St Raphael's
Your Local Hospice

QUALITY ACCOUNT
2024-2025

"Very helpful, caring, understanding, amazing team. Exceptional nurses and doctors."
"Caring, both for my mother and for me, professional, trustworthy, reassuring, calm, kind, upbeat… a great team."
"The care my wife received was outstanding and helped the whole family. Always listening and providing answers and assistance when needed."
"I felt heard and listened to by all the professionals I spoke with at St Raphael's Hospice"

(2024 VOICES & PSS SURVEYS)

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Part 1

What is a Quality Account?

The Quality Account for St Raphael's Hospice covers the period from 1 April 2024 to 31 March 2025 and is a record of the cycle of continuous quality improvement as we strive to deliver excellent specialist palliative care. It provides an opportunity for us to share best practice and is driven by the experiences of both those providing and receiving our services. It allows us to demonstrate our commitment to engage with evidence-based quality improvement and to outline our progress to the public. We hope that our Quality Account will facilitate an opportunity for review, debate and reflection as well as provide the public, our regulator and commissioners, assurance that we are routinely evaluating our services and focusing on improvement that will enhance and support the delivery of expert specialist palliative and end of life care to the people who use our services.

St Raphael's Hospice

St Raphael's is an independent registered charity (charity number 1182636, company number 11732567) providing specialist palliative and end of life care services to our community.

Since 1987, St Raphael's has offered hospice care to those facing life-limiting illness living in the boroughs of Merton and Sutton. The service is free of charge to all who use it and provides high quality, expert clinical care, advice and support in patients' own homes or in our in-patient unit, which has 12 en-suite single rooms and one larger, family suite. We also provide wellbeing services and psychological support services, including social work and bereavement support, to patients and those who are important to them.

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

- **Specialist clinical care provided by doctors and nurses in our in-patient unit.**
- **Specialist clinical support and advice provided by doctors, nurses and specialist practitioners in patients' homes.**
- **Hospice at Home service offering respite and support to carers – unfortunately this service ceased in July 2024 due to the need to make cost savings.**

- **A Wellbeing Centre providing social and creative opportunities together with practical information and complementary therapies.**
- **Compassionate Neighbours – a voluntary befriending project to support those in our community who are frail and /or isolated.**
- **Pastoral care and spiritual support.**
- **Psychological support for patients, counselling and bereavement support for those who are important to the patient (including children).**
- **Expert advice and specialist education and information for patients, carers and other professionals.**

It costs around £6.5 million every year to run the Hospice and support the services we provide. We receive a contribution of around 25% of these costs from the NHS, but we are reliant on the generosity of our local community through charity fundraising, donations and legacies, our lottery and our charity shops, to raise the remaining 75% which allows us to continue providing high quality care without charge to everyone receiving our services.

Statement from the Joint Chief Executives

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

At St Raphael's Hospice, our core values are rooted in a deep commitment to treat every individual with kindness, respect, and dignity. We believe in providing compassionate care to all, regardless of background, identity, or circumstances. This approach means offering support without judgment, embracing the diversity of those we serve, and fostering an environment where everyone feels valued and understood. Our team is dedicated to bringing comfort and relief to patients and those important to them, and we are often heartened by the positive impact our care has on the lives of those we support.

As a local charity which is only 25% funded by the NHS we rely on the generosity of our community to raise the money that enables us to be here for all who need us, free of charge. The past year has been exceptionally challenging for the hospice sector in the UK; facing unprecedented financial pressure, with funding levels at their lowest in twenty years. At the same time, demand for hospice care has been rising rapidly due to a growing and ageing population. At St Raphael's, we have remained focused on serving our community to the best of our ability despite having to reduce some of our services. We have done this by working differently, so that we can continue to reach those who need us and maintain the excellent standard of care that we continually strive to provide. Our community has demonstrated its belief in us by galvanising support in a variety of ways – volunteering, fundraising through participation in events, donating and leaving legacies, playing our lottery and donating to or buying from our shops.

Over the coming year we embark on a new strategy, one that builds on the strength of our previous strategy of EVE (Excellence, Visibility and Engagement). We have listened to those who work for us and those we care for to ensure that our focus aligns with their beliefs and needs. Our new strategy has four pillars: Our Care, Our People, Our Community and Our Funding. By engaging with and listening to those who work with us, support us, and those who require our care, we foster collaboration and trust. This foundation enables us to deliver high-quality care and ensures we remain adaptable to future needs. The support of our community is vital in sustaining this mission.

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

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

Nick Stevens
Joint Chief Executive

Part 2

Priorities for improvement 2025 – 2026

St Raphael's Hospice is fully compliant with the Fundamental Standards of Quality and Safety that support the section 20 regulations of the Health and Social Care Act 2008 and its subsequent amendments. Consequently, there were no areas of shortfall to include in its priorities for improvement in 2025-2026.

Effective from 1st April 2015, has been our responsibility to meet two groups of regulations:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
- Care Quality Commission (Registration) Regulations 2009 (Part 4).

These regulations introduced the new fundamental standards which describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid-Staffordshire NHS Trust.

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

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

Our staff and volunteers are at the heart of this, and our wish to support them through necessary organisational change in 2025/26 will be an underpinning factor.

The Board of Trustees and/or its committees have endorsed the Management Plan for 2025/26 and considers that its top three quality improvement priorities are:

Future planning priority 1:

Title: An improvement project to implement a new website for the Hospice

Standard:

To source and implement a new website for the Hospice that provides effective modes of communication including translation, education and access to information literature, facilitates contemporaneous editing and updating, sign-posting to services and promotion of fundraising, supporter, volunteer and staffing opportunity.

Measures:

Utilisation:

No. of web-site hits

No. of downloads of material

Support:

Supporter introductions

Income

Review:

Project team feedback

Future planning priority 2:

An improvement priority to ensure equity of access to hard to reach groups

Standard:

Ensure equitable access to hospice services for under-represented or vulnerable populations and improve staff awareness and competence in delivering inclusive, person-centred care through reflection and complex Mortality and Morbidity meetings.

Measures:

- Collect data and report on referrals involving:

- People with learning disabilities
  - Prison population
  - Homeless individuals
  - Young adults transitioning from children's services.
  - BAME
  - Travelling Community
- Identify a Learning Disability Champion within the team
- At least one attendance per quarter at LeDeR meetings to contribute to learning and service improvement.
- 100% compliance for staff education with Oliver Mc Gowan /MCA mandatory training
- At least one collaborative initiative or meeting twice a year with external partners focused on inclusion i.e. prison MDT / Transition of Young People
- Develop and maintain professional relationships with key healthcare and community partners supporting these groups.
- Creation of a multi-faith space in the main Hospice that complements the existing Chapel

Review:

Incorporated into Management Plan review mechanism updated via Clinical Heads Meeting

Future planning priority 3:

Title: An improvement project to develop a Hospice Outpatient Clinic

Standard:

To launch and embed the delivery of an outpatient clinic for community patients at the Hospice

Measures:

- Policy
- Delivery of 2 clinics per month
- At least 20 patients seen by December 2025
- 80% attendance based on offer (excl. DNA due to PoI/AKPS)

Review:

Incorporated into Management Plan review mechanism updated via Clinical Heads Meeting

Statements of Assurance from the Hospice Board of Trustees

The following are a series of statements that all providers are required to include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

2.1 Review of Services

During 2024/2025, St Raphael's Hospice provided 6 NHS partially funded services:

- In-Patient Unit
- Wellbeing Centre
- Outpatients
- Hospice @ Home up to July 2024
- Community Clinical Nurse Specialist/Specialist Practitioner Service
- Psychological Support Services

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

The whole of the income provided by the NHS in 2024-25 was spent directly on the provision of the services listed above that same year.

What this means

St Raphael's Hospice is partially funded via a standard NHS contract and we need to fundraise in order to balance the books. The income provided by the NHS represents approximately 25% of the overall running costs of the Hospice. We aim to cover the remaining costs through legacies, the profits from our hospice shops and lottery and through donations, grants and fundraising activities.

2.2 Participation in national clinical audits and confidential enquiries

During 2024/2025, no national clinical audits and no confidential enquiries covered NHS services provided by St Raphael's Hospice.

What this means

There are no national clinical audits or confidential enquiries that cover the specialist palliative care services either commissioned or provided by St Raphael's Hospice.

However, St Raphael's Hospice carries out internal clinical audits throughout the year as part of its management planning process.

2.3 Participation in local clinical audits

The undertaking of clinical audits at a local level feeds into the management planning round for St Raphael’s Hospice. Details of projects undertaken in 2024/2025 can be found at section 3.2.1.

2.4 Participation in clinical research

Participation in clinical research includes:-

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

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

Involvement in a focus group on improving home-based palliative care for older people

Focus group participation from Kings Cicely Saunders Institute investigating how to improve financial support for people with life-limiting illness

Feasibility questionnaire submission for a national trial of iron supplementation for anaemia in Palliative Care

A research survey taking place at Cambridge University regarding injectable medications in the community

Attendance at regular community of practice meetings to share knowledge around local research opportunities and practice

Palliative care consultant and clinical nurse specialist support provided to an MSc project at Middlesex University exploring health care professionals' experiences of managing patients at the end of their lives and who are opiate users

2.5 Goals agreed with commissioners

The NHS contribution towards St Raphael’s Hospice’s income in 2024/2025 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.6 What others say about us

St Raphael’s Hospice is required to register with the Care Quality Commission and has no conditions on its registration.

The Care Quality Commission last undertook an announced inspection of St Raphael's Hospice on 11th & 12th November 2019. The Hospice was assessed as fully compliant with the required standards and achieved an overall rating of GOOD.

The last Direct Monitoring Review was undertaken by the Care Quality Commission via virtual interview on 19th December 2022. No further regulatory activity was indicated.

The Care Quality Commission has not taken enforcement action against St Raphael's Hospice during 2024/2025.

The hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

2.7 Data quality

St Raphael's Hospice constantly reviews the quality of its data to see if there are ways in which it can be improved. As a result, it undertakes the following action to further improve data quality:

- Data integrity checks to service production of activity data
- System design enhancements to facilitate inputs and useful outputs
- Data cleansing
- Data monitoring

A high value is placed on the data and consequential information outputs that can be generated through the Hospice's information systems.

St Raphael's Hospice did not submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics as this is not applicable.

St Raphael's Hospice submitted its self assessment to service compliance with the NHS Digital Data Security and Protection Toolkit (DSPT) in June 2025.

Part 3

Quality Review

3.1 Review of quality performance in 2024/2025

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

Past planning priority 1:

An improvement project to develop the Bereavement Pathway

Standard: To develop the bereavement pathway project

Measures:

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

Review: The Bereavement Pathway continues to take shape with several key components now in place and being received warmly by families of patients under the care of St Raphael's Hospice. The introduction of our Book of Remembrance, our Reflective Space within the hospice, and our Tree of Life sculpture have all offered gentle, meaningful ways for families to remember their loved ones. Feedback suggests these opportunities are being appreciated as thoughtful and supportive, allowing space for reflection and connection in a way that feels personal and meaningful. In parallel, we have been reviewing and refining the letters and leaflets that support the pathway, ensuring that the tone, timing, and content offer reassurance, clarity, and care. These updates reflect a more consistent and compassionate approach to communication throughout the bereavement journey. With these elements now aligned, we are looking ahead to a full rollout of the Bereavement Pathway in September 2025, providing a more cohesive and supportive experience for all families in our care.

Past planning priority 2:

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

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

Measures:

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

Review:

We were successful in and grateful for the awarded grant from the Linder Foundation via Hospice UK for this project which continues to the end of 2025.
We began to provide supervision to the psychotherapist placed at HMP High Down and established external consultancy with a forensic psychologist who specialises in working within prison systems. Regular supervision meetings took place to establish safe practice within the HMP system.
Risk assessments, the referral system, and the evaluation process were all successfully initiated and we have implemented changes to improve clinical outlines and risk assessments.
Owing to challenges that presented, the project was pended in the Autumn of 2024 until re-engagement in February 2025 when the educational phase of the project was initiated.
Despite those challenges the feedback from the Head of Chaplaincy and Health staff at HMP High Down was consistently positive and appreciative of our input.
We have provided eduction on 'End of Life Care and Support' with 19 attendees who were all prison staff officers. The session covered :

- An overview of End of Life Care (EOLC)
- Understanding the principles of EOLC
- Recognising those with EOLC needs and how their condition might change
- Outlining the commonly experienced symptoms

- Consider your role and the role of others who support those with EOLC needs
- Communicating with and supporting those with EOLC needs

We have further provided a Bereavement Support and Coping with Grief presentation in March 2025 to 20 prisoners and 4 Chaplaincy staff.

The project continues in 2025.

Past planning priority 3:

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

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

Measures:

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

Review: The Patient Safety Incident Response Framework incorporating the Patient Safety Incident Response Plan has been integrated into the incident and accident reporting procedure for patient safety incidents. Reporting of all patient safety incidents is a routine part of the Hospice's governance forums and understanding of lessons learned a key element of the reporting system that builds toward the annual report on accident and

incidents throughout the Hospice. Quarterly graphical presentations of infection prevention and control audit results across staff hand hygiene, an array of Hospice environments, staff spot check, sharps, urinary catheter insertion, waste management and mattresses feed into the regular Infection, Protection and Control Meetings and, in turn, the production of the Infection Control Annual Report. Infection, Protection and Control advice is maintained under the leadership of our Lead in Infection Control and is supported by the Hospice's Infection, Prevention and Control Policy.

3.2 Quality Management

Clinical Quality and Governance Committee

The Hospice's Clinical Quality and Governance Committee takes responsibility for providing assurance to the Hospice Board that the organisation has a robust framework for clinical governance that supports the delivery of safe and effective care and the management of clinical systems and processes. To achieve this, the Committee ensures that quality is integral to the work of the Hospice and the systems and services that support that work, and that there is a robust programme that supports the monitoring of clinical performance across all clinical services. Committee members contribute expertise, human resource capacity, and their professional perspectives to the development and successful operation of the Hospice's clinical governance activities. Chaired by a member of the Hospice Board of Trustees, it meets every 3 months. Its membership includes Trustee Members, the joint CEOs, the Clinical Director, the Lead Palliative Medicine Consultant and the Director of Quality and Governance. Standing items for this Committee include Evidence of Excellent Practice, the Clinical Risk Register, Clinical Quality and Governance Objectives, the Clinical Quality and Governance Report (Clinical Developments, Clinical Risk Management, Clinical Audit, Clinical Effectiveness including Policy Development, Information Material, Practice Development, Patient/User Feedback, Organisational and Regulatory Assurance, Infection Prevention and Control and Clinical Complaints).

Clinical Heads of Department Meeting

The Hospice's Clinical Heads of Department Meeting supports the Hospice's strategy for clinical governance, quality improvement and clinical management. Chaired by the Clinical Director, it meets every 6 weeks. Its membership includes the Director of Quality and Governance, the Consultants in Palliative Medicine, the Community Team Manager, the Inpatient Unit Clinical Lead, the Palliative Care Educators, the Psychosocial Support Services Lead and the Clinical Administration Lead. Standing items for this meeting include Infection, Control, Medical Devices, Medicines Management, Incidents and Accidents, Complaints and Compliments, Health & Safety, Policy and Guidance, Documentation and the Electronic Patient Record, Clinical Audit, Quality Improvement and Research, Education and Training, Staffing and Recruitment, The Care Quality Commission and the Clinical Management Plan.

Training & Development Committee

The Hospice's Training & Development Committee steers the Hospice's approach to education and all forms of training. Chaired by a Palliative Care Educator, it meets every 3 months. Its membership includes the joint CEO/Clinical Director, a Palliative Care Consultant, the Head of HR, Practice Education, the Inpatient Unit Clinical Lead and the Community Services Team Manager. Standing items for this Committee include Funding Streams, Course Take Up, Course Applications, Induction Training, Mandatory Training and Course Provision.

Infection Prevention & Control Committee

The Hospice's Infection Control Committee steers the Hospice's approach to infection prevention and control. Chaired by a Consultant Microbiologist from the local acute Trust, it meets between two and four times per year. Its membership includes the Joint CEO/Clinical Director, the Hospice Lead for Infection Prevention and Control, a Palliative Medicine Consultant, the IPU Nursing Lead, the IPU IC link nurse, Practice Education, the Facilities Manager, the Director of Quality and Governance and the Housekeeping Manager. Standing items for the Committee include Infection Control Issues, Sharps Injury & Body Fluid Exposure, Alert Organisms Surveillance, Water Quality Management, Occupational Health Update and Regulatory/Best Practice Requirements.

Health & Safety Committee

The Hospice's Health & Safety Committee steers the Hospice's approach to health and safety and supports the communications of 'Works' updates for the site. Chaired by the Director of Quality and Governance, it meets every 2-3 months. Its membership includes the Facilities Manager, the joint CEOs, the Director of IT and Estates, the IPU Clinical Lead, the Community Services Team link nurse, the Housekeeping Manager, the Commercial Director (or rep), and both clinical and non-clinical link staff for Health & Safety. Standing items for this Committee include Health & Safety Management Update regarding H&S legislation/practice development, Compliance with Audit Recommendations, Policies & Risk Management, Water Quality and Management. Non-clinical Accident & Incident Review, Works Update, Health & Safety matters affecting staff, volunteers, systems and the environment.

Medical Business Meeting

The Medical Business Meeting supports the Hospice's approach to medical team matters. Chaired by a Consultant in Palliative Medicine, it meets every month. Its membership includes all members of the medical team. Standing items for this meeting include Team Wellbeing, Rota and Staffing, Clinical Challenges, Medicines Issues and Budget, Infection Control, Education, Incidents, Audit & Research and Deep Dives.

Drugs & Therapeutics Committee

The Hospice's Drugs & Therapeutics Committee steers the Hospice's approach to drug and therapeutic governance. Chaired by a Hospice Palliative Medicine Consultant, it meets every 4 months. Its membership includes the Consultants in Palliative Medicine, medical prescribers, non-medical prescribers, the Inpatient Unit Nursing Lead, the Community Services Team Manager, Practice Education, the Clinical Pharmacist, the Chief Pharmacists for Sutton and Merton areas of the SWLICB (or designated representative), the Joint CEO/Clinical Director and the Director of Quality and Governance. Standing items for this Committee include Safe CD prescribing & administration, Guideline/Policy updates, Therapeutic Governance including cost trending, Medication Incident Review, Non-medical Prescribing and MHRA Drug & Device Alerts.

Prescribers' Meeting

The Hospice's Prescribers' Meeting is a sub-committee of the Drugs & Therapeutics Committee and serves as the primary discussion, update and recommendation forum for the Hospice's prescribing practice. Its membership includes all Hospice prescribers.

3.2.1 Clinical Audit

During 2024/2025, the Hospice undertook a number of clinical audit projects, amongst which were:

Project	Results/Actions/Comments
Prescription Chart Documentation Audit	Weekly audit by the Hospice's Clinical Pharmacist shows 284 charts assessed in 2024/25 (c.f. 316 charts 2023/24, 340 charts in 2022/23) comprising 4117 prescription items (c.f. 5709 in 2023/24, 5722 in 2022/23) and a respective evident prescription writing error rate of 0.6% and administration error rate of 0.9% (c.f. 0.8% and 0.8% in 2023/24, 0.7% and 0.5% in 2022/23).
Inpatient Unit Satisfaction Survey	2024 results show that overall satisfaction returns at 100% c.f. 98% in 2023 and 99% in 2022. Feedback around care and treatment has been excellent. Particularly complimentary responses surround the addressing of patient care needs, how all staff and volunteers are exceptionally caring and how the doctors are helpful.
Safeguarding Documentation Audit	2024 results show that 89% of safeguarding events raised to the LA were raised with the CQC (c.f. 100% in 2023 and 94% in 2022). 100% of patients had documentation about consent, (c.f. 92% in 2023).. 100% of those who did not consent to the referral or did not have capacity had a reason documented about why consent hadn't been given.
Complementary Therapy Survey	2024/25 saw the first year in using a feedback form for clients receiving a Complementary Therapy service. The results showed that all respondents considered the support delivered by the complementary therapists to be beneficial and all respondents would recommend the service to others. The frequency of sessions was most commonly either on a monthly basis or ad-hoc. The complementary therapy most commonly received was massage and the second most commonly received was reflexology. The most common symptoms treated were pain/muscle tension and fatigue. Pain/ Muscle tension was the most common symptom treated by both massage and reflexology. The most common way that the respondents had heard of the service was via the Wellbeing Centre. Armchair Yoga was the most commonly attended of the other Wellbeing Centre activities.
Fast Track on the IPU Audit	2024 audit results show the Fast Track pathway has been a successful tool to aid discharge for those patients where the hospice is no longer the most appropriate place of ongoing care. The high approval rates are in line with other audit results, and overall our data has shown a fantastic response from ICB/CHC which allows us to facilitate rapid discharges within 1 week for half of our patient's eligible for FT.

Project	Results/Actions/Comments
Care of Dying Adults in the last days of life – IPU & Community Re-audit	Report reflecting on 2024 data showed good documentation and that in most areas there is full compliance with NICE recommendations for deaths occurring on the inpatient unit. Whilst data capture for deaths in the community will always be less complete than for those on the IPU, as contact is by nature more intermittent, compliance was also very high for this group. A selection of results from 2024 show:- Possibility of dying was discussed with either the patient or nominated person in 100% of cases in both the IPU and Community. Nominated person was notified that the patient was about to die in 100% of cases in both the IPU and Community. Participation in individualised care planning and recording of wishes was documented in 100% of cases on the IPU and 93% of cases in the Community. Preferred place of death was documented in 95% of cases on the IPU and 87% in the Community. End of life care needs were addressed via individualised care plans in 100% of cases on the IPU and 87% of cases in the Community. Regular review of the individualised care plan was evident in 100% of cases on the IPU and 92% of cases in the Community. Evidence that the patient and nominated person were involved in discussing the individualised plan of care was evident in 100% of cases on the IPU and the Community. Assessment of needs such as agitation/delirium, dyspnoea/breathing difficulty, nausea/vomiting, pain, noisy breathing/death rattle, bladder function, bowel function, pressure areas, hygiene requirements, mouthcare, anxiety/distress, emotional/psychological, social and practical were evident in 100% of cases on the IPU. Assessment of needs such as dyspnoea/breathing difficulty, pain, bladder function, bowel function, social and practical were evident in 100% of cases in the Community. Anticipatory prescribing was evident in 100% of cases on the IPU and 93% in the Community. Indications of medication usage included in the prescription was evident in 100% of cases on the IPU and 100% in the Community. Patients' hydration status was assessed daily once the dying phase was recognised in 100% of cases on the IPU and 83% in the Community. Discussion with either the patient or nominated person about the risks and benefits of hydration options once the dying phase was recognised was evident in 86% of patients on the IPU and 100% in the Community. Patients were supported to drink as long as they were able was evident in 100% of cases on both the IPU and the Community. Discussion with either the patient or nominated person about the risks and benefits of nutrition options once the dying phase was recognised was evident in 95% of patients on the IPU and 83% in the Community. Patients were supported to eat as long as they were able was evident in 100% of cases on the IPU and 90% in the Community. The extent to which the patient wished to be involved in decisions about their care was evident in 100% of cases in both the IPU and the Community. Assessment of capacity to be involved in the end of life care planning was evident in 100% of cases in both the IPU and the Community.

Project	Results/Actions/Comments
Use of Abstral on the IPU	Audit of a small cohort of eligible patients showed 100% compliance with correct indication for use and all patients were already appropriately established on opioids, with prn IR opioid doses prescribed and tried first Abstral titration was appropriately performed by drug administrators Discrepancy in how abstral is prescribed and what is entered for frequency, maximum dose, and free text comments required learning outcome to standardise approach.
Use of CSCIs on the IPU	The results of this audit in 2024 demonstrate prescribing practice in keeping with the hospice standards as set out in policy, with syringe pumps started for appropriate clinical reasons, at appropriate starting doses, with evidence of careful and considered titration of medication taking into account PRN requirements, clinical review, alongside patient and those important to them preferences. The main area identified for improvement is around the consistent and explicit documentation on the EMIS EPR of communication had with patients and those important to them around starting and titrating syringe pumps, as well as documenting if the SRH written information leaflet on syringe pumps has been offered.
DNACPR Audit	2024 re-audit showed evidence of good practice with 100% compliance with Standard 1, 75% compliance with Standard 3 and 90% compliance with Standard 4. There remains improvement required with Standard 2's 42% compliance. While the discussions about DNACPR decisions are taking place, it is not fully reflected in the documentation on EPR and sometimes less so on the DNACPR forms. The medical team completing the DNACPR forms can be at different levels of training and experience from GP trainees to consultants. Nevertheless, everyone is reminded of the importance in ensuring that the hard copy DNACPR is completed as accurately as possible, ensuring all the sections are filled in appropriately. It was evident that sometimes, the start of completion of the DNACPR forms occurs prior to the patient's arrival on the IPU and may risk not being completed fully after the discussion with the patient. It is important not to confuse a previous hospital or community DNACPR form as an advanced directive not to have CPR.
Psychological Support Services (PSS) Survey	2024 saw the second year in using a feedback questionnaire for the clients receiving a psychological support service from St Raphael's Hospice i.e. counselling/psychotherapy or social work support. Overall satisfaction with the service across 10 criteria achieved 96% compliance with 100% of participants recommending the services to others. The survey supports the maintenance and development of the counselling services offered to patients and those important to them

Project	Results/Actions/Comments
VOICES Survey	The National Survey of Bereaved People (VOICES, Views of Informal Carers – Evaluation of Services) collects information on bereaved people's views on the quality of care provided to a friend or relative in the last 3 months of life. The survey was commissioned by the Department of Health in the NHS in 2011. Nationally, VOICES data provides information to inform policy requirements, including the End of Life Care Strategy, that promote high quality care for all adults at the end of life The information given in response to the survey supports us to improve people's experiences of care at the end of life. Results in 2024:- Responses to the questions on the care and environment provided in the inpatient ward (IPU) are overwhelmingly positive, with all respondents agreeing that help with personal care and nursing care met their requirements and all but one agreeing that the environment respected the patients' privacy. Definite assertion of the adequacy of inpatient emotional support increased to 91% in 2023/24 from 2023's 74% and definitive assertion of the adequacy of inpatient religious/spiritual support has increased to 80% from 2023's 69%. Definite assertion that symptoms other than pain in the IPU had been definitely or to some extent relieved has decreased to 96% from 100%. Pain relief in the IPU, reported to have been relieved completely either, 'all of the time' or 'some of the time', has increased slightly to 100% from 86%. Keeping family members always informed of the patient's condition was considered met for 79% from 68%. Always treating patients with respect and dignity was considered highly for both doctors and nurses at 93% from 95% for nurses and at 100% from 100% for doctors. A larger proportion of respondents regarded that being able to stay overnight in the Hospice was important – 68% from 41%. Maintained numbers that considered they had definitely received enough emotional support as an inpatient – 86% from 86%. Respondents were asked to rate care given to the patients by doctors and nurses on admission to the IPU. Taking 'exceptional' and 'excellent' together there is an increase to 100% from 90% for doctors and an increase tp 96% from 95% for nursing staff. Regarding the food provided on the IPU, 'exceptional' and 'excellent' ratings combined increased to 59% from 42%. 97% of respondents rated the patient bedroom as 'Excellent' from 86%. Overall, care provided by the Community Palliative Care Team was considered as either 'Exceptional', 'Excellent' or 'Good' by 97% from 95%% in the previous bi-annual report. The proportion of respondents that considered contact from the bereavement team was either definitely helpful or helpful to some degree has increased to 83% from 75%. Responding to the Friends & Family question, *77%* rated the Hospice as 'Outstanding', 21% rated the Hospice as either 'Very Good' or 'Good', 0% 'Neither Good Nor Poor' and 2% rated it as either 'Poor' or 'Very Poor'.

3.2.2 Risk Management

Project	Actions
Non-patient Accidents & Incidents	100% of reported non-patient accidents or incidents showed evidence of action taken consequential to occurrence. The number of reported non-patient incidents/accidents has decreased in 2024, with a 53% reduction in events on the main site and 20% reduction in reported events in Retail. Incidents of theft remain the most common incident in the Hospice Retail environments despite the vigilance of staff and volunteers, signage and CCTV being in place. There were no non-clinical incidents nor accidents that required report to the CQC in 2024.
Clinical Incidents & Near Misses	A 3.7% decrease in reported incidents in 2024 overall maintains the embrace and use of the electronic incident reporting system alongside a low threshold reporting culture and the value associated with our potential to learn. In 2024, medication incidents constituted 17% of all clinical incidents (c.f. 34% in 2023). In 2024, pressure ulcers on admission constituted 18% of all clinical incidents (c.f. 17% in 2023). The patient fall rate in 2024/25 per 1000 bed days was 10.82 (c.f. 6.81 in 2023/24 and 8.26 in 2022/23 and injurious falls in 2024/25 was 2.44 (c.f. 1.02 in 2023/24 and 2.41 per 1000 occupied bed days in 2022/23).
CQC notifications	In 2024/2025, there were 24 serious injury notifications all relating to pressure ulcers of which 15 were identified upon admission and 6 safeguarding notifications made.
Continuous Improvement Log	In compliance with information governance requirements to log information incidents, 20 incidents were recorded in our information governance continuous improvement log in 2024/2025.
Subject Access Requests under the Data Protection Act 2018 or Requests made under the Access to Health Record Act 1990	In 2024/2025, there was 1 access request received under the Access to Health Record Act 1990.

3.2.3 Clinical Effectiveness

Clinical policy and guidelines

Clinical policy and guidelines are incorporated into the central system of policy document management. As with all policy, review lead ownership is attributed to individual members of the multi-disciplinary team.

There were 28 clinical policy/guideline reviews in 2024/25:-

CLINICAL	TITLE	ISSUE DATE
CLIN02	Care after Death	14/05/2024 07/01/2025
CLIN03	Clinical Audit Policy	19/12/2024
CLIN04	Clinical Governance Strategy	23/05/2024
CLIN08	Infection Control	22/05/2024 16/09/2024

CLINICAL	TITLE	ISSUE DATE
		08/02/2025
CLIN09	Referral to Hospice Services	13/09/2024
CLIN15	Deprivation of Liberty Guidelines	07/05/2024 07/02/2025
CLIN26	Generic Drugs	14/05/2024
CLIN34	Nutrition and Hydration Guidelines	28/05/2024
CLIN47	Being Open (Duty of Candour) Policy	17/12/2024
CLIN48	Community Services' Operational Policy	19/12/2024
CLIN52	Managing Covid 19	22/05/2024 16/10/2024 18/02/2025
CLIN53	Implantable Cardiac Defibrillator Guidance	28/05/2024
CLIN55	'Wills' on the Inpatient Unit Guidelines	06/01/2025
CLIN56	Chaperone Policy	10/07/2024
CLIN57a	Flow Chart for Community Prescribing at the end of life	16/08/2024
CLIN58	Use of the MAAR Chart for subcutaneous and intramuscular medication in the community	10/12/2024 26/02/2025
CLIN59	Prescribing Palliative Home Oxygen	30/07/2024
CLIN68	Cannabis based medical products policy	17/04/2024
CLINSOP08	Using Phase of Illness and the Australian Karnofsky Performance Scale Index – integrating OACC step 1	10/06/2024
CLINSOP09	Safe and secure Management of NHS Prescription Stationary	07/01/2025
CLINSOP31	IPU patient death with no NOK	07/01/2025

Education

Education and staff development is an on-going activity and is vitally significant to the care delivered at St Raphael's. There is a considerable amount of education delivered across all service areas. Education and training is delivered by the Education Team, SRH staff and external trainers. Employees are supported to apply for additional external courses, workshops and conferences. Whilst not an exhaustive list, education and training delivered in 2024/2025 included:

SRH team training (education and training available for all members of the SRH team, clinical and non-clinical, as appropriate)

- Equality, diversity and inclusion
- Industrial Manual Handling
- Food Hygiene
- First Aid at Work
- Sage & Thyme communication training
- Advanced Communications Skills Training

Clinical team training

- Manual Handling of patients
- Equality, diversity & inclusion
- Conflict Resolution
- Non-Medical Prescribing Update

Nursing team training

- Verification of Adult Expected Death
- Tracheostomy care
- HCA second checker of controlled drugs
- Training in support of clinical competencies e.g. management of syringe pumps, administration of medicines
- Medicines management IPU and CPCT
- Catheterisation training
- HCA Clinical Study Day
- IPU Clinical Study Day

Training for external healthcare professionals (available for SRH clinical staff)

- Palliative care ‘Masterclass’ – attended by 10 external and 2 internal clinicians
- Non–Medical Prescribing (NMP) Update - facilitated by the Education Team and the NMP Lead. Attended by both 4 internal and 6 external non -medical prescribers
- Advanced Communication Skills Training - facilitated by the Education Team. Attended by 4 internal and 2 external healthcare professionals
- Presentations on Palliative End of Life Care and Communication Skills by Education Team to post-graduate health science students undertaking MSc Palliative Care at City, St Georges
- End of Life: Sensitive conversations and planning ahead - monthly sessions for care home staff in Sutton and Merton, to facilitate advance care planning. Facilitated by the Education Team
- The Hospice supports placement requests from the wider healthcare community including undergraduates, District Nurses, Paramedics, Clinical Nurse Specialists and GPs
- Verification of Expected Adult Deaths - 2 external participants
- Prison Project: support for end of life care and bereavement – 2 sessions presented by Education team and Psychological Services Lead

Medical team Journal Clubs

- New UK palliative medicine consultants: clinical and non-clinical preparedness after higher specialty training
- Update on heart failure management’ from APM Hospice Medical Updates Day
- Psychological well-being of hospice staff: systemic review
- Efficacy and safety of subcutaneous clonidine for refractory symptoms in palliative medicine :a retrospective study
- Spinocerebellar ataxia
- End of life decision making when home mechanical ventilation is used to sustain breathing in MND: patient and family perspectives Wilson et al, BMC Pall Care (2024) 23:115
- Anticipatory prescribing in community end-of-life care Charlotte Lee, Theresa Tammy Tran, Joy Ross BMJ Supportive & Palliative care 2024:14:353-357.
- Bleeding management in palliative medicine – SC Tranexamic Acid
- Avoiding / reducing hospital admission in Palliative Care
- How to navigate conflict with a coworker.
- Mindfulness to enhance Quality of life and support Advance care planning: a pilot RCT for adults with advanced cancer and their family caregivers BMJ Pall Care (2024) 23:232

- SC Sodium Valproate: systematic review Pall Med 2024, vol 38(4) 492-497
- NHS England webinar on leadership

Schwartz Rounds

June 2024 – ‘Resilience in the face of adversity’	July 2024 – ‘Looking after me’
September 2024 – ‘Extra miles we have walked’	October 2024 – ‘Tales of the unexpected’
December 2024 – ‘A sense of belonging’	February 2025 – ‘A sudden change of direction’

3.2.4 Mandatory Training

Mandatory training remained a priority in 2024/2025. All staff and volunteers at St Raphael’s undertaking specific roles are required to complete mandatory training. The majority of mandatory training is delivered electronically via the Bluestream Academy (BSA) platform. BSA provides a wide range of modules, enhancing our reporting and awareness of organisational compliance. E-learning across the required mandatory training is complemented by ‘hands-on’ training as the topic requires. Mandatory training in 2024/2025 included the following topics:

E-learning

- Basic Life Support including
- Anaphylaxis awareness
- Basic Life Support theory
- Information Governance
- Dementia Awareness
- Duty of Candour
- Equality & Diversity
- Falls Awareness
- Fire Safety
- Health, Safety and Welfare
- Infection prevention & control for clinical staff
- Infection prevention & control for non-clinical staff
- Safeguarding for adults and children
- Prevention of radicalisation

- Oliver McGowan mandatory training on learning disability and autism
- Lone Worker
- Manual handling clinical and non-clinical
- Medical Gases
- Mental Capacity Act
- Deprivation of Liberty Safeguards

Supplementary Hands-on training

- Basic life support
- Manual handling practical

In addition to education and training listed above, the following training is planned for 2025/2026:-

- Palliative Care Masterclass
- Advanced Communication Skills Training
- Advanced Communication Skills refresher
- Sage & Thyme communication training
- Conflict resolution
- Verification of Expected Adult Death
- Management of sub-cutaneous syringe pumps
- Non - Medical Prescribing Update
- Medicines Management for nursing teams
- HCA Second Checker Controlled Drugs
- Digital MDT Journal Club - bi-monthly and available to all clinical staff
- *The Education Team support nursing staff with their revalidation process*

3.2.5 Clinical Research : See 2.4 Participation in clinical research.

3.2.6 Complaints Management

In 2024/25, there were 18 complaints received: 4 clinical and 14 non-clinical. All have been investigated by a member of the Executive and reviewed by the Hospice Board of Trustees. All complaints received in 2024/25 have been closed.

3.2.7 User Feedback

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

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

Feedback on the services provided and experienced is regarded highly at St Raphael's. User feedback is embraced as a spoke of the continuous quality improvement that the Hospice seeks to achieve. Actions arising from feedback either through survey or other route continue to inform plans amongst which are service re-design, development of literature, policy and stewardship arrangements alongside improved forms of communication and engagement.

The Hospice User Group (HUG) contributes to the content of the Hospice's patient and carer information.

3.2.8 Information Governance

Compliance with the NHS Digital Data Security and Protection Toolkit supports St Raphael's in its commitment to respect the confidentiality, integrity and availability of its information. There is an annual responsibility for the Hospice to ensure that evidence of compliance is accurate and up to date. Consequential to the Hospice's adequate demonstration of its compliance with the NHS Digital Data Security and Protection Toolkit is its facility to engage with the electronic Health and Social Care Network. With the patient's consent, engagement with the Urgent Care Plan allows for the secure inputting of patient identifiable data on to the patient electronic care record at the end of life.

3.2.9 Organisational Development

At St Raphael's Hospice, we are dedicated to continuously improving and adapting to meet the evolving needs of our community in Merton and Sutton. We strive to provide the highest quality palliative and end-of-life care possible, despite the challenges posed by needing to raise most of our funds through charitable means.

We aim for excellence in all aspects of our work—whether it's delivering compassionate clinical care, engaging in fundraising efforts, or managing our retail activities. We recognise that our reputation

reflects how we operate day-to-day, and we genuinely value all feedback as it helps us improve and serve our community better.

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

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

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

Extensive consultation with managers constitutes the annual management planning process that feeds into the Quality Account.

The Quality Account has been derived from the management planning process and the business of the Hospice's governance committees.