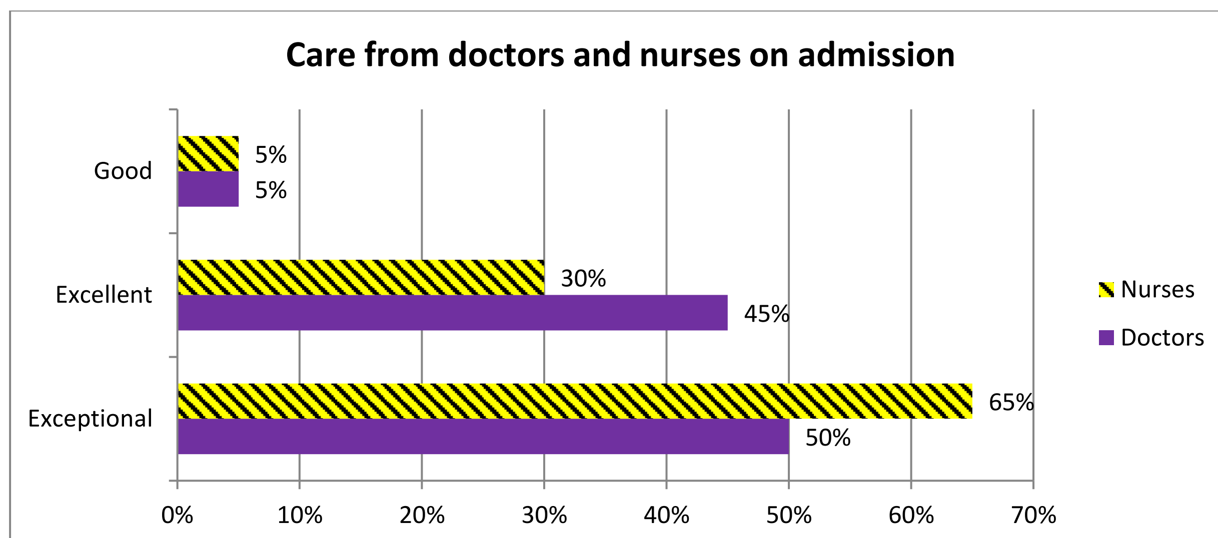
Comments on the subject of staying overnight:

> 'No, was able to be at home.' – Wife of patient
>
> 'My daughter stayed and found it very comforting.' – Husband of patient
>
> 'An occasional night stay may have helped husband and daughter.' – Husband of patient
>
> 'I was offered the opportunity to stay in a special room or on a small bed next to my uncle - people went out of their way to help.' – Other relative of patient
>
> 'It was lovely to stay overnight when Mum was approaching the end' – Daughter of patient
>
> 'Thank you, it was necessary as we're not young anymore.' – Daughter of patient
>
> 'Both myself and sister stayed with mum for the two nights before she died. We were supported by staff all the times.' – Daughter of patient

Q12) Respondents were asked whether they felt that they had received sufficient emotional support from the Hospice staff. Responses showed 75% answering 'definitely yes' (c.f. 86% in 2022), 15% answering 'yes, to some extent' (c.f. 9% in 2022), and 5% replying that they did not require this kind of help (c.f. 5% in 2022). 5% (c.f. 0% in 2022) responded 'no.' 0% (c.f. 0% in 2022) recorded that they did not receive this kind of help, despite requiring it. 0% (c.f. 0% in 2022) 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. 50% considered doctor care on admission to be 'Exceptional' (c.f. 77% in 2022), 45% considered it to be 'Excellent' (c.f. 18% in 2022), 5% considered it to be 'Good' (c.f. 5% in 2022), 0% considered it to be 'Fair' (c.f. 0% in 2022) and 0% recorded 'Don't Know' (c.f. 0% in 2022). Responses relating to nursing care were even better, with 65% rating nursing care as 'Exceptional' (c.f. 77% in 2022), 30% as 'Excellent' (c.f. 18% in 2022), 5% as 'Good' (c.f. 5% in 2022), 0% as 'Fair' (c.f. 0% in 2022) and 0% recorded that they did not know the answer (0% in 2022).



Food and Catering

Q14) It should be noted that 21% 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. 19% in 2022). Of those who replied that their loved one did partake of hospice food, 33% answered that the food was 'Exceptional' (c.f. 35% in 2022), 47% that it was 'Excellent' (c.f. 47% in 2022), 13% that it was good (c.f. 12% in 2022), 7% that it was 'Fair' (c.f. 6% in 2022), 0% that it was 'Poor' (c.f. 0% in 2022) and 0% of the respondents (c.f. 0% in 2022) did not know what rating to give it.

All four general written comments about the Hospice IPU were altogether positive:

‘My husband was unable to eat hardly at all so the food wasn't really needed. When he could manage some soup or ice cream it was always readily available.’ – Wife of patient

‘You should be of your high level of professionalism in healthcare. I want to express my gratitude for your help.’ – Wife of patient

‘Only to say that it was exceptional. You all should be proud.’ – Husband of patient

‘It was/ is a calm and soothing place. I've worked at Marie Curie many years and nursed my mum at end of life and I know what a "good death" is and what it is not. Patient was very much cared for and had a good death. We were all treated very well. My grandma (the patient's mum) also died at the hospice.’ – Other relative of patient

‘In the communal area where families wait to rotate visitors, it would be good to have more mugs, fresh milk and teabags. These small things are important.’ – Daughter of patient

‘The care my mother received and the support for our family were second to none.’ – Daughter of patient

‘At all times our whole family was supported by the team of nurses, doctors and community services. The care and attention given to looking after our mum was above and beyond.’ – Daughter of patient

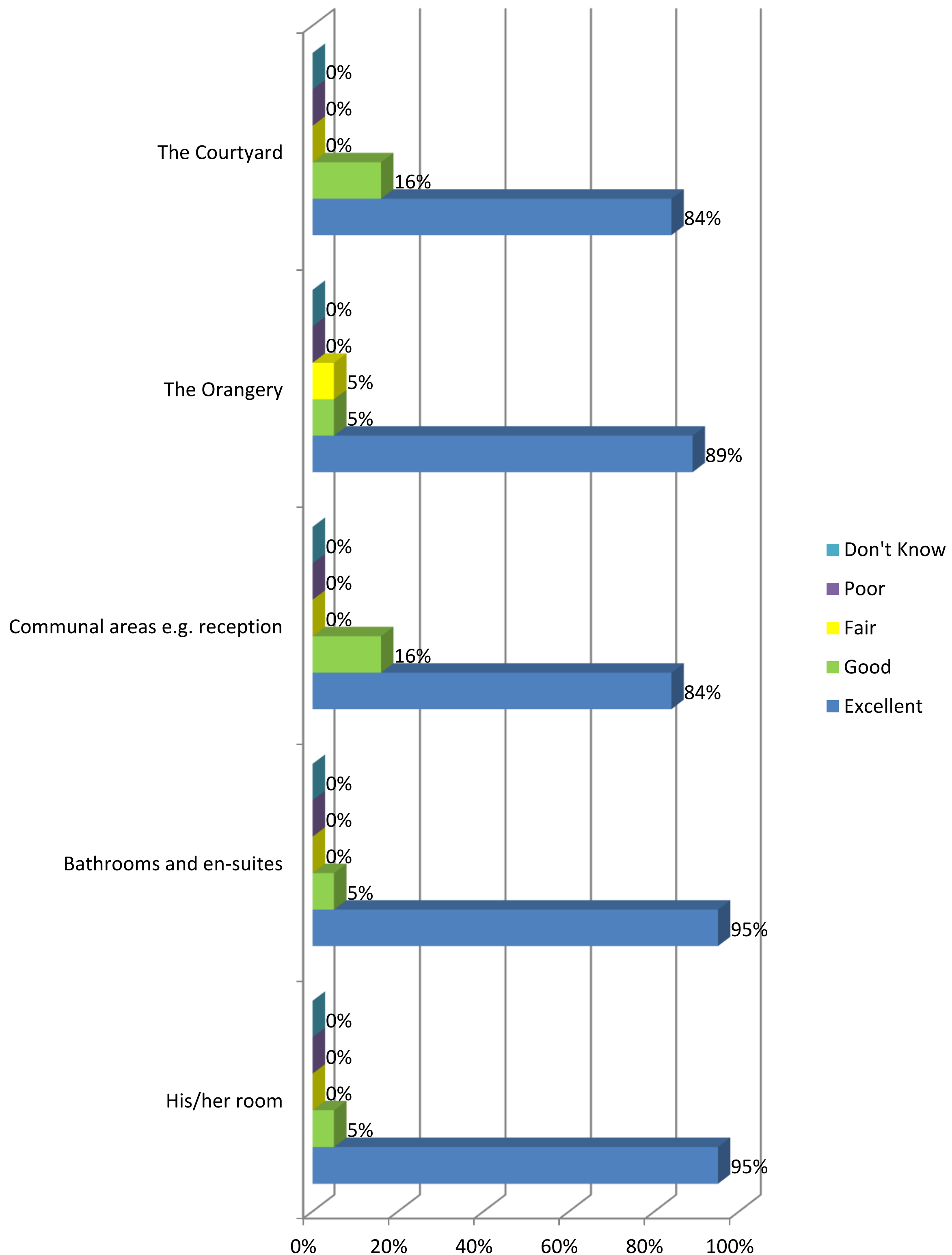
Q15 A-E) Respondents were asked to comment on different aspects of the Hospice.

The patient’s room was considered to be ‘Excellent’ by 95% (c.f. 91% in 2021-2022) and the remaining 5% rated the room as ‘Good’ (c.f. 9% in 2022). 0% considered it to be fair (c.f. 0% in 2021-2022) and 0% did not know (c.f. 2% in 2021-2022). 95% of respondents considered the en-suite bathrooms on the IPU to be ‘Excellent’ (c.f. 82% in 2022), 5% rated them as ‘Good’ (c.f. 18% in 2022), 0% rated them as ‘Fair,’ (c.f. 0% in 2022) and 0% did not know the answer (c.f. 0% in 2022).

When asked to rate the communal areas of the Hospice, such as the Reception, 84% of respondents rated them as ‘Excellent’ (c.f. 67% in 2022), 16% rated them as good (c.f. 29% in 2022), 0% rated them as fair (c.f. 5% in 2022) and 0% recorded ‘Don’t Know’ (c.f. 0% in 2022).

When asked to rate the Orangery, 89% rated it as ‘Excellent’ (c.f. 62% in 2022), 5% rated it as ‘Good’ (c.f. 29% in 2022), 5% rated it as ‘Fair’ (c.f. 0% in 2022) and 0% answered that they did not know (c.f. 10% in 2022).

When asked to rate the courtyard, 84% rated it as ‘Excellent’ (c.f. 57% in 2022), 16% rated it as ‘Good’ (c.f. 38% in 2022), 0% rated it as ‘Fair’ (c.f. 0% in 2022), 0% rated it as poor (c.f. 0% in 2022) and 0% did not know how to rate the courtyard (c.f. 5% in 2022).


Hospice Environment
The Courtyard
0%
0%
0%
16%
84%
The Orangery
0%
0%
5%
5%
89%
Communal areas e.g. reception
0%
0%
0%
16%
84%
Bathrooms and en-suites
0%
0%
0%
5%
95%
His/her room
0%
0%
0%
5%
95%
0%
20%
40%
60%
80%
100%
Don't Know
Poor
Fair
Good
Excellent

St Raphael's Community Services

Q16) 32 of the total 44 respondents, 73% (c.f. 81% in 2022) stated that the patient received care from the St Raphael's Hospice Community Palliative Care Team's (CPCT) Clinical Nurse Specialists, four were unsure whether they had or not, six answered 'no' they had not, and two simply left the entire section blank. The following data is extracted from responses relating to the 32 patients (73%) who were recorded as having definitely received care. The total number of respondents varies slightly per question, since not all respondents answered every question.

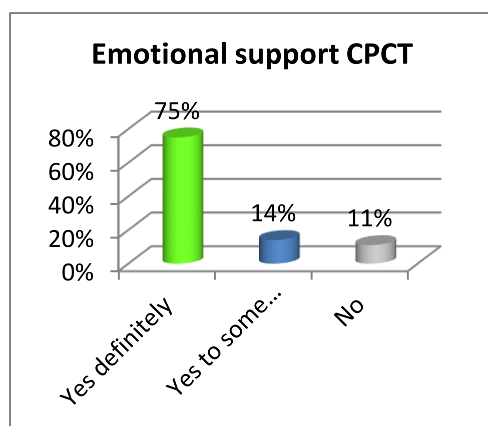
Responsiveness

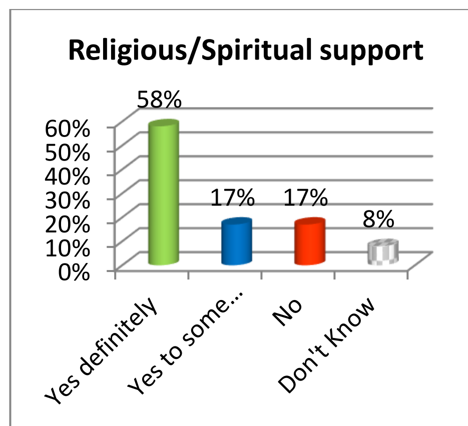
Q17) Most respondents felt that the team visited as often as needed - 82% (c.f. 71% in 2022) and 11% felt that the team 'only sometimes' visited as often as needed (c.f. 21% in 2022), 7% replied 'no' (c.f. 8% in 2022) and 0% replied "don't know" (c.f. 0% in 2022).

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, 28 (97% c.f. 92% in 2022) of the 29 respondents who answered the question acknowledged that the patient had a need for emotional support and of these, 75% replied 'Yes definitely' (c.f. 67% in 2022), 14% 'Yes to some extent' (c.f. 25% in 2022), 11% recorded 'No, not when needed' (c.f. 8% in 2022) and 0% recorded 'Don't know' (c.f. 0% in 2022).

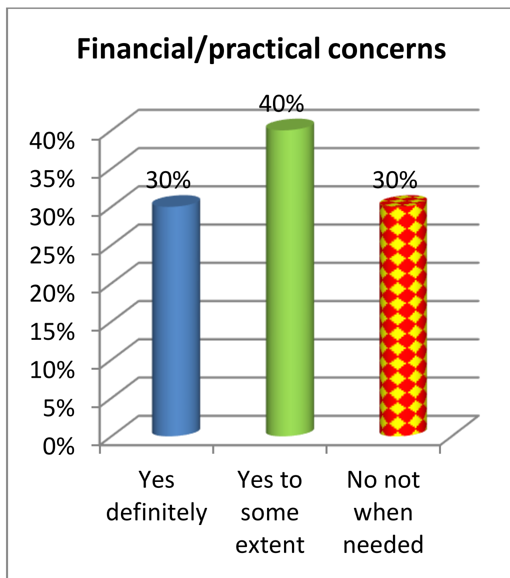
Q18B) 12 (41%) of the 29 respondents who answered the question stated that the patient did require some kind of religious or spiritual support. In response to whether they received enough religious or spiritual support from the CPCT, 7 of these (58% c.f. 43% in 2022) answered 'Yes definitely' and 2 (17%) replied 'Yes to some extent' (c.f. 43% in 2022), 2 (17%) replied 'No, not when needed' (c.f. 14% in 2022) and 1 (8%) replied 'Don't Know' (c.f. 0% in 2022).

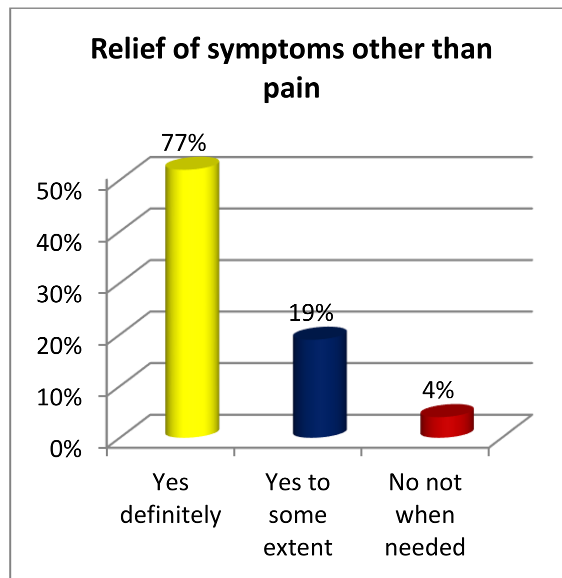




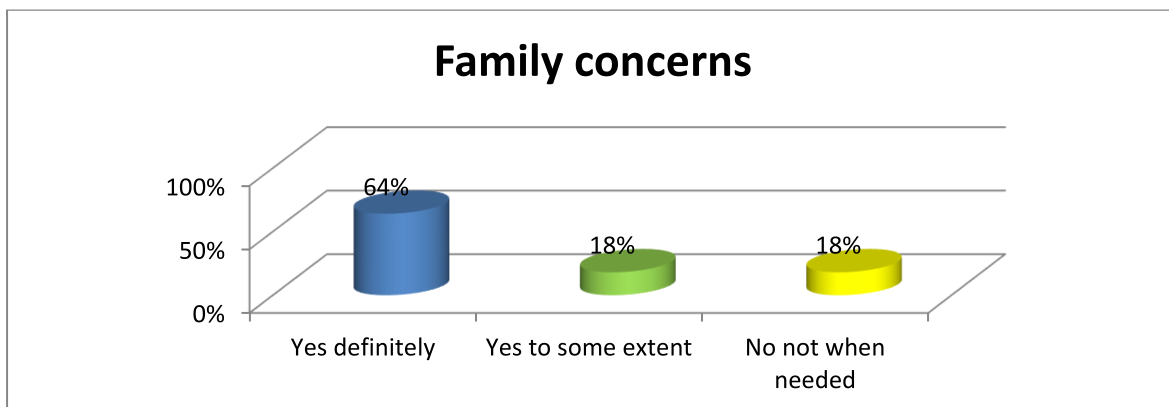
Q18C) 58% of respondents felt that the patient did not require help with financial concerns and other practical problems (c.f. 45% in 2022) and 4% respondents (c.f. 0% in 2022) did not know. Only 10 respondents felt that this support was needed and, of these, as to whether enough support was received, 30% replied 'Yes definitely' (c.f. 50% in 2022), 40% 'Yes to some extent' (c.f. 50% in 2022) and 30% 'No not when needed' (c.f. 0% in 2022).

Q18D) 7% of respondents felt that the patient did not require help with relief of symptoms other than pain (c.f. 18% in 2022) and 3% respondents (c.f. 3% in 2022) did not know. 26 respondents felt that this support was needed and of these, as to whether enough support was received, 77% replied 'Yes definitely' (c.f. 67% in 2022), 19% 'Yes to some extent' (c.f. 22% in 2022) and 4% 'No not when needed' (c.f. 11% in 2022).

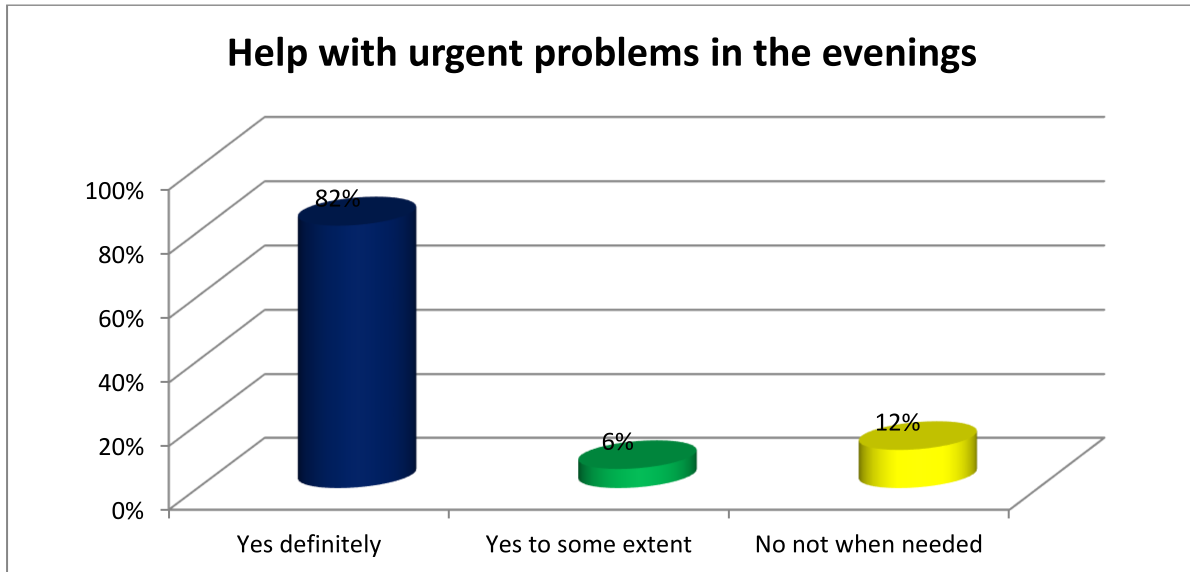




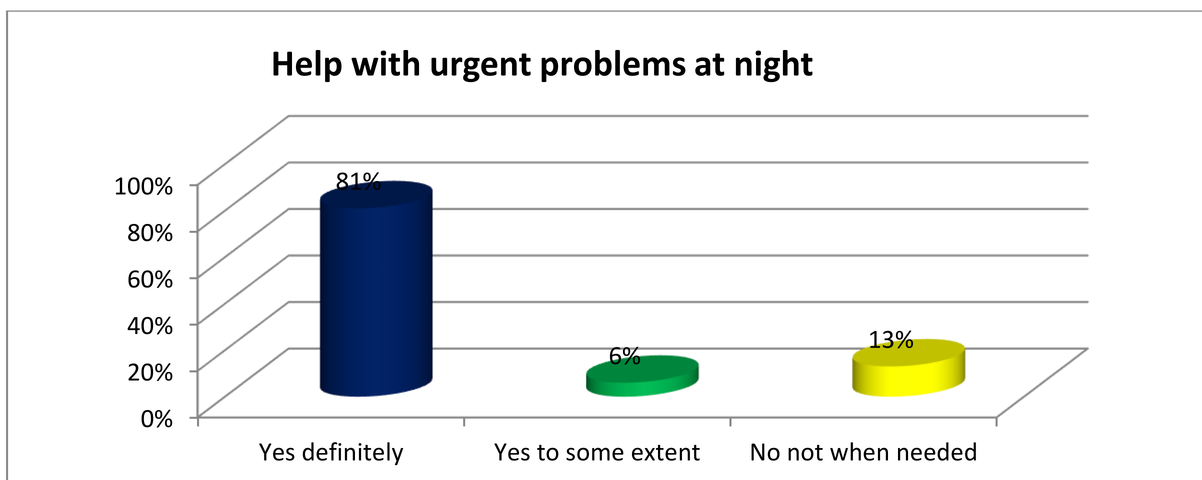
Q18E) 56% of respondents felt that the patient did not require help with family concerns (c.f. 41% in 2022) and 4% respondents (c.f. 0% in 2022) did not know. 11 respondents felt that this support was needed and of these, as to whether enough support was received, 64% replied 'Yes definitely' (c.f. 77% in 2022), 18% 'Yes to some extent' (c.f. 15% in 2022) and 18% 'No not when needed' (c.f. 8% in 2022).



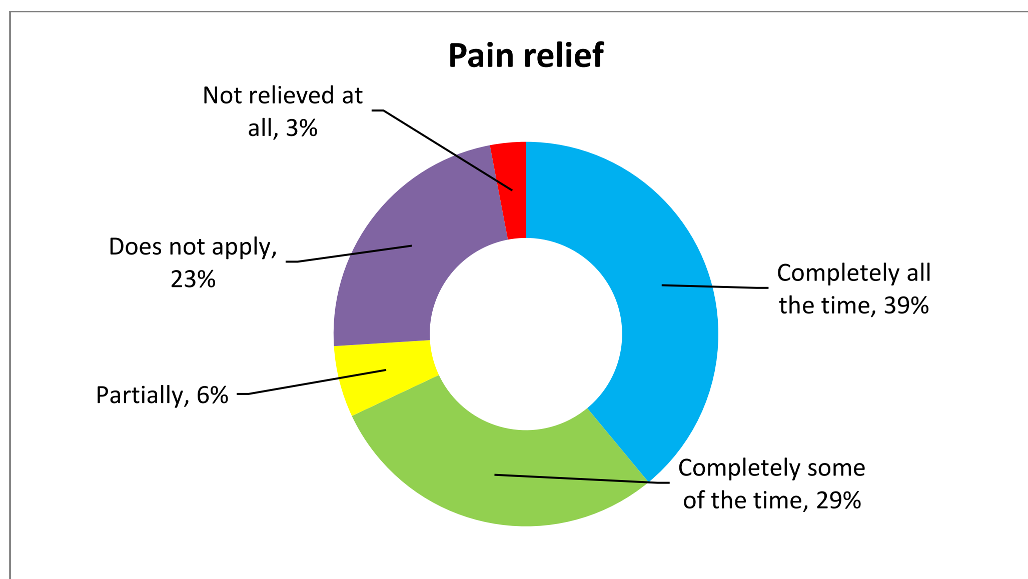
Q18F) 32% (c.f. 30% in 2022) of respondents felt that the patient did not require help with urgent problems during the evenings (between 5 PM and 11 PM) and 7% did not know (c.f. 4% in 2022). 14 (50% c.f. 65% in 2022) respondents felt that this support was needed and of these, as to whether enough support was received, 82% replied 'Yes definitely' (c.f. 67% in 2022), 6% 'Yes to some extent' (c.f. 20% in 2022) and 12% 'No not when needed' (c.f. 13% in 2022).



Q18G) 31% of respondents felt that the patient did not require help with urgent problems during the nights (between 7 PM and 9 AM) (c.f. 32% in 2022) and 14% respondents (c.f. 5% in 2022) did not know. 16 respondents - 55% (c.f. 64% in 2022) felt that this support was needed and, of these, as to whether enough support was received, 81% replied 'Yes definitely' (c.f. 71% in 2022), 6% 'Yes to some extent' (c.f. 14% in 2022) and 13% 'No not when needed' (c.f. 14% in 2022).



Q19) 31 respondents answered the question relating to their loved one's pain relief provided by the CPCT. 39% reported that the pain was relieved 'Completely all the time' (c.f. 40% in 2021-2022), 29% 'Completely some of the time' (c.f. 24% in 2022) and a further 6% considered that pain was only ever partially relieved (c.f. 12% in 2022). One (3% c.f. 8% in 2022) replied that the pain was not relieved at all. Furthermore, 0% did not know (c.f. 0% in 2022) and 23% responded that this did not apply because the patient had no pain (c.f. 16% in 2022).



Q20) 31 of the 32 respondents answered the question relating to whether they and their family got enough help and support from the Hospice CPCT. See table below.

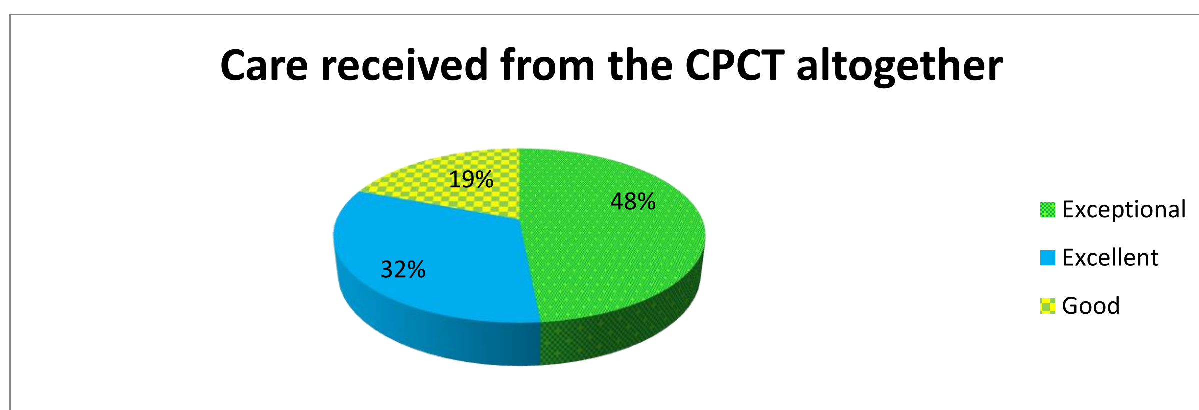
	2022-2023	2022	2021-22	2021	2020-21	2020	2019-20	2019	2018-19	2018	2017-18	2017
Yes as much as we wanted	81%	84%	82%	85%	81%	85%	89%	82%	85%	79%	78%	83%
Yes, some, but not as much as we wanted	10%	8%	9%	5%	9%	8%	8%	9%	8%	12%	7%	17%
No, tried to get more	0%	8%	3%	5%	7%	3%	3%	6%	2%	4%	6%	0%
No, did not ask for more	6%	0%	6%	5%	0%	5%	0%	3%	4%	5%	7%	0%
Did not need	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 73% of respondents (c.f. 65% in 2022) and 'fairly easy' by 27% (c.f. 27% in 2022), 'fairly difficult' by 0% (c.f. 0% in 2022) and none (0%) recorded that they did not explain anything (c.f. 4% in 2022). None (0% c.f. 4% in 2022) recorded that they never spoke with the team. 30 of the 32 respondents answered the question.

Q22) 30 of the 32 respondents answered the question relating to whether the CPCT team had time to listen to them and 87% responded 'Yes, all the time' (c.f. 88% in 2022) and 7% responded 'Yes, some of the time' (c.f. 13% in 2022), one (3% c.f. 0% in 2022) recorded 'No, not when needed,' and one (3% c.f. 0% in 2022) 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, 31 of the 32 respondents recorded an answer and of these, 48% recorded 'Exceptional' (c.f. 42% in 2022), 32% 'Excellent' (42% in 2022), 19% 'Good' (4% in 2022), 0% 'Fair' (c.f. 8% in 2022), and 0% recorded 'Poor' (c.f. 4% in 2022).



Q24) 31 of the 32 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. Of these, 90% recorded that they had been involved as much as they wanted (c.f. 88% in 2022), 6% recorded that they would have liked to have been more involved (c.f. 8% in 2022), 3% (c.f. 4% in 2022) recorded 'Don't know.'

4 respondents wrote a comment that related to their experiences of CPCT care. There were 3 written comments that were very complimentary, showing positive experiences.

ID	24 CPCT COMMENT
16	We were very happy for the visits and looked forward to them - very comforting. (Wife of patient)
34	The CPCT were always at the end of the phone for any concerns we had about mum. Our special thanks to named staff member who visited mum regularly, she absolutely loved him. We owe him so much for his kindness and understanding. (Daughter of patient)
38	Thank you for the survey, but the patient died at home. We can't thank the hospice enough. The at home team (all named) were amazing. He died very peacefully. (Connection to patient unknown).

One comment was neither praise nor criticism:

ID	24 CPCT COMMENT
19	I can't remember clearly about help with urgent problems during the evening. District nurses were contacted and attended when they could. We should have contacted your CPCT for more support when we needed it. At the end, waiting for the ambulance, it was pretty awful for him. Before he was taken to hospice, his pain was completely out of control. The district nurse had no spare battery for the medicine driver. I so wish I had called St Raphael's to bring their own equipment. Maybe my sister did. I'm sorry I can't remember. (Daughter of patient)

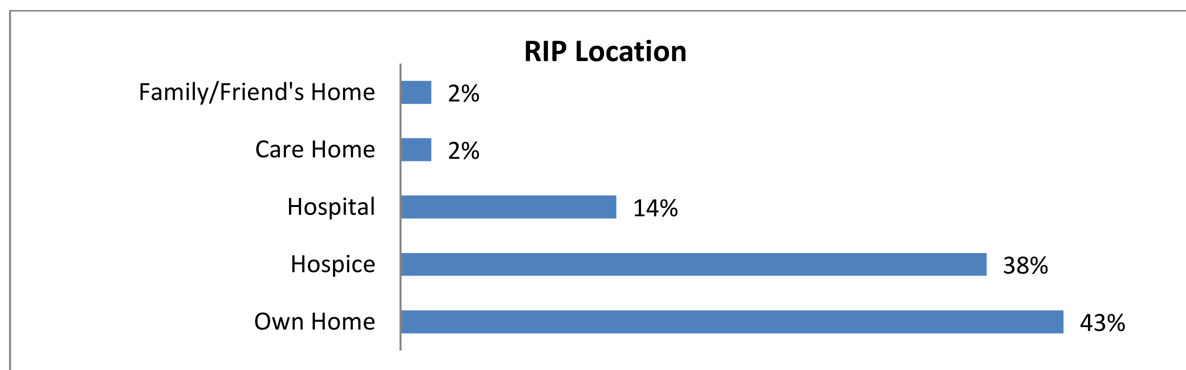
St Raphael's Hospice Wellbeing Centre

Q25) & Q26) 1 of the 44 respondents said that the patient had visited the Wellbeing Centre (c.f. 2 of the 32 in 2022) and that one said that the patient always benefited from attending**.**

Circumstances surrounding his/her death

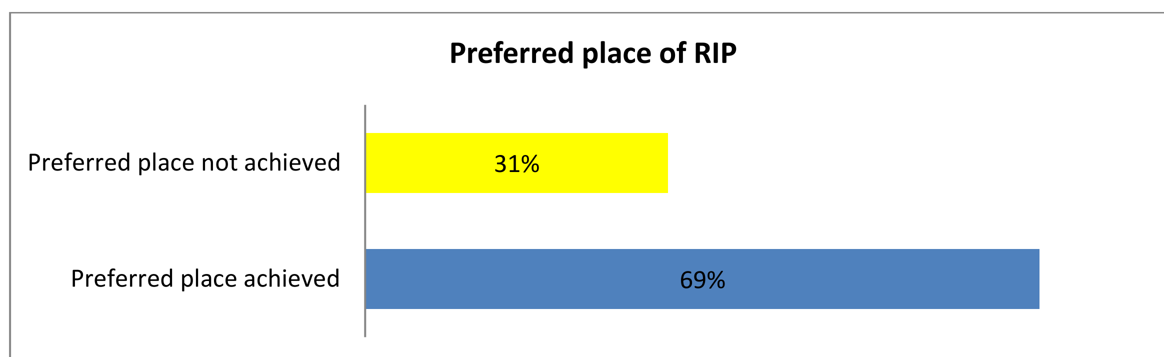
This section presents the views of the respondents regarding the circumstances of the patient's death and any expressed wishes. The questions were asked of all respondents.

Q27) 42 out of the 44 respondents recorded an answer to this question. Of these, 38% reported that their loved one died in the Hospice (c.f. 63% in 2022), 43% that they had died in their own home (22% in 2022), 14% that they had died in hospital (c.f. 6% in 2022), 2% that they had died in a care home (c.f. 3% in 2022), 2% that they had died in the home of their Family/Friends (c.f. 0% in 2022).



Q28) 36 respondents said that their loved ones explicitly stated where they wanted to die, 5 did not say, 1 was unsure and 2 did not record an answer to the question. Of the 36 who recorded that the patient stated their preferred place of death, 9 – 25% said they preferred a hospice (c.f. 30% in 2022), 22 (61% c.f. 63% in 2022) their own home, 1 (3%) said they preferred a hospital, 3 (8% c.f. 4% in 2022) changed their mind and 1 (3%) did not mind.

Q29) Of the 32 respondents who recorded that the patient had explicitly stated a specific preferred place of death (so not including the one who changed their mind and did not mind), this was achieved in 22 (69%) of cases (c.f. 58% in 2022).



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

Preferred place	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	Achieved 2019	Not 2019
Hospice	**7**	**2**	**7**	**1**	**8**	**4**	**5**	**2**	**10**	**4**	**6**	**7**	**13**	**3**	**4**	**7**
Either Home or Hospice	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Own Home	**15**	**7**	**7**	**10**	**17**	**7**	**20**	**10**	**27**	**8**	**15**	**8**	**11**	**9**	**17**	**6**
Somewhere Else	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**
Friend/ Family Member's Home	**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**
Daughter's Home	**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**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Care Home	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
TOTAL	**22**	**10**	**15**	**11**	**25**	**11**	**26**	**12**	**37**	**12**	**21**	**16**	**24**	**13**	**22**	**13**

Q30) Respondents were asked whether their loved ones had enough choice about where they died. Of the 32 that did say where they wanted to die, 1 did not record an answer. Of the other 31, 26 – 84% reflected their loved one had had enough choice about where they died (c.f. 96% in 2022), 3% were 'Unsure' (c.f. 0% in 2022) and 4 (13% c.f. 4% in 2022) said they did not have enough choice.

Actual place of death	Yes	Unsure	No	*N/R*
Care Home	0	0	1	*0*
Hospice	9	0	1	*0*
Hospital	2	1	1	*0*
Own Home	14	0	1	*1*
Family/Friend Home	1	0	0	*0*
Total	26	1	4	*1*

The four respondents who believed the patient did not have enough choice recorded the following comments:

30 COMMENT ON ENOUGH CHOICE
Rushed hospital transfer - quick deterioration from institutionally contracted pneumonia (Wife of patient)
Mum was in St Helier Hospital after a fall. Eleven days in hospital then they have her COVID and sepsis. (Daughter of patient)
For medical reasons we were unable to treat him and take care of him at home. (Wife of patient)
Hospital left things too long so she wasn't able to come home before going to the hospice. (Daughter of patient)

Two of the respondents who believed the patient did have enough choice recorded these comments:

30 COMMENT ON ENOUGH CHOICE
Patient was coming home to die, but unfortunately she died suddenly. (Husband of patient)
He was upset he had to wait for a vacancy, but we all understand current financial contraints. He was very happy when he had a place. (Daughter of patient)

The respondent who did not record an answer did record this comment:

30 COMMENT ON ENOUGH CHOICE
We did not discuss it, but we were very happy he was at home (Wife of patient)

Q31) On balance, when responding to the question of whether the patient died in the right place, 41 of the 44 respondents answered the question and of these, 35 replied that they did – 85% (c.f. 94% in 2022), 3 (7% c.f. 0% in 2022) were unsure, and 3 – 7% replied that they did not (c.f. 6% in 2022).

Actual place of death	**Yes**	**Unsure**	**No**	*Not Recorded*
Care home	**1**	**0**	**0**	***0***
Hospice	**16**	**0**	**0**	***0***
Hospital	**1**	**2**	**2**	***1***
Own home	**16**	**1**	**1**	***0***
Family/ Friend Home	**1**	**0**	**0**	***0***
Not recorded	**0**	**0**	**0**	***2***
Total	**35**	**3**	**3**	***3***

One of the 35 respondents who believed the patient had died in the right place recorded this comment:

31 COMMENT ON PLACE
We could not have wished for a better place for Mum. (Daughter of patient)

All three respondents who were unsure recorded comments:

31 comment on place
Ended up having to go to hospital in an emergency. (Wife of patient)
She would have liked to die sooner before her condition became so bad. She could have died in peace and with dignity! (Sister of patient)
He would not go to hospice, it probably would have been better for him and us as a family. (Wife of patient)

One of the three respondents who answered “No” recorded this comment:

31 COMMENT ON PLACE
Had St Helier Hospital not given mum COVID and sepsis she could have died at home. (Daughter of patient)

Bereavement Support

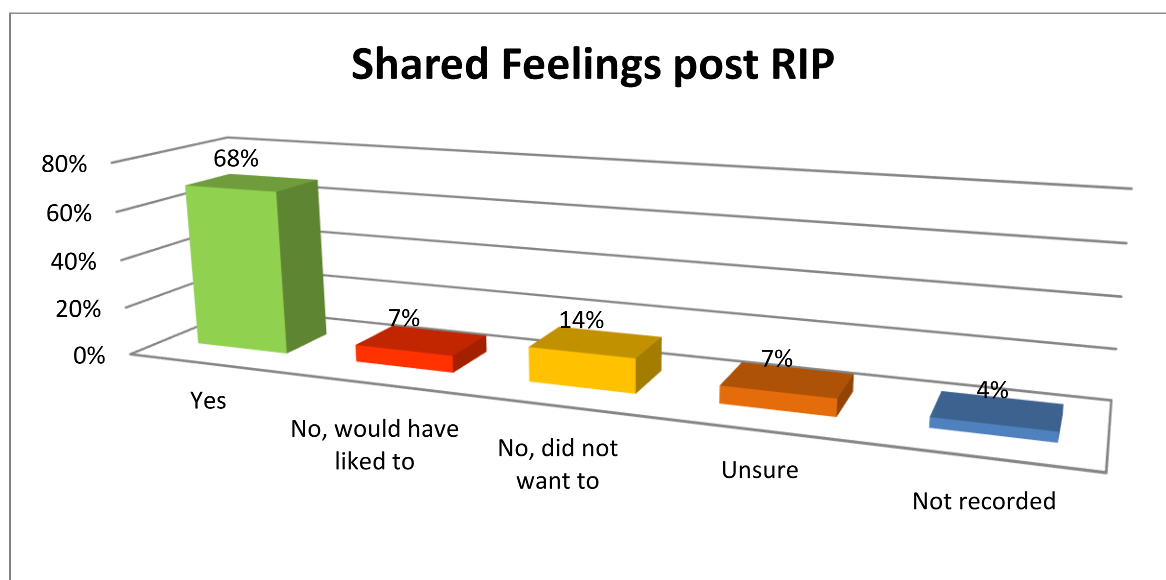
Q32) All 16 respondents who stated their loved ones died in the Hospice recorded an answer, and of these 94% felt that they were definitely given enough support by staff (c.f. 95% in 2022), 6% replied ‘Yes, to some extent’ (c.f. 5% in 2022), and 0% responded ‘No, not at all’ (c.f. 0% in 2022).

Six respondents recorded comments:

32 FAMILY HELP COMMENT
Amazing. Fully support all staff are wonderful! (Neighbour of patient)
Team were exceptional, one led a short but meaningful prayer which we will always remember. (Husband of patient)
They were amazing (Daughter of patient)
My sister caught COVID in SHH and passed away on a ward. (Sister of patient)
They were lovely (Sister of patient)
They were amazing. (Daughter of patient)

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.

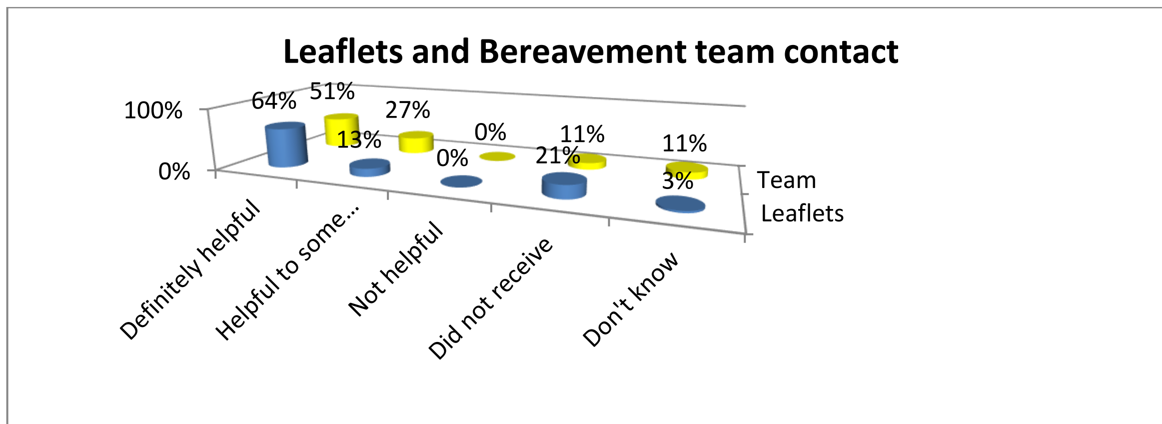
6 of the 44 respondents had not spoken to anyone, and said that it had been their choice. 3 replied that they would have liked to, 3 were unsure and 2 did not record an answer. 30 replied that they had (c.f. 21/32 respondents had in 2022). Of these 30, 9 (30%) spoke with Bereavement Service Volunteers, 8 (27%) spoke with a counsellor, 2 (7%) spoke with nurses, 2 (7%) spoke with social workers, 1 (3%) spoke with a counsellor and a Bereavement Service Volunteer, 1 (3%) spoke with a Bereavement Service Volunteer, doctor and friends and family support network, 1 (3%) spoke with 'other' and 6 (20%) 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 30 who had spoken to someone, 25 (83% c.f. 81% in 2022) responded that they had talked to them as quickly as they wanted to, 3 (10%) said they wanted it sooner (c.f. 5% in 2022), 2 (7% c.f. 14% in 2022) were 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, 5 did not record an answer, and of the 39 who did record an answer, 25 (64% c.f. 68% in 2022) found it 'Definitely helpful,' 5 (13% c.f. 14% in 2022) 'Helpful to some degree,' 1 (3% c.f. 11% in 2022) did not know, 0 (0% c.f. 0% in 2022) found it 'Not helpful' and 8 (21% c.f. 7% in 2022) did not receive it.

Q36 B) When respondents were asked whether they had received contact from the Hospice Bereavement Team, 7 did not record an answer and of the 37 who did record an answer, 19 - 51% found it 'Definitely helpful (c.f. 55% in 2022) ,' 10 - 27% 'Helpful to some degree (c.f. 21% in 2022),' 4 - 11% did not know (c.f. 14% in 2022), none - 0% found it 'Not Helpful' (c.f. 3% in 2022) and 4 - 11% did not receive contact (c.f. 7% in 2022).



Bereavement Comments

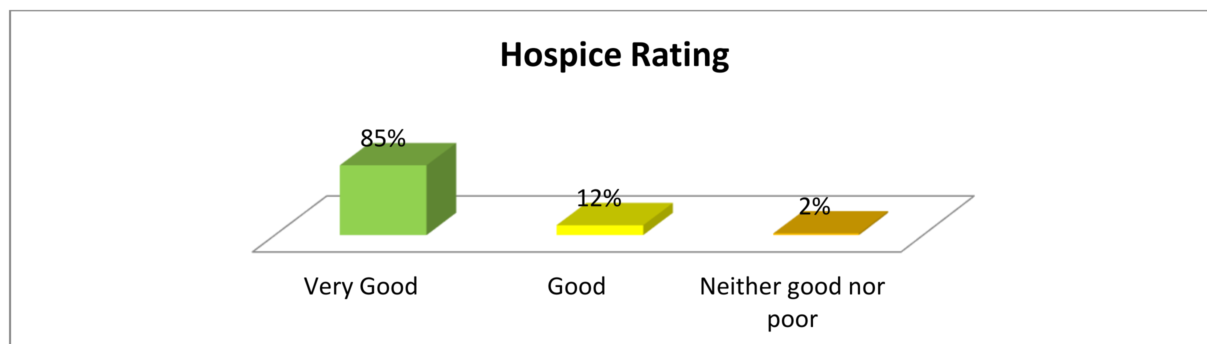
36 COMMENT
I would like to attend the bereavement groups which i understand take place several times during the year. (Husband of patient) **
Dad died at the weekend from mesothelioma. We were unaware that the death had to be reported to the coroner and dad's body to go to the mortuary - caused a lot of unnecessary stress and heartache. (Daughter of patient)
It was lovely to be contacted with the offer of support, even though we didn't need it. (Daughter of patient)
I have recently requested to join the bereavement group with named nurse. (Wife of patient)
My wife passed away in India. (Husband of patient)

**The carer attended the Bereavement Support Group in June and July 2023.

Q36 a)

Friends and Family section

When respondents were asked to rate their overall experiences of the hospice, 41 of the 44 respondents recorded an answer. Of the 41, 35 (85% c.f. 81% in 2022) rated the hospice as ‘Very Good’, 5 (12% c.f. 13% in 2022) rated the hospice as ‘Good’, 1 (2% c.f. 3% in 2022) rated the hospice as ‘neither good nor poor,’ 0 (0% c.f. 0% in 2022) rated the hospice as ‘Poor,’ 0 (0% c.f. 0% in 2022) rated it as ‘Very Poor,’ and 0 (0% c.f. 0% in 2022) did not know the answer to this question.



ID	36A friends and family comments of praise	43 your relationship
2	Very caring, individualised and personal tailored to our family's needs and of course, the patient's needs.	Other female relative
3	The people were caring and there when you needed them. Thank you. Thank you all again for your help and work that you do.	Sister
4	Very beautiful room with views to garden. Peaceful environment. Caring staff, professional at all times. Lovely doctors and nurses and volunteers.	Daughter
6	Was very kind all the time.	Daughter
7	Most importantly my husband was happy to be in an environment where he was being taken care of. And that helped me be mentally satisfied.	Wife
9	Because from the moment my husband arrived in the hospice he was treated with the most kind and caring people and the armosphere was so supportive. As a family we felt blessed that he was there.	Wife
10	Excellent care and compassion	Daughter
11	Don't know how we would have coped without the team from St Raphael's.	Wife
12	Nearing the end of the patient's life someone came or phoned every day and I was glad of the support.	Wife
13	I am grateful for your help and care. I was alone (just with my daughter) and had to be strong and still able to arrange everything. I do not know what I would do without you. I am glad I had the opportunity to meet the hospice social worker. She is an extraordinary person who is helping me to overcome this difficult situation in many ways.	Wife
14	My wife died fairly peacefully at home, with pain well controlled.	Husband
16	It was very comforting to have a regular social worker who was a great comfort to my husband and to me, and looked forward to the visits from her.	Wife
19	After experiencing the severe financial contraints and overworked staff, the atmosphere at St Raphael's was a very welcome surprise. Well done.	Daughter
21	Mum was very well looked after. The staff were all very caring.	Daughter
22	Kind and compassionate staff.	Wife
23	The people that came to help us during such a hard time gave so much support. Everything was great.	Wife
30	At every point we were treated with dignity and respect.	Daughter
32	In an appalling sitaution you allowed my husband to die with dignity. Your care was exceptional. I will forever be grateful.	Wife
33	Everybody was most helpful. Always had time to answer my questions.	Daughter
34	From the first to the last day we as a family cannot fault the love and care given to mum. St Raphael's is truly a Heaven on Earth. Thank you.	Daughter
35	Always there for you.	Husband

ID	36A friends and family comments of praise continued	43 your relationship
36	They were always there when we needed them. Named staff member and her team were fantastic!	Wife
37	I felt safe and reassured that my husband was receiving such good care.	Wife
40	Overall the care my wife received from St Raphael's was great. I think a little more emotional support for family would have helped.	Husband
41	Caring, showed support.	Daughter
42	She received enough medical assistance to manage her pain.	Husband
43	We were very lucky - we had more help and support from the hospice than from Merton's palliative care team.	Wife
44	I only used the counselling service once as I didn't feel ready to continue, but the counsellor was very understanding and has left the option to continue later on.	Mother

One comment included criticism:

ID	36A friends and family area for improvement	43 your relationship
1	More frequent visits from the hospice CPCT would have been helpful.	Husband

Four comments were neither praise nor criticism:

ID	36A friends and family comments – neutral	43 your relationship
26	I did not receive any service.	Wife
27	Hard to judge - limited contact	Wife
28	We felt that Dad would have benefited from being in the hospice to manage his pain levels. Unfortunately he wasn't ill enough to be admitted and then he quickly deteriorated because he was too ill to move.	Daughter
39	My mum used your nurses to visit her at home. I used counselling services to help me cope before mum died and am now getting bereavement counselling.	Daughter

What could we have done better?

Id	36a done better	43 your relationship
1	More frequent visits from the hospice CPCT would have been helpful.	Husband
3	As always, more staff would be nice!	Sister
7	He hoped to stay there and not move into a care home. As the environment in the care home was not as good.	Wife
12	Patient died at home with carers from Merton council in three times daily, so no knowledge of a stay in the hospice.	Wife
14	Can be difficult for the home carer (e.g. me as husband) to understand the roles all the different organisations involved in palliative care at home for end of life.	Husband
19	My father didn't have long, so a large number of family were present (11 people). Just after my dad passed, we were moved out of the café into the corridor then the overnight room. I think volunteers wanted the chairs to eat lunch or have a meeting together. This could have been handled more sensitively with a little more kindness.	Daughter
22*	I am waiting for my group bereavement session invitation.	Wife
32	You should have been allowed to legally hasten death.	Wife
34	There is nothing that the team could have done better, they were simply the best.	Daughter
43	You could not have done any better. I'm very thankful for all your help and support xx	Wife

*The carer attended the Bereavement Support Group in June and July 2023.

2022-23 Clinical Director Comments

This survey continues to be a valuable source of feedback and it is good to read so many positive comments from those important to the people we have cared for. The inpatient figures remain fairly constant with the majority staying for up to 2 weeks – meaning that admission in terms of timing seems appropriate in the main. However over a third of patients were staying on the unit for longer than 2 weeks, which directly impacts on the number of patients we can care for in the hospice. This was in the second half of the year, and could be due to a number of reasons including limited access to discharge settings as budgets become leaner or complexity of symptoms. An audit is currently being undertaken in relation to admission criteria and it will be interesting to review the results to give some context despite the period represented by this audit being some months ago.

Support on the IPU in terms of finance, emotional and spiritual are all positive with 100% of service users feeling supported in some way as highlighted in the comments from friends and family.

Although communication overall was good, there is an increase in the number of respondents who felt that decisions were made that they did not want – there is little detail about the decisions themselves other than one comment about the patient being moved to a care home when he wanted to stay in the hospice. This can be a difficult decision and one that is sometimes understandably raised by patients and families, when patients no longer need specialist palliative care. Spending time with patients and families to discuss the rationale for difficult decisions is invaluable.

Food quality results are reasonably static with an average of 20% rating the quality as fair/good. Although patient often lose their appetite or sense of taste, there is value in surveying patients about the food they would particularly like.

Community palliative care team (CPCT) visits and emotional support are scored highly – this is really positive considering the pressure of time on staff when visiting patients and those important to them in the community. There is an occasional comment about wanting more frequent CPCT visits – this is always challenging; staffing levels are prioritised for those with the most urgent need and sometimes this is still not enough. Although the comment is not consistent with other feedback in the survey, we recognise the difficulty for those individuals who felt lack of support. Although not a clinical offer, our Compassionate Neighbour service offers companionship and support to those feeling isolated or lonely and as this service grows we hope to be able to offer more partnerships of a volunteer and service users.

Religious support offered by St Raphael's at home is limited due to only having one member of staff offering pastoral care. However, access to other faith leaders and communities is an area for focus over the coming months.

'Overall care from the CPCT' offers entirely positive feedback with the vast majority feeling care was excellent or exceptional, highlighting the dedication and compassion within the team on a consistent basis.

The Wellbeing Centre is becoming increasingly popular with a variety of social and educational groups- and it is pleasing to see that 100% of respondents have felt they always

benefit from this service. The staff are innovative and engage with a number of community groups and services to ensure that attendees feel stimulated and supported.

The feedback regarding choice and place of death and feeling the loved one died in the right place is extremely positive and will help the bereaved to manage their grief going forward. The bereavement team have been really responsive in their offer of support to the bereaved, and the results speak for themselves.

We now have a Bereavement Administrative Assistant in post who is overseeing the bereavement journey that friends and family undertake following the death of someone close to them. This will help to address the shortfall in the number who received the bereavement leaflet, as well as streamlining the contact and support they receive over the following 12 months after death.

Our leaflets and correspondence as part of this journey will now be reviewed by our newly formed Hospice User Group so that we can feel more assured that we are connecting with others at the right time and in the right way.

2022-23 Palliative Care Consultant Team Comments

I always enjoy reading the verbatim comments from people important to the patients we have cared for, as it is from them that we truly get a sense of how well we are supporting them. The comments continue to be positive which is a lovely affirmation of the hard work the team puts in.

Reviewing comments by my colleague from the previous data collection, I am pleased to report we have now created and had our first meeting of hospice users, meeting in person on a regular basis to help us shape our current and future services to ensure we are best meeting their needs – co-production in its truest form.

Response rate continues to remain around the 25% mark (this relates to 44 replies from this cohort), and whilst I appreciate executive summary comments from the last review suggesting possible areas to address to help improve this figure (and therefore strengthen the survey purpose), I am curious as to why an overwhelming majority of the responses are from women. As one of the facilitators of the Hospice User Group (HUGs) now established, I believe this may be an interesting question to pose to them, and plan to ask their opinion and experience of being sent this questionnaire 4-6months post bereavement.

As discussed by my colleague previously, question 5 continues to remain very subjective.

As a medical team we will celebrate achieving a 100% for “doctors treating the patient with respect and dignity”. This is truly commendable, as whilst we may not be able to always 100% achieve full symptom control (as per previous responses), how we attempt to achieve this and how we interact with our patients and those important to them is fundamental to the holistic care we strive to deliver.

I also wish to highlight the positive comment from a relative who anecdoctally had worked for Marie Curie on page 19. Such praise from a fellow colleague within the palliative care community is lovely to receive.

Finally, I wonder if re-phrasing of question 18A is warranted to help differentiate emotional support provided by the CPCT and that of the psychosocial team.

As a medical team we greatly value and appreciate the time those people important to the patients we have supported took to complete this survey, and will endeavour to use their comments and these results to continue to inspire our constant reflection , ambition and progress.

2022-23 IPU Sister Comments

The response rate remains low however the feedback overall is positive. I am pleased to see that patients and relatives felt they had good support out of hours as additional work has been done with the nursing staff around managing those calls.

It is very encouraging to see there has been an increase for the nurses and doctors in treating patients with dignity and respect from 95% to 100% however we must note that there was a shift from exceptional care to excellent care during the same period of time. It is interesting that this is the same for the medical team and could be attribitued to the increase up in bed numbers from an average of 8 to 10 patients at any one time.

It is positive to see there was a shift to always being kept informed for family members and that they found us easier to understand however despite this, there was an increase in relatives feeling things were carried out that the patient would not have wanted. It is important to make sure we are always having open and honest conversations with family members and those important to the patient to fully understand what the patient would or wouldn't want.

With regards to working with GP and external services – it is hard to see how the patient or relative may know this, except on discharge, so it may be wise to change this question for more useful results.

It will be invaluable to have the hospice user feedback groups opinion on the survery and indeed at what point, and how, we send this to relatives to improve response rates.

2022-23 Head of Psychological Services Team Comments

Now that the bespoke PSS feedback form has been sent out and the returns reported on for the peiod June 2023 to December 2023, it is clear as to the beneifts of this return – mainly as it is specific to Psychological and Social Work Services. (It remains difficult in the VOICES survey to ascertain which answers and questions relate directly to counselling - emotional support could be provided by any staff member in contact with the patient and their significant others).

As such, I feel strongly that it is the PSS bespoke survey that ought to be the tool of measurement going forwards from this point. To that return I can reflect on, evaluate and consider definite ways forward for the service; wheras here I am at best, often reading between the lines.

This, along with the Bereavement Journey, will ensure that we stand the best chance of continuing to have links with all family members that want it post the death of the loved one, literature and all information needed can be sent out more confidently as data is now gathered by the Admin Assistant and with this direct point of contact – families now have a named person to liaise with and establish a personalised and known contact that they can feel comfortable and confident in.

2022-23 Palliative Care Educator Comments

It is always encouraging to see such positive feedback for our service. The VOICES questionnaire is used, alongside other feedback to identify areas to focus on from an education perspective. The Education Team strive to support all staff to provide excellent care for patients and those important to them. This is achieved through training updates to maintain clinical skills or proficiencies, support to complete relevant external education, the development of competency documents and compliance with mandatory training. From October 2022 to February 2023, one of the posts in the education team was vacant, which impacted on the day to day running of the service. A new Palliative Care Educator joined the team in March 2023 and her experience and knowledge will continue to improve the service we offer to staff.

2022-23 Community Services Team Manager Comments

Although much of my comment hasn't changed from 2022 I must acknowledge some increase in positive response, in particular "Symptoms other than pain relieved by CPCT" which has been the highest since 2015 at 77% -Yes Definetly . Possible contributing factors - the use of OACC / POI targeting those unstable/ caseload management and close working/ support with our Palliative Medicine Consultants and the rest of the medical team . Other areas which are showing an upward trend since 2015 are "Enough help with urgent problems evening from CPCT" and "Enough help with urgent problems at night from CPCT". This is largely contributed to by the IPU staff who manage the calls. Adressing emotional and spiritual needs have also demonstrated a positive increase , the meaningful free text comments alos support this . There will always be those whose expectations we cannot meet and would like us to vsit more frequently however unfortunately service capacity doesn't give scope for this and embedding OACC has given guidance and structure to support clinical decisions to indicate call frequency / visits and caseload management.

2022-23 Housekeeping Manager Comments

I feel that the comments from the survey reflect how well the housekeeping staff have coped over the past couple of years . We are a very small team who have seen an increase in patients numbers and more areas to clean and monitor . Our infection control inspection reports are more often and being met again considering the number of team members.

Our menu is more varied and have taken on board many dietary and religious beliefs. We always try to cater for the majority of patients and consider their relatives as well.

Many celebrations are catered for at short notice and feel that this is an unique service.

Comments have been taken on board re more mugs etc in galley area.

Our aim is obviously to always strive for excellent and exceptional .

Subject	Question	Answer	2015-2016	2017	2017-2018	2018	2018/ 19	2019	2019-20	2020	2020-21	2021	2021-22	2022	2022-23	Trends
Demographics	Respondent gender	Male	29%	35%	24%	31%	28%	36%	33%	32%	28%	41%	27%	30%	21%	
		Female	71%	65%	76%	69%	72%	64%	67%	68%	72%	59%	73%	70%	79%	
	Patient gender	Male	44%	48%	49%	54%	54%	48%	46%	49%	58%	53%	49%	59%	60%	
		Female	56%	52%	51%	46%	46%	52%	54%	51%	42%	47%	51%	41%	40%	
Inpatient stay	Inpatient stay up to 24 hours	up to 24 hours	7%	5%	4%	11%	14%	14%	6%	5%	3%	12%	11%	9%	10%	
	Inpatient stay 24 hours to 2 weeks	24 hours to 2 weeks	64%	68%	56%	58%	61%	67%	71%	29%	66%	47%	67%	45%	52%	
	Inpatient stay 2-4 weeks	2-4 weeks	21%	27%	32%	22%	18%	10%	13%	62%	13%	29%	17%	32%	24%	
	Inpatient stay longer than 4 weeks	longer than 4 weeks	7%	0%	8%	6%	7%	10%	6%	5%	6%	12%	6%	9%	10%	
		Unrecorded	0%	0%	0%	3%	0%	0%	3%	0%	13%	0%	0%	5%	5%	
Care and environment	Enough help with personal hygiene	Strongly agreed	82%	87%	92%	83%	71%	76%	90%	86%	71%	94%	82%	91%	95%	
		Agreed	11%	13%	8%	14%	25%	24%	10%	14%	29%	0%	18%	9%	5%	
		Neither agree nor disagree	7%	0%	0%	3%	4%	0%	0%	0%	0%	6%	0%	0%	0%	
	Sufficient Nursing Care	Strongly agreed	79%	78%	88%	81%	71%	76%	87%	95%	77%	88%	94%	91%	90%	
		Agreed	18%	22%	12%	17%	25%	24%	13%	5%	23%	12%	6%	9%	10%	
		Neither agree nor disagree	4%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	
		Disagree	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
	Adequate Privacy	Strongly agreed	89%	87%	88%	92%	86%	76%	81%	95%	84%	100%	94%	91%	95%	
		Agreed	11%	13%	12%	8%	14%	19%	16%	5%	16%	0%	6%	9%	5%	
		Neither agree nor disagree	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Disagree	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	
Support	Enough Emotional Support	Yes definitely	87%	63%	86%	90%	78%	68%	96%	69%	77%	64%	93%	90%	89%	
		Yes some	9%	37%	14%	10%	17%	32%	4%	31%	19%	36%	7%	10%	11%	
		No	4%	0%	0%	0%	4%	0%	0%	0%	4%	0%	0%	0%	0%	
	Enough Religious Support	Yes definitely	75%	77%	91%	73%	84%	55%	56%	56%	88%	86%	67%	67%	80%	
		Yes some	17%	23%	9%	27%	16%	45%	33%	33%	13%	14%	33%	33%	20%	
		No	8%	0%	0%	0%	0%	0%	11%	11%	0%	0%	0%	0%	0%	
	Enough financial support	Yes definitely	100%	67%	91%	33%	67%	33%	75%	50%	100%	67%	100%	56%	100%	
		Yes some	0%	33%	9%	67%	0%	67%	25%	50%	0%	33%	0%	33%	0%	
		No	0%	0%	0%	0%	33%	0%	0%	0%	0%	0%	0%	11%	0%	
	Enough relief of other symptoms	Yes definitely	92%	67%	90%	86%	73%	67%	83%	87%	79%	83%	77%	89%	94%	
		Yes some	4%	33%	10%	14%	18%	28%	17%	13%	17%	17%	23%	11%	0%	
		No	4%	0%	0%	0%	9%	6%	0%	0%	4%	0%	0%	0%	6%	
	Enough family support	Yes definitely	75%	58%	82%	92%	100%	90%	92%	75%	94%	71%	78%	87%	90%	
		Yes some	25%	42%	18%	0%	0%	0%	8%	25%	6%	29%	22%	13%	10%	
		No	0%	0%	0%	8%	0%	10%	0%	0%	0%	0%	0%	0%	0%	
	Pain was relieved	Completely all the time	72%	64%	56%	67%	54%	79%	54%	63%	70%	71%	71%	68%	61%	
		Completely most of the time	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	
		Completely some of the time	8%	27%	36%	20%	12%	11%	29%	32%	13%	18%	0%	27%	33%	
		Partially relieved	12%	0%	0%	10%	19%	5%	14%	5%	3%	6%	18%	5%	0%	
		Not at all	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	
		Don't know	8%	9%	8%	3%	12%	5%	0%	0%	13%	6%	12%	0%	6%	
Communication and involvement	Family informed of condition	Always	79%	91%	76%	83%	82%	80%	90%	81%	55%	88%	78%	82%	84%	
		Usually	21%	4%	16%	11%	7%	15%	10%	19%	35%	6%	22%	18%	16%	
		Sometimes	0%	4%	4%	6%	4%	5%	0%	0%	10%	6%	0%	0%	0%	
		Occasionally - Had to ask	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	
		Never	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	
		Don't know	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

Subject	Question	Answer	2015-2016	2017	2017-2018	2018	2018/ 19	2019	2019-20	2020	2020-21	2021	2021-22	2022	2022-23	Trends
	Doctors and nurses' language easy to understand	Very easy to understand	82%	70%	72%	75%	76%	55%	90%	90%	77%	76%	72%	77%	80%	
		Fairly easy to understand	18%	22%	24%	22%	16%	40%	6%	10%	17%	24%	22%	23%	15%	
		Fairly difficult to understand	0%	4%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	
		Very difficult to understand	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	
		Did not explain anything	0%	0%	0%	0%	4%	5%	0%	0%	3%	0%	0%	0%	5%	
		Never spoke	0%	4%	4%	3%	0%	0%	0%	0%	3%	0%	6%	0%	0%	
	Any decisions made that they did not want?	No	89%	78%	72%	83%	80%	67%	87%	95%	66%	88%	67%	95%	70%	
		Don't know	7%	9%	24%	8%	8%	24%	0%	0%	19%	12%	22%	0%	15%	
		Yes	4%	13%	4%	8%	12%	10%	13%	5%	16%	0%	11%	5%	15%	
	Doctors treated them with respect	Always	96%	91%	96%	96%	93%	84%	97%	90%	87%	100%	100%	95%	100%	
		Most of the time	0%	4%	4%	4%	7%	11%	3%	5%	3%	0%	0%	5%	0%	
		Sometimes	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Don't know	4%	0%	0%	0%	0%	5%	0%	5%	10%	0%	0%	0%	0%	
	Nurses treated them with respect	Always	92%	96%	96%	96%	96%	86%	100%	90%	94%	94%	94%	95%	100%	
		Most of the time	4%	4%	4%	4%	0%	10%	0%	10%	0%	0%	6%	5%	0%	
		Sometimes	0%	0%	0%	0%	4%	0%	0%	0%	0%	6%	0%	0%	0%	
		Don't know	4%	0%	0%	0%	0%	5%	0%	0%	6%	0%	0%	0%	0%	
	Did Hospice work well with patient's GP?	Yes definitely	54%	53%	68%	56%	48%	47%	45%	53%	47%	50%	71%	62%	40%	
		Yes to some extent	21%	21%	12%	12%	19%	35%	21%	32%	13%	38%	18%	14%	10%	
		Don't know	25%	21%	16%	32%	22%	6%	31%	16%	30%	13%	12%	24%	50%	
		They did not work together	0%	5%	4%	0%	4%	0%	3%	0%	0%	0%	0%	0%	0%	
		No	0%	0%	0%	0%	7%	12%	0%	0%	10%	0%	0%	0%	0%	
	Did carer get to stay overnight?	Got to stay	82%	100%	87%	80%	88%	50%	44%	38%	22%	71%	67%	91%	80%	
		Didn't get to stay	18%	0%	13%	20%	13%	50%	56%	63%	78%	29%	33%	9%	20%	
	Enough emotional support from staff?	Definitely yes	69%	78%	71%	80%	85%	62%	90%	45%	61%	76%	72%	86%	75%	
		Yes to some extent	15%	9%	13%	9%	4%	33%	7%	45%	10%	18%	22%	10%	15%	
		No	0%	0%	0%	0%	4%	0%	0%	0%	3%	6%	6%	0%	5%	
		Not required	15%	9%	17%	6%	8%	0%	3%	10%	23%	0%	0%	5%	5%	
		Did not receive	0%	4%	0%	3%	0%	5%	0%	0%	0%	0%	0%	0%	0%	
		Don't know	0%	0%	0%	3%	0%	0%	0%	0%	3%	0%	0%	0%	0%	
	Quality of care from nurses on admission	Exceptional	57%	70%	80%	81%	76%	57%	81%	57%	34%	59%	78%	77%	65%	
		Excellent	36%	30%	16%	19%	12%	38%	19%	43%	55%	41%	11%	18%	30%	
		Good	7%	0%	4%	0%	8%	5%	0%	0%	7%	0%	6%	5%	5%	
		Fair	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	6%	0%	0%	
		Don't know	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	
	Quality of care from doctors on admission	Exceptional	61%	65%	60%	80%	64%	40%	65%	48%	34%	53%	71%	77%	50%	
		Excellent	36%	26%	32%	17%	24%	50%	32%	43%	48%	40%	24%	18%	45%	
		Good	4%	9%	8%	3%	4%	10%	3%	5%	10%	7%	0%	5%	5%	
		Fair	0%	0%	0%	0%	8%	0%	0%	0%	0%	0%	6%	0%	0%	
		Don't know	0%	0%	0%	0%	0%	0%	0%	5%	7%	0%	0%	0%	0%	
Food and catering	Food Quality	Exceptional	18%	53%	15%	12%	17%	12%	38%	10%	26%	40%	21%	35%	33%	
		Excellent	47%	13%	40%	44%	33%	65%	19%	35%	26%	40%	43%	47%	47%	
		Good	24%	27%	30%	24%	11%	24%	29%	40%	19%	10%	7%	12%	13%	
		Fair	0%	7%	5%	0%	0%	0%	5%	5%	7%	0%	14%	6%	7%	
		Poor	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	
		Don't know	12%	0%	10%	20%	11%	0%	10%	10%	19%	10%	14%	0%	0%	

Subject	Question	Answer	2015-2016	2017	2017-2018	2018	2018/ 19	2019	2019-20	2020	2020-21	2021	2021-22	2022	2022-23	Trends
Hospice environment	Bedroom Quality	Excellent	75%	83%	80%	86%	62%	57%	74%	71%	68%	71%	89%	91%	95%	
		Good	25%	17%	16%	14%	35%	43%	26%	24%	23%	24%	11%	9%	5%	
		Fair	0%	0%	4%	0%	4%	0%	0%	5%	6%	0%	0%	0%	0%	
		Don't Know	0%	0%	0%	0%	0%	0%	0%	0%	3%	6%	0%	0%	0%	
	Bathroom Quality	Excellent	68%	78%	76%	78%	76%	60%	68%	62%	61%	65%	94%	82%	95%	
		Good	29%	17%	16%	17%	16%	35%	32%	33%	29%	24%	6%	18%	5%	
		Fair	0%	0%	4%	0%	4%	0%	0%	5%	3%	6%	0%	0%	0%	
		Don't know	4%	4%	4%	6%	4%	5%	0%	0%	6%	6%	0%	0%	0%	
	Communal Areas Quality	Excellent	64%	65%	60%	72%	68%	55%	61%	30%	52%	50%	71%	67%	84%	
		Good	32%	30%	40%	28%	32%	40%	32%	60%	26%	19%	24%	29%	16%	
		Fair	0%	0%	0%	0%	0%	5%	3%	0%	3%	6%	0%	5%	0%	
		Don't know	4%	4%	0%	0%	0%	0%	3%	10%	19%	25%	6%	0%	0%	
	The Orangery Quality	Excellent	59%	74%	68%	74%	64%	63%	61%	11%	20%	29%	53%	62%	89%	
		Good	33%	22%	28%	20%	20%	32%	32%	28%	7%	0%	6%	29%	5%	
		Fair	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	5%	
		Don't know	7%	4%	4%	6%	16%	5%	3%	61%	73%	71%	41%	10%	0%	
	The Courtyard Quality	Excellent	54%	70%	56%	77%	64%	74%	58%	26%	29%	36%	47%	57%	84%	
		Good	29%	26%	24%	14%	16%	16%	32%	32%	10%	0%	12%	38%	16%	
		Fair	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	
		Poor	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	
		Don't know	18%	4%	20%	9%	20%	5%	10%	42%	58%	64%	41%	5%	0%	
CPCT	CPCT Nurse visited often enough	Always	88%	84%	81%	80%	85%	87%	84%	74%	77%	85%	84%	71%	82%	
		Only Sometimes	6%	14%	10%	17%	9%	13%	8%	16%	12%	8%	9%	21%	11%	
		Definitely Not	3%	0%	8%	0%	2%	0%	5%	7%	11%	5%	3%	8%	7%	
		Don't know	3%	3%	2%	4%	4%	0%	3%	2%	0%	3%	3%	0%	0%	
	Enough emotional support from CPCT team	Yes definitely	55%	53%	57%	61%	73%	73%	68%	43%	61%	51%	58%	67%	75%	
		Yes to some extent	35%	40%	30%	35%	20%	19%	23%	40%	24%	40%	35%	25%	14%	
		No	0%	3%	11%	0%	5%	0%	6%	13%	10%	6%	0%	8%	11%	
		Don't Know	10%	3%	2%	4%	2%	8%	3%	3%	4%	3%	6%	0%	0%	
	Enough Religious/ Spiritual Support from CPCT	Yes definitely	60%	62%	33%	33%	71%	50%	45%	45%	25%	46%	62%	43%	58%	
		Yes some	40%	15%	27%	27%	17%	38%	18%	18%	13%	23%	23%	43%	17%	
		No	0%	8%	11%	13%	0%	0%	18%	27%	31%	15%	0%	14%	17%	
		Don't know	0%	15%	27%	7%	13%	13%	18%	9%	31%	15%	15%	0%	8%	
	Enough Financial Support from CPCT	Yes definitely	64%	78%	38%	56%	67%	63%	38%	69%	35%	67%	73%	50%	30%	
		Yes some	27%	11%	48%	22%	24%	38%	46%	15%	35%	33%	27%	50%	40%	
		No	9%	11%	14%	22%	10%	0%	15%	15%	29%	0%	0%	0%	30%	
	Symptoms other than pain relieved by CPCT	Yes definitely	74%	48%	49%	49%	66%	59%	68%	59%	59%	61%	67%	67%	77%	
		Yes to some extent	17%	52%	40%	46%	29%	37%	25%	41%	27%	26%	30%	22%	19%	
		No	9%	0%	11%	5%	5%	4%	7%	0%	14%	13%	4%	11%	4%	
	Enough support for family concerns from CPCT	Yes definitely	45%	58%	63%	68%	71%	40%	63%	41%	50%	50%	71%	77%	64%	
		Yes to some extent	45%	42%	26%	23%	24%	47%	32%	47%	39%	43%	29%	15%	18%	
		No	9%	0%	11%	9%	5%	7%	5%	12%	11%	7%	0%	8%	18%	
	Enough help with urgent problems evening from CPCT	Yes definitely	65%	44%	60%	70%	67%	61%	64%	58%	49%	52%	65%	67%	82%	
		Yes to some extent	29%	31%	27%	23%	29%	33%	27%	29%	34%	35%	20%	20%	6%	
		No	6%	25%	13%	7%	4%	6%	9%	13%	17%	13%	15%	13%	12%	
	Enough help with urgent problems at night from CPCT	Yes definitely	71%	43%	71%	69%	67%	63%	65%	62%	47%	61%	65%	71%	81%	
		Yes to some extent	14%	33%	18%	24%	29%	31%	25%	24%	34%	22%	15%	14%	6%	
		No	14%	24%	11%	7%	5%	6%	10%	14%	19%	17%	20%	14%	12%	

Subject	Question	Answer	2015-2016	2017	2017-2018	2018	2018/ 19	2019	2019-20	2020	2020-21	2021	2021-22	2022	2022-23	Trends
	Pain relieved by CPCT	Completely all the time	32%	28%	31%	40%	31%	27%	42%	39%	33%	40%	38%	40%	39%	
		Completely some of the time	22%	28%	31%	24%	33%	42%	29%	21%	32%	30%	29%	24%	29%	
		Partially relieved	22%	17%	18%	16%	18%	9%	8%	18%	19%	15%	9%	12%	6%	
		Not at all	0%	3%	2%	0%	2%	3%	3%	3%	5%	0%	6%	8%	3%	
		Don't know	5%	3%	4%	5%	6%	0%	3%	0%	2%	0%	6%	0%	0%	
		Does not apply	19%	22%	14%	15%	10%	18%	16%	18%	9%	15%	12%	16%	23%	
	Family got help and support from CPCT	Yes as much as we wanted	84%	83%	78%	79%	85%	82%	89%	85%	81%	85%	82%	84%	81%	
		Yes some	8%	17%	7%	12%	8%	9%	8%	8%	9%	5%	9%	8%	10%	
		No tried to get more	3%	0%	6%	4%	2%	6%	3%	3%	7%	5%	3%	8%	0%	
		No did not ask for more	3%	0%	7%	5%	4%	3%	0%	5%	0%	5%	6%	0%	6%	
		Did not need	3%	0%	2%	0%	2%	0%	0%	0%	3%	0%	0%	0%	3%	
	Explanation of patient's treatment by CPCT	Very easy to understand	65%	81%	57%	63%	66%	70%	61%	55%	74%	70%	71%	65%	73%	
		Fairly easy to understand	35%	14%	35%	32%	24%	21%	31%	38%	23%	25%	26%	27%	27%	
		Fairly difficult to understand	0%	3%	0%	0%	2%	3%	0%	0%	0%	0%	0%	0%	0%	
		Did not explain anything	0%	3%	6%	0%	6%	6%	3%	5%	2%	5%	0%	4%	0%	
		Never spoke	0%	0%	2%	5%	2%	0%	6%	3%	2%	0%	3%	4%	0%	
	CPCT had time to listen	Yes all the time	86%	78%	77%	81%	87%	84%	83%	78%	84%	85%	88%	88%	87%	
		Yes some of the time	14%	22%	19%	14%	9%	9%	14%	15%	11%	15%	6%	13%	7%	
		No not when needed	0%	0%	2%	4%	2%	3%	0%	2%	2%	0%	0%	0%	3%	
		Don't know	0%	0%	2%	2%	2%	3%	3%	5%	4%	0%	6%	0%	3%	
	Overall care from CPCT	Exceptional	33%	53%	42%	46%	48%	41%	50%	32%	35%	48%	53%	42%	48%	
		Excellent	56%	31%	28%	32%	38%	41%	36%	51%	40%	43%	38%	42%	32%	
		Good	8%	14%	21%	18%	12%	15%	11%	12%	13%	5%	6%	4%	19%	
		Fair	3%	3%	4%	4%	0%	0%	0%	2%	7%	0%	3%	8%	0%	
		Poor	0%	0%	6%	2%	2%	3%	3%	2%	5%	5%	0%	4%	0%	
	Involved as much as wanted by CPCT	As much as wanted	89%	94%	87%	91%	92%	88%	88%	93%	98%	88%	88%	88%	90%	
		Wanted to be more involved	8%	6%	8%	5%	2%	9%	6%	5%	0%	10%	9%	8%	6%	
		Don't know	3%	0%	6%	4%	6%	3%	6%	2%	2%	3%	3%	4%	3%	
Jubilee/Wellbeing	Benefited from Jubilee/Wellbeing Centre	Always	83%	33%	67%	67%	75%	80%	0%	100%	0%	100%	100%	0%	100%	
		Usually	0%	33%	17%	33%	0%	20%	0%	0%	0%	0%	0%	0%	0%	
		Sometimes	0%	17%	17%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	
		Never	17%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	
		Don't know	0%	17%	0%	0%	25%	0%	0%	0%	0%	0%	0%	0%	0%	
Circumstances surrounding RIP	Where did the patient die?	Own Home	35%	33%	43%	32%	28%	47%	25%	51%	47%	51%	45%	22%	43%	
		Hospice	46%	42%	29%	48%	39%	23%	49%	27%	33%	27%	32%	63%	38%	
		Hospital	13%	13%	15%	16%	23%	11%	14%	10%	12%	16%	15%	6%	14%	
		Care Home	6%	10%	10%	3%	7%	15%	7%	6%	8%	4%	6%	3%	2%	
		Accident and Emergency	0%	2%	2%	0%	2%	4%	2%	0%	0%	0%	2%	3%	0%	
		Family/ Friend Home	0%	0%	0%	1%	2%	0%	4%	4%	0%	2%	0%	0%	2%	
		Somewhere else	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	
	Where did the patient want to die?	Own Home	47%	53%	65%	60%	64%	56%	53%	59%	66%	77%	67%	63%	61%	
		Hospice	47%	43%	30%	31%	31%	27%	42%	33%	26%	18%	33%	30%	25%	
		Hospital	3%	0%	0%	2%	0%	0%	0%	0%	0%	3%	0%	0%	3%	
		Care Home	3%	3%	5%	2%	3%	2%	0%	0%	0%	0%	0%	4%	0%	
		Either Own Home or Hospice	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Family/ Friend Home	0%	0%	0%	2%	3%	0%	0%	0%	0%	0%	0%	0%	0%	
		Changed Mind	0%	0%	0%	0%	0%	5%	0%	3%	4%	0%	0%	4%	8%	
		Did not mind	0%	0%	0%	0%	0%	10%	3%	3%	4%	3%	0%	0%	3%	
		Somewhere else	0%	0%	0%	0%	0%	0%	3%	3%	0%	0%	0%	0%	0%	
	Preferred place of RIP achieved	Yes	82%	67%	57%	71%	62%	63%	65%	57%	76%	68%	69%	58%	69%	
		No	18%	33%	43%	29%	38%	37%	35%	43%	24%	32%	31%	42%	31%	

Subject	Question	Answer	2015-2016	2017	2017-2018	2018	2018/ 19	2019	2019-20	2020	2020-21	2021	2021-22	2022	2022-23	Trends
	Patient had enough choice about place of RIP	Yes	90%	68%	75%	85%	79%	83%	83%	69%	85%	77%	76%	96%	84%	
		Unsure	3%	10%	8%	9%	5%	0%	3%	8%	2%	4%	15%	0%	3%	
		No	6%	13%	17%	7%	15%	18%	14%	22%	13%	19%	9%	4%	13%	
	Patient died in the right place	Yes	90%	93%	89%	91%	82%	90%	89%	84%	81%	89%	87%	94%	85%	
		Unsure	2%	0%	3%	3%	3%	0%	0%	2%	11%	4%	7%	0%	7%	
		No	8%	7%	8%	6%	15%	10%	11%	14%	8%	7%	7%	6%	7%	
Bereavement Support	Enough bereavement support from staff	Yes definitely	86%	80%	83%	94%	92%	71%	96%	83%	75%	92%	80%	95%	94%	
		Yes to some extent	14%	20%	11%	3%	8%	29%	4%	17%	13%	8%	20%	5%	6%	
		No not at all	0%	0%	6%	3%	0%	0%	0%	0%	13%	0%	0%	0%	0%	
	Carer shared feelings after patient died	Yes	36%	15%	59%	57%	37%	58%	28%	41%	34%	53%	44%	66%	71%	
		Unsure	2%	4%	5%	1%	7%	0%	4%	4%	7%	7%	7%	3%	7%	
		No would have liked to	20%	15%	14%	10%	18%	12%	21%	37%	20%	2%	7%	13%	7%	
		No did not want to	43%	66%	22%	31%	37%	30%	47%	18%	39%	37%	42%	19%	14%	
		No - Did not elaborate	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	
	Carer talked to someone as soon as they wanted	Yes	86%	100%	68%	86%	74%	71%	77%	81%	88%	71%	94%	81%	83%	
		Unsure	7%	0%	11%	9%	21%	19%	15%	6%	4%	5%	6%	14%	7%	
		Wanted to talk sooner	7%	0%	22%	6%	5%	5%	8%	13%	8%	24%	0%	5%	10%	
		No was not asked	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%	
	Leaflet on bereavement helpful?	Definitely helpful	51%	58%	39%	54%	48%	45%	67%	28%	45%	47%	49%	68%	64%	
		Helpful to some degree	9%	9%	21%	22%	19%	14%	14%	22%	17%	19%	16%	14%	13%	
		Not helpful	2%	2%	3%	2%	0%	0%	0%	0%	4%	0%	0%	0%	0%	
		Did not receive	31%	21%	30%	22%	22%	32%	18%	36%	28%	26%	24%	7%	21%	
		Don't know	7%	9%	7%	2%	10%	9%	0%	14%	6%	9%	11%	11%	3%	
	Contact from Hospice helpful?	Definitely Helpful	27%	28%	29%	48%	47%	40%	46%	27%	37%	37%	58%	55%	51%	
		Helpful to some degree	22%	18%	25%	27%	17%	26%	13%	24%	20%	32%	23%	21%	27%	
		Not helpful	0%	3%	13%	5%	5%	5%	0%	4%	2%	5%	0%	3%	0%	
		Did not receive	24%	35%	21%	17%	16%	21%	40%	33%	31%	15%	10%	7%	11%	
		Don't know	27%	18%	13%	3%	16%	7%	2%	12%	11%	12%	10%	14%	11%	
Recommend Hospice	Would carer recommend Hospice to their Friends and Family?	Extremely Likely			77%	86%	78%	77%								
		Likely			16%	10%	12%	16%								
		Neither likely nor unlikely			3%	1%	4%	0%								
		Extremely Unlikely			3%	3%	3%	0%								
		Don't know			2%	0%	3%	7%								
	Overall Experiences Rating	Very good							82%	75%	68%	77%	83%	81%	85%	
		Good							13%	15%	23%	17%	17%	13%	12%	
		Neither good nor poor								6%	6%	2%	0%	3%	2%	
		Poor								2%	3%	0%	0%	0%	0%	
		Very poor							2%	0%	1%	4%	0%	3%	0%	
		Don't know							4%	2%	0%	0%	0%	0%	0%	

Terms of Reference for Clinical Quality & Governance Committee

St Raphael's Hospice

Scope of Committee remit

1. The Board of St Raphael's Hospice is responsible for the strategic direction of the charity, and Board members hold collective legal liability for oversight of the charity. The Board are supported in their oversight of the clinical quality, governance and risk activities by the Clinical Quality & Governance Committee.
2. The 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 will ensure 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 will contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the St Raphael's Hospice clinical governance activities.
3. The charity's Scheme of Delegation outlines the key decision-making structure within the charity, including delegation from the Board to the Committee.
4. The Committee reports directly to the Board of St Raphael's Hospice.

Committee membership and composition

5. In line with the Articles of Association, the number of Committee members shall not be less than two, of whom at least one must be a Trustee of St Raphael's Hospice. It will be general practice for Committees to consist of at least three individuals, of whom two will be Trustees.
6. Additional suitable Committee members may be co-opted who, in the opinion of the Board and Committee, will bring additional relevant skills and expertise. Co-opted Committee members do not hold the same legal duties as the charity's Trustees, but are expected to uphold high standards of governance and adhere to the policies and procedures applicable to Board members.
7. At least one Committee member should have a Clinical background.
8. Committee members must be over 16 years in age, and must not be disqualified under the provisions of clause 5.6 of the Articles of Association and disqualification criteria set by the Charities Commission of England and Wales.
9. Appointments to the Clinical Quality & Governance Committee are made by the Trustees, for a period of three years. Following this first term, a Committee member may be appointed for up to two further terms of three years. This arrangement mirrors the term lengths for the St Raphael's Hospice Board of Trustees.
10. Committee members will receive no remuneration in relation to their role, and will adhere to the charity's expectations and procedures with regards to conflicts of interest and connected persons.

11. The Trustees will appoint a Chair of the Clinical Quality & Governance Committee, who shall be a Trustee or Board Advisor. The Chairing of this Committee may rotate between each meeting, to leverage the respective expertise of Committee members.

Role and responsibilities of the Committee

12. Subject to the provisions in the charity's Articles of Association, the members of the Clinical Quality & Governance Committee take delegated responsibility on behalf of the Board of Trustees for the following high-level areas:

    - Receive assurance on the delivery of ~~a work programme~~the Clinical Action Plan on an annual basis in accordance with Hospice's strategic objectives.
    - ~~Assure~~ Receive assurance on the quality and safety of any service development or re-design.
    - To receive reports on progress against key clinical quality and governance objectives in the Hospice's annual Management Plan.
    - Receive assurance that the key critical clinical systems and processes are robust, safe and effective. These systems will include, but are not limited to, clinical leadership, staffing, competency, activity, learning/ education, incident management, complaints, audit, and effective. They will also encompass the Patient and Service User Experience, compliance with the CQC Fundamental standards of quality and safety, Electronic Patient Record (EPR), Research and Development and Medicines Management.
    - Receive assurance that safe and effective person-centred care is being delivered and will do this by:
        - Receive reports on clinical quality across the Hospice.
        - Ensuring mechanisms are identified to enable all clinical teams to review performance in line with national benchmarking and evidence-~~-~~based practice and review/agree subsequent action plans.
        - Receive assurance that that new clinical systems are implemented within a framework of robust clinical governance, improve patient care and experience.
        - Receive and review minutes from the Hospice's internal Clinical Committees.
    - Conduct in-depth review of the Clinical Risk Register.
    - Receive progress reports on the Clinical Quality & governance section of the annual Management Plan.
    - Receive information on patient and stakeholders feedback including through the VOICES survey and Medical Examiner report.
    - Review the Evidence of Excellent Practice Register.
    - Review Clinical Key Performance Indicators (KPIs), data and information on Clinical Complaints.
    - To review and approve/ recommend to~~ot~~ the Board other related clinical reports or publications as agreed.
    - To consider how the Hospice contributes and is part of the wider health and care system.
    - Have delegated authority to review progress and take decisions within a framework approved by the Advisory Board and linked to the annual business cycle.

- Assisting the Board identify the Hospice's major risks in relation to clinical quality and governance, and developing appropriate approaches to risk management. This will include periodic reviews of the Hospice's corporate risk register and insurance cover.

Access

13. Individual Committee members or managers may raise concerns with the Committee Chair at any time.

Committee Meetings

14. The Committee will meet at least four times a year. The Committee Chair may call additional meetings if necessary.
15. In line with the St Raphael's Hospice Articles of Association, the quorum for Committee meetings will be two Committee members, of whom one must be a Trustee.
16. Meetings may be held in person, or by suitable electronic means such as video conference.
17. Meetings of the Committee will normally be attended by the CEO, Clinical Director, the Lead Palliative Care Consultant (or nominated other) and Director of Quality and Governance. Other Hospice personnel may also be invited to attend or present.
18. Committee members may ask any attendees who are not members to withdraw to facilitate open discussion of particular matters.
19. Any votes will be undertaken in accordance with the provisions in the St Raphael's Hospice Articles of Association.

Reporting

20. Minutes will be taken of each meeting of the Committee, by the Secretary to the Committee or another individual agreed with the Committee, and circulated to Committee members.
21. Minutes of Committee meetings will be made available to the Board.
22. Minutes will be stored for at least 10 years.

Renewal

23. The Terms of Reference will be updated every three years.

Date of last approval: ~~March 2023~~April 2024. Date of next renewal: ~~March 2026~~April 2025.