**St Raphael's Hospice**

**Meeting of the Clinical Quality & Governance Committee**

**To be held virtually**

**on Thursday 12th October 2023 3-5pm**

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| 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. | 15.00 – 15.05 | Welcomes, apologies for absence and declarations of interest<br>Ratify resignation of Dr Eva Kalmus from Committee | Discussion | Chair |
| 2. | 15.05 – 15.15 | Review of minutes from Clinical Quality & Governance Committee meeting held on 30th June 2023 | Approval | Chair |
| | | Actions List and update on matters arising | Discussion | |
| 3. | 15.15 – 15.25 | Evidence of Excellent Practice Register | Discussion | RT |
| 4. | 15.25 – 15.35 | Clinical Risk Register | Discussion | RT |
| 5. | 15.35 – 16.15 | Clinical Quality & Governance Report inc. Clinical Action Plan | Discussion | RT, AR |
| 6. | 16.15 – 16.30 | Minutes of internal meetings<br>Audit Reports | Discussion | AR |
| 7. | 16.30 – 16.45 | Safeguarding Update | Discussion | AR |
| 8. | 16.45 – 17.00 | Any Other Business & Date of next meeting | Discussion | Chair |

**Dates of future meetings:** 2024 TBC

# ITEM 02 ACTION LIST

**SAINT RAPHAEL'S HOSPICE**
**CLINICAL QUALITY & GOVERNANCE COMMITTEE ACTION LIST**
**FOR JUNE 2023 MEETING**

| Agenda item | Action | Responsible | Timeline | Update | Ref. |
|---|---|---|---|---|---|
| 2. Review of minutes from 13th January 2023 | Take forward plans for integration of EDI training into staff induction process with Barry Angel | Becca Trower | Immediate | WIP – Barry Angel & HR Committee | 28.04.23/01 |
| 4. Clinical Risk Register | Add EMIS system to Clinical Risk Register | Alex Rudkin | Immediate | Complete | 28.04.23/02 |
| 6. Clinical Action Plan | Share CAP 2023/24 targets with Board | Carrie Chill, Anna Machin | May 2023 Board meeting | Complete | 28.04.23/03 |
| | Develop agreed priorities into SMART targets | Becca Trower, Alex Rudkin | During May 2023 | To discuss | 28.04.23/04 |
| 5. Clinical risk register | Update risk register to reflect EMIS transition | Rebecca Trower, Alex Rudkin | Immediate | Complete | 30.06.23/01 |
| 7. Patient 'label' research project | Take forward participation in project inc. check access for patients with English as a second language | Dr Naomi Collins | Immediate | In progress | 30.06.23/02 |
| 8. Quality Account | Share final draft with Committee for comment | Alex Rudkin | Immediate | Complete | 30.06.23/03 |

| Ref No. | Recorded By | Date | EXAMPLES OF EXCELLENT PRACTICE - Description |
|---|---|---|---|
| 2023/34 | EL | 01/06/2023 | **Message via Facebook Messenger:**<br>Hi I just want to share my story with you ♡<br>This was my lovely Mum and Dad. Married for over 40 years, lived in Sutton, and myself and my brother and five lovely grandchildren they adored.<br>In 2016 Dad had just had his 66th birthday when he was diagnosed with stage 4 Oesophageal cancer. Only a few months into chemo he was referred to St Raphael's, the lovely hospice nurses looked after him at home and transported him in his final days, the care and the support they gave us was so comforting and after dad passed I had the counselling from St Raphael's too.<br>Unfortunately in 2019 Mum was diagnosed with Acute Myeloid leukaemia. In February this year St Raphael's stepped in and supported my brother and myself again and she spent the last two weeks before she passed in St Raphael's being cared for.<br>Myself and my brother take comfort everyday that both mum and dad weren't in pain, were looked after with so much care and we can't thank the hospice nurses and everyone else that works there enough. We never felt alone and the hospice is such a beautiful calm place.<br>We are eternally grateful to you all. |
| 2023/35 | DN | 22/06/2023 | Feeback from a family member about their experience in sharing their sotry with St Raphael's .<br>Husband was in our care. Married in the Orangery after 40 years together.<br>"Thank you so much for forwarding the completed stories. They are lovely, I'm so happy with the result and am more than happy for them to be published. You have done a marvellous job. Thank you so much " - |
| 2023/36 | DN | 22/06/2023 | Feeback from a family member about their experience in sharing their story with St Raphael's .<br>Son under our care in the community.<br>"Sharing the story of our beloved son has been a wonderful and positive experience. Something special to come from his passing. Natalie from the Hospice's Communications team has been so kind to me, which has helped a tremendous amount. It felt lovely to talk about our son with her. Seeing his story pieced together so thoughtfully and well-written has been a gift for our family. People have since connected with us after reading his story, sharing the positive impact it continues to carry. We know our son would be so proud too."<br>Many people have read the story and connected with her in a positive way. A friend she hadn't seen in more than 10 years read the story and decided to sign up for this year's Lavender Walk in their honour. |
| 2023/37 | Linda Ryan | 30/06/2023 | A member of the public sent an email regarding her leaving her iPad on the sales desk when shopping in the Sutton Clearance Shop. She re- visited the shop and the iPad was returned to her as it had been found by the Manager. The customer felt that she received excellent customer service and would like to thank the Manager for his honesty and felt she always experienced great customer service when shopping in the Sutton Clearance Shop. The Manager has been informed of the feedback. |
| 2023/38 | TC | 21/07/2023 | Responsive visit . Call received from hospital to say that patient was in carpark too unwell to attend OPA . Wife was taking him home - Dying . CNS was removed of triage and joint visit with hospice SPR - Dr Gemmell. All EOLC planning - Equipment / H@H co ordinated Patient RIP 22/07/23 |
| 2023/39 | AR | 23/08/2023 | Annual Complaints Review Meeting for 2022/23 held with the Executive Team showed allowed for review of individual complaints that highlighted a variety of practice changes / learning that have been exacted/effected that included: -<br>1. On the job procedural training re retail sales etiquette.<br>2. Awareness of how individuals can be perceived through verbal and non-verbal behaviours.<br>3. Stock of low weight sensor equipment implemented.<br>4. Collective reminder to reception personnel regarding the conveyancing of messages.<br>5. Reminder regarding thoroughness of documentation in clinical discharge communications.<br>6. Reminder regarding pre-sale checking for cleanliness of items in retail. |
| 2023/40 | AR | 13/09/2023 | Feedback from the learning disability mortality reviewer with whom we provided information as to the care received from St Raphael's for a patient and her family who received our services between November 2022 and March 2023.<br>"I presented the LeDeR review on patient XXX on Thursday 7th September to the Steering Group meeting.<br>The positive feedback from the care home and the family was the excellent care she received from the Palliative care team. The bereavement support offered to the family and care staff.<br>Thank you for your support in providing the information to me for the review" |

| Ref No. | Recorded By | Date | EXAMPLES OF EXCELLENT PRACTICE - Description |
|---|---|---|---|
| 2023/41 | GTR/AR | 14/09/2023 | For Dr Gaby : Despite 2+ years of working together, I had the pleasure of accompanying Dr Gaby on a joint visit/assessment for the first time this afternoon. I feel it important to share and to go on record in saying what a privilege and enriching experience it was to witness Gaby at work today. (And so Gaby, I do hope you will receive the following as a gift and not as an embarrassment, as I am about to publicly celebrate you in what I witnessed this afternoon):<br>Your tenderness and kindness, your gentleness and heart was exquisite to observe. It allowed the patient and family member present to feel at ease, share with you and even go to the emotive content, as they sensed they were safe, held, considered and secure in your care;<br>Your humanity and humility (truly moved me) as you actively listened, truly worked hard to hear of the experience of the other and how you kept this at the heart of the process - deferring, using humour and putting all present at ease (you were not wearing the intimidating white coat of the doctor at any point – and that is real skill and humanity);<br>I was able to see at first hand, how personalised care can be demonstrated and indeed, how it ought to be;<br>How you literally (not metaphorically) went to the patient, positioned yourself at her side – even sitting on the floor - so that you were in this with her together;<br>Your skilful, empathic questioning and clinical analysis – despite what was a difficult and emotionally charged situation for all present. I could almost hear the cogs of your brain whirring as you tried to join up dots, seek to wonder at possibilities hitherto unconsidered;<br>We are able to praise our nurses, allied health professionals, volunteers, all of our amazing colleagues and yet perhaps due to their positioning within the system, our Consultants are potentially deferred to and not applauded in what they do and how they do it. And so that is all I am wanting to do here:<br>It was inspiring to watch you as a person and as a Consultant today Gaby.<br>We are very lucky to have you amongst us and I was touched and moved in watching the beauty in your work today – thank you! |
| 2023/42 | GTR/AR | 28/09/2023 | I attended an extremely useful education event yesterday in Merton where your amazing consultants presented regarding your services. |
| 2023/43 | RT/AR | 30/09/2023 | Massive thank you from our entire family to all the staff and volunteers at St. Raph's, North Cheam. You have all been the most supportive a caring during my husband's final days. |
| 2023/44 | RT/AR | 30/09/2023 | Thanks for your care of our beautiful friend |
| 2023/45 | RT/AR | 30/09/2023 | Thank you for caring , as she was cared for by so many with kindness, empathy and great skill.<br>Thank you for caring for her in her last weeks and for supporting her and her family.<br>Thank you for what you did, and continue to do for others. Special place.<br>In recognition of the wonderful support you gave my sister and myself both in the community and in the inpatient unit |
| 2023/46 | RT/AR | 30/09/2023 | For Steve:<br>“I have loved my time at SRH and found Steve to be the most supportive and inspiring supervisor. It is regrettable that my journey to the Hospice is over an hour and with traffic can take closer to two hours. Were it not for the M25, or should I live closer, I imagine that I would be happy to stay working within his team for many years to come. Thank you for the opportunity”.<br>“I have learnt more in your supervisions than I did throughout my 3-year classroom-based studies. Thank you. You have inspired, nurtured and supported me to become the best version of myself. I truly understand now – you are changing the world one person at a time; and that is because there is love in your consulting room and in every supervision group you provide. I will always have you as my internalised good object and am determined to always keep in touch”.<br>“Being with Steve is being with generosity. It conveys itself through his unconditional support, guidance and facilitation. His dedication to his work as Head of Psychotherapy Services and Supervisor is inspirational. I am privileged to continue benefitting from his wealth of experience and am grateful to have become part of a team that feels like home.”<br>“Thank you so much for everything… your patience, support, wisdom and humour have been appreciated over these past two years … and I couldn’t have asked for a better supervisor.”<br>“I have learnt so much from you and you are a key reason I have stayed.” |

# 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)<br>· Back up resource -outsourced at times of AL<br>· 2 x HSCN routers and lines to support fail over<br>· Hard copy daily print outs to provide basic continuity<br>· 2 x 4G fobs that can be used with the COWs 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 acess, we cd request to visit any of our neighbouring hospices - remotely | 4 | 2 | 8 | IT/CD | Sept 23 / Dec 23 |
| 2 | Infection spread within hospice | · Inability to provide full clinical service impacting on both patients, their families and staff.<br>· May impact on external stakeholders.<br>· May impact reputational damage and potential funding streams | 4 | 3 | 12 | · Attention to and compliance with governmental guidance<br>· Implementation and maintenance of CLIN52 COVID policy<br>· Implementation and maintenance of CLIN08 Infection Control policy<br>· Internal Lead for IPC shared amongst the link nurses on the IPU and Community Team with oversight from ESTH IPC Team | · Implementation and maintenance of CLIN52 COVID policy<br>· Implementation and maintenance of CLIN08 Infection Control policy<br>· PPE regular supply available<br>· Contingency planning clarified for any identified cases within the Hospice - as per governmental guidance<br>· Single room nursing. Increased telephone contact<br>· FFP3 mask fit testing ongoing<br>· Refresher PPE training and advice and support from PHE<br>· LFD testing for symptomatic staff in clinical situations<br>· Facility for staff to work from home<br>· Staff vaccination program access facilitated | 3 | 2 | 6 | CD | Sept 23 / Dec 23 |
| 3 | Insufficient Nursing Resource on the Inpatient Unit. | · Unable to operate IPU safely<br>· IPU has to close<br>· Impact on patients, families and reputation | 3 | 3 | 9 | · Bank and Agency Nurses available<br>· Staff adapting/flexing shifts to cover IPU<br>· Monitoring of staffing capacity monthly/weekly/daily<br>· Alignment with Agenda for Change pay scales implemented<br>· Crisis cover payments in place<br>· Active recruitment ongoing | · IPU admissions can be reduced to meet staffing capacity<br>· Majority of patients are cared for in the community<br>· Nursing Associates are being upskilled<br>· Acuity score being adopted to help guide admissions v staffing levels<br>· All Leave policies amended with improved leave entitlements<br>· Utilisation of 10 hour shifts to provide better cover<br>· Night staff no longer having to rotate onto days | 2 | 3 | 6 | CD/IPU Sister | Sept 23 / Dec 23 |
| 4 | NHS Doctor Strikes | · Impact on admissions to the IPU<br>· Impact on outpatient led planned tx<br>· Impact on education and professional activity support<br>· 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<br>· Flexible working pattern across community and inpatient unit<br>· Non-essential non-clinical commitments postponed<br>· Consultant with NHS contract prioritising SRH<br>· Medical capacity added to IPU acuity score | 5 | 1 | 5 | Lead Palliative Medicine Consultant / CD | Sept 23 / Dec 23 |
| 5 | Breaches of confidentiality involving person identifiable data (PID), including data loss | · Reputational damage<br>· Litigation<br>· Fines from ICO<br>· Service user distress and safety risk | 3 | 3 | 9 | · Protecting Confidential Information Policy<br>· All personnel and volunteers trained on Iinformation Governance on induction and annual mandatory training.<br>· Data User Agreements in place<br>· DPO, ISO, Caldicott Guardian & SIRO in place<br>· Suite of Information Security and Governance policy in place<br>· IT monitoring and oversight of PID in received and sent emails. Monitoring includes audit and test Phishing emails via IT Dept.<br>· Secure PID communication email channel in place through NHS Net<br>· Regular organisational sweeps in all departments<br>· Caldicott Guardian attends regular training and presents at associated fora.<br>· Maintenance of shared network drive to ensure file security | · All personnel and volunteers trained on Iinformation Governance on induction and annual mandatory training.<br>· Proactive checking in areas such as photocopier/clear desks.<br>· Established link with Capsticks solicitor who provides ad hoc advice on data access issues<br>· Annual - Information Governance Check list audit / Clinical Record documentation audit | 2 | 2 | 4 | IT/CD | Sept 23 / Dec 23 |
| 6 | Introduction of new clinical administration system EMIS from Crosscare | · Unsustainability of project leadership<br>· BAU functionality of system (includes reporting)<br>· Lack of user proficiency<br>· Incorrect data entry - content & pathway | 3 | 2 | 6 | · EMIS user guide<br>· Reporting testing / Output<br>· Access to Crosscare Archive for 8 years.<br>· More than one project expert | · System User Guides<br>· Induction and training videos<br>· EMIS project team remains active for first year of project<br>· Reporting | 2 | 1 | 2 | EMIS Project Team | Sept 23 / Dec 23 |

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Lone working | · Staff/volunteers work singularly in the community within referred patients homes.<br>· Risk of accident/incident in a patients home and individual risk to staff member.<br>· Risk in travel to and from home visits | 3 | 2 | 6 | · OP17 Lone worker Policy<br>· Community staff are supplied with a mobile phone for contact with the hospice or other healthcare professionals. ACC informed of access and egress.<br>· Lone worker alert devices in place. | · Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time.<br>· Clarification and supported training on use of safety devices.<br>· EXEC OOH on call in place for contact and advice on further action.<br>· If there is perceived or hx of risk staff work in pairs and alert is added to the EPR. | 2 | 1 | 2 | CD/MDT | Sept 23 / Dec 23 |
| 8 | Bed blocking | · Delay to discharge due to limited availability of CHC funded beds in the community and patient/family reluctance to transfer.<br>· Limits our processing of requests for admission.<br>· Potential effect on reputation, income generation and staff morale.<br>· 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.<br>· Provision of information to patient and family | · Staff proficiency in completing fast track.<br>· Screen referrals for potential impact.<br>· Dual planning with Hospital requesting admission.<br>· Consideration of CHC funded IPU beds in future.<br>· Expertise in discussion with patients and family members re discharge planning. | 2 | 2 | 4 | CD/IPU MDT | Sept 23 / Dec 23 |
| 9 | Clinical Incidents | · Serious or moderate harm to patient Safety<br>· Risk of complaints from patients/families<br>· Reputational damage / litigation | 2 | 3 | 6 | · Low threshold to reporting<br>· Culture embraces reporting of all incidents related to clinical care<br>· Hierarchy of investigation<br>· Outputs- Learning informs improved procedures and processes<br>· Report to Clinical Quality & Governance Committee supports transparency | · Continued staff training and awareness of new techniques and products.<br>· Opportunity to participate in refection and sharing learning and outcomes.<br>· Feedback to complainants regarding change in practice.<br>· Encourage an environment of comprehensive reporting to support learning and quality improvement across all departments.<br>· Annual clinical audit /QI / research / data montoring program | 2 | 2 | 4 | CD & Director of QI | Sept 23 / Dec 23 |
| 10 | Clinical Complaints | Local press coverage<br>Potential for public concern<br>Elements of public expecation not being met<br>Loss of confidence in the service<br>Reputational damage | 3 | 2 | 6 | · Organisational policy supporting values, behaviours and practices<br>· Education and training re communication<br>· Adherence to OP05 Feedback and Complaints policy<br>· Reported at Clinical Quality and Governance Committee<br>· All complaints discussed at hospice team meetings for awareness and learning across the organisation | · Reporting culture of any concerns- no blame but responsibility<br>· Use of root cause analysis for significant incidents.<br>· Feedback to complainants regarding change/improvemnt in practice.<br>· All complaints both verbal and written treated with the same level of scrutiny<br>· Scoping to establish all clinical staff access to communication skills training<br>· Training on care delivery<br>· Information shared re: Duty of Candour and scope of the policy<br>· Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Clinical Director<br>· Complaints documented and register maintained<br>· Annual review by EXEC | 2 | 2 | 4 | CD | Sept 23 / Dec 23 |

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

Key

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

# ITEM 05

# Clinical Quality and Governance Report

**Contents**



## 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**

Quarter 2 2023-4 saw further positive achievements and developments within the Psychological Support Services Team, highlights included:

- The second annual thank you lunch for student counsellors, allowing the cohort to meet and mix, share ideas and talk to their hopes, aspirations and appreciation of the learning and development opportunities gained by being on placement with us.
- Steve Molyneux visited Riddlesdown Collegiate in Croydon, the second largest state school in the country, presenting to the 6th formers there on a Day in the life of a Hospice. Part of their Careers Week, one of their students will be shadowing Steve in October in preparation to study for a degree in Psychology.
- Steve began his work as External Clinical Supervisor with the Psychosocial Department at The Shakespeare Hospice in Warwickshire and for the Medical Team (10 Junior Doctors and 4 Consultants) at St. Christopher's Hospice. Whilst this work falls under the banner of his Private Practice – it has nonetheless promoted partnership working and protocols and has clearly identified what we are doing right here at STRH
- The team rolled out their new, Patient and Family Feedback Questionnaire. To date, we have had 10 returns and all have been unanimous in their praise for the services delivered and care received.
- The team moved from the main site to their beautiful new suite of offices and consulting rooms in 759.
- Steve completed the second and final day of the Schwartz Round Training.
- The PSS poster on "EMDR for Complicated Grief" was successfully included for presentation at the Hospice UK Conference November 2023. Cecilie will be representing at the conference.
- The impact of EMDR is already being felt amongst our patient group with one gentleman writing the following: "I have found the effect of last week's session to be profound. Not only has it addressed the specific traumatic images, it has allowed me to take a broader perspective on my situation and I think get some distance from the events themselves. I can't thank you enough for this transformative intervention, it remains a complete mystery to me how it works, but the results are fantastic. Thank you!"
- The team are in the process of exploring opportunities to expand their bereavement work by looking at ways to engage with and deliver bespoke services to those aged 18-35.
- Steve is working with fundraising and SLT to expand bereavement services specifically to children and teenagers. Steve has had initial meetings in October with a renowned theatre company – "Really Big Pants Theatre Company", who we hope will deliver a pilot, bespoke piece of work with us by the end of the year.
- The student counsellors continue to be loyal, invested, hardworking and thriving. We have 9 on placement with us.
- New Leaflets were produced and the Website updated so that standardised literature is available on Counselling Services, Bereavement Support, Spiritual Care and Social Work. They have also just produced information on the EMDR Service, Children's Counselling Service and Financial Support available.

- The team are delivering an innovative training program in December on “Dying Healing and Living”. See attached flyer.

## Community Engagement

### General updates

- The team has reverted back to ‘Wellbeing Services’ with job titles changing to Wellbeing Services Lead, Wellbeing Services Facilitators and Wellbeing Services Administrator / Volunteer Administrators

### Wellbeing Centre

- Recruited 1 x new OT volunteer who will deliver OT support to WBC attendees during the weekly sessions.
- The Living Well Programme on Wednesday mornings is now a drop-in session rather than an 8 week programme.

### Complementary Therapy

- Recruited 1 x new Comp T volunteer increasing the Comp T team to 1 x paid staff member plus 4 x Complementary T volunteers supporting patients across Tues, Wed and Thu.

### Compassionate Neighbours

- Recruited 1 x new admin volunteer helping to support with Compassionate Neighbour and Community Member 6 monthly reviews
- Currently closed for referrals until we recruit more Compassionate Neighbour volunteers but have 35 applications being processed.

### Wellbeing Services challenges

- The training of new staff team / admin volunteers has slowed down the expansion of the Compassionate Neighbour project.
- Time management of a new and growing team with dual roles. Need to ensure that all Compassionate Neighbours feel fully supported in their role as the project expands.

### Highlights

- The WBC has been chosen as the Mayor of Sutton’s Charity of the Year and the team have been attending regular Mayoral events to increase awareness of the centre’s offerings and raise funds.
- The Compassionate Neighbours summer party was a huge success with 50+ attendees including Compassionate Neighbours, their matched Community Members and key staff.
- Attendance numbers at the weekly sessions are reaching an all-time high with a frequent full house.

**Inpatient Unit**

- The ward has continued to provide a high standard of care with staff embedding the changes made over the last year. The last few months have seen the ward implement a dependency scoring tool which is being used in admissions meetings to help guide decisions around the number of patients to admit on any given day, ensuring decisions are equitable. This has also been chosen for a poster presentation at the upcoming Hospice UK conference.
- The Family suite has been used for the first time.
- We have welcomed two new healthcare assistance, Verene and Laura and new a new night registered nurse which is fantastic.
- Due to the new recruits and some active bank staff, we have also managed to reduce agency use on the ward.
- Unfortunately, the recent COVID increase in the community had implications on the ward with both staff and patients affected. We did have to place admissions on hold for one day; however managed to swiftly reopen a day later with mandatory mask wearing in place.
- We are excited to welcome another new staff member, Karen a band 6 registered nurse, next week and look forward to the positive impact this will have on the ward.

**Community Palliative Care Team**

**Staffing**

- CPCT Staffing has been difficult over the summer with an agreed average of 90 hrs pw AL(including study) and then mat leave and vacancies
- H@H staffing has also been down with a vacancy and sickness
- Workload was further compounded by ongoing Drs strikes affecting discharges from hospital and GP services

**Overall across the whole team we average per week: AL 90 hrs + Vacancy 55.5 hrs + Mat leave 37.5 hrs + long term sickness 30 hrs= 213 hrs pw (minimum)**

All vacancies have had a reduced and slow response in comparison to previous times

- HCA Cathy Gibbs joined H@H 22.5hrs (Alison Fallows post )
- CNS Sharon D' Souza resigned . As she was in probation only 1 weeks' notice was required – (30 pw hrs down )
- CSP Naomi Stammers has a baby girl – Nico June Jet Stammers -( this has left us 37.5hrs pw down )
- CNS Bernie Griffin retired after 45 years – her 22hrs pw have been absorbed into HPOC and Laura B has taken the post (22.5 pw = 3 days ), WFH but travelling up twice a month
- STr DR Rebecca Gemmel has been working win the community and a lot of positive feedback from the team regarding her support and working
- PA Jovy Giles has joined once a week and allocated to locality 3 for continuity . She will be working jointly with CNS/P initially
-

**Education**

- EMIS still embracing the change !! – thank you Jenny and Heather for their endless support
- CSP Heather Syddall has commenced the NMP course at SGH university
- CHC Fast track training (Sutton) – really positive feedback – further dates to be confirmed
- Annual medicine management update and assessment rolled out

**Networking**

- CNS Rebecca Lucas has been invited back to teach "essay "writing at SGH University – this was due to her exceptional essay on the physical assessment course
- Weekly MDT meeting with St Heliers PCT continues with positive input - The aim is to continue to build good relations, improve communication and identify referrals for the hospice
- Various visiting Paramedics go out with the community team once a month

**Education/Training**:

- In July the education team facilitated a study day for nurses and nursing associates on the IPU. The theme was Clinical Leadership, with several topics covered such as symptom control, discharge planning and conflict resolution. The theme prompted lots of interesting discussions and we received positive feedback from staff.
- Members of the Community Team attended their medicines management update, which takes place annually and demonstrates the organisation's commitment to drug safety and governance. This session also provides staff with the opportunity to reflect on challenges and refresh their knowledge of medicines management.
- In August, clinical staff attended Fast Track training facilitated by Sutton Continuing Healthcare. This was a full day of training to support staff who complete fast track applications for patients.
- September was a very busy month – lots of internal and external training. Two members of the nursing team attended a study day as part of the Preceptorship Programme- this programme supports newly qualified nurses in their first year of practice.
- Palliative Masterclass was held on 13th September. This course was developed for experienced healthcare professionals in the boroughs of Sutton and Merton. The course was presented by the consultant team and included topics such as complex symptom management, difficult conversations and ethical issues at end of life. The course was well attended by a variety of healthcare professionals and the feedback from attendees was excellent.
- Advanced Communications Skills training was facilitated by Karen Cook with attendees from another hospice as well as our own staff. This course supports staff to develop and enhance their communication skills.

**Medical Team**

**Staffing**

Our specialty registrar Dr Rebecca Gemmell left us to rotate to Princess Alice Hospice at the start of October, and we have welcomed Dr Stephanie Ainley as an ST6 who will be predominantly based on the inpatient unit initially. We have navigated the ongoing junior and consultant doctor strikes with team flexibility across the inpatient and community teams.

**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. The consultant team have now been excused from supporting the executive on call since September.

**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.

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.

Dr Gaby Tamura-Rose and Dr Jenny Strawson, alongside Kim Smith MEOL team lead, presented to over 100 Merton GPs and allied health professionals on 27th September as part of their annual face to face training day, giving an overview of the hospice service and talking on how to facilitate a good death at home.

We typically host 4-5 medical students from St George's for two days 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 Collins continues to provide clinical support to HMP High Down, and is presenting a summary of her work at this years Hospice UK conference in Liverpool in November

**Audit & Research**

Dr Naomi Collins 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.

The consultant team have joined the South London Clinical Research Network with attendance at the next meeting scheduled for 24th October.

The consultant team have contributed 3 successful abstract submissions to the annual Hospice UK conference due to be held in Liverpool in November, with their work to be displayed in poster format.

Our Physician Associate Jovy, alongside Ambreen, have successfully completed their quality improvement project of revising our inpatient unit drug chart, which are now in use on the ward. They are hoping to audit its rollout/success looking at a theorised reduction in prescription errors as a result of the new charts.

**Medical Education**

The consultant team led the teaching delivery for the Palliative Care Masterclass training day on September 13th for GPs, community and hospital nurses and doctors, with positive feedback. The course was successfully approved for Royal College of Physicians accreditation for CPD points.

**Schwarz Rounds:** Dr Jenny Strawson continues in her role as Clinical Lead for Schwartz Rounds and completed further facilitator training in September. The hospice has now hosted 6 Rounds since January, with the last Round welcoming external colleagues who attended the Masterclass training day. The next Round is on Thursday 2nd November.

**EMIS:** Dr Jenny Strawson continues to work as part of the EMIS working group, the wheels are in motion to allow information sharing between SRH and GP practices in Merton and Sutton as well as our district nursing team in order to improve patient care.

**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.

Gaby and Dr Ambreen Akhtar attended the two day Guildford Advanced Pain and Symptom Control Course held at the Royal College of Physicians in central London in September.

The medical team hosted a successful one day Palliative Care masterclass on 13th September which was well attended (25 local healthcare colleagues). Teaching has been delivered to the community team on neuropathic pain and DNA CPR discussions. The medical team are delivering presentations on the non-medical prescribing day held at St Bede's Tuesday 24th October.

Gaby completed mentorship for Loretto from Merton EOLC team through his non-medical prescribing course, and has now started mentoring Heather Syddall our clinical nurse practitioner for her non-medical prescribing course.

Dr Jenny Strawson continues to lead on the steering group for the monthly Schwartz rounds that are now fully established and very well received and attended by the wider MDT.

Jenny and Gaby were invited to present at the Merton GP teaching afternoon in September, presenting to over 150 attendees, and used this as an opportunity for networking and education.

**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**

Jenny and Gaby are 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. Naomi is hoping to complete her training to become an appraiser as part of her personal development plan identified for this year.

# 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 | May'22 | Dec'23 |
| Clinical HoDs | Jul'23 | Jul'23 | Oct'23 |
| Medical Business | Sep'23 | Sep'23 | Oct'23 |
| Drugs & Therapeutics | Jun'23 | Jun'23 | Nov'23 |
| Outcome Measurement Group | Sep'22 | May'22 | Dec'23 |
| Infection Control | Jun'23 | Jun'23 | Nov'23 |
| Prescribers | Jul'23 | Jul'23 | Nov'23 |

Effective from October 2022, the Falls Group meeting has been included into the business of the CHoDS as a bi-annual agenda item to both reduce the number of separate meetings held and guarantee attendance and subsequent cascade.

## 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 either from the Joint CEOs (IG), the Clinical Director (Clinical), the Commercial Director (Retail and Lottery), the Director of Fundraising and Communications (Fundraising), the Director of IT and Estates or the Director of Quality and Improvement. 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 2023/24 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 October 2023. 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 2022. It is available on the Hospice's website and copy is made available within the Hospice.

# EMIS

Implementation of the new EMIS system took place on Wednesday 3rd May 2023 following the month of April 2023 that had been largely given up to the training of staff in the new system.
Users continue to embrace the new system and are engaging well. Template design and configuration enhancements have occupied a significant time element for members of the project team particularly John Groom and Dr Jenny Strawson. Additional focus on output and reporting is underway and feeding into user engagement with the system and configuration design. There is an awful lot of work to do in ensuring data has integrity and that reporting is accurate. With the loss of Jason (IT) early on in the project and the retirement of Pascale in June 2023, the project team has now expanded to include members of the clinical administration team who provide users with additional practical support. Ensuring EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings is a critical objective set out in 2023/24's planning.

# 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.

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 last meeting was held in October 2022. 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 July 2023 with presentations delivered on CPCT clinical documentation, the outpatient service, IPU referrals, IPU Satisfaction and Phase of Illness / AKPS. The forum usually occupies a lunch-time slot and is open to the clinical teams and those with an interest in topic.

The Audit/Research Programme 2023/2024 - summary of 2023/2024 projects spanning clinical audit, quality improvement, research and data monitoring - is set out from page 11. Ownership is delegated across the clinical team and Quality office and the medical team projects have Dr Collins as medical audit and research overseer.

# Data Dashboards

Clinical data dashboards that inform the service areas of the IPU, Well-being Centre, Community and Psycho-Social teams have not moved any further forward this year due to competing commitments but expectation is to re-engage and embrace these data products in the coming year once the new EMIS system has bedded in and assurance over its output has been met. 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** | **Resp** | **Is Data Presented?** |
|---|---|---|---|---|---|---|---|---|---|
| 20/001 | CMC Monitoring | BG | Jan-20 | To improve CMC data capture | CPCT | Yes | Weekly | AR | Yes |
| 20/002 | NoK Details | SM | Jan-20 | To improve NoK data capture | Psy / Qual / Donor Support | No | Monthly | AR | Yes |
| 20/003 | Community Team Visit Responsiveness | LB | Jan-20 | To support responsiveness evidence | CPCT | Yes | Quarterly | AR | Yes |
| 20/004 | Sharing Information Consent | TC | 2018 | To monitor and improve Sharing Information Consent data capture | CPCT | No | Monthly | AR | Yes |
| 20/005 | Safeguarding Monitoring | RW | Feb-20 | To highlight patients with safeguarding concerns and track follow up | CPCT | No | Monthly | JL | No |
| 20/006 | Referrals Monitoring | JO'G | Mar-20 | To monitor and improve Referrals data capture | CPCT | No | Monthly | AR | Yes |
| 20/007 | Referral to RIP Monitoring | JO'G | Mar-20 | To monitor time between referral and death | CPCT | No | Monthly | AR | Yes |
| 20/008 | Active Caseloads | NS/ GL | May-20 | To monitor active caseload levels | Exec | Yes | Weekly | AR | Yes |
| 20/009 | Daily Activity Data - capacity tracker support | NS/ GL | May-20 | To monitor activity recorded on Crosscare | Exec | Yes | Daily | AR | Yes |
| 20/010 | Referrals by Postcode | DN | Jun-20 | To monitor referrals by postcode | Fundraising & Exec | Yes | Monthly | AR | Yes |
| 21/001 | PPoD vs Actual PoD Monitoring | RT | Apr21 | To monitor PPoD achievement rates | Exec | Yes | Quarterly | AR | Yes |
| 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 | AR | Yes |

# Clinical Quality & Governance Management Plan Objectives 2023/24

## Summary

| DATE | Number | Complete / on-going | As per Plan | For 2024/25 |
|---|---|---|---|---|
| **04/05/2023** | **35** | **1** | **32** | **2** |
| **19/06/2023** | **35** | **2** | **31** | **2** |
| **17/07/2023** | **35** | **4** | **29** | **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. |
| **3.32** | Recruit more volunteer therapists via advert in social media (liaison with Comms)<br>Liaise with other therapists |

# Objectives rolled into 2024/25 timeline

| | |
|---|---|
| **3.34** | Developing a survey with the Comms Team - asking patients for feedback via email. |
| **3.35** | 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 21 – Mar 22 published Apr '23 |
| 2023/24-03 | IPU - Patient Satisfaction | • Priority 2 Internal 'must do' audit | IPU - R Wallis<br>Quality Office - J Cope / A Rudkin | Ongoing - 2022 report published June 2023 |
| 2023/24-04 | IPU – Infection Control : Environment & Hand-washing Audit | Priority 1 External 'must do' audit | IPU - S Leech<br>Community - J Smith<br>Quality Office - J Cope / A Rudkin | Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps commenced in Oct/Nov 2022. |

| Project Ref. | Title | HQIP Prioritisation | Lead | Status |
|---|---|---|---|---|
| 2023/24-05 | IPU - Medicines Management Audit | • Priority 2 Internal 'must do' audit | Ashton's Clinical Pharmacist | Ongoing |
| 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 data under analysis / report in draft |
| 2023/24-07 | IPU : Patient Handling / Pressure Areas | • Priority 2 Internal 'must do' audit | Rebecca Wallis | Data collection planned for Oct 2023 |
| 2023/24-08 | IPU : Mouthcare Audit | • Priority 2 Internal 'must do' audit | Rebecca Wallis | Data collection began in Oct 22 |
| 2023/24-09 | Controlled Drugs Annual Audit | Priority 1 External 'must do' audit | R Trower | Ongoing |
| 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 | Data cohort extracted 12-10-2022. Report expected in |

| Project Ref. | Title | HQIP Prioritisation | Lead | Status |
|---|---|---|---|---|
| | | | | October/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<br>JG - IPU<br>GT-R / BD-S - Community | November 2021 IPU Audit Report published in January 2023; November 2022 audit based on referrals report expected in December 2023 |
| 2023/24-13 | Outcome measures (Step 2- CSNAT) | • Priority 2 Internal 'must do' audit | Implementation Group<br>MV - H@H | Nov 22 - Apr 23 data to be analysed and reported on |
| 2023/24-14 | Psychological Support Services Questionnaire | • Priority 4 Clinician interest audit | Psychological services<br>SM | Bespoke survey started in June 2023 – Pilot analysis of first 10 returns to be written up |

| Project Ref. | Title | HQIP Prioritisation | Lead | Status |
|---|---|---|---|---|
| 2023/24-15 | Activity Monitoring Data<br>CMC<br>NoK<br>CPCT Responsiveness<br>Sharing Information<br>Safeguarding<br>Referrals<br>Referrals to RIP<br>Active Caseloads<br>Daily Activity Data - capacity tracker<br>Referrals by Postcode<br>Community RA<br>DoLs<br>PPoD<br>Wandsworth Activity | • 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<br>NEW annual report expected in 2023/2024 |
| 2023/24-18 | Falls | • Priority 2 Internal 'must do' audit | Quality Office + CHoDs Mtg | Ongoing - July 2022 - June 2023 report / tracker update expected in July/Aug 2023 |
| 2023/24-19 | Complaints | • Priority 2 Internal 'must do' audit | Quality Office + Exec | Ongoing - 2022 complaints reviewed in July 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 |
| 2023/24-21 | Clinical Records Documentation | • Priority 2 Internal 'must do' audit | R Trower | Last Reported in Dec 2022. Re-audit Dec 2023 |
| 2023/24-22 | Referral to the IPU Re-Audit | • Priority 3 Specialty Priority | Dr J Strawson | Data Collection |
| 2023/24-23 | Caldicott - IG Sweep | • Priority 2 Internal 'must do' audit | Dr G Tamura-Rose | Annual Data collection |
| 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 : 4 patients recruited as at 22-05-2023 |
| 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 | External project inviting SRH participation awaiting ethical approval. |

**2022/23 summary :**

**Projects complete = 6**

**Projects on-going = 19**

# Clinical Risk Management

## Clinical Unexpected Incidents

Overview of incident data for January – December 2023 is shown below:-

| 2023 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2023 | 2022 | 2021 | 2020 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions to IPU | 19 | 18 | 20 | 17 | 15 | 20 | 19 | 16 | 15 | | | | 159 | 207 | 138 | 195 | 212 |
| Beds | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | | | | | | | | |
| Bed Occupied Days | 296 | 204 | 242 | 263 | tbc | tbc | tbc | tbc | tbc | | | | | | | | |
| Bed Available Days | 310 | 280 | 310 | 300 | tbc | tbc | tbc | tbc | tbc | | | | | | | | |
| Bed Occupancy (variable beds) | 95.48% | 72.86% | 78.06% | 87.67% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | | | | | |
| Bed Occupancy (10 beds) | 95.48% | 72.86% | 78.06% | 87.67% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | | | | | |
| CD Medication Incident | 5 | 2 | 12 | 0 | 6 | 3 | 1 | 2 | 4 | 0 | 0 | 0 | 35 | 29 | 35 | 15 | 23 |
| CD Medication Near Miss | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 1 |
| Non-CD Medication Incident | 9 | 1 | 3 | 1 | 2 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 20 | 21 | 7 | 4 | 12 |
| Non-CD Medication Near Miss | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | | 1 |
| Pressure Sore on Admission | 1 | 2 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 0 | 0 | 0 | 22 | 22 | 16 | 19 | 16 |
| Pressure Sore during Admission | 1 | 0 | 2 | 0 | 1 | 4 | 1 | 1 | 2 | 0 | 0 | 0 | 12 | 17 | 6 | 4 | 3 |
| Moisture Associated Skin Damage ON Admission | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | | |
| Moisture Associated Skin Damage DURING Admission | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | |
| Sharps/Splash | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 3 | | | |
| Infection (Near Miss) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | | |
| Infection | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 6 | | | |
| Unexpected Transfer | 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 | | 1 | 1 | 1 |

| 2023 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | 2023 | 2022 | 2021 | 2020 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Staffing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | | | 1 |
| Behaviour (staff) : non-complaint | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | |
| IG | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 8 | 16 | 4 | 3 | |
| IG near miss | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 3 | 4 | 5 | 1 | |
| Manual Handling | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 5 |
| Slips, trips, falls | 1 | 0 | 2 | 0 | 3 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 9 | 21 | 19 | 20 | 21 |
| Falls near miss | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | | | | |
| Verbal Violence (Pt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | | | 1 | |
| Physical Violence (Pt) | 1 | 0 | 1 | 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 | | | | |
| Burn/Scald | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | | |
| Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 1 | | | |
| Equipment (near miss) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | | | |
| Doctor On Call | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | |
| EXEC Out of Hours Call | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | | | |
| OTHER - Admin/Property/Documentation/OOH Contact | 2 | 0 | 2 | 0 | 4 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 11 | 12 | 12 | 14 | 12 |
| MAD Alerts (re SRH) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | |
| * Incidents reported to Community – non-SRH | 3 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 25 | 2 | 8 | 12 |
| * MAD Alerts (incl. in Community: non-SRH) | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 12 | | | |
| **Total 2023 *excluded** | **26** | **8** | **31** | **7** | **24** | **12** | **4** | **16** | **19** | **0** | **0** | **0** | **147** | | | | |
| **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 | |
| **Total 2019 *excluded** | 1 | 14 | 13 | 7 | 8 | 7 | 6 | 6 | 5 | 16 | 10 | 6 | | | | | 99 |

## 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. |

| *Clinical Significance* | Jan | Feb | Mar | Jan-Mar | Apr | May | Jun | Apr-Jun | Jul | Aug | Sep | Jul-Sep | Oct | Nov | Dec | Oct-Dec | 2023 | 2022 | 2021 | 2020 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Admissions to IPU | 19 | 18 | 20 | 57 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 94 | 207 | 138 | 193 | 212 |
| Bed Occupied Days | 10 | 10 | 10 | | 263 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | | | | | |
| Bed Available Days | 296 | 204 | 242 | | 300 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | | | | | | |
| Bed Occupancy | 95.48% | 72.86% | 78.06% | | 87.67% | #DIV/0! | #DIV/0! | | #DIV/0! | #DIV/0! | 82.78% | | #DIV/0! | #DIV/0! | #DIV/0! | | | | | | |
| Fall No Harm | 1 | 0 | 0 | 1 | 0 | 4 | 0 | 4 | 0 | 0 | 1 | 1 | | | | 0 | 6 | 15 | 12 | 14 | 15 |
| Fall Low Harm | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | | | | 0 | 3 | 6 | 7 | 6 | 6 |
| Fall Moderate Harm | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Med Level 0 | 2 | 2 | 8 | 12 | 1 | 5 | 2 | 6 | 0 | 3 | 3 | 6 | | | | 0 | 26 | 4 | 20 | 9 | 13 |
| Med Level 1 | 11 | 1 | 7 | 19 | 0 | 3 | 1 | 3 | 1 | 2 | 3 | 6 | | | | 0 | 29 | 49 | 20 | 10 | 21 |
| Med Level 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 1 | 0 | 0 | 3 |
| Med Level 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Minor (No Harm or Low Harm) | 10 | 3 | 9 | 20 | 2 | 8 | 2 | 10 | 0 | 6 | 7 | 13 | | | | 0 | 47 | 65 | 25 | 15 | 19 |
| Moderate (Moderate Harm) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 3 | 6 | 2 |
| Serious (serious Harm) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 1 | 1 |
| Pressure Sores | 2 | 2 | 6 | 10 | 4 | 4 | 7 | 8 | 2 | 4 | 5 | 11 | | | | 0 | 36 | 40 | 22 | 23 | 19 |
| Totals 2023 | 26 | 8 | 31 | 65 | 7 | 24 | 12 | 43 | 4 | 16 | 19 | 39 | | | | 0 | 147 | | | | |
| 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 | |
| Total 2019 | 1 | 14 | 13 | 28 | 7 | 8 | 7 | 22 | 6 | 6 | 5 | 17 | 16 | 10 | 6 | 32 | | | | | 99 |

# Clinical Complaints

- Review of complaints received between 1st April 2022 and 31st March 2023 were reviewed at a meeting of the Hospice executive in July 2023. Summary included in papers.
- There have been 9 clinical complaints received in and between January and September 2023.

# 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** | | | | | | 1 | | | | | **1** | **1** | | | **0** |
| **February** | 1 | 1 | | 1 | | | 1 | | | | **4** | **1** | **3** | | **4** |
| **March** | | | | 1 | | | | | 2 | | **3** | | **1** | | **3** |
| **April** | | | | 1 | | | | | 1 | | **2** | | **1** | | **2** |
| **May** | | 1 | | | | | | | | | **1** | | **1** | | **1** |
| **June** | | | | 1 | | | | | 2 | | **3** | | **1** | | **2** |
| **July** | | | | | | | | | | | **0** | | | | |
| **August** | | | | | | | | | 2 | | **2** | | | | **2** |
| **September** | | | | 1 | | | | | | | **1** | | | | **1** |
| **October** | | | | | | | | | | | | | | | |
| **November** | | | | | | | | | | | | | | | |
| **December** | | | | | | | | | | | | | | | |
| **2023** | 1 | 2 | 0 | 5 | 0 | 1 | 1 | 0 | 7 | 0 | **17** | **2** | **7** | **0** | **15** |
| 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: June - September 2023

| ID | FROM | DATE RECEIVED | DETAILS OF COMPLAINT | MAIN CLASS | ACTION TAKEN SUMMARY | UPHELD IN PART OR WHOLE |
|---|---|---|---|---|---|---|
| 2023/13 | Daughter | 12/06/2023 | Email from patient's daughter on Sunday 11.06.2023 to Dr Naomi Collins and cc'd to the Sutton End of Life care Team setting out in writing the areas she was concerned about in terms of the Hospice involvement with her mother's care - changing of medications, letter sent to wrong GP surgery on discharge from in patient unit, confusing advice re what medicines to give. Daughter states that she does not want her mother to be admitted to the Hospice again but if her wishes were to change she would let us know. | IPU Comms | Dr Collins and Clinical Director discussed the complaint and Dr Collins then contacted the daughter to discuss.<br>Letter had not been sent to the wrong GP - they work in the same practice and patients are shared.<br>Daughter oversees all care and medication - previous possibility of safeguarding raised by Sutton hub as decisions are made by daughter despite advice from HCPs<br>On conversation with the daughter she was anxious and Dr Collins arranged a joint visit with CSP Heather Sydall.<br>Discussion with daughter and patient regarding referral to Sutton Hub as daughter reluctant for hospice involvement unless in times of high need/complex uncontrolled symptoms<br>Agreed to maintain support for time being and offer H@H sits to allow the daughter to attend hospital appts etc.and to monitor situation<br>Daughter satisfied with outcome | Partially Upheld |
| 2023/17 | Partner | 14/09/2023 | Patient's partner wrote with regard to a distressing situation which occurred when speaking to one of our ward clerks on Tuesday 5th September 2023 in the morning. Her partner received excellent care whilst she was a patient at St Raphaels in July this year.<br>Complainant expressed that she has nothing but praise and thanks for the compassionate way in which she was cared for and the support she was given during this most difficult time she is struggling with her loss and is considerably distressed about the manner in which she was spoken to by our ward clerk. She telephoned the hospice to ask if she could drop off some thank you gifts for all the staff as well as some pads that she was told could be used. She stated that our ward clerk answered the phone and was very abrupt in her manner when answering questions during the conversation. She gave monosyllabic, curt responses, which she was totally shocked about as she had been compassionate and kind during the time when her partner was a patient at the hospice. This change in her manner is confusing to the complainant and she is curious to understand why? She has felt the need to raise this and offer feedback of my experience, as she would not wish for any other carers/ visitors to be treated in this manner. Once again, she expressed her thanks for the exceptional care provided to her partner and appreciates a response to this feedback. | IPU Comms | Requested reflection from ward clerk who was very sad to read this and can think of no acceptable reason why she may have come across in this manner. She fully understands the emotions that Jo is going through and it would be the very last thing she would want to do by upsetting her in this way. She requested she be conveyed her deepest apologies and assurance that she will take on board her comments.<br>Reply from Clinical Director sent 14/09/2023 extending apology | Upheld |

## Records – Access Requests

Between January and September 2023, we have had no access to health records requests and just one sharing request.

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

## Notifications

Between January and May 2023 there have been 14 serious injury notifications made to the CQC all concerning pressure sores grade 3 or above.

Between January and September 2023 there have been 9 safeguarding notifications made to the CQC: 4 concerning friends of patients, 1 concerning a patient's daughter and 1 concerning DN carers, 1 concerning care at SHH and 2 concerning care agencies or private carers. All were reported to the local safeguarding teams. Of the 9, 3 have been triggered by report from the Community Team, 3 by the Inpatient Unit Team, 1 by the Medical Team, 1 by a Wellbeing Facilitator and 1 by the Psychosocial Team..

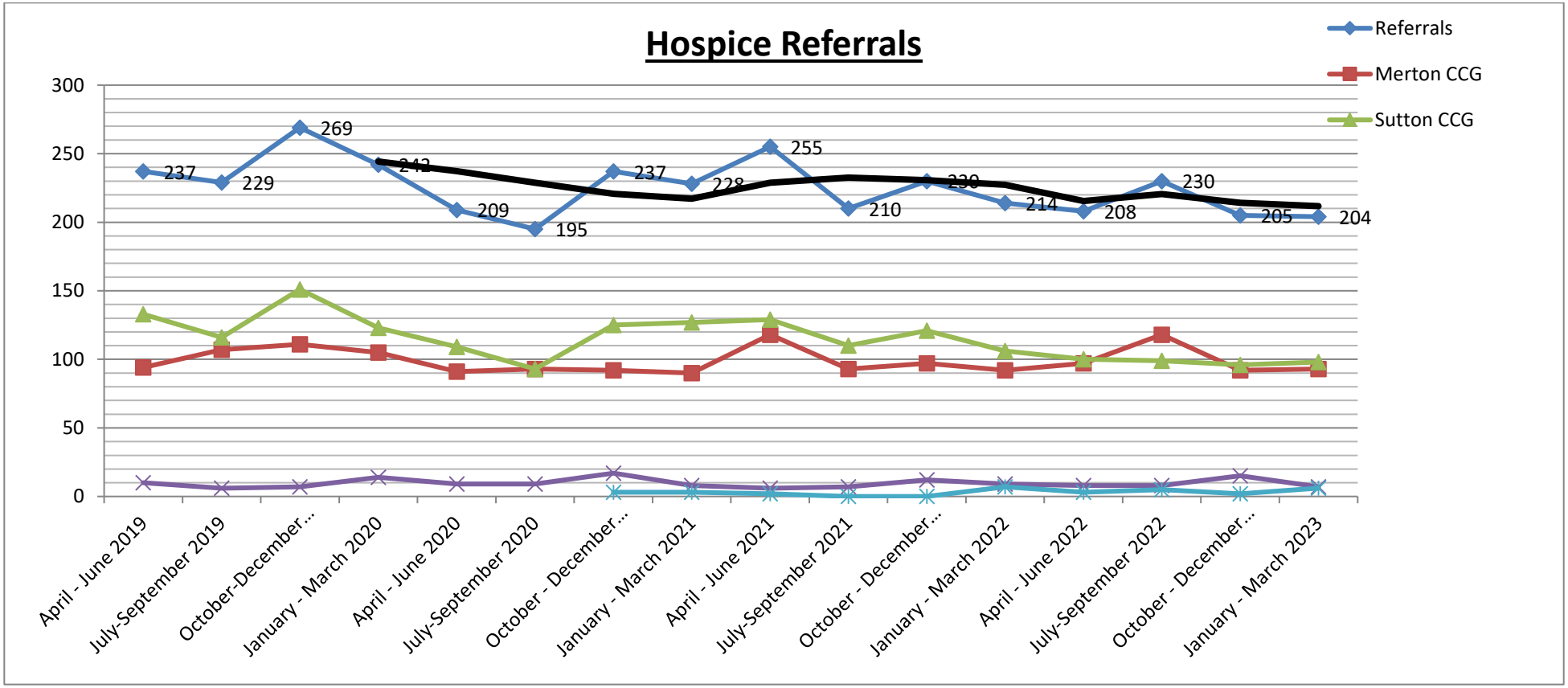
| | Serious Injury | Safeguarding |
|---|---|---|
| 2023 Jan - September | 14 | 9 |
| 2022 | 9 | 21 |
| 2021 | 10 | 19 |

## 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.

April 2023 saw 58 referrals. Referral data for May 2023 onwards (EMIS) remains to be calculated and corroborated. It is being worked on.

**Hospice Referrals**




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

**MINUTES OF THE**
**INFECTION CONTROL COMMITTEE**

**Held at 2pm on 6th June 2023**
**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, | (MS) M Sorrell – Community rep |
| (AD) Angela Durrant – IPU rep | (SC) S Cresswell – Facilities |
| (Dr GT-R) Dr G Tamura-Rose, Consultant in Palliative Medicine | (AR) A Rudkin – Quality (Minutes) |

| | |
|---|---|
| **Apologies** | (PK) Prodine Kubalalika – ESTH, Director of Nursing/Deputy DIPC, (SN) Sharon Njanike-Nyadzo – ESTH, Head of Nursing, IPC, (SM) Shobha Mclean – ESTH, Matron, IPC, (PD-P) P Di-Palma – Housekeeping, (TC) T Christmas – Community Team Manager, (RW) R Wallis, IPU Sister, (CF) C Foster - IPU IC Link RN, (SL) S Leech – IPU IC Link HCA, (JS) J Smith – CNS – Community IC Link CNS |

Action

## ITEM 1: Welcome

AR extended welcome to all present. Apologies had been received from PK prior to the meeting and meeting accepted by SN but there was no remote presence using MS Teams by any of the ESHH IPC team and remote access for the Chair was also compromised. Meetings to be held on Zoom in future. — AR

## 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.

## ITEM 4: Matters Arising

4.1 **Pathology/Microbiology service review**. Not a priority at the moment and removed from the agenda. Service proviaion continues with Spire SAH.

4.2 **ESTH Audit.** 2022's annual report from ESTH IPC is expected. Consider any salient points at the next meeting. — ESTH, IPC

4.3 **ESTH IPC-led education for nursing team.** To be picked up at the next meeting. — ESTH, IPC

4.4 **IPC Reporting.** Template received. Consideration for use deferred to appointment of an internal IPC lead. SRH IPC lead

4.5 **Infection Control Policy.** To note latest publication of the CLINSOP11 Aerosol Generated Procedure SOP was 09-05-2023.

## ITEM 5: COVID-19 Update

**Testing :** LFT testing for all admissions and if symptomatic. No changes. Admissions from Hospital should have had a LFT test.

**Staffing :** Currently minimal impact.

**PPE :** No supply issues. Stock levels are good. Fit -testing to be reviewed once every 2 years. Junior doctors only need to bring their own FFP3 masks if SRH is using a different type to that which they have been fit-tested. Fit-testing led by ESTH was delivered over a 5 day period in March 2023. 35 clinical staff attended. 3 different types of FFP3 masks tested (3M1863+; GVS F31000 and Valmy Spireor). Valmy Spireor was not recommended as no one passed and there was an issue with the mask. 22 staff passed on one mask and 11 passed on two masks.

Latex free masks have been sourced for those with known allergy

**POLICY :** CLIN52 Managing Covid v35 issued on 25-05-2023

## ITEM 6: ESTH Baseline Audit Action

6.1 Sink in clean supply noted as needing to be HTM standard compliant remains a 'Works' item that is being progressed by Facilities in liaison with the IPU.

## ITEM 7: IC Incidents / Sharps Injuries / Body Fluid Exposures / Audit

7.1 No IC incidents between March and May 2023.

7.2 1 Sharps (April 2023). Summarised:-

| ID | Description | Outcome/Update | Lessons Learned |
|---|---|---|---|
| 626 | Saftima inserted into room 1 for syringe driver set up. Nurse did not realise until she went into the treatment room that the Saftima safety sheath did not initiate and so the needle was sticking out which then stabbed her finger causing it to bleed. | Policy followed. Contacted medical team.<br><br>Medical team came to Hospice - bloods taken from nurse and from patient with consent and sent off as per policy. | Policy followed<br><br>Some clarity was needed around what to do as this incident happened before long bank holiday weekend<br><br>OH contacted and flow chart has been clarified to reduce any confusion next time<br><br>Appropriate steps were taken during the incident to ensure staff safety as confirmed by OH.<br><br>Patient not high risk, family and patient were happy for blood to be taken.<br><br>BBV policy updated to ensure there is clarity around what to do in all instances |

7.3 A) Staff Spot Check Compliance Audit January – March 2023 showed 100% compliance across 10 criteria

B) Sharps Audit January - March 2023 showed 99% compliance across 15 locations

C) IPU Environmental Audit by Criteria January - March 2023 showed 98% compliance across 15 criteria

D) Wellbeing Centre Environmental Audit January – March 2023 showed 100% compliance across 13 criteria

## ITEM 8: Alert Organisms Surveillance

8.1 Leaflets covering ESBL, C-Diff, Norovirus and MRSA are under review. Info Material Gp

## ITEM 9: Water Assessment and testing

9.1 Water Quality is routine agenda item at the Hospice's Health & S Safety Committee.

9.2 Non-pneumophila Legionella positive reading in April 2023 reported through routine test of main kitchen water tap. Result was low level <40 cfu. Tap taken out of use and Facilities carried out several flushes of the Kitchen LHS sink. They also treated both sink outlets with Sulphamic acid over 24 hours to remove any surface limescale. Re-tested following flushing. Clear. Reported to Dr Stephenson, ESTH.

9.3 Facilities are still trialling different chemical dosing levels within the system to achieve desired range results. It is improving.

## ITEM 10: Any Other Business

10.1 Aseptic technique training was delivered by the ESTH team on 22nd May 2023

10.2 Standing reminder that there is an Infection Control folder on the network drive at N:\Infection Control

## ITEM 11: Future Dates

11.1 Dates of future meetings:

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

**April 2022 – March 2023**

**COMPLAINTS REVIEW**

**22nd August 2023**

**Present**

**N Stevens, CEO**
**Dr G Tamura-Rose, Palliative Care Consultant**
**A Rudkin, Director fo Quality & Improvement**
**R Trower, Clinical Director**
**S-J Woods, Commercial Director**

**Apologies**

**J Groom, Director of IT & Estates**
**K Billingham-Wilson, Director of Fundraising**

**Introduction**

To inform the annual review of complaints received by the Hospice between 1st April 2022 and 31st March 2023

**Aims**

1. To identify underlying themes and points of learning
2. To review responsiveness to complaint

Complaints Summary

The complaints' summary document found at Complaints Register extract of April 2022 - March 2023 data was reviewed alongside a quantitative graphical comparative overview 2016-2023 Complaints Annual Overview 2016-2023 Graphic and calendar year overviews Jan - Dec 2022 Complaints Quantitative Overview & Jan - Jun 2023 Complaints Quantitative Overview

There were 15 complaints received between 1st April 2022 and 31st March 2022, 100% of which are closed. It was noted that:-

- There were 12 clinical and 3 non-clinical complaints.
- Reported numbers were comparable with 2021/22 (12), 2020/21(14), 2019/20 (14) and notable reductions on numbers reported between 2017-2019 (25).

The number of complaints that have been upheld in full or part following investigation have decreased on the previous two years, yielding an 80% rate (c.f. 92% in 2021/22 & 93% in 2020/21).

This should again be seen in a positive manner that continues to support the Hospice's receptiveness to exploring opportunities to learn and develop.

It was noted that there had been a reduction in the clinical complaints founded in the Community (20% in 2022/23, c.f. 83% in 2021/22 and 57% in 2020/21), increase in those founded in IPU (40% in 2022/23, c.f. 8% in 2021/22 and 29% in 2020/21) and an increase in those complaints founded in retail/fundraising (20%, c.f. 0% in 2021/22 and 14% in 2020/21). Communication, as distinct from care, presents as the dominant theme underlying the complaints received.

It was noted that the significance/severity of complaint is low which is encouraging and re-enforces the Hospice's low threshold to report.

Responsiveness to complaints is maintained and regarded as excellent.

Policy in place last reviewed 24/11/2022 captures the DATIX Feedback module that provides an electronic route for feedback capture (including complaints).

Review of individual complaints highlighted a variety of practice changes / learning that have been exacted/effected that included: -

1. On the job procedural training re retail sales etiquette.
2. Awareness of how individuals can be perceived through verbal and non-verbal behaviours.
3. Stock of low weight sensor equipment implemented.
4. Collective reminder to reception personnel regarding the conveyancing of messages.
5. Reminder regarding thoroughness of documentation in clinical discharge communications.
6. Reminder regarding pre-sale checking for cleanliness of items in retail.

The 3 month period (Oct-Dec 2022) of zero complaints reported was discussed to allay any anxiety that there had been breakdown in the reporting system. It was agreed that there had been no breakdown and that this was an anomaly. There has been a lot of work in improving communication in 2022/23, efforts made to improve staff morale alongside the introduction of Schwartz rounds.

There was some discussion over how best to capture feedback that hasn't escalated to a complaint. Other than recognising what is routine practice in raising verbal feedback with line management so that they have an awareness it was agreed that the DATIX feedback software can be used. This conduit for raising an awareness should not create a burden of report but should be applied sensibly and reasonably if considered that organisational awareness, learning or action may be required.

It was agreed that the Hospice's culture maintains its embrace of the value of feedback and attention was again afforded to the robust and responsive management of complaints from our Clinical Director and Commercial Director in 2022/2023.

It was agreed that given the low number of complaints review will remain as annual.

| Action | Lead |
|---|---|
| Cascade feedback to clinical team Heads for their robust and attentive approach to complaints / feedback received. | RT |
| Include reference to the practice changes / learning in the Excellence Register and the next CQ&G report. | AR |
| Extrapolate any feedback suggestive of improvement reported via DATIX feedback in 2023/24 | AR |

| | | | |
|---|---|---|---|
| Meeting: **Clinical HODs Meeting** | | | |
| Date: 17.07.23 | | Time: 13.30 | |
| Chair :<br>Rebecca Trower - RT | | Minutes: Lynn Jackson | |
| Present: Tracy Christmas, Dr Gaby Tamuara-Rose, Rebecca Wallis, Dr Jenny Strawson, Dr Naomi Collins, Maura Flint, Steve Molyneux | | | |
| **Apologies:** Alex Rudkin, Karen Cook | | | |
| **Agenda item** | **Discussion** | **Actions & by whom** | **Anticipated date for completion** |
| **Review of previous minutes** | Accurate | | |
| **Matters Arising** | | | |
| **Topic** | | | |
| Infection Prevention | Advert for 0.8 Band 6 Infection Control Lead continues–No successful appointment as yet | RT/HR | |
| Medical Devices | Mortuary trolley is not fit for purpose due to its limited capabilities. Steve C & John Groom to follow up with company | SC/JG | Sept 23 |
| | Family/Bariatric Room is complete – Hoist training to be arranged | RW/Education | Ongoing |
| | 5 syringe drivers have been serviced<br>10 old generation drivers – 5 in service | | |
| | JS to clarify with coroner regarding process for referral to the coroner for patients with Mesothelioma & to clarify stance on medical devices. RW informed team that the coroner had not responded to SRH requests | JS/RW | Sept 23 |
| | RT to review Mesothelioma Form | RT | Sept 23 |
| | RG to update policy on Repatriation of patients – completed – Care after Death policy | | |

| | | | |
|---|---|---|---|
| Medicine Management | A meeting with Ashtons has taken place regarding service standards & there are issues outstanding with delays to medicine delivery. Ashtons is looking at their own supplier to see if they can overcome delays/provide better communication regarding a shortfall in supply – A further meeting is to be arranged .<br><br>A meeting with St Georges Hospital pharmacy is to be explored | RW<br><br>RT | |
| Incidents & Accidents/RCA's | | | |
| Complaints & Compliments | | | |
| Health & Safety | | | |

| | | | |
|---|---|---|---|
| New Policies/ Guidelines | | | |
| Documentation/ Crosscare | | | |
| Audit/Research | | | |
| Education/Training Reflective Forums | The SRH “Palliative Masterclass” in September has 16 confirmed attendees<br><br>Advanced Communication training is to be arranged for September 23 – being advertised externally at a competitive price of £600 per person. Maura Flint is currently undertaking the ADV COMMS training so she can become a facilitator.<br>4 full & non medical prescribers have been enrolled on the course | Education<br><br>Education | Sept 23<br><br>Sept 23 |

| | | | |
|---|---|---|---|
| Recruitment/ Staffing | | | |
| CQC/PIR | | | |
| Clinical Management Plan | This was comprehensively discussed & reviewed by each team | CHODS | Ongoing |
| **AOB** | | | |
| Crisis Staffing | Options to be emailed to RT as to how to cover staff, incident cover e.g. fire/flood.<br>Considerations to be made for a Crisis Whatsapp group | RT/RW/GTR/CEO NS | Sept 23 |
| SRH Values | GTR discussed the possible revamp of SRH values. This is to be discussed with CEO NS | GTR/ CEO NS | Ongoing |
| Croydon Equipment | TC informed team that Croydon Equipment now do not deliver on a Saturday | | |
| GP reviews | TC informed team that some GP's are refusing home medical reviews. TC/CPCT to start Activity data sheet | TC/CPCT | Ongoing |

**Date next meeting: MONDAY 4th September 2023**

**Oct 9, 2023 01:30 PM**

**Nov 20, 2023 01:30 PM**

**Jan 1, 2024 01:30 PM**

Join Zoom Meeting

https://us06web.zoom.us/j/85638592795?pwd=MFROZGxId3lvOWhwMVg4S2JDaEFpQT09

Meeting ID: 856 3859 2795

Passcode: 976968

| Minutes of the Medical Business Meeting<br>6th September 2023 | | | |
|---|---|---|---|
| **In attendance** | Naomi Collins | Consultant | NC |
| | Gaby Tamura-Rose | Consultant | GTR |
| | Ambreen Atkhar | Specialty Dr | AA |
| | Jenny Strawson | Consultant | JS |
| | Busi Da Silva | Specialty Dr | BDS |
| | | | |
| **Apologies for absence** | Rebecca Gemmell | Specialist Registrar | RG |
| | Jovy Giles | PA | JG |
| | Kenny | Pydiah | KP |
| | | | |
| **Minutes of the last meeting (2/8/23)** | IPU debrief on challenging case not yet occurred – GTR to d/w RW | | GTR |
| | | | |
| **Team wellbeing** | Meeting held outside given the nice weather<br><br>Fruit box gifted to team from Bernie Griffin CPCT CNS – photo taken to send as a thank you | | |
| | | | |
| **Rota / staffing** | AA rotating to community in October – will need to adjust SPA and PA to afternoons – AA to liaise w new SpR SF who will take over coordination/release of medical team rota duties<br><br>Further junior doctor and consultant strikes, dates on wallplanner – GTR covering 1st on call Fri 22nd Sept – Liz aware<br><br>Leaving do for RG – AA and BDS to coordinate a date<br><br>BDS asked re on call rota being released further in advance – explained process for coordinating and challenges given uncertainty re SpRs being appointed – confirmed paid for a 1 in 5 however currently will be working 1 in 7 to allow potential for stepping in to cover absence ad hoc – BDS to d/w LH re ?mistake in rota<br><br>Flexibility required wrt CPCT medical cover – Tuesdays identified as a potential when IPU staffing may permit support – to be identified on the morning | | AA<br><br>AA, BDS<br><br>BDS<br><br>All |
| | | | |
| **Clinical challenges** | Ethics of management of challenging behaviour in dementia – NC to consider raising at the PAH Ethics Meeting | | NC |
| | | | |
| **Infection control** | Covid numbers increasing – RW seeking advice from STHH Prodine, current advice is for mask wearing on IPU | | |
| | | | |
| **Education** | GP masterclass 13th September<br>E&D training – JS to attend in Oct, GTR and BDS to attend in Nov | | |
| | | | |

| | | |
|---|---|---|
| **Audit and research** | Meeting with Joanne Droney from RMH/cancer research about involvement in research occurred – potential for some limited support in recruitment for trials etc – suggested a newsletter highlighting recent updates in pall care research would be useful<br><br>NC raised importance of engagement in audit – BDS allocated 14th Sept to complete CPCT PACC audit<br><br>Suggestion of future journal club dedicated to a revision on how to consent for CHELSea II Study<br>Involvement of nursing staff in research – NC to d/w RW re GCP training<br><br>Suggestion to audit DATIXs on prescribing errors etc when new drug charts are released<br>Also need to alert PAH as to new charts | <br><br><br><br><br><br>NC<br><br><br><br>JG |
| | | |
| **AOB** | Guide to how to use Teams in family room – JG nominated to write up a "how to" guide<br><br>Next meeting need to agree upon a quorum for DBM to go ahead | JG<br><br>All |
| | | |
| **Date of next meeting** | 11/10/23 – date postponed due to dr strike, leave etc | |

**MINUTES OF THE**
**DRUGS & THERAPEUTICS COMMITTEE**
**Held on 19th June 2023**
**in St Bedes / Zoom**

**Attending**

| | |
|---|---|
| (Dr JS) Dr Jenny Strawson - Hospice Palliative Care Consultant / Chair<br>(NC) Dr Naomi Collins - Hospice Palliative Care Consultant<br>(RW) Rebecca Wallis -(IPU Sister<br>(MF) Maura Flint – Practice Educator | (RT) Rebecca Trower – Clinical Director<br>(HT) Hai To - Sutton CCG Care Home Pharmacist<br>(AR) Alex Rudkin – Director of Quality and Improvement / Mins |

## ITEM 1: Welcome

1.1 Dr JS extended welcome.

## ITEM 2: Apologies for Absence

(BD-S) Dr Busi Da Silva – Hospice Doctor, (BG) Bernadette Griffin -CNS, NMP, (PH) Philomena Hutchinson – IPU Senior Nurse, (TC) Tracy Christmas – Community Services Manager, NMP, (Dr GT-R) Dr Gaby Tamura-Rose - Hospice Palliative Care Consultant, (KH) Kevin Hobson - CNS NMP, (S-AB) Sally-Ann Bowen - Ashton's Pharmacist

## ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 1st February 2023 were agreed.

## ITEM 4: Matters Arising

a) A draft of the revised IPU medication chart is out for comment. Dr GT-R/AA

b) 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 chase. MF

c) AR will check and send on copy to S-AB of the Hospice's CLIN24 Diabetic Management guidelines. AR

d) RT to review Ashton service issues. Aware that currently we are not receiving regularity of Pharmacist attending SRH. SA-B / RT

e) Permissibility for the Hospice IPU to dispense s/c medication for a community patient in an emergency OOH. If an OOH GP needs s/c PRN medication and there is none in the home then there is no access to such medication in the Community OOH. HT has advised that this has been discussed with Sarah Taylor to identify a solution. The reality is that it is a hit or miss process for accessing out of hours provision. OOH service provision is limited and the details of OOH service provision in the Community remains

awaited from Sarah Taylor. HT will chase.T he GP OOH on-call will hold OOH drugs and HT has shared the list of drugs that this service will provide. HT offered invitation to the Director of the Services to come and talk to the clinical prescriber team. HT to arrange. HT HT

f) It was noted that a paediatric leaflet for drawing up oral medication services the required information that is pertinent to oral liquid preparation but HT will email community pharmacists and GPs regarding provision of advice regarding the number of mls that should be drawn up relative to a prescription provided or dispensed. BC advised that it was his experience that community pharmacists do not stock 1ml syringes. HT remains to write an article. HT

g) Review of stock core items is still to do. Confidence issue in receiving ordered drugs in a timely way still remains. Advised that drug wastage is low. RW/SA-B

h) Representation from the MEOLCT are invited to the Hospice Prescribers' Meeting.

## ITEM 5: Pharmacist Update

- Item deferred.

## ITEM 6: Update on medication policy review

6.1 There have been 5 published updates/revisions to medication policy / guidance since the last meeting between 01-02-2023 and 19th June 2023:- i

- CLIN25 Controlled Drug Policy issued 06-03-2023
- CLINSOP26 Micrel Syringe Pump Operating Procedure issued 08/03/2023
- Guidance for Prescribing and Administration of Continuous Furosemide for Adults with End Stage Heart Failure in the Community issued 02/05/2023
- CLIN44 Venous Thromboembolism Prophylaxis Guidelines issued 15/05/2023
- CLIN33 Non-medical Prescribers' Policy issued 07/06/2023

6.2 Medication policy / guidance overdue for review are:-

CLIN27 IV Administration PJ/JS /RW

## ITEM 7: Serious Medication Incidents

There have been no serious medication incidents reported between 21st January 2023 and 19th June 2023. There is an open and robust reporting culture amongst the teams at SRH with an emphasis on embracing learning opportunity.

## ITEM 8: Update on CAS/MHRA Alerts

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

8.2 There have been no alerts relevant.

## ITEM 9: Any other business

- Community Medicines Management Update scheduled for July 2023
- NMP update scheduled for October 2023.
- NC advised that any competent HCP can commence oxygen therapy without the need for a formal prescription. Training links are being sent on to the CPCT & IPU. If prescribing oxygen therapy both Sutton and Merton EOL teams would like to be advised.

## ITEM 10: Future Dates

10.1 Dates of future meetings in 2023 are :-

| Date | Event | Venue/Time |
|---|---|---|
| Wed, 1st November 2023 | Drugs and Therapeutic Committee | St Bede's & Virtual 11.30 |

# Prescriber Meeting 31st July 2023

**Minutes**

Present – Kevin Hobson, Tracy Christmas, Jill Smith, Lorraine Jeffreys, Kate Lakin, Kim Smith, Katie White, Bernie Griffin, Dr. Rebbeca Gimmell, Becca Wallis

**Previous Meeting minutes**

Reviewed and agreed

- Kevin to look at ways of auditing prescribing practice (? Weekend prescribing / anticipatory meds / ?anti-emetic use. Dr. Naomi may be able to advise)
- Tracy will email SWLCS Chief Pharmacist Sarah Taylor re ePACT data info / Budget for hospice

**Prescribers Competencies**

Hospice NMP's have now all either completed or working to complete their competencies. Royal Pharmaceutical Society Competencies (guide through the Prescribing process) + Intention to Prescribe (Hospice agreement to prescribe safely) have to be completed yearly. Katie, Bev and Avril are working through competencies.

- Kevin will check NMP Checklist and dates for completion. Will forward completed forms to HR.
- Tracy will send Kim Smith copy of form – 'Intention to Prescribe' & 'NMP policy'

**Medicines Alerts**

Alex continues to kindly forward MRC alerts which whole team check.
Recent problems with supplies of Oxycodone oral solution seems to be getting better.

**Prescribing Practices in last few months**

Majority of prescriptions continues to be Fridays and weekends

In last few months Kevin has prescribed :
Injectables – Morphine, Glycopyrronium, Haloperidol, Midazolam, Oxycodone,
Oral – Naproxen, Carbocisteine, Oramorph and Nystatin

Jill has prescribed :
Injectables – Oxycodone, Glyco, Midazolam, Dexamethasone, Levomepromazine,
Oral – Oramorph and Docusate

Lorraine has prescribed :
Injectables – Morphine, Glyco, Oxycodone, Keppra

Oral – Oramorph

Bernie has prescribed:
Injectables – Midazolam, levomepromazine, Haloperidol
Oral – MST 15mg, Haloperidol oral solution and tablets, Oxycodone tablets

Becca has prescribed
Oral Cyclizine

**Writing CD prescriptions**
Ashtons guidelines for CD prescriptions given to group with examples of written prescriptions

**Education**
The hospice is running it's own Prescribers Update day on Tuesday October 24th 9am – 1pm.
All community prescribers are welcome to attend – (attendance is free)
Hospice prescribers who are not able to attend will be offered slot at next session early next year.

**AOB**
Kim mentioned that some G.P.'s can be reluctant to prescribe anticipatory EOL meds. Please let us know if that is your experience. We could ? try influence at GSF meetings.
Team acknowledged that Wimbledon Village Practice tend to use their own version of MARR charts (which we should be checking their charts!)

Merton End of Life team continue to support nursing homes with Syringe Driver training and have 5 S/ C pumps that can be loaned out. Following homes are currently being supported to use SD's –

- Beaumont
- Fieldway
- Queens Court
- Sutton Court
- ? Kelstone

We should be checking that Care homes we cover are using correct MARR V4 charts for prn / SD administration.

Issue of returning CD meds to pharmacies discussed. Agreed that it is responsibility of relatives, however concerns about safety / abuse.Kim will check with D/N teams to see if they are able to return meds??

Next meeting we will aim for October (Kevin will email you!)

# Safeguarding Audit

## 1.0 Introduction

Safeguarding is protecting a 'persons right to live in safety, free from abuse and neglect'. The patients that may be safeguarded are those who are felt to be vulnerable due to being unable to protect themselves from harm or neglect, are or may be unable to take care of themselves or need community care services for reasons such as age, illness or disability.

If there is known or suspected abuse, a safeguarding concern should be raised through the local authority.

As set out in the Care Act 2014, information can be shared without consent if it is in the public interest, in order to prevent a crime or protect others from harm. Whether consent has been gained or a rational to why information has been shared without consent should be documented in the event of raising a safeguarding concern.

This audit sets out to examine the Hospice's compliance with CLIN14 Safeguarding Adults and, in particular, the documentation that supports consent.

## 2.0 Aims

1. To assess compliance against the standards.
2. To inform discussion and required actions on Safeguarding practice.
3. To inform discussion and required actions on the suitability and use of the EPR.

## 3.0 Methodology

Retrospective audit of all 32 safeguarding cases raised between June 2021 and December 2022. Data collection criteria is based on local criteria. Excel data capture tool designed for data population via the EPR and clinical review of the EPR.

## 4.0 Standards

Standards are extracted from local policy CLIN14 Safeguarding Adults:-

1. 100% safeguarding events raised to the LA are notified to the CQC
2. 100% safeguarding events have documented whether or not consent was gained from the patient before raising a safeguarding concern to the local authority.
3. 100% of safeguarding events for which consent is not gained have a clear documented rationale to why not or whether it is being raised in best interests.

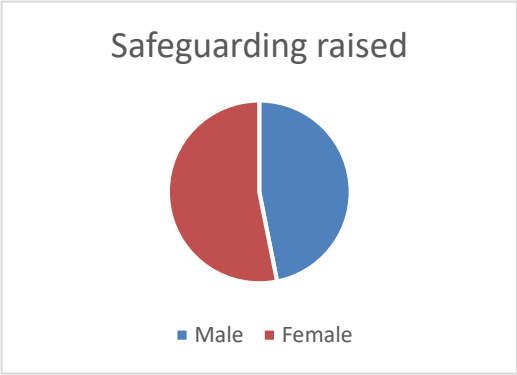
# RESULTS

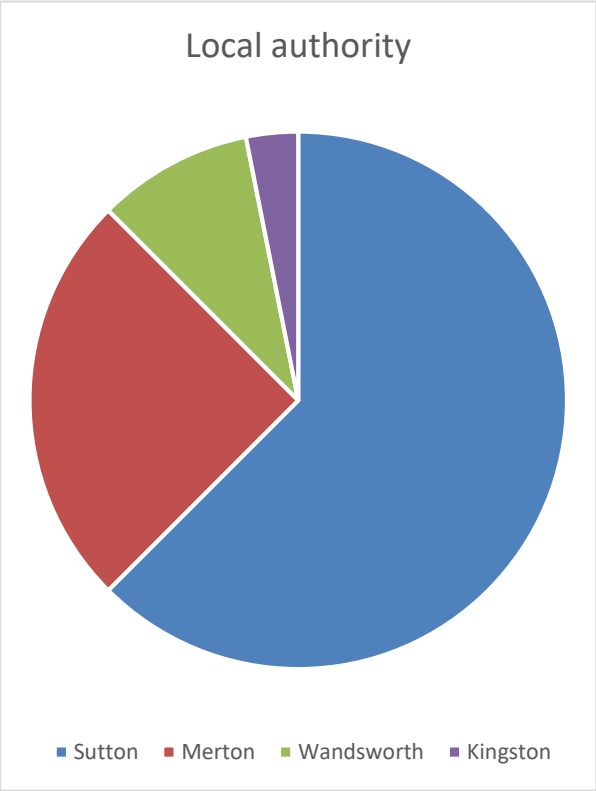
## Introduction

Data reflects upon 32 community patients under St Raphael's Hospice who had safeguarding concerns raised between June 2021 and Dec 22.

## Demographics

| | Safeguarding raised |
|---|---|
| Male | 15 |
| Female | 17 |




## Local Authority

| | Safeguarding raised |
|---|---|
| Sutton | 20 |
| Merton | 8 |
| Wandsworth | 3 |
| Kingston | 1 |

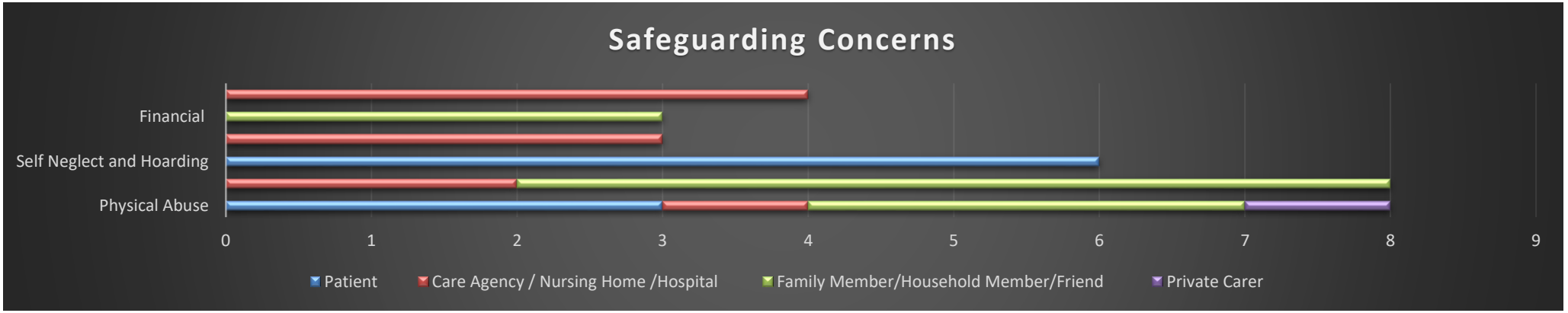
## Notification to CQC

| | Yes -Safeguarding notified to CQC | Compliance with Standard |
|---|---|---|
| Sutton | 18 | 94% Compliance |
| Merton | 8 | |
| Wandsworth | 3 | |
| Kingston | 1 | |

94% of safeguarding notifications were raised to CQC, down from 100% last year. One patient died within a month therefore would have not been captured on the monthly report and missed. One patient had already had a safeguarding raised to the local authority from other organisations and the hospice subsequently became involved.

## Safeguarding Concern

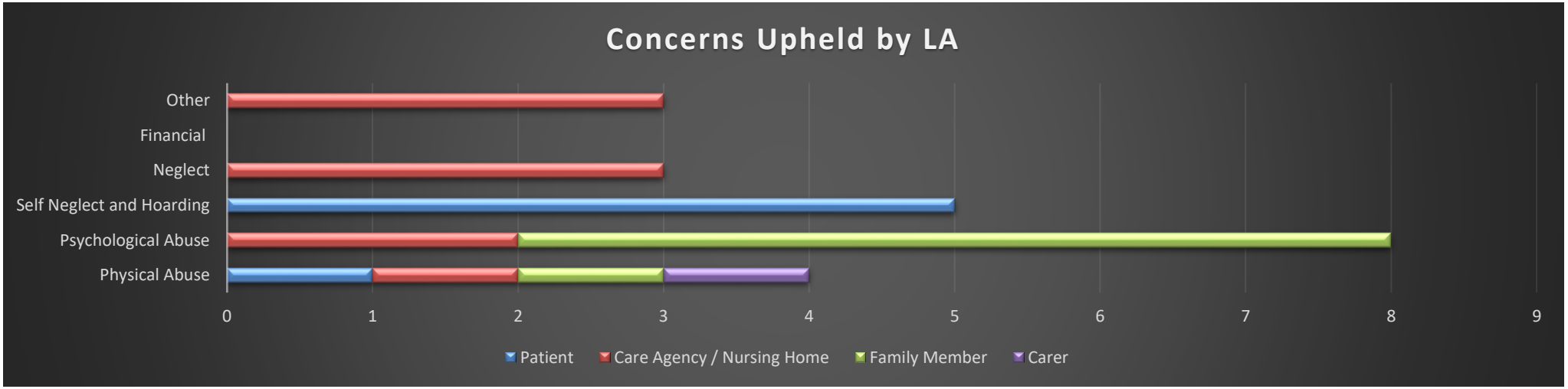
| Safeguarding Concerns | Patient | Care Agency / Nursing Home /Hospital | Family Member/Household Member/Friend | Private Carer | Totals |
|---|---|---|---|---|---|
| Physical Abuse | 3 | 1 | 3 | 1 | 8 |
| Psychological Abuse | | 2 | 6 | | 8 |
| Self Neglect and Hoarding | 6 | | | | 6 |
| Neglect | | 3 | | | 3 |
| Financial | | | 3 | | 3 |
| Other | | 4 | | | 4 |
| **TOTALS** | 9 | 10 | 12 | 1 | 32 |




Other safeguarding's raised were regarding crisis planning for relatives or patient, inadequate packages of care that were not be addressed in a timely way or deprivation of liberty at home.

## Safeguarding Concerns Upheld by LA

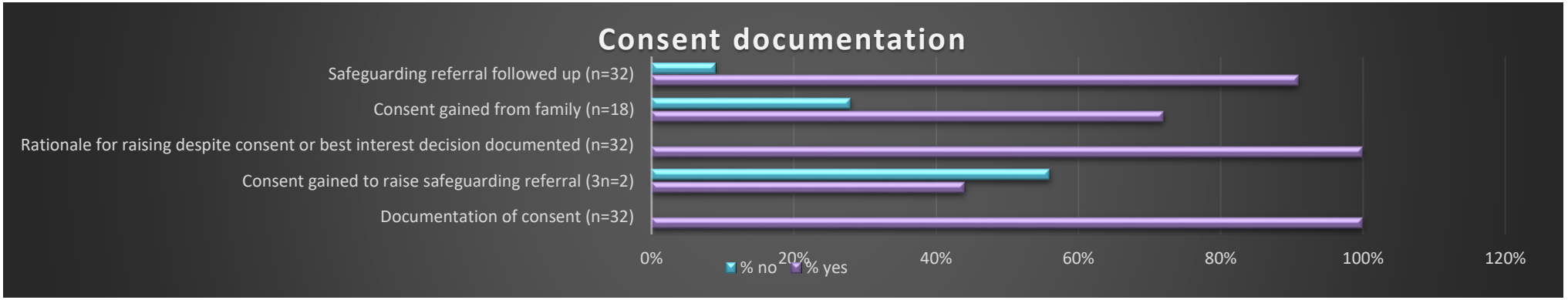
| Safeguarding Concerns | Patient | Care Agency / Nursing Home | Family Member/Household Member/Friend | Carer | Totals |
|---|---|---|---|---|---|
| Physical Abuse | 1 | 1 | 1 | 1 | 4 |
| Psychological Abuse | | 2 | 6 | | 8 |
| Self-Neglect and Hoarding | 5 | | | | 5 |
| Neglect | | 3 | | | 3 |
| Financial | | | 0 | | 0 |
| Other | | 3 | | | 3 |
| **TOTALS** | 6 | 9 | 7 | 1 | 23 |




71% of safeguarding concerns were upheld by local authority. An increase of 11% from last year.
All financial abuse matters were referred to the police.
The crisis planning for children was not upheld as the children were safe at the time of referral.

## Documentation

| Documentation | Numbers | | | % | |
|---|---|---|---|---|---|
| | | | | yes | no |
| Documentation of consent (n=32) | 32 | 0 | | 100% | 0% |
| Consent gained to raise safeguarding referral (3n=2) | 14 | 18 | | 44% | 56% |
| Rationale for raising despite consent or best interest decision documented (n=32) | 18 | 0 | | 100% | 0% |
| Consent gained from family (n=18) | 13 | 5 | | 72% | 28% |
| Safeguarding referral followed up (n=32) | 29 | 3 | | 91% | 9% |




All patients had documentation regarding consent and/or capacity. Fourteen patients consented to referral and out of the eighteen that did not, a rationale was documented for raising 100% of the time.
Three times the safeguarding referral was not followed up either by the staff member or the safeguarding leads. One patient died before the safeguarding report was run, one was a bereaved relative and one was a care crisis of a relative that was raised.

## 5.0 Conclusions

1. There has been a reduction in compliance in informing CQC of safeguarding referrals raised.
2. 100% of patients had documentation about consent, an improvement of 30%.
3. All those who did not consent to the referral or did not have capacity had a rationale documented about why it was being raised.
4. For 18 patients who did not consent, 13 had family members spoken to regarding the safeguarding referral.

## 6.0 Areas for Improvement / Actions

1. Staff to be reminded of the importance of informing Head of Quality and Improvement so they are able to raise the CQC report.

2. Safeguarding leads to consider how we ensure reports do not miss those who have died or are relatives.

3. Continue good practice of documenting consent for all safeguarding referrals.

## 7.0 Auditor Comments / Discussion

1. The concerns being raised to safeguarding are becoming increasingly complex and multi-layered. Gaps in services and care are highlighted by the number of safeguarding raised around unmet social or health care needs. A safeguarding was also raised regarding deprivation of liberty in the community. This will be addressed with the new Liberty Protection Safeguards legislation however implementation has now been delayed beyond the life of the current parliament.

2. It is really positive to see that documentation around consent has improved with 100% compliance. We need to ensure this continues to be highlighted in ongoing training alongside the importance of CQC notifications.

# VOICES QUESTIONNAIRE

# 2022

Compiled by: Quality Office

**INDEX**

## 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 April 2022 to 30th September 2022 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 dataset with earlier audit from 2021/22.

## Executive Summary

a) The number of returned questionnaires has decreased to 26% in 2022 (c.f. 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). NB – Due to Royal Mail strikes, there was some notable disruption to returns with no returns for May 2022 and only 3 returns for June 2022.

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 to 90% in 2022 from 2021/22's 93% (page 13), whilst definitive assertion of the adequacy of inpatient religious/spiritual support has maintained at 67%.

d) Inpatient support regarding financial concerns or other practical problems was considered to be of greater need – 9 respondents (41%) in 2022 (c.f. 33% in 2021/22). That need was considered to have been definitely met by 5 (56% in 2022 c.f. 100% in 2021/22).

e) Definite assertion that symptoms other than pain in the IPU had been relieved has increased to 89% (c.f. 77% in 2021/22) and 100% recorded either definitely or to some extent in 2022 (c.f. 100% in 2021/22).

f) Support regarding family concerns was considered to be of greater need – 68% in 2022 (c.f. 50% in 2021/22). That need was considered to have been definitely met by 87% in 2022 (c.f. 78% in 2021/22).

g) Pain relieved completely, 'all of the time' has decreased to 68% in 2022 (c.f. 71% 2021/22), 'some of the time' has greatly increased to 27% in 2022 (c.f. 0% in 2021/22) and 'partially' has decreased to 5% in 2022 (c.f. 18% in 2021/22) (Page 14).

h) Small shift in the number of family members to being always kept informed from "usually" being kept informed of the patients' condition - 82% in 2022 (c.f. 78% in 2021/22) being always kept informed. 18% considered family members were usually kept informed (c.f. 22% in 2021/22). 0% considered family members were only sometimes informed (c.f. 0% in 2021/22).

i) The percentage of respondents who considered the language used by doctors and nurses to explain the condition to be 'very easy' to understand increased to 77% in 2022 (c.f. 72% in 2021/22) (Page 15) with a slight increase in 'fairly easy to understand' responses to 23% in 2022 (c.f. 22% in 2021/22). 0% reported that they 'never spoke' to staff about the patient's condition (c.f. 6% in 2021/22).

j) The number of respondents that felt that decisions were made about the patients' care/treatment that they wouldn't have wanted has decreased to 5% in 2022 (c.f. 11% in 2021/22).

k) Doctors and nurses 'always treating patients with respect and dignity' achieved the same for doctors and nurses – 95% for nurses and 95% for doctors (c.f. 94% for nurses and 100% for doctors in 2021/22).

l) Definite assertion that the Hospice worked well with patient GPs and other external services has decreased to 62% in 2022 (c.f. 71% in 2021/22). 14% of respondents (c.f. 0% in 2021/22) felt that they didn't work well together and 24% in 2022 that didn't know (c.f. 12% in 2021/22).

m) A larger proportion of respondents regarded that being able to stay overnight in the Hospice was important – 55% (c.f. 60% in 2021/22) (page 16, Question 11).

n) There has been an increase in respondents considering that they had 'definitely received sufficient emotional support from the hospice team' whilst an inpatient – 86% in 2022 (c.f. 72% in 2021/22) (page 17), with a slight decrease in emotional support not being required – 5% in 2022 (c.f. 6% in 2021/22). Taken together the adequacy of emotional support as either definite, to some extent or not required has maintained at 100%.

o) Respondents were asked to rate care given to inpatients by doctors and nurses and the responses in 2022 show a shift to 'Exceptional' up from 'Excellent.' 77% considered doctor care to be 'Exceptional' (c.f. 71% in 2021/22),' 18% considered it to be 'Excellent' (c.f. 24% in 2021/22) and 5% considered it to be 'Good' (c.f. 0% in 2021/22) and 0% considered it 'Fair' (c.f. 6% in 2021/22) and 0% recorded 'Don't Know' (c.f. 0% in 2021/22). Taking 'exceptional' and 'excellent' together rates in 2022 have maintained at 95% (c.f. 95% in 2021/22). Responses relating to nursing care show a shift to 'excellent' from 'fair': 77% rating nursing care as 'Exceptional' (c.f. 78% in 2021/22) and 18% as 'Excellent' (c.f. 11% in 2021/22) and 5% as 'Good' (c.f. 6% in 2021/22) and 0% as 'Fair' (c.f. 6% in 2021/22) (Page 17). Taking 'exceptional' and 'excellent' together, this has increased in 2022 to 95% (c.f. 89% in 2021/22).

p) Regarding the food provided on the IPU in 2022, there was an increase in 'Exceptional' responses: 35% rated the food as 'Exceptional' in 2022 (c.f. 21% in 2021/22), 47% 'Excellent' (c.f. 43% in 2021/2022), 12% 'Good' (c.f. 7% in 2021/22), 6% 'Fair' (c.f. 14% in 2021/22), 0% 'Poor' (c.f. 0% in 2021/22) (Page 18) and 0% recorded 'Don't know' (c.f. 14% in 2021/22). Combining 'exceptional' and 'excellent' ratings there has been a large increase in 2022 – 82% (c.f. 64% in 2021/22).

q) 91% of respondents rated the patient bedroom as 'Excellent' which is a small increase from 89% in 2021/22. The en-suite bathrooms were rated 'Excellent' by 82% in 2022 (c.f. 94% in 2021/22) (Page 19) which is a significant decrease.

r) Satisfaction with the Community Services should be regarded with a degree of caution as it is difficult to isolate St Raphael's impact amongst what may be a multitude of care providers. Responsiveness of visit is decreased – 71% in 2022 (c.f. 84% in 2021/22); 'Yes definitely' answers for emotional support have increased – 67% (c.f. 58% in 2021/22); Religious or spiritual support have decreased to 43% (c.f. 62% in 2021/22), 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, – 65% in 2022 (c.f. 75% in 2021/22) and of those, a slightly increased proportion – 67% (c.f. 65% in 2021/22) 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) – 64% in 2022 (c.f. 75% in 2021/22) and of those, a higher proportion – 71% (c.f. 65% in 2021/22) felt definitely that enough support had been received.

u) A slightly higher proportion of respondents considered that the patient's pain had been completely relieved all of the time by the CPCT – 40% in 2022 (c.f. 38% in 2021/22) (page 23). [Note – complete pain relief on the IPU has decreased during this audit period – it was 68% (c.f. 71% in 2021/22)]

v) A slightly higher proportion in 2022 – 84% (c.f. 82% in 2021/22) 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 decreased to 65% in 2022 (c.f. 71% in 2021/22) and 'fairly easy' increased very slightly to 27% (c.f. 26% in 2021/22).

x) Care received from the CPCT altogether saw a decrease to 42% rating it as 'Exceptional' in 2022 (c.f. 53% in 2021/22), 4% rated it as 'Poor' (c.f. 0% in 2021/22) (Page 25). Overall regard for care as a whole provided by the CPCT shows a decrease on 2021/22 with either 'Exceptional', 'Excellent' or 'Good' yielding 88% in 2022 (c.f. 97% in 2021/22).

y) CPCT involving family/carers in decisions about the patients' treatment has maintained at 88% in 2022 (c.f. 88% in 2021/22).

z) Patient's explicit statement on their preferred place of death once again indicates that it is usually their home or the Hospice: Home – 63% (c.f. 67% in 2021/22) Hospice – 30% (c.f. 33% in 2021/22).

aa) 94% of respondents in 2022 believed the patient died in the right place (c.f. 87% in 2021/22) (page 29).

bb) 58% felt the patient achieved their preferred place of death in 2022 (c.f. 69% in 2021) (page 27).

cc) Bereavement support for those whose loved ones died in the Hospice was considered definitely enough by 95% in 2022 - an increase from 2021/22's 80% (page 30).

dd) 81% felt able to talk to someone from the Hospice as soon as they wanted about their bereavement (c.f. 94% in 2021/22) which shows a decrease. 5% wanted it sooner (c.f. 0% in 2021/22).

ee) Following receipt of the bereavement leaflet – an increased proportion - 82% found it either definitely helpful or helpful to some degree (c.f. 65% in 2021/22). 7% did not receive the leaflet (c.f. 24% in 2021/22).

ff) The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has decreased to 76% in 2022 (c.f. 81% in 2021/22). 3% felt the contact was unhelpful (c.f. 0% in 2021/22). Responses stating that contact wasn't received decreased to 7% (c.f. 10% in 2021/22).

*gg)* Responding to the Friends & Family question, all 32 recorded an answer and 26 (81%) rated the hospice as 'Very Good' in 2022 (c.f. 83% in 2021/22), 4 (13%) rated the hospice as 'Good' (c.f. 17% in 2021/22), 1 (3%) rated it as 'neither good nor poor' (c.f. 0% in 2021/22). 0 (0%) rated it as 'Poor' (c.f. 0% in 2021/22), 1 (3%) rated it as 'Very Poor (c.f. 0% in 2021/22),' and 0 (0%) did not know the answer to this question (c.f. 0% in 2021/22). Taken together, 94% rated the Hospice as either 'Very Good' or 'Good' in 2022 (c.f. 100% in 2021/22).

**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 routne contact undertaken by the newly established bereavement journey assistant.

b) Consider adding 'Outstanding' as an option for the overall rating (in line with the IPU survey) **ACTION : A Rudkin / R Trower**

c) A new and enlarged family room that will service bariatric admissions as its primary function but will otherwise provide overnight accommodation for family members wil have its formal opening in September 2023.

d) Review the demand for advice out of hours and its impact upon staffing. Already created 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. 2022 audit report published in July 2023 endorses no further action required.

e) Already implemented a bespoke survey for the Psychological Support Services that is provided to all clients at the close of their counselling.

f) 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**

g) Reflect on how dignity and respect is delivered in the IPU. **ACTION : R Wallis/R Trower**

## Update on Last Report Actions : October 2021 – March 2022

a) Improved process of distribution/receipt of the bereavement literature saw reduction from 24% in non-receipt to 7% non-receipt in latest audit period.
b) Already adopted a more proactive engagement of patients with those important to them, especially during discharge planning.
c) Already identified through discussion at a doctors journal club regarding the use of language by doctors has led to a change to the style of our discharge summaries, inspired again by the results of another internal audit.
d) Already identified joint working with GPS and other HCPs as an area for improvement. Initiated various new models of working (daily MDTs with Merton End of Life Care Team (MEOLT) and Sutton Hub, supervision for MEOLT, more joint visits with GPs etc).
e) Already, the nursing and medical teams on the ward are now arranging family meetings 5 to 7 days post admission to try and improve family member feeling less informed during an IPU stay.
f) Already the housekeeping staff have been very responsive to the dietary needs of patients over the previous few months, creating a vegetarian and halal menu.
g) Already incorporated into the education programme in 2023/24 is communication training and extending the offer to a wider group of staff.
h) Improved signage in place on the ward to direct people to the chapel. Staff reminded to capture patient religion and if they are practicing.

# OVERVIEW

In April 2022 – September 2022, there were 32 questionnaires returned, providing a return rate of 26% (c.f. 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) NB – Due to Royal Mail strikes, there was some notable disruption to returns with no returns for May 2022 and only 3 returns for June 2022.

Demographics:

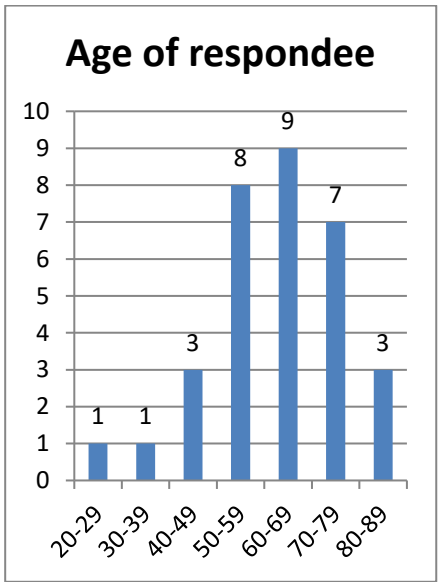
**Gender of Respondent**

| Period | Male | Female | *n/r* |
|---|---|---|---|
| 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* |

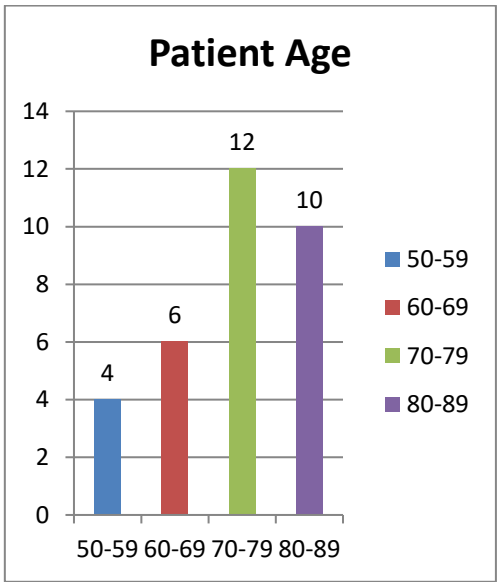
**Gender of Patient**

| Period | Male | Female | *n/r* |
|---|---|---|---|
| 2022 | 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* |

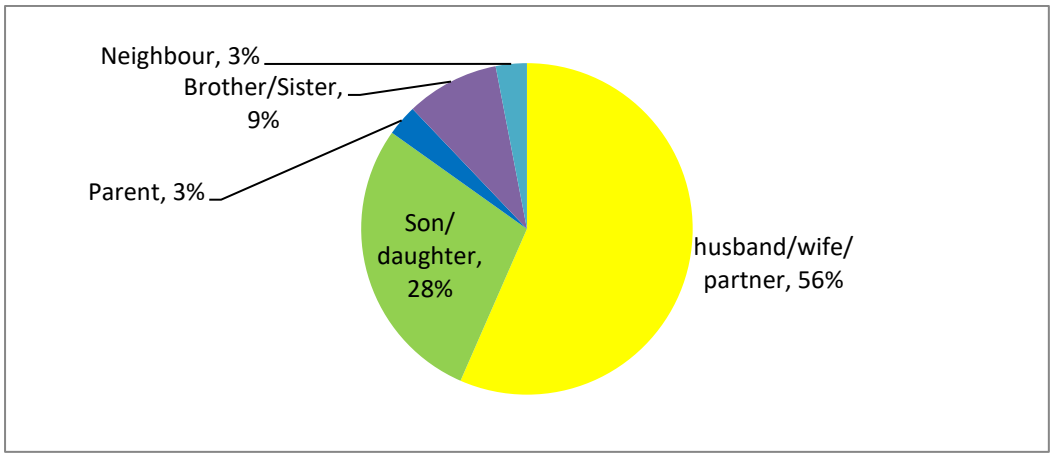
Age of respondent




Age of deceased



Respondent's relationship to patient

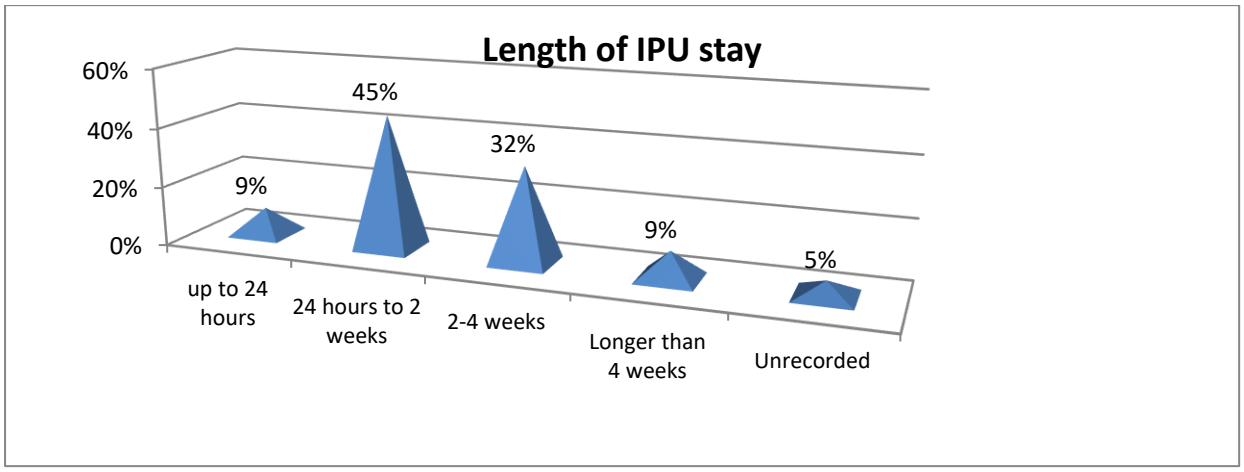



30 (94% c.f. 88% in 2021-22) of the 32 respondents who answered the question identified themselves as being 'White' (British/Irish/Other) with the remaining 2 (6%) identifying themselves as "Black Caribbean" and "Other." 30 (94% c.f. 87% in 2021-2022) of the 32 patients who had the question answered on their behalf were identified as being white and the other 2 (6%) as 1 "Black Caribbean" and "1 Other."

# Inpatient Care on Hospice Ward

## Inpatient Stay

**Q2)** 22 (69% c.f. 38% in 2021-2022) of the 32 respondents stated that the patient had stayed in the IPU at some point. Of these, 10 (45% c.f. 67% in 2021-2022) had stayed between 24 hours and two weeks, 7 (32% c.f. 17% in 2021-2022) stayed between two and four weeks and 2 (9% c.f. 6% in 2021-2022) stayed for longer than 4 weeks. Two (9% c.f. 11% in 2021-2022) stayed for less than 24 hours. One (5% c.f. 0% in 2021-2022) did not record an answer.



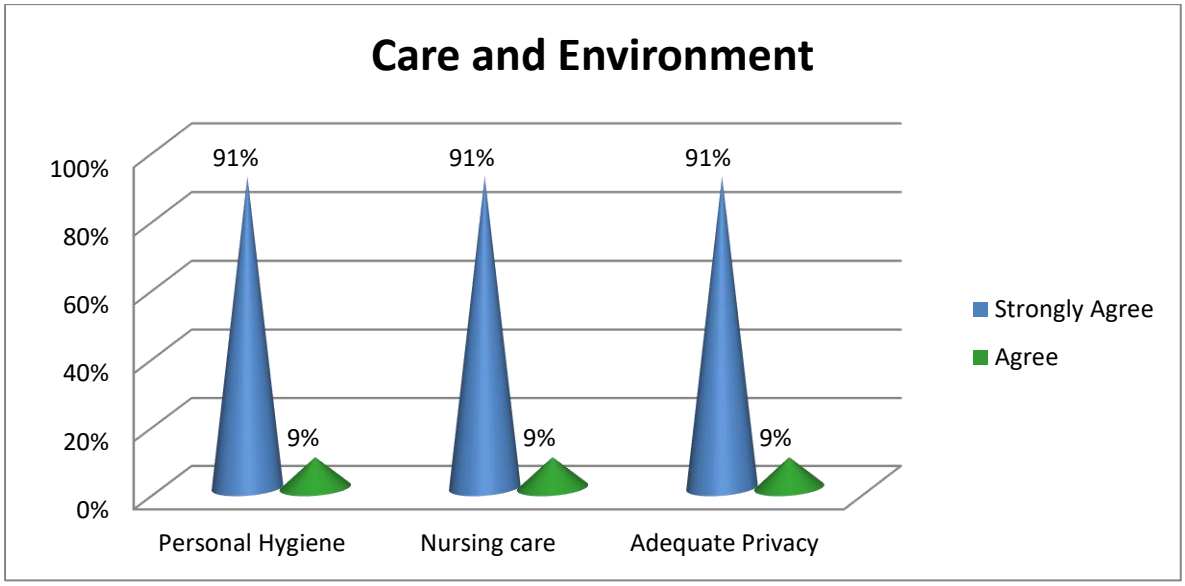
## Care and Environment

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)** 91% 'strongly agreed' that there was enough help with personal care such as washing, personal hygiene and toileting needs (c.f. 82% in 2021-2022), 9% 'agreed' (c.f. 18% in 2021-2022) and 0% (c.f. 0% in 2021-2022) neither agreed nor disagreed.

**Q3B)** 91% '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. 94% in 2021-2022), a further 9% 'agreed' (c.f. 6% in 2021-2022).

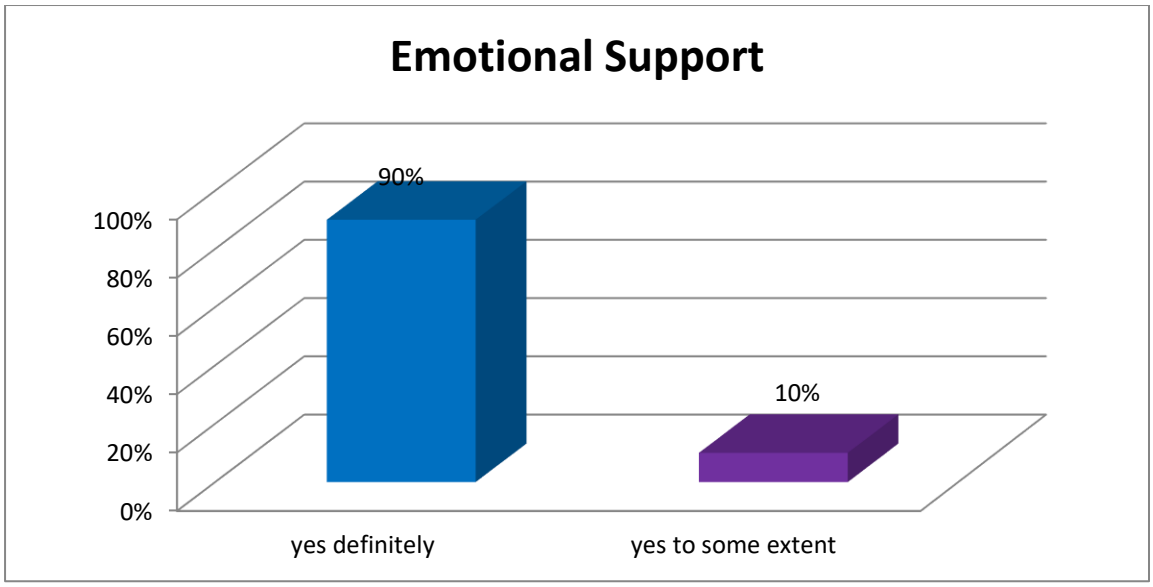
**Q3C)** With regards to the surrounding environment and bed area providing adequate privacy 91% 'strongly agreed' (c.f. 94% in 2021-2022) and 9% 'agreed' (c.f. 6% in 2021-2022).



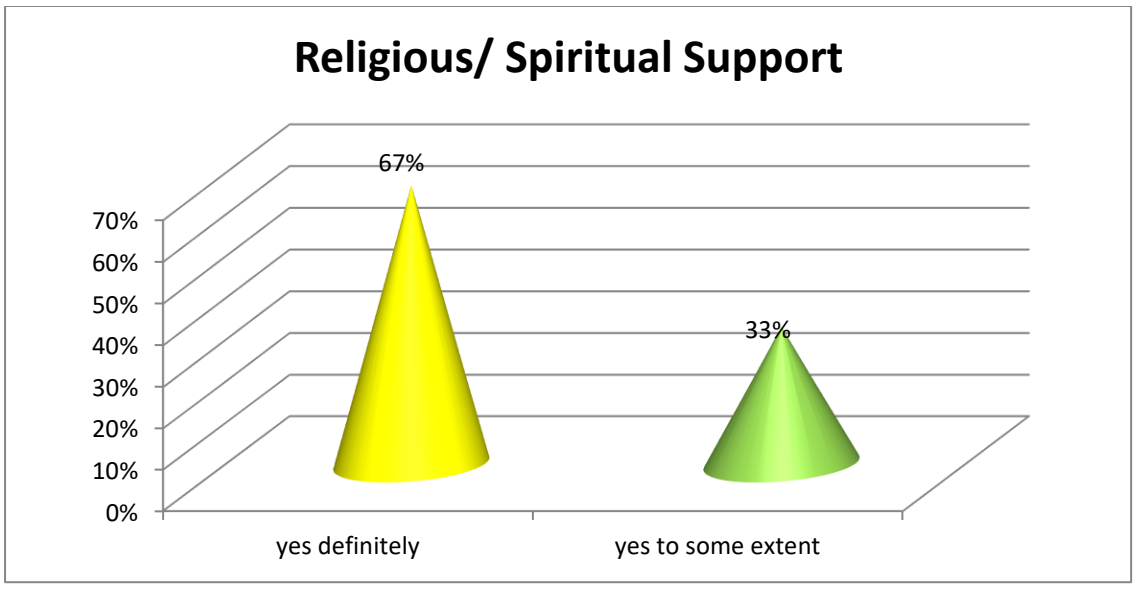
## Support

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, 91% of respondents responded with a definite yes/no answer (c.f. 83% in 2021-2022). Of these, 90% responded 'Yes definitely' (c.f. 93% in 2021-2022) and 10% responded 'Yes to some extent' (c.f. 7% in 2021-2022).



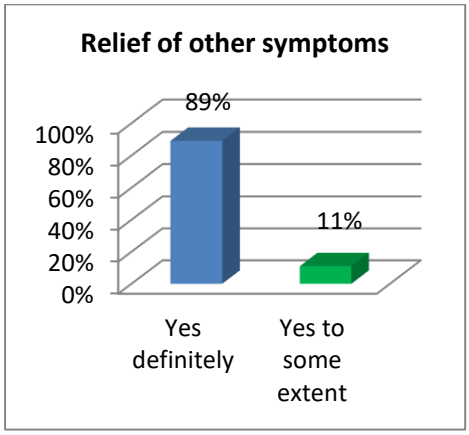

**Q4B)** Nine respondents felt the patients required religious/spiritual support. In answer to whether they received enough, 67% replied 'Yes, definitely' (c.f. 67% in 2021-2022) and 33% replied 'Yes, to some extent' (c.f. 33% in 2021-2022).

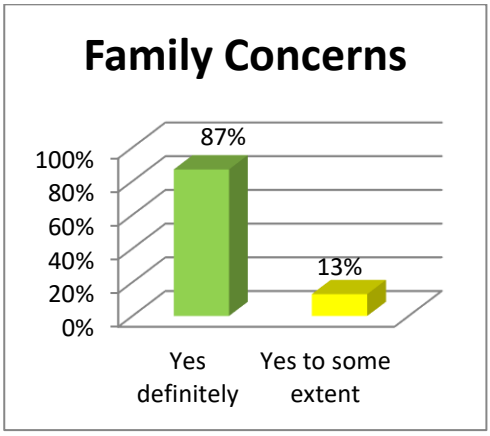


**Q4C)** 9 (41% c.f. 33% in 2021-2022) respondents considered the patient to be in need of support regarding financial concerns or other practical problems. 5 (56% c.f. 100% in 2021-2022) believed there was definitely enough support available and 3 (33% c.f. 0% in 2021-2022) believed there was some support available and 1 (11% c.f. 0% in 2021-2022) believed there was not enough support available.

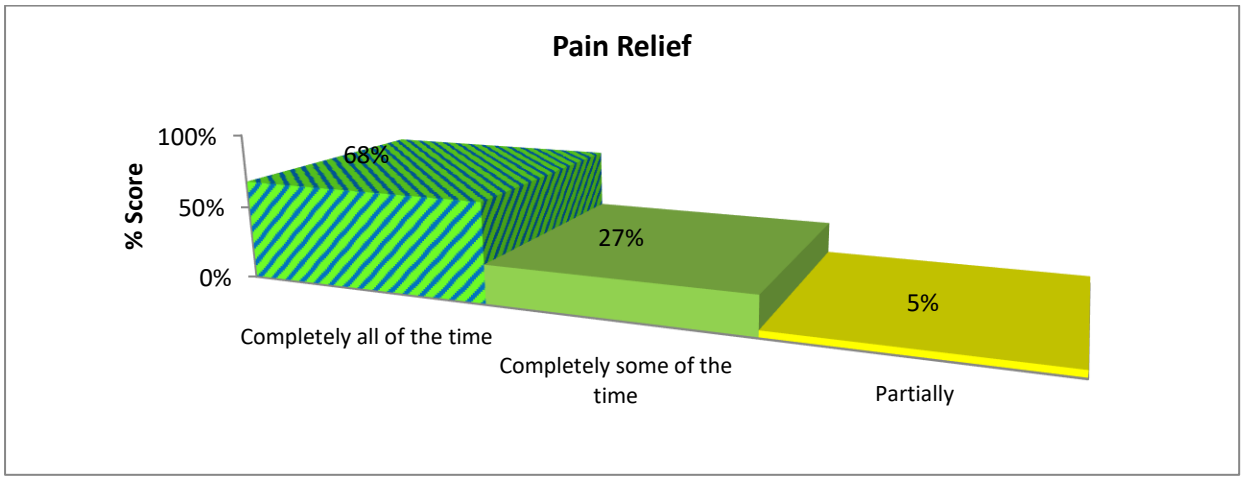
**Q4D)** With regard to enough support for relief of symptoms other than pain, 86% of respondents responded either 'Yes' or 'No' (c.f. 72% in 2021-2022). Of these, 89% considered there to have definitely been enough support (c.f. 77% in 2021-2022) and 11% answered 'Yes, to some extent' (c.f. 23% in 2021-2022).

**Q4E)** 68% of respondents considered that there was a need for support in family concerns (c.f. 50% in 2021-2022). Of these, 87% considered there was definitely enough support (c.f. 78% in 2021-2022) and 13% replied 'Yes, to some extent' (c.f. 22% in 2021-2022).



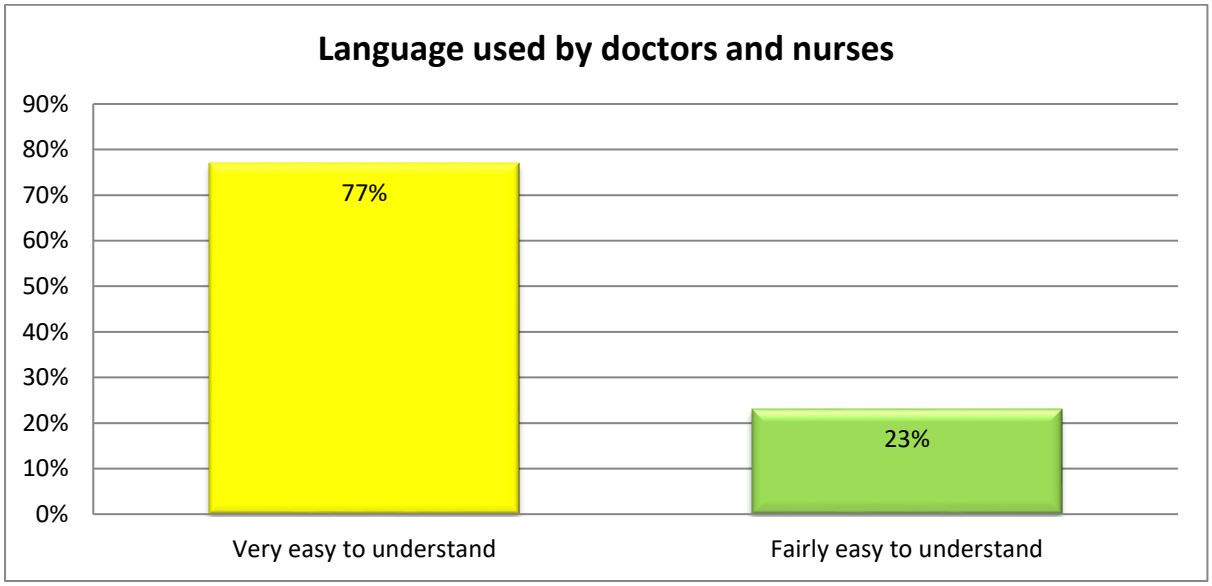

**Q5)** Respondents were asked how well the patient's pain was relieved during their inpatient stay. None (0% c.f. 6% in 2021-2022) said that the question did not apply because the patient had no pain. Of the 22 inpatient respondents who answered the question, 0% did not know the answer (c.f. 12% in 2021-2022), 68% replied that the pain was relieved completely all of the time (c.f. 71% in 2021-2022), 27% that it was relieved completely some of the time (c.f. 0% in 2021-2022) and 5% considered it to have only been partially relieved (c.f. 18% in 2021-2022).



## Communication and involvement

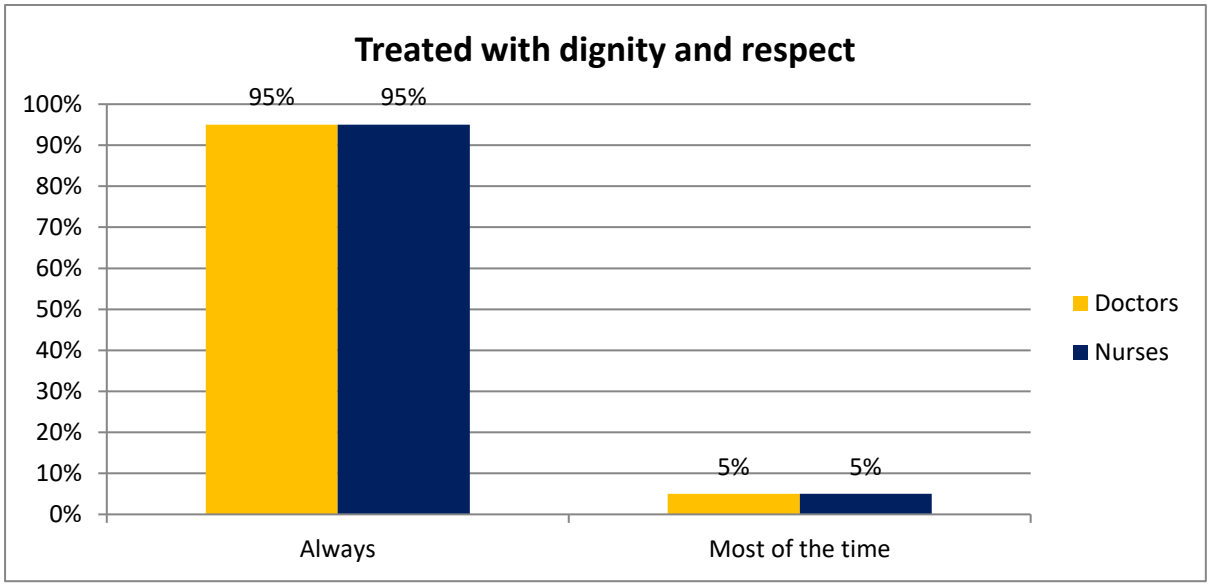
**Q6)** Relevant to 22 patients who stayed in the Hospice inpatient unit. 18 (82% c.f. 78% in 2021-2022) reported that family members were always kept informed of the patient's condition, 4 (18% c.f. 22% in 2021-2022) responded that this was usually the case and 0 (0% c.f. 6% in 2021) responded that 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 77% of respondents (c.f. 72% in 2021-2022), fairly easy to understand by 23% (c.f. 22% in 2021-2022). None found them fairly difficult to understand (c.f. 0% in 2021-2022). 0% (c.f. 0% in 2021-2022) responded that they never spoke to a doctor or nurse and 0% (c.f. 6% in 2021-2022) responded that the doctors and nurses never spoke 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?" 95% responded with a positive 'No' (c.f. 67% in 2021-2022), 0% replied that they did not know (c.f. 22% in 2021-2022) and 5% replied with a negative 'Yes' (c.f. 11% in 2021-2022).

**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, 95% stated 'Always' and 5% stated 'most of the time,' and 0% recorded 'Don't Know' (c.f. 100% stated Always and 0% stated most of the time and 0% did not know the answer in 2021-2022). For the nurses, 95% stated Always and 5% stated 'most of the time.' (c.f. 94% stated 'Always' and 6% stated 'most of the time in 2021-2022.')




**Q10)** Answering the question as to whether the respondent felt that the Hospice worked well with the patient's GP and other external services : 62% stated 'Yes definitely' (c.f. 71% in 2021-2022) and a further 14% agreeing 'Yes to some extent' (c.f. 18% in 2021-2022). 24% answered 'Don't know' (c.f. 12% in 2021-2022), 0% recorded 'No' (c.f. 0% in 2021-2022) and 0% recorded that they did not work together (c.f. 0% in 2021-2022).

Comments on hospice working in collaboration with GP practices:

'GP was awful!' – Neighbour of patient

'GP not involved to my knowledge' – Husband of patient

'Only in 24 hours' – Wife of patient

'They were the only ones that actually sorted out medicines and anything needed' – Wife of patient

**Q11)** Being able to stay in the Hospice overnight with their loved one was seen as important to 55% of respondents who recorded an answer (c.f. 60% in 2021-2022). Of these, 91% were able to stay, and of these 91% who did get to stay, 100% found it helpful (c.f. 83% in 2021-2022).

Comments on the subject of staying overnight:

'No, we live just down the road so no need' – Neighbour of patient

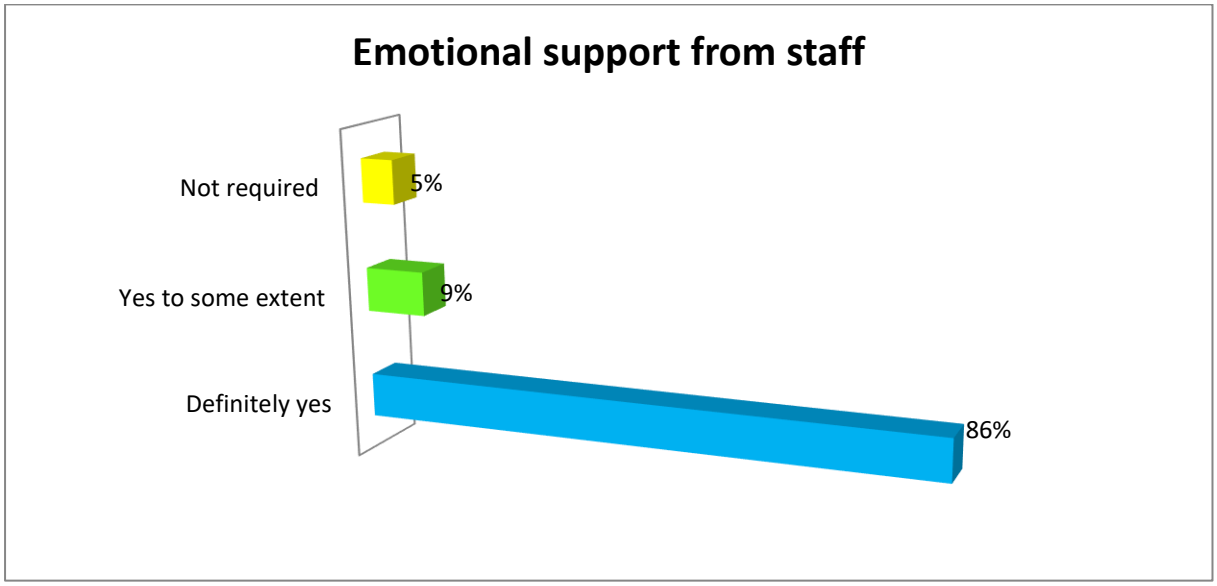
'There was no need for me to stay' – Daughter of patient

'The nurses were very kind, offering tea through the night which was appreciated' – Sister of patient

'A family member stayed with him each night' – Wife of patient

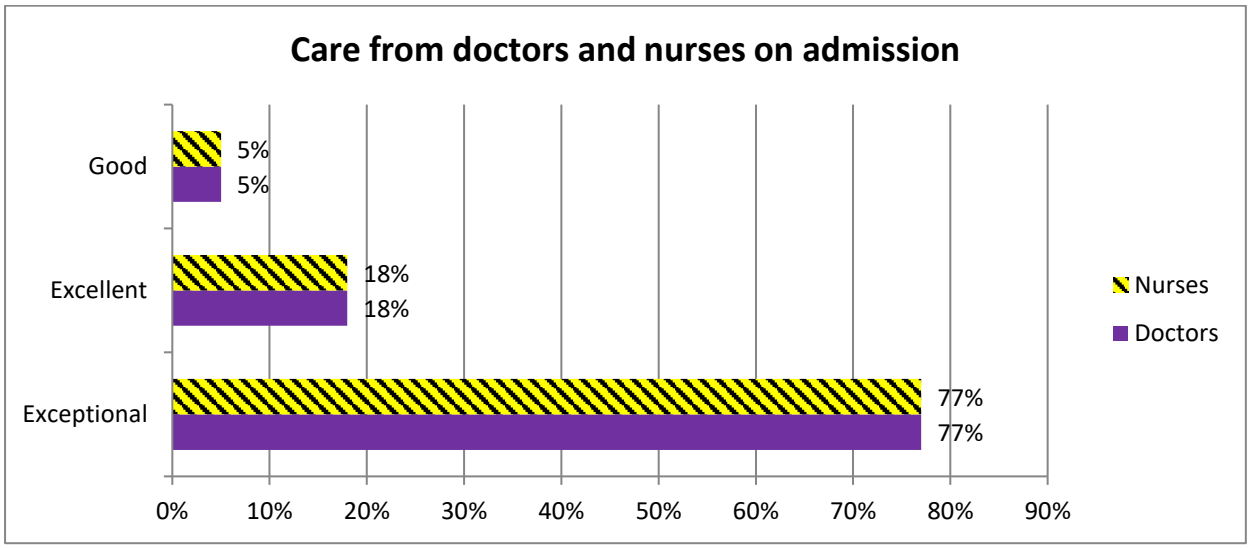
'My dad did not want me to stay' – Daughter of patient

**Q12)** Respondents were asked whether they felt that they had received sufficient emotional support from the Hospice staff. Responses showed 86% answering 'definitely yes' (c.f. 72% in 2021-2022), 9% answering 'yes, to some extent' (c.f. 22% in 2021-2022), and 5% replying that they did not require this kind of help (c.f. 6% in 2021-2022). 0% (c.f. 0% in 2021-2022) responded 'no.' 0% (c.f. 0% in 2021-2022) recorded that they did not receive this kind of help, despite requiring it. 0% (c.f. 0% in 2021-2022) 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. 77% considered doctor care on admission to be 'Exceptional' (c.f. 71% in 2021-2022), 18% considered it to be 'Excellent' (c.f. 24% in 2021-2022), 5% considered it to be 'Good' (c.f. 0% in 2021-2022), 0% considered it to be 'Fair' (c.f. 6% in 2021) and 0% recorded 'Don't Know' (c.f. 0% in 2021-2022). Responses relating to nursing care were identical, with 77% rating nursing care as 'Exceptional' (c.f. 78% in 2021-2022), 18% as 'Excellent' (c.f. 11% in 2021-2022), 5% as

'Good' (c.f. 6% in 2021-2022), 0% as 'Fair' (c.f. 6% in 2021-2022) and 0% recorded that they did not know the answer (0% in 2021-2022).




## Food and Catering

**Q14)** It should be noted that 19% of respondents who answered the question about the quality of food provided for patients at the Hospice replied that their loved one did not have any food at the Hospice (c.f. 22% in 2021-2022). Of those who replied that their loved one did partake of hospice food, 35% answered that the food was 'Exceptional' (c.f. 21% in 2021-2022), 47% that it was 'Excellent' (c.f. 43% in 2021-2022), 12% that it was good (c.f. 7% in 2021-2022), 6% that it was 'Fair' (c.f. 14% in 2021-2022), 0% that it was 'Poor' (c.f. 0% in 2021-2022) and 0% of the respondents (c.f. 14% in 2021-2022) did not know what rating to give it.

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

'The hospice is a god sent place. I couldn't fault it. It is just such a shame others aren't able to stay for long periods if necessary.' – Neighbour of patient

'From the time of his admission, the nurses were kind and caring, and talked to him like they already knew him, which I was very happy to see. A little banter with him too, although he never woke, he would have loved the banter directed at him.' – Sister of patient

'My husband (the patient) myself and our daughters felt at peace as soon as he was admitted, I will never ever forget their care and compassion received at a very sad time - I will be eternally grateful x' – Wife of patient

'My dad was set in his ways, but the nurses always listened to him and gave him space if he needed it.' – Daughter of patient

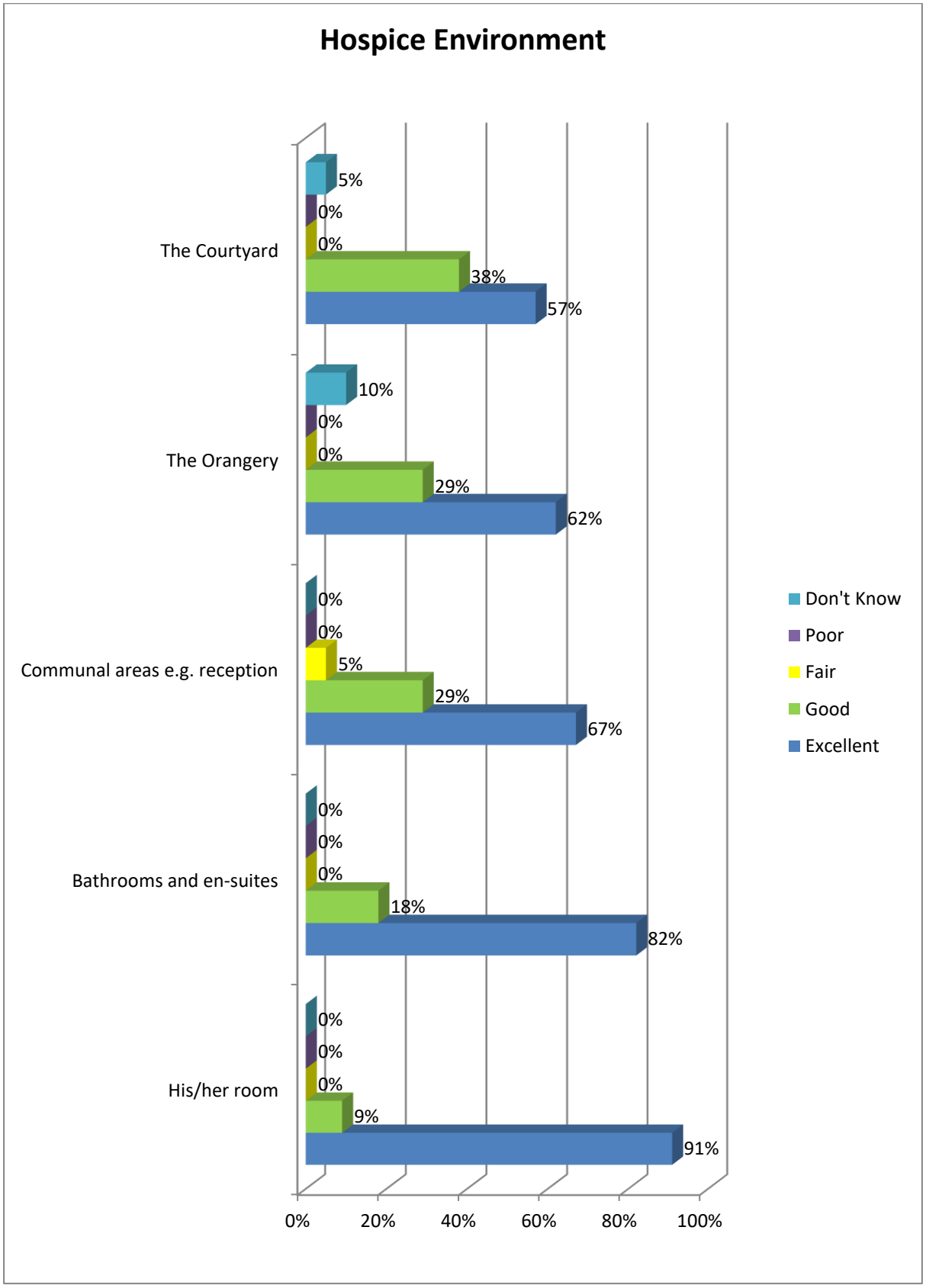
**Q15 A-E)** Respondents were asked to comment on different aspects of the Hospice.

The patient's room was considered to be 'Excellent' by 91% (c.f. 89% in 2021-2022) and the remaining 9% rated the room as 'Good' (c.f. 11% in 2021-2022). 0% considered it to be fair (c.f. 0% in 2021-2022) and 0% did not know (c.f. 2% in 2021-2022). 82% of respondents considered the en-suite bathrooms on the IPU to be 'Excellent' (c.f. 94% in 2021-2022), 18% rated them as 'Good' (c.f. 6% in 2021-2022), 0% rated them as 'Fair,' (c.f. 0% in 2021-2022) and 0% did not know the answer (c.f. 0% in 2021-2022).

When asked to rate the communal areas of the Hospice, such as the Reception, 67% of respondents rated them as 'Excellent' (c.f. 71% in 2021-2022), 29% rated them as good (c.f. 24% in 2021-22), 5% rated them as fair (c.f. 0% in 2021-2022) and 0% recorded 'Don't Know' (c.f. 6% in 2021-2022).

When asked to rate the Orangery, 62% rated it as 'Excellent' (c.f. 53% in 2021-2022), 29% rated it as 'Good' (c.f. 6% in 2021-2022), 0% rated it as 'Fair' (c.f. 0% in 2021-2022) and 10% answered that they did not know (c.f. 41% in 2021-2022).

When asked to rate the courtyard, 57% rated it as 'Excellent' (c.f. 47% in 2021-2022), 38% rated it as 'Good' (c.f. 12% in 2021-2022), 0% rated it as 'Fair' (c.f. 0% in 2021-2022), 0% rated it as poor (c.f. 0% in 2021-2022) and 5% did not know how to rate the courtyard (c.f. 41% in 2021-2022).


Hospice Environment
The Courtyard
5%
0%
0%
38%
57%
The Orangery
10%
0%
0%
29%
62%
Communal areas e.g. reception
0%
0%
5%
29%
67%
Bathrooms and en-suites
0%
0%
0%
18%
82%
His/her room
0%
0%
0%
9%
91%
0%
20%
40%
60%
80%
100%
Don't Know
Poor
Fair
Good
Excellent

## St Raphael's Community Services

**Q16)** 26 of the total 32 respondents, 81% (c.f. 77% in 2021-2022) stated that the patient received care from the St Raphael's Hospice Community Palliative Care Team's (CPCT) Clinical Nurse Specialists, one was unsure whether they had or not, four answered 'no' they had not, and one simply left the entire section blank. The following data is extracted from responses relating to the 26 patients (81%) who were recorded as having definitely received care. The total number of respondents varies slightly per question, since not all respondents answered every question.

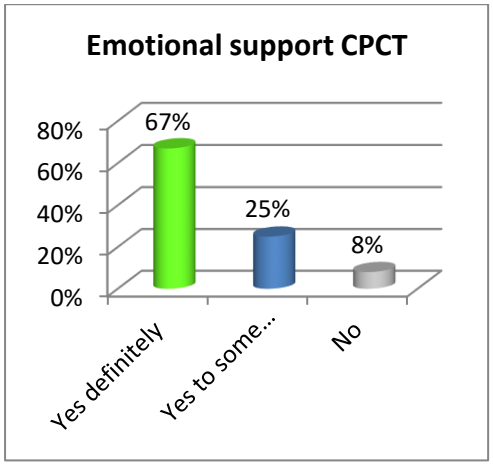
### Responsiveness

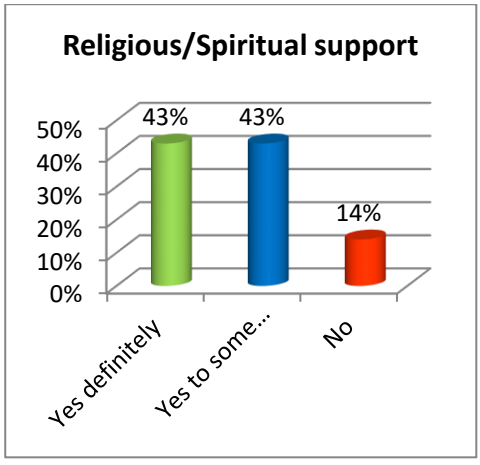
**Q17)** Most respondents felt that the team visited as often as needed - 71% (c.f. 84% in 2021-2022) and 21% felt that the team 'only sometimes' visited as often as needed (c.f. 9% in 2021-2022), 8% replied 'no' (c.f. 3% in 2021-2022) and 0% replied "don't know" (c.f. 3% in 2021-2022).

**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, 24 (92% c.f. 94% in 2021-2022) of the 26 respondents who answered the question acknowledged that the patient had a need for emotional support and of these, 67% replied 'Yes definitely' (c.f. 58% in 2021-2022), 25% 'Yes to some extent' (c.f. 35% in 2021-2022), 8% recorded 'No, not when needed' (c.f. 0% in 2021-2022) and 0% recorded 'Don't know' (c.f. 6% in 2021-2022).

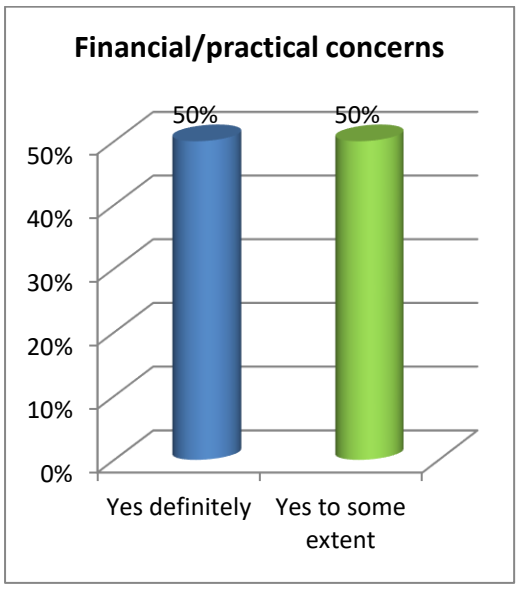
**Q18B)** 7 (33%) of the 21 respondents who answered the question stated that the patient did require some kind of religious or spiritual support. In response to whether they received enough religious or spiritual support from the CPCT, 3 of these (43% c.f. 62% in 2021-2022) answered 'Yes definitely' and 3 (43%) replied 'Yes to some extent' (c.f. 23% in 2021-2022), 1 (14%) replied 'No, not when needed' (c.f. 0% in 2021-2022) and 0 (0%) replied 'Don't Know' (c.f. 15% in 2021-2022).

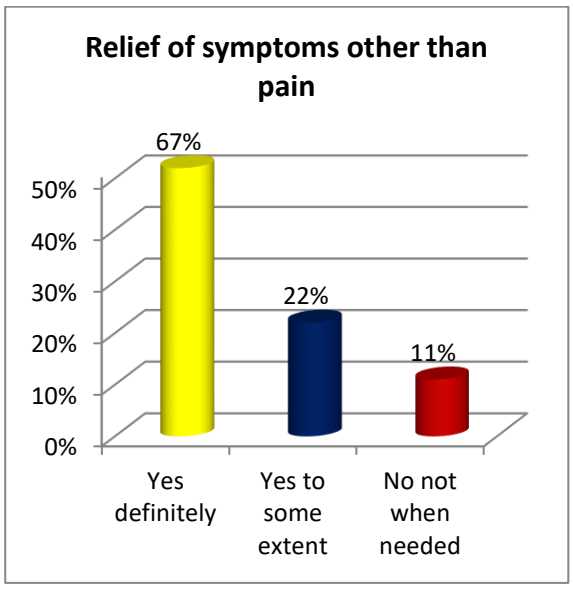


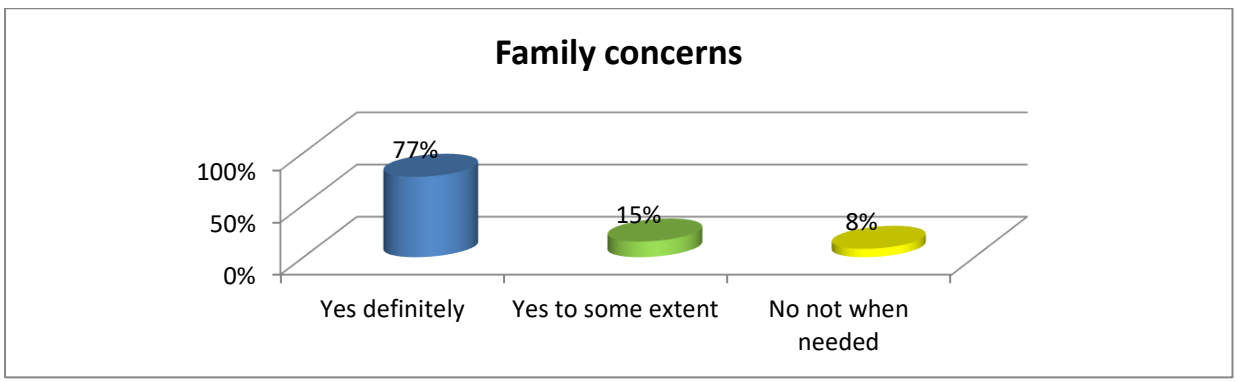
**Q18C)** 45% of respondents felt that the patient did not require help with financial concerns and other practical problems (c.f. 45% in 2021-2022) and 0% respondents (c.f. 6% in 2021-2022) did not know. Only 12 respondents felt that this support was needed and, of these, as to whether enough support was received, 50% replied 'Yes definitely' (c.f. 73% in 2021-2022), 50% 'Yes to some extent' (c.f. 27% in 2021-2022) and 0% 'No not when needed' (c.f. 0% in 2021-2022).

**Q18D)** 18% of respondents felt that the patient did not require help with relief of symptoms other than pain (c.f. 10% in 2021-2022) and no respondents (3% c.f. 3% in 2021-2022) did not know. 18 respondents felt that this support was needed and of these, as to whether enough support was received, 67% replied 'Yes definitely' (c.f. 67% in 2021-2022), 22% 'Yes to some extent' (c.f. 30% in 2021-2022) and 11% 'No not when needed' (c.f. 0% in 2021-2022).

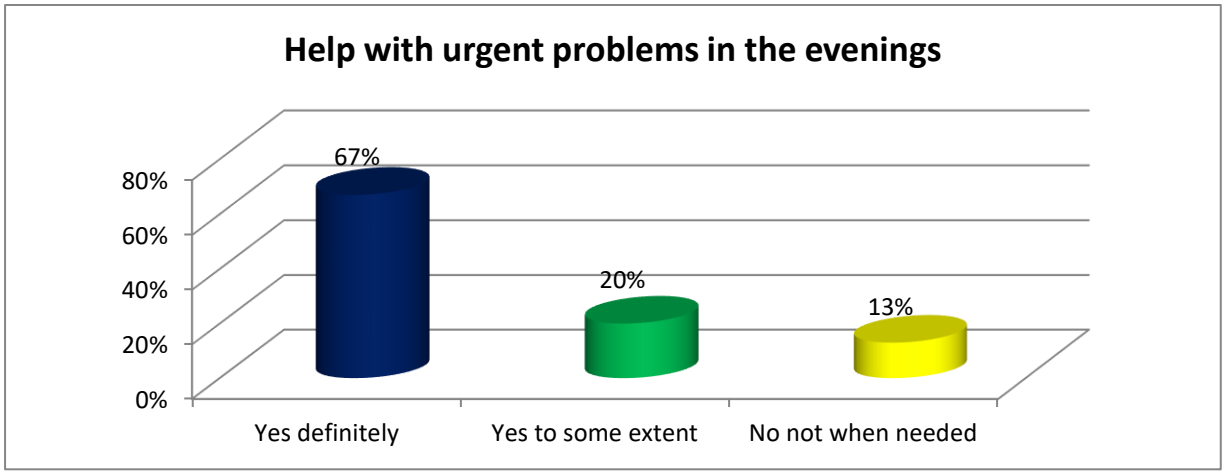


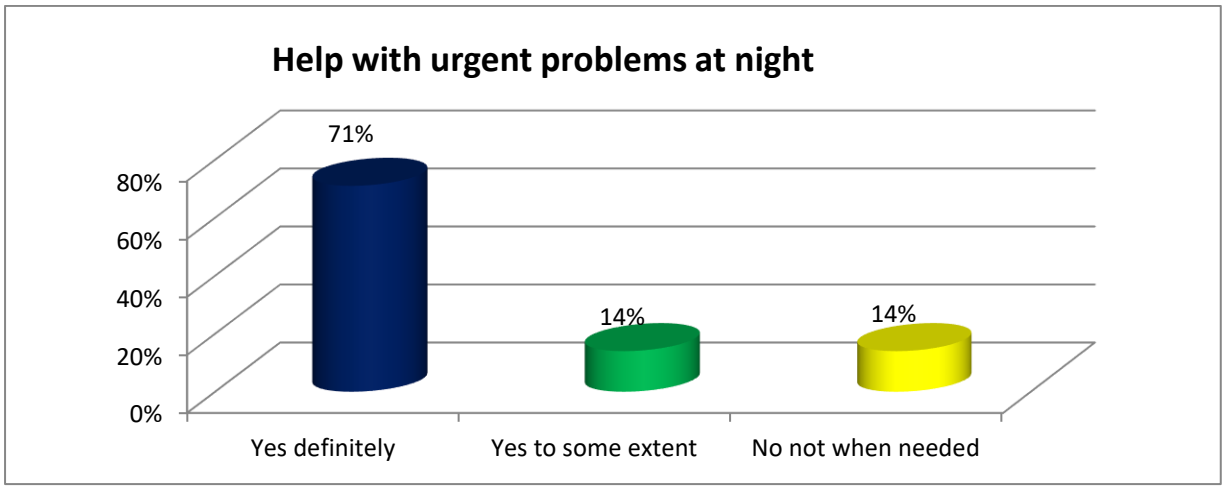

**Q18E)** 41% of respondents felt that the patient did not require help with family concerns (c.f. 43% in 2021-2022) and no respondents (0% c.f. 5% in 2021-2022) did not know. 13 respondents felt that this support was needed and of these, as to whether enough support was received, 77% replied 'Yes definitely' (c.f. 71% in 2021-2022), 15% 'Yes to some extent' (c.f. 29% in 2021-2022) and 8% 'No not when needed' (c.f. 0% in 2021-2022).



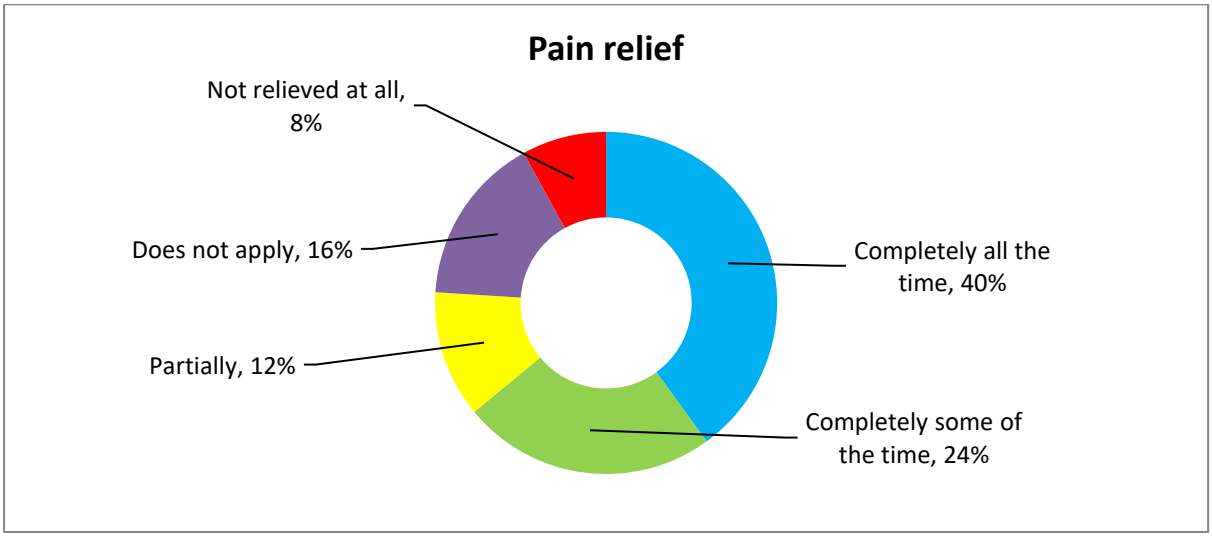
**Q18F)** 30% (c.f. 25% in 2021-2022) of respondents felt that the patient did not require help with urgent problems during the evenings (between 5 PM and 11 PM) and 4% did not know (c.f. 13% in 2021-2022). 15 (65% c.f. 63% in 2021-2022) respondents felt that this support was needed and of these, as to whether enough support was received, 67% replied 'Yes definitely' (c.f. 65% in 2021-2022), 20% 'Yes to some extent' (c.f. 20% in 2021-2022) and 13% 'No not when needed' (c.f. 15% in 2021-2022).




**Q18G)** 32% of respondents felt that the patient did not require help with urgent problems during the nights (between 7 PM and 9 AM) (c.f. 25% in 2021-2022) and 5% respondents (c.f. 13% in 2021-2022) did not know. 14 respondents - 64% (c.f. 63% in 2021-2022) felt that this support was needed and, of these, as to whether enough support was received, 71% replied 'Yes definitely' (c.f. 65% in 2021-2022), 14% 'Yes to some extent' (c.f. 15% in 2021-2022) and 14% 'No not when needed' (c.f. 20% in 2021-2022).




**Q19)** 25 respondents answered the question relating to their loved one's pain relief provided by the CPCT. 40% reported that the pain was relieved 'Completely all the time' (c.f. 38% in 2021-2022), 24% 'Completely some of the time' (c.f. 29% in 2021-2022) and a further 12% considered that pain was only ever partially relieved (c.f. 9% in 2021-2022). Two (8% c.f. 6% in 2021-2022) replied that the pain was not relieved at all. Furthermore, 0% did not know (c.f. 6% in 2021-2022) and 16% responded that this did not apply because the patient had no pain (c.f. 12% in 2021-2022).




**Q20)** 25 of the 26 respondents answered the question relating to whether they and their family got enough help and support from the Hospice CPCT. See table below.

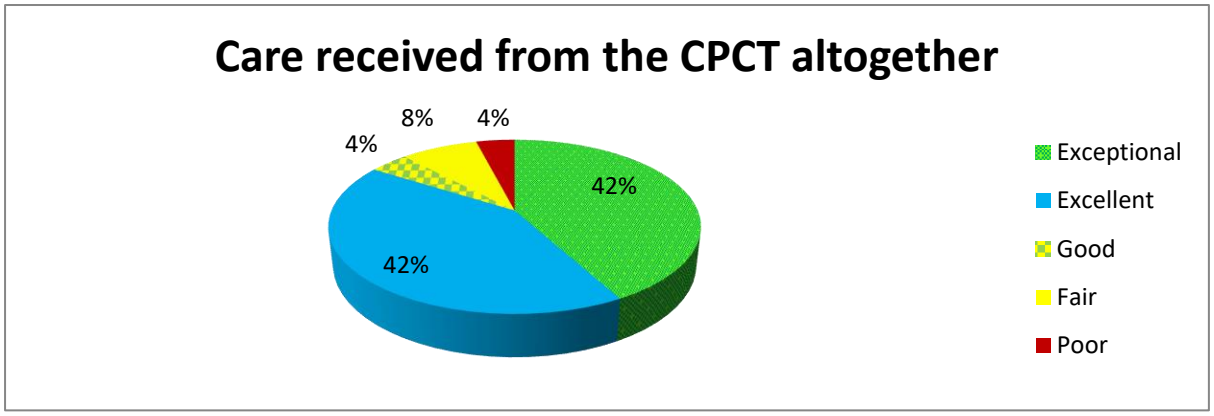
| | 2022 | 2021-22 | 2021 | 2020-21 | 2020 | 2019-20 | 2019 | 2018-19 | 2018 | 2017-18 | 2017 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes as much as we wanted | 84% | 82% | 85% | 81% | 85% | 89% | 82% | 85% | 79% | 78% | 83% |
| Yes, some, but not as much as we wanted | 8% | 9% | 5% | 9% | 8% | 8% | 9% | 8% | 12% | 7% | 17% |
| No, tried to get more | 8% | 3% | 5% | 7% | 3% | 3% | 6% | 2% | 4% | 6% | 0% |
| No, did not ask for more | 0% | 6% | 5% | 0% | 5% | 0% | 3% | 4% | 5% | 7% | 0% |
| Did not need | 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 65% of respondents (c.f. 71% in 2021-2022) and 'fairly easy' by 27% (c.f. 26% in 2021-2022), 'fairly difficult' by 0% (c.f. 0% in 2021-2022) and one (4%) recorded that they did not explain anything (c.f. 0% in 2021-2022). One (4% c.f. 3% in 2021-2022) recorded that they never spoke with the team. All 26 answered this question.

**Q22)** 24 of the 26 respondents answered the question relating to whether the CPCT team had time to listen to them and 88% responded 'Yes, all the time' (c.f. 88% in 2021-2022) and 13% responded 'Yes, some of the time' (c.f. 6% in 2021-2022), none (0% c.f. 0% in 2021-2022) recorded 'No, not when needed,' and none (0% c.f. 0% in 2021-2022) 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, all 26 respondents recorded an answer and of these, 42% recorded 'Exceptional' (c.f. 53% in 2021-2022), 42% 'Excellent' (38% in 2021-2022), 4% 'Good' (6% in 2021-2022), 8% 'Fair' (c.f. 3% in 2021-2022), and 4% recorded 'Poor' (c.f. 0% in 2021-2022).




**Q24)** 25 of the 26 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, 88% recorded that they had been involved as much as they wanted (c.f. 88% in 2021-2022), 8% recorded that they would have liked to have been more involved (c.f. 9% in 2021-2022), 4% (c.f. 3% in 2021-2022) recorded 'Don't know.'

9 respondents wrote a comment that related to their experiences of CPCT care. There were 6 written comments that were very complimentary, showing positive experiences.

| ID | 24 CPCT COMMENT |
|---|---|
| 1 | Whilst at home she wouldn't take any pain relief. Named staff member was amazing and I actually don't know how we would have coped without her! (Neighbour of patient) |
| 6 | One nurse was exceptional in helping my mum with a toilet problem. (Husband of patient) |
| 16 | He was shown so much respect, and made to understand everything that was going on and they were good at listening to him too. (Sister of patient) |
| 28 | All aspects of the CPCT were wonderful! The nurse explained that we could apply for attendance allowance, she completed all the forms, but we didn't receive any allowance - this was all done about two months before my husband died. (Wife of patient) |
| 30 | The team was amazing. They came in and evaluated my mom, took time to listen to mom, stepdad and myself and were very helpful. The doctor noticed mom's seizure in the form of foot cramp and upped medications and added a new one. We felt we can call the hospice at any time and they would go out of their way to help us with everything we needed e.g. meds, hospice at home etc. Everyone was so warm and understanding. It meant the world to us. (Daughter of patient) |

| | |
|---|---|
| 31 | I was allowed to be involved all the time and if I ever had any concerns they were always there for me and dad. (Daughter of patient) |

One comment was neither praise nor criticism:

| ID | 24 CPCT COMMENT |
|---|---|
| 13 | My husband was only in for less than 24 hours so can't say. (Wife of patient) |

Two comments were critical:

| ID | 24 CPCT COMMENT |
|---|---|
| 12 | After referral to the hospice and hearing nothing back, I phoned the hospice to be told sister had been discharged without ever being contacted. She subsequently saw a CPCT, but only after my intervention. (Sister of patient) |
| 20 | I would have liked to have been heard and taken notice of! (Wife of patient) |

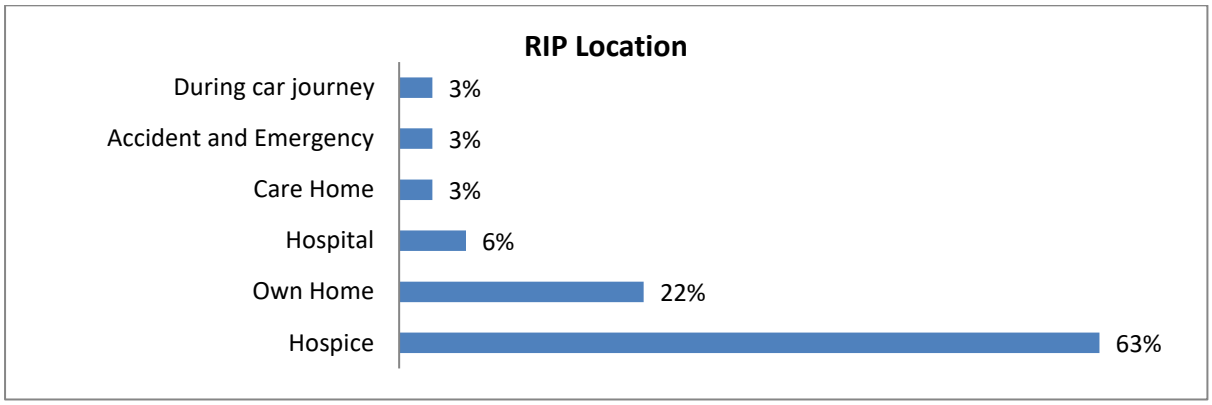
## St Raphael's Hospice Wellbeing Centre

**Q25) & Q26)** 2 of the 32 respondents said that the patient had visited the Wellbeing Centre (c.f. 3 of the 48 in 2021-2022) and one said that the patient sometimes benefited from attending and the other did not record an answer as to whether they benefited**.**

## Circumstances surrounding his/her death

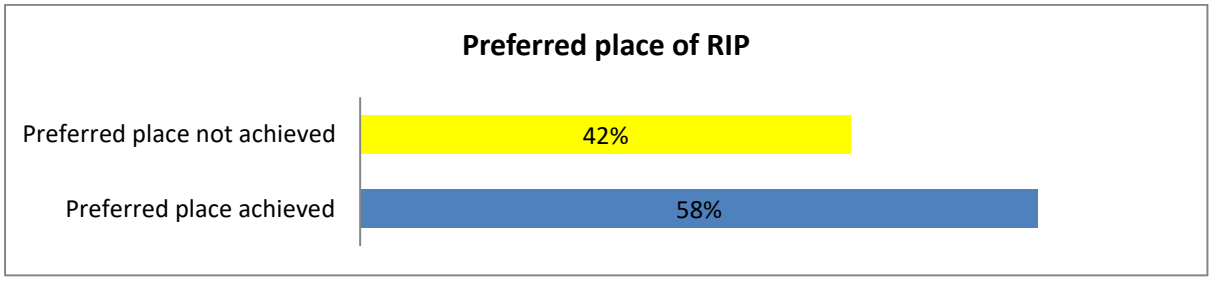
This section presents the views of the respondents regarding the circumstances of the patient's death and any expressed wishes. The questions were asked of all respondents.

**Q27)** All 32 respondents recorded an answer to this question. Of these, 63% reported that their loved one died in the Hospice (c.f. 32% in 2021-2022), 22% that they had died in their own home (45% in 2021-2022), 6% that they had died in hospital (c.f. 15% in 2021-2022), 3% that they had died in a care home (c.f. 6% in 2021-2022), 3% that they had died in Accident and Emergency (c.f. 2% in 2021-2022) and 3% that they had died during a car journey on the way to the Marsden.




**Q28)** 27 respondents said that their loved ones explicitly stated where they wanted to die, 5 did not say. Of the 27 who recorded that the patient stated their preferred place of death, 8 – 30% said they preferred a hospice (c.f. 33% in 2021-2022), 17 (63% c.f. 67% in 2021-2022) their own home, 1 (4%) said the preferred a care home and 1 (4%) changed their mind.

**Q29)** Of the 26 respondents who recorded that the patient had explicitly stated a specific preferred place of death (so not including the one who changed their mind), this was achieved in 15 (58%) of cases (c.f. 69% in 2021-2022).



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

| Preferred place | 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** | **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** |
| Own Home | **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** | **1** | **0** | **1** | **0** | **0** |
| Friend/Family Member's Home | **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** |
| Daughter's Home | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Hospital | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Care Home | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** |
| **TOTAL** | **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 26 that did say where they wanted to die, 3 did not record an answer. Of the other 23, 22 – 96% reflected their loved one had had enough choice about where they died (c.f. 76% in 2021-2022), 0% were 'Unsure' (c.f. 15% in 2021-2022) and 1 (4% c.f. 9% in 2021-2022) said they did not have enough choice.

| Actual place of death | Yes | Unsure | No | *N/R* |
|---|---|---|---|---|
| **Accident and Emergency** | **0** | **0** | **1** | ***0*** |
| **Care Home** | **1** | **0** | **0** | ***0*** |
| **Hospice** | **12** | **0** | **0** | ***2*** |
| **Hospital** | **2** | **0** | **0** | ***0*** |
| **Own Home** | **6** | **0** | **0** | ***1*** |
| **Somewhere else** | **1** | **0** | **0** | ***0*** |
| **Total** | **22** | **0** | **1** | ***3*** |

The respondent who believed the patient did not have enough choice recorded a comment:

| 30 COMMENT ON ENOUGH CHOICE |
|---|
| She was told that it wouldn't be possible as under the care of SHH palliative care team. (Sister of patient) |

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

| 30 COMMENT ON ENOUGH CHOICE |
|---|
| Plans were in place to come home, but his health didn't allow it. (Wife of patient) |
| She wanted to die at home, but she wasn't strong enough to leave the hospice. (Daughter of patient) |
| It wouldn't have been any different to what my husband's wishes were. (Wife of patient) |
| He always made it clear he wanted to die at home. It was a "natural" and peaceful death. (Wife of patient) |
| She did, but she ended up in A&E and then the hospital ward (private room) because she was too unwell to transport back home. (Daughter of patient) |

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

| 30 COMMENT ON ENOUGH CHOICE |
|---|
| It was the most practical and comfortable place for her to die, and in the last few days my mum understood this too. (Husband of patient) |

**Q31)** On balance, when responding to the question of whether the patient died in the right place, all 32 answered the question and of these, 30 replied that they did – 94% (c.f. 87% in 2021-2022), 0 (0% c.f. 7% in 2021-2022) were unsure, and 2 – 6% replied that they did not (c.f. 7% in 2021-2022).

| Actual place of death | Yes | Unsure | No |
|---|---|---|---|
| Care home | 1 | 0 | 0 |
| Accident and Emergency | 0 | 0 | 1 |
| Hospice | 20 | 0 | 0 |
| Hospital | 2 | 0 | 0 |
| Own home | 6 | 0 | 1 |
| Somewhere else | 1 | 0 | 0 |
| Total | 30 | 0 | 2 |

Two of the 30 respondents who believed the patient had died in the right place recorded comments:

| 31 COMMENT ON PLACE |
|---|
| Definitely died in the right place (Husband of patient) |
| She died in our car next to me on our way to RMH (Husband of patient) |

## Bereavement Support

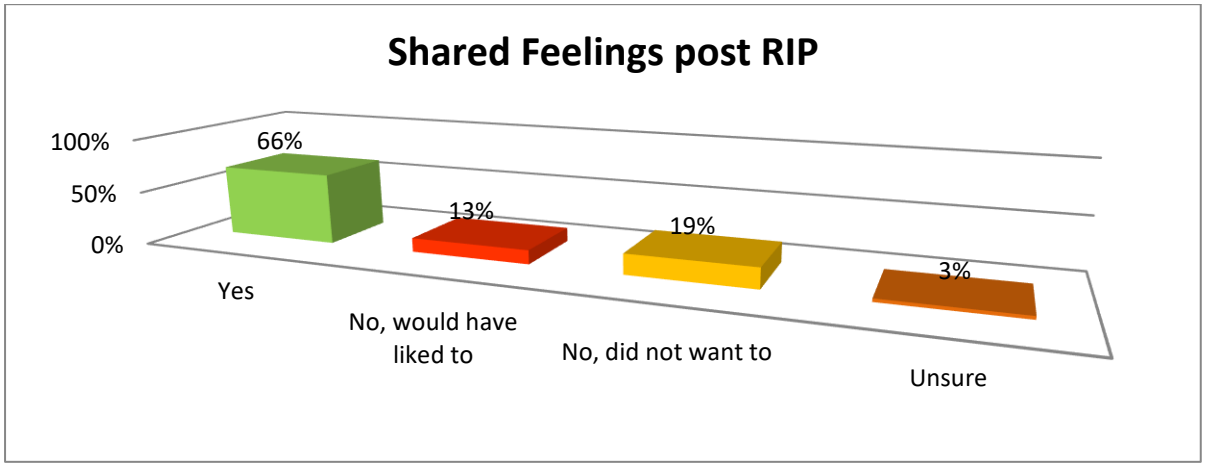
**Q32)** All 20 respondents who stated their loved ones died in the Hospice recorded an answer, and of these 95% felt that they were definitely given enough support by staff (c.f. 80% in 2021-2022), 5% replied 'Yes, to some extent' (c.f. 20% in 2021-2022), and 0% responded 'No, not at all' (c.f. 0% in 2021-2022).

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.

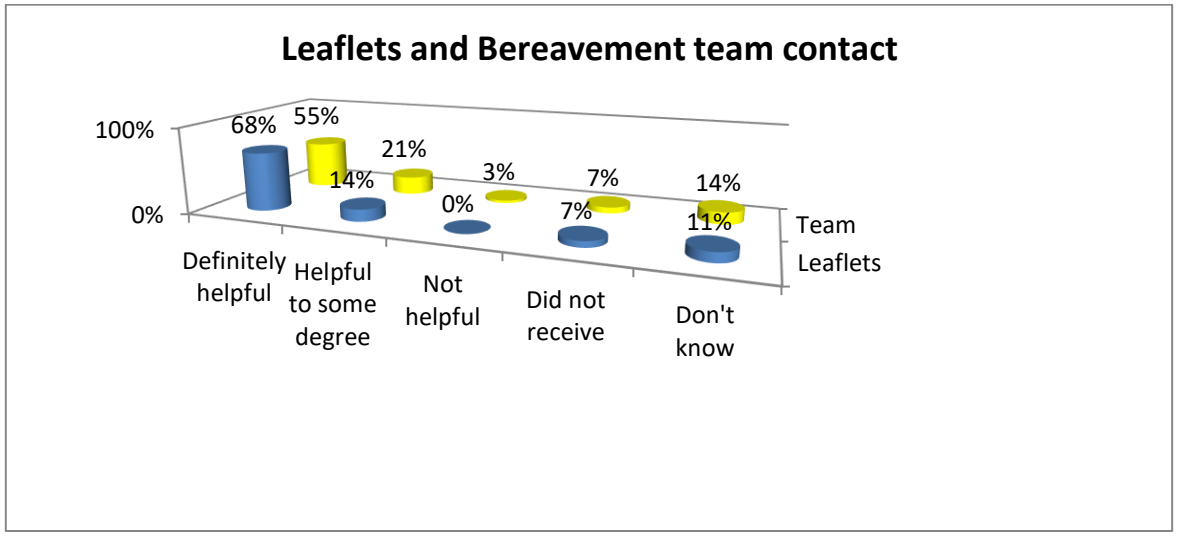
6 of the 32 respondents had not spoken to anyone, and said that it had been their choice. 4 replied that they would have liked to and 1 was unsure. 21 replied that they had (c.f. 19/48 respondents had in 2021-2022). Of these 21, 9 (43%) spoke with a bereavement service volunteer, 3 (14%) spoke with a counsellor, 1 (5%) spoke with nurses, 2 (10%) spoke with a bereavement service volunteer and a nurse, 1 (5%) spoke with a counsellor and a bereavement service volunterr, 1 (5%) spoke with a nurse and a doctor, 1 (5%) spoke with a social worker and a doctor, 1 (5%) spoke with 'other' and 2 (10%) 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 21 who had spoken to someone, 17 (81% c.f. 94% in 2021-2022) responded that they had talked to them as quickly as they wanted to, one (5%) said they wanted it sooner (c.f. 0% in 2021-2022), 3 (14% c.f. 6% in 2021-2022) was unsure.

**Q36 A)** When respondents were asked whether they had received a leaflet from the Hospice giving information about what to do after their bereavement, 4 did not record an answer, and of the 28 who did record an answer, 19 (68% c.f. 49% in 2021-2022) found it 'Definitely helpful,' 4 (14% c.f. 16% in 2021-2022) 'Helpful to some degree,' 3 (11% c.f. 11% in 2021-2022) did not know, 0 (0% c.f. 0% in 2021-2022) found it 'Not helpful' and 2 (7% c.f. 24% in 2021-2022) did not receive it.

**Q36 B)** When respondents were asked whether they had received contact from the Hospice Bereavement Team, 3 did not record an answer and of the 29 who did record an answer, 16 - 55% found it 'Definitely helpful (c.f. 58% in 2021-2022) ,' 6 - 21% 'Helpful to some degree (c.f. 23% in 2021-2022),' 4 - 14% did not know (c.f. 10% in 2021-2022), one - 3% found it 'Not Helpful' (c.f. 0% in 2021-2022) and 2 - 7% did not receive contact (c.f. 10% in 2021-2022).




## Bereavement Comments

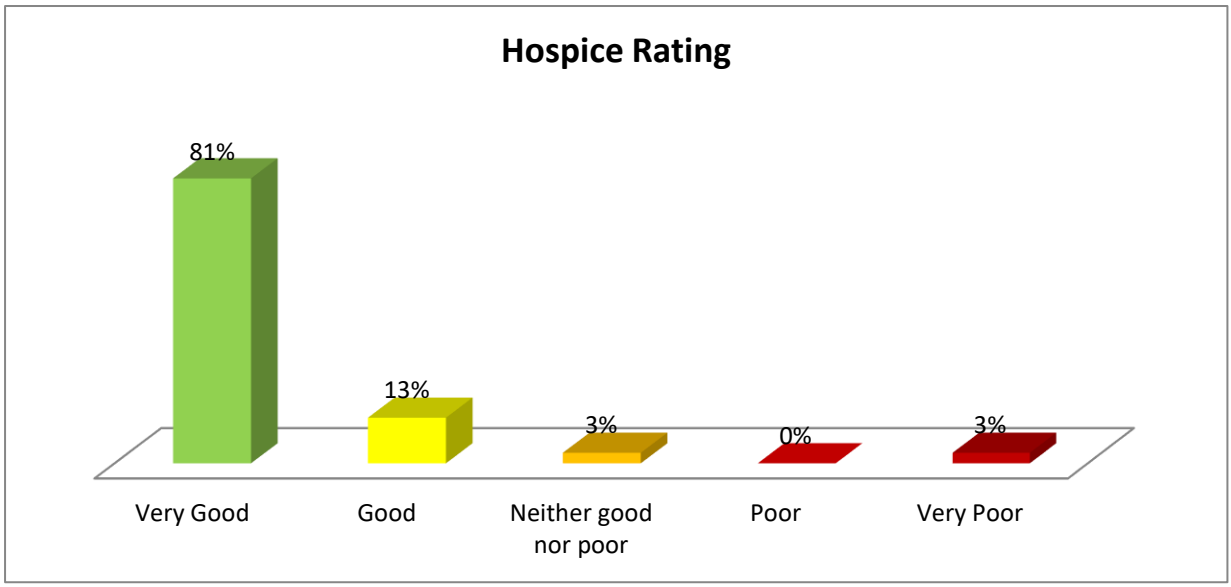
| 36 COMMENT |
|---|
| I have not been ready to receive any help and still struggle to ask/want the help! (Daughter of patient) |
| I'm waiting for their call to talk to my daughter, but nobody called her back to discuss the bereavement. (Husband of patient) |
| I have a big family and get all the support I need. (Sister of patient) |
| I'm very lucky not to have needed any support. (Wife of patient) |
| We were led to believe that when my husband passed, the process would have been easier. (Wife of patient) |

Comments concerning bereavement support were fed back contemporaneously to the Psychological Support Team Manager and relatives were contacted accordingly.

**Q36 a)**

**Friends and Family section**

When respondents were asked to rate their overall experiences of the hospice, All 32 respondents recorded an answer. Of the 32, 26 (81% c.f. 83% in 2021-2022) rated the hospice as 'Very Good', 4 (13% c.f. 17% in 2021-2022) rated the hospice as 'Good', 1 (3% c.f. 0% in 2021-2022) rated the hospice as 'neither good nor poor,' 0 (0% c.f. 0% in 2021-2022) rated the hospice as 'Poor,' 1 (3% c.f. 0% in 2021-2022) rated it as 'Very Poor,' and 0 (0% c.f. 0% in 2021-2022) did not know the answer to this question.




Most comments were positive:

| Id | 36a friends and family comment | 43 your relationship |
|---|---|---|
| 1 | Every person you came into contact with was helpful, understanding and had time and compassion. | Neighbour |
| 2 | It was as involved as we wanted it to be and we were kept informed of everything at all times. The family were looked after in conjunction with my dad. | Son |
| 3 | I felt very supported and mum received excellent care. We are extremely grateful. | Daughter |
| 5 | Always felt supported, I have no complaints or concerns. | Wife |
| 6 | Wonderful team, care and setting. Each family member was made to feel at home in the hospice when they visited. | Husband |
| 9 | I was given/ received support from the hospice. Which I am very grateful for. I just haven't been able to come to the decision, to want the further help! The hospice has been amazing. | Daughter |
| 10 | Everything was wonderful in every way. Doctors, nurses, catering staff and cleaners. Everybody was kind, helpful and understanding. | Husband |
| 14 | Very caring and supportive throughout. I'm still trying to come to terms with my dad's death, but I know there is someone on the end of the phone. | Daughter |
| 16 | Everything was done exceptionally well, the staff were amazing. There is nothing I can fault. | Sister |

| Id | 36a friends and family comment | 43 your relationship |
|---|---|---|
| 17 | Wonderful. My husband was in the right place at the right time. | Wife |
| 18 | I would have ticked "exceptional" if it was an option! | Mother |
| 19 | Because I was extremely happy with how my dad was treated and looked after at the hospice. | Son |
| 23 | Despite why my husband was there I found it a positive place. Staff always treated him with dignity and spoke directly to him. They are very special. | Wife |
| 24 | Very helpful and caring. Always supplying any aids we needed. | Wife |
| 25 | The team arranged care for the patient very quickly and at a time when I was struggling to keep up. I've also had lots of support. The patient didn't want wellbeing support. | Wife |
| 27 | The whole hospice experience was amazing for my mum. As were all of the staff and doctors. | Son |
| 28 | The hospice's entire team, doctors, nurses, admin, cleaners, cooks, volunteers treated us with such care and compassion they cannot be given enough praise. | Wife |
| 29 | We cannot thank you enough for the two incredible, wonderful members of St Raphael's team who arrived before my husband died. A man and a lady. They were angels sent to us, their kindness, compassion, wisdom and knowledge and experience were outstanding. Our experience of care and palliative care at St George's was so bad, but St Raphael's was outstanding. | Wife |
| 30 | My stepdad's response is the same like mine given on previous pages. We felt absolutely supported by the whole team. It gave us access to a doctor, nurse, social advice. St Raphael's was so warm and supportive to us, both emotionally and practically. They couldn't have done more. We are forever grateful. | Daughter |
| 31 | They looked after my dad until the end and I wouldn't have wanted him to be anywhere else. | Daughter |
| 32 | Throughout my father's journey the support was exceptional. The nurses made my dad's final few weeks comfortable. | Daughter |

Two comments included criticism:

| Id | 36a friends and family comment | 43 your relationship |
|---|---|---|
| 12 | My sister needed more support from the hospice. | Sister |
| 20* | No help at all | Wife |

*'Very Poor' overall rating. Forwarded on to relevant staff members.

One comment was neither praise nor criticism:

| Id | 36a friends and family comment | 43 your relationship |
|---|---|---|
| 26 | My husband didn't appreciate the visitors. He only recognised and liked a named staff member. | Wife |

## What could we have done better?

| ID | 36A DONE BETTER | Your relationship |
|---|---|---|
| 3 | I can't think of anything that needs improvement. | Daughter |
| 11* | Give extra support to the bereaved family, because you don't know what they are going through, especially the young ones and young adults. | Husband |
| 12* | More face to face contact needed. | Sister |
| 25 | Often our practical problems could not be addressed by the team and they did a lot of referring us elsewhere. | Wife |
| 30 | St Raphael's was so warm and supportive to us, both emotionally and practically. They couldn't have done more. We are forever grateful. | Daughter |

*Both forwarded on to relevant senior staff members.

## St Raphael's Hospice Follow Up Action

| ID | SRH FOLLOW UP |
|---|---|
| 11 | Passed to Head Of Psychological Support services and subsequently our Social Worker.<br>In review : Various attempts were made to contact the respondent because his daughter required bereavement support. However, he did not respond. Rebecca and Elisa to discuss the best way forward in offering the family bereavement support. |
| 12 | Passed to Community Services Manager (CSM) and Clinical Director (CD).<br>In review : It was felt that the patient had received adequate input and an appropriate admission. CD spoke to patient's sister and explained that the patient was under SPCCH but also that we supported appropriately through telephone and AHP support as well as WBC.<br>Sister felt that she was overall disappointed that her sister had Covid and died on a NHS ward despite patient having worked here, but equally she understood that we did what we could within the remit of our service.<br>The sister seemed to be satisfied with the conversation and outcome. |
| 20 | Passed to Community Services Manager (CSM) and Clinical Director (CD).<br>In review : CSM spoke to the staff who knew the carers well. They were supported adequately. CD suggested contacting the carer to see if she feels the need to be listened to. |

## 2022 Clinical Director Comments

The response rate from this period (Apr 22-September 22) shows a very slight drop and once again, the reflection from our service user cohort may not be wholly accurate. Consideration of an online questionnaire is worth exploration but requires capturing email contact details. As highlighted in the Executive Summary, there was also the negative impact of postal strikes. The questionnaire is lengthy and so focusing on fewer specific areas and therefore fewer questions may prompt a more positive response rate.

The overall feedback on the IPU remains positive and it is gratifying to see that families are feeling better supported through being able to stay overnight and receiving enough emotional support. The increased need for help with practical and financial concerns is reassuringly met with a good response. However, there is still some way to go and the recent appointment of a social work assistant should support this further.

Symptom management is increasingly effective, specifically pain relief with 95% of patients feeling their pain was relieved either all or some of the time.

Communication between staff and patients/those important to them continues to improve although there is still a number that didn't find the language used to be 'very easy' to understand.It is difficult to identify in what way this was only 'fairly easy' to understand at times but nevertheless, it's important for staff to check back or revisit discussions when there might be confusion.

Treatment with respect and dignity for our patients, although mainly positive, requires address – it is important that all our patients feel well respected and that their dignity is maintained. Unfortunately there is nothing I can identify in the narrative that provides further insight into why some felt they were only treated with dignity and respect 'most of the time'.

The overall sense of care from the staff is incredibly positive with a shift upwards towards exceptional. The staff on the IPU underwent a number of changes during this period with the appointment of an IPU sister and a number of staff role changes as well as nurse vacancies. The culture on the IPU has gradually changed, with some innovative nursing changes, supported by the rest of the multidisciplinary team. The staff have adapted well and this is possibly reflected in the wonderful sense of care that patients and their families have experienced. The team feel cohesive and focused.

It is really encouraging to note that the standard and variety of food on the IPU is well received and has improved over this period. Meeting dietary requirements for patients who are unwell can be challenging, particularly when appetites are small, taste has changed and so on. And as reported previously, the environment is felt to be both pleasant and comfortable. The housekeeping and catering teams are amongst many mentioned in the positive feedback received in this survey.

Responsiveness from the CPCT has shown a slight downward shift but as highlighted in the Executive summary, it is hard to be sure how reflective this is of the hospice team and not other community services. There were a number of staff changes/ vacant posts in the CPCT which may have impacted on responsiveness as well as the continuing impact of Covid cases

amongst staff as well as in the community setting. This alongside a fatigued and diminishing primary care workforce is likely to affect the responsiveness of the CPCT over time. We are also caring for patients with increasingly complex physical, psychological and social needs. It's interesting to note that fewer patients required urgent help out of hours and that there was a sense that enough support was received when it was needed. It's possible that this is because their needs were better anticipated.

Encouragingly, the overall majority of respondents felt that they received enough help and support despite there being a decrease in those feeling the visits were responsive enough. The two negative comments relating to ID 12 and 20 are disappointing both citing communication as ineffective. However, both of these respondents were contacted to discuss their concerns and it was evident that much of the dissatisfaction centred on the confusing array of community services and their responsibilities. An information sheet has been devised which helps to explain services available, remit and contact numbers.

As identified on the IPU, professional discussions and explanations were not felt to be as easy to undertand as previously. This is possibly due to some remote visiting, whereby there is more of a reliance on telephone or screen consultations but equally it may be due to pressure on time or just an assumption that the language used is understood. Again, the importance of checking back or revisiting discussions is important as well as offering written information to allow more time for respondents to absorb information. Over the past 12 months, a number of new hospice leaflets have been produced which may go some way in helping to clarify information when patients and carers are feeling tired and stressed.

The results regarding care received by the CPCT are disappointing, particularly as the narrative indicates that many felt the care was of such a high standard. The respondent who rated the care as 'poor', has been contacted to explore the issues further as highlighted under communication and was reassured that action has been taken to improve communication going forward.

Although Preferred place of death (PPD) might be considered disappointing, it is reassuring to know that the overall majority felt their loved ones died in the right place. PPD is overdue for reconsideration as an outcome measure due to the ever changing condition and symptoms experienced by the dying patient.

As stated in the last VOICES report, our bereavement support and service is an area for further growth and development. We have now appointed a Bereavement Support Assistant to lead the Bereavement Journey, a supportive timeline of written information, counselling support and a more bespoke offer to help people cope with grief whilst remembering their loved ones. The waiting list for bereavement support has decreased since the respondents completed this survey and so although there were marginal drops in satisfaction from the respondents with regard to receiving bereavement support in a timely way, we anticipate the results will demonstrate an increase in satisfaction over time. It is reassuring to see that an increased number of respondents found the bereavement leaflet useful – the leaflet was updated to become more informative and user friendly.

## 2022 IPU Sister Comments

It is encouraging to see the overwhelmingly positive feedback from those who have been an inpatient on the ward. There was a slight decrease in patients feeling they always had enough help with nursing care such as having medicines however there were a number of changes on the IPU during this time which staff were adapting too. It is important to monitor this to ensure further changes do not effect care in anyway. There was however a large increase from 82% to 91% in patients feeling that they had enough support with personal care. It is also good to see that all who wished to stay over night were able to and that they found it helpful. The increase in emotional support from the hospice staff is positive and may reflect the increased presence of the psychosocial team on the ward post COVID. The ward also had a healthcare assistance who was completing her counselling qualification at this time and this allowed extra support to be given especially out of hours or on weekends.

It is positive to see an increase in respondants feeling there was definitely enough religious and spirutal support and new signs have been placed on the ward to ensure relatives know where the chapel is located. It is great to see that communication on the ward has improved from 78% to 82% and we hope this will continue to improve with the new family meetings on day 7. There has been an improvement in patients and relatives understanding the language used by the doctors and nurses however there still is room for improvement which we need to consider in more detail. It is disappointing to see that 5% replied that decisions were made about patients which they would not have wanted and we need to ensure this does not continue as patients and relatives should always be involved in decision making. While being treated with dignity and respect from the nurses has seen a very slight increase, it is important we improve this figure further as patients and relatives should feel they are being treated with dignity and respect at all times. It is positive to see that of those in the community who needed support overnight, an increased number felt they received it despite a number of night registered nurse vanacies at that time of the audit. It will be interesting to see the results in the following quarter to understand whether the changes emplement has increased positive feedback further.

## 2022 Head of Psychological Services Team Comments

It has always been difficult to identify which comments and data results specifically relate to the Psychological Support Services Team from The Voices return as the questions refer to ‘emotional/family/bereavement/spiritual support’ provided – but not by who. (IPU, CPCT and Wellbeing staff all offer this type of care). In 2023, we rolled out the Psychological Support Services Feedback Questionnaire; a separate feedback form that is specific to the work this department delivers: to patients, loved ones, pre and post-bereavement. There is also the opportunity to record who the individual clinician was in each case. As such, we recommend that comments from 2023 onwards refer to this new feedback form so that

specific replies can be made and to data that is definitely reflective of the work of PSS. In the first 3 months of this feedback form, results have been extremely positive and the comments praiseworthy of the support available and delivered.

The new Bereavement Pathway will also improve data capture of NOK details so that more NOK can receive literature and information on how to access support post-bereavement; meaning there ought to be less people recording that they were not contacted/were waiting to be called and/or written to.

We continue to have 8/9 bereavement counsellors on placement with us and so waiting times are minimal and the service can be responsive and timely (in stark contrast to other local agencies that report waiting times of 9+ months presently).

We now have leaflets and website pages on PSS, Bereavement Support, Financial Support, EMDR and support for Children and Young Adults. These leaflets ought to also promote the services better and thereby allow the flow of self-referrals to the services with greater ease and clarity.

Finally, we have 2 EMDR practitioners within the team and so are providing trauma-specific interventions (NICE Guidelines) that is innovative and groundbreaking within the hospice movement.

## 2022 Palliative Care Educator Comments

The experience of patients, families and carers continues to provide useful insights into the service we provide. Although the response rate remains low, it is encouraging to see so many positive experiences and feedback.

As educators, we want to support the staff with skills and training to enable them to deliver excellent patient care. Feedback from the VOICES questionnaire provides valuable information and assists in this process.

The Education Team will continue to develop training and explore different learning opportunities for all staff within the hospice, to support professional development and service improvement.

## 2022 Community Services Team Manager Comments

It is disappointing to see a downward trend in the overall care from the CPCT and if the CPCT Nurse visited often enough. Given the complexities of our patient population the team have worked hard to ensure they are allocating their resource to those patients/ families that need it. Regular caseloads reviews and embedding OACC has given guidance and structure to support clinical decisions to indicate call frequency / visits and caseload management. As previously discussed, this is further compounded by many community services that are experiencing severe staff shortages and therefore have had to change the

way they deliver care; often, accessibility to these services can be challenging. Post COVID there is evidence of a disgruntled population with all healthcare services alongside an expectation that cannot be met or is not within our remit.

"Often *our practical problems could not be addressed by the team and they did a lot of referring us elsewhere*" This free text response is an excellent example of the service user expectation and what we can do with the remit of the service, as many practical problems will require referring elsewhere. During this period CSNAT was launched in H@H team – a tool to assess carers needs and sign post to other relevant agencies if required. Later this year the CSNAT will be introduced into the CPCT, however this may be reflected in future data collection.

Regarding delay in response or we didn't meet expectation, it is often recognised in the VOICES summary that patients receive many different HCPs into their home and we recognise the feedback may not be related to the hospice team rather other community services. For that reason, I would suggest for the Exec team consider if the VOICES survey is the best way to capture feedback from the CPCT? Staffing levels often fluctuate yet we have continued to be fortunate at filling vacancies. However, new staff, especially those with little or no community background can take several months to transition to the challenging environment which does impact working capacity. With several members of the team now over or approaching 60 the organisation needs to consider how it can succession plan to minimise future risk to the service.

I cannot ignore the reduction in enough religious and spiritual support from the CPCT. As staff are mindful and approach assessment holistically , I am unable to comment upon why this might be, however it is an area to explore further with the team.

Finally, despite the continued complexity of our work, I am delighted to see that having time to listen and receiving help and support remained positive and we have remained consistent since 2021 in being involved as much as was wanted.

**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 9:00am on Friday 30th June 2023**

| | |
|---|---|
| Members: | Dr Carrie Chill – Trustee & Committee member (CC) |
| | Alan Cogbill – Trustee & Committee member (AC) |
| | Dr Eva Kalmus – Co-opted Committee member (EK) |
| | Bernard Marley - Trustee & Committee member (BM) |
| | Norman McWhinney – Board Chair & Committee member (NM) |
| In attendance: | Nick Stevens – CEO (NS) |
| | Dr Naomi Collins – Consultant (NC) – items 5-10 |
| | Becca Gemmell (observing) |
| | Alex Rudkin – Director of Quality and Governance (AR) |
| | Rebecca Trower – Clinical Director (BT) |
| | Anna Machin (Governance – AM) |

**Actions arising**

| Agenda item | Action | Responsible | Timeline | Ref. |
|---|---|---|---|---|
| 5. Clinical risk register | Update risk register to reflect EMIS transition | Rebecca Trower, Alex Rudkin | Immediate | 30.06.23/01 |
| 7. Patient 'label' research project | Take forward participation in project inc. check access for patients with English as a second language | Dr Naomi Collins | Immediate | 30.06.23/02 |
| 8. Quality Account | Share final draft with Committee for comment | Alex Rudkin | Immediate | 30.06.23/03 |

*The meeting began at 10am.*

**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 Norman McWhinney.

**2. Review of minutes from 28th April 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 matters arising and key themes from the previous meeting were reviewed:

- Take forward plans for integration of EDI training into staff induction process with Barry Angel – it is planned to change provider and will be overseen by the HR Committee going forwards.
- Add EMIS system to Clinical Risk Register – this action has been completed.

- Share CAP 2023/24 targets with Board – information is included in the meeting paper.
- Develop agreed priorities into SMART targets – these have been included in the draft Quality Account to be shared with the Committee immediately following the meeting.

**3. Presentation and discussion on local palliative landscape and hub**

Eva Kalmus shared background to the multi-disciplinary Hub, and the journey to develop activities when set-up coincided with the start of the pandemic. The Hub has a core role of coordinating support for those who are at end of life, which is not designed to replace Hospice care but give time to those who are experiencing frailty, and signpost to Hospice care for those needing more specialist clinical support.

The Hub comprises nursing, administrative care coordination and social worker roles. Independent reports looking at key performance indicators (KPIs) have shown that the Hub's work has reduced hospital admissions. Ongoing funding has been agreed from Epsom and St Helier NHS Trust, now without the element of social financing which had initially been received. There has been some turnover in core staff roles.

The Committee recognised the need in the community for a broad range of individuals to be supported, particularly in the context of an ageing population experiencing more instances of frailty and dementia, with some individuals not accessing the extent of support that they should be.

The Committee noted the approach to liaison between the Hub and Hospice team, and also that the Hospice's services take in referrals on weekends and overnight. There is a flowchart for local GPs to inform how individuals should be signposted.

The Committee expressed caution in relation to ensuring that the clear distinction between Hub and Hospice, and the clear responsibility pertaining to each, was fully appreciated on both sides. It was noted that the Hospice is only partially funded for the specialist services it provides, and does not have capacity to pick up additional, non-specialist work. However, there may be opportunities for collaboration for example on training and data collection.

**4. Evidence of Excellent Practice Register**

The paper was taken as read, showing the range of strong practice displayed including recognition for Paula de Palma who plays an integral role on-site. There is one complaint outstanding, where calls have been placed but no response yet received.

**5. Clinical Risk Register**

Bernard Marley was thanked for contributing to the reformatting of risk registers. There is one red risk relating to PAS systems failure, with a large number of mitigations in place and regular oversight by the team. Recent recruitment has reduced staffing risks with good candidates in the pipeline, and Covid is now more manageable.

The Committee received assurance on plans for staff cover over the summer months. The Committee requested that the new EMIS system migration be reflected more strongly in the risk register, including risks relating to reliance on connectivity to this system.

**6. Clinical Quality & Governance Report inc. Clinical Action Plan and 'SMART' targets**

Becca Trower updated on the report, which has been developed in detail since the last Committee meeting. A social work assistant has been appointed to the Psychological Support team, and the Compassionate Neighbours service has experienced strong interest from patients and matching underway with volunteers. The Wellbeing Service has also seen an increased number of volunteers as well as attendees. There are no concerns to note on IPU delivery, with an update on activities given in the report.

The Consultant team continue to collaborate with local partners, and in relation to national studies. Dr Ambreen has returned to the team and is resuming on-call commitments from July. Steve Molyneux continues to offer clinical supervision within the Hospice and external palliative care providers, which helps to strengthen links with partners. The Care After Death Policy has been updated as noted in the report. The team continue to close the loop on practices in response to any complaints received.

Alex Rudkin updated on the EMIS transition with good engagement from the Clinical team, and further work alongside this on the website and submission of the data protection and security toolkit.

**7. Research – Patient 'label' research project approval**

Dr Naomi Collins gave context to the research project, on the theme of: 'What do individuals known to oncology and palliative care services think about terminology used to describe them'. The Committee were content to approve participation on the project, noting that there would not be a minimum or maximum number of submissions required. The Committee requested that access be considered for patients with English as a second language.

**8. Quality Account**

This document is near completion and would be circulated to the Committee immediately following the meeting for comment, prior to submission.

**9. Minutes of internal meetings**

The minutes of internal meetings were noted, showing the content and tone of meeting discussion.

**10. Any Other Business and Dates of future meetings**

There were no further items of business raised. The date of the next meeting would be changed from Friday 6th October 2023 10am-12pm, based on availability of attendees.

*The meeting ended at 11am.*

Approved……..

Date……..