Royal Trinity Hospice
Living every moment

Quality Account 2018-19
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APPENDIX: SUMMARY OF CLINICAL AUDITS
This is my sixth year as Chief Executive of Royal Trinity Hospice and I am incredibly proud that quality continues to be the cornerstone of everything that Trinity does.

The past year has been a really exciting one at Trinity with many initiatives, projects, and innovations which have supported our strategic intentions, strengthened our vision and mission, and have stayed true to our values.

The priorities we set ourselves last year are now embedded in our day to day work, and the introduction of our Quality Dashboard now enables us to collect, analyse and use data in a consistent and informative way; clearly demonstrating areas where we have improved and areas we still want to work on.

We have introduced more link and champion roles across diagnostic and clinical effectiveness and safety areas, gained more understanding of the end of life care needs of our homeless community, and continued to work with patients and their families to improve their experience.

The launch of our Team Around the Patient (TAP) pilot service in the community has been an extraordinary challenge but is already demonstrating a positive impact for patients and staff alike. We are undertaking a robust evaluation of the pilot which will inform our decision making for the potential rollout of this model.

Our ongoing commitment to our staff and volunteers was rewarded with being awarded Investing in Volunteers again, level 1 Investors in Diversity and a place in the top 100 organisations as compiled by the National Centre for Diversity.

We will not be resting on our laurels in the coming year and have our sights set on further improving patient and family experience of care, our clinical effectiveness, and our support and development of staff and volunteers. This year we will also strengthen our role as a leader in the sector by becoming more active in research activities, and will address the area of biggest concern to our patients and families; leaving the hospice inpatient unit.

I am confident that the staff and volunteer experience at Trinity will continue to improve, especially as we welcome FREDIE (fairness, respect, equality, diversity, inclusion and engagement) to the Trinity family.

This Quality Account sets out our priorities for quality improvement for next year and reviews our performance last year. Our team of senior managers has been closely involved in this review and in developing the measures, which have been endorsed by our Trustees. It is to the best of my knowledge an accurate description of quality at Royal Trinity Hospice.
Strategic intentions 2018-21

Our strategy seeks to respond to the increasing demand for palliative and end of life care and to ensure that we are able to expand our reach to meet the needs of our community. We strive to strengthen our relationships with the community we serve whilst also securing a stable financial platform to enable us to extend our reach, both directly and indirectly.

In 2017, our Board of Trustees and Executive team approved three strategic intentions for 2018-2021, which set the priorities for development during this period.

1. **Better demonstrate our impact to evidence all the ways in which we make a difference**

   • Develop a way to collect and display the range of outcome and output measures we collect, linked with patient and carer stories, to show the breadth and depth of our work.
   • Use the framework to demonstrate our impact to funders, our community, supporters, donors and anyone with an interest in Royal Trinity Hospice’s work.
   • Evolve the impact framework over time and add measures to demonstrate impact on our community, such as support for volunteers in our shops and in the hospice, as well as patient care.

2. **Ensure sustainable funding to have the money to deliver services in the long term**

   • Grow retail income and profit, through making better use of our current charity shops estate, and to expand the number of outlets we hold. Our target is to grow profit by 50% by the end of the three year period.
   • Invest in fundraising to develop a range of new community and in memory giving activities, with a target of raising six-figure annual revenue in the years to come.
   • Grow overall fundraising to increase contribution by 30% over the period, expanding the major donor programme and securing funding for the development of community services.

3. **Develop and invest in community services to reach more people and respond to the increasing demand for our care**

   • Pilot a new model of community services – the Team Around the Patient (TAP) – based on integrated team working, a single point of contact for patients and families, and use of a wider staff pool.
   • Commission an external evaluation of the TAP pilot to ensure a robust assessment of the costs and benefits of the pilot.
   • Incorporate lessons learned from the pilot in decisions to remodel community services across the hospice catchment area.
To support our strategic intentions, we will continue to modernise and develop the organisation and its workforce. Over the next three years we will:

- ensure Trinity recruits and retains well-qualified and well-supported staff and volunteers to deliver our services, securing reaccreditation of Investing in Volunteers and our status as a London Living Wage employer.
- strengthen our appraisal system to support staff development and retention and ensure individuals’ objectives reflect the organisation’s strategic intentions.
- strengthen our commitment to FREDIE (fairness, respect, equality, diversity, inclusion and engagement) by raising awareness and involvement across the organisation as we work towards achievement of Investors in Diversity stage 2.

While we are ambitious for the next stage of development, we will not sacrifice delivery of our core services. The focus of the strategic plan is to grow the capacity of the hospice to support more people in the future, but during this period we will continue to ensure we give outstanding compassionate palliative and end of life care to our patients and their families on a daily basis.

Whether in our 28 bed inpatient unit, or accessing care on an outpatient basis or in their own homes, at any one time over 700 people are cared for by Trinity. We provide emotional and psychosocial support to patients’ families and friends who need us, both alongside our care for patients, and through bereavement support.
PART TWO:  
PRIORITIES FOR IMPROVEMENT 2019-20

Our priorities for improvement for 2019-20 build on the work we have outlined in our strategic plan and develop work that has already started. When setting our improvement plan we have considered the CQC Key Lines of Enquiry of Safe, Effective, Caring, Responsive and Well-led in addition to our own strategic intentions.

Priority one: demonstrating our impact

Ensuring that we provide patient-led, effective holistic care that meets the individual needs of our patients is central to our ethos of “living every moment”. We already utilise the Outcome Assessment and Complexity Collaborative (OACC) suite of measures, as well as other validated tools. We want to ensure we use them systematically so we can demonstrate our services are effective and meet the priorities of our patients and those close to them.

We will:
• redesign our weekly Interdisciplinary Team (IDT) meetings to focus on addressing the patient’s priorities identified in iPOS question one “what have been your main problems or concerns over the past 7 days?”.
• use OACC and other measures such as Carer Support Needs Assessment Tool (CSNAT) to measure changes and demonstrate effectiveness of care.

We will use this information to identify the impact of our care.

Priority two: patient experience

We take great pride in providing compassionate, person-centred care for our patients and those close to them, and we receive positive feedback through cards, letters and comments. We regularly seek the views of patients and those who are bereaved through questionnaires but our response rate is low. We want to increase responses to be sure we are meeting the needs of as wide a range of services users as possible.

We will:
• review evidence and best-practice guidelines to identify ways to increase response rate to user surveys.
• work with the Trinity Patient Forum and Friends and Family Involvement Group to get their views on how to gather feedback.
• explore the use of digital methods to gather information about user experience.

We will record the response rate with the aim of increasing it by 100%.

Priority three: transfer of care

Many of our patients come to the inpatient unit (IPU) for a short period of time for the management of their symptoms and then return home. However, preparation for discharge can be a difficult time for patients and those close to them. A recent thematic analysis of complaints
and concerns relating to the IPU showed that the majority were related to planning for transfer of care.

We will improve our communication about transfer of care from the IPU for patients and those close to them.

We will:
- change the terminology we use, from ‘Discharge’ to ‘Transfer of Care’ so that people know that they will continue to be supported by the hospice when they are at home.
- develop our patient information resources about transfer of care.
- develop our staff’s communication skills to enable them to lead potentially difficult conversations about transfer of care with patients and their families.

We will review the impact of this work by assessing feedback from complaints, concerns and compliments.

Priority four: research active hospice

Palliative care is a relatively young medical speciality with a growing evidence base. We have been involved in research undertaken by other organisations and now plan to become more research active. We are developing our links with the Cicely Saunders Institute and with the Clinical Research Network for South London.

We will become more research active and contribute to the evidence through high quality research in palliative care by:
- establishing our own Research Committee which will oversee, manage and promote research at the hospice. We will increase the number of high quality studies that we participate in and, most importantly, design and develop our own studies.
- working with the Clinical Research Network for South London and utilising NIHR funding of a hospice research nurse to support research studies.
- we will promote a culture of evidence-based practice and improve attendance and participation at our journal club.

We will be a recruiting site for at least two portfolio research studies in 2019/20.

Priority five: developing our staff and volunteers

Our staff and volunteers are central to ensure we meet our strategic intentions. Their development is critical to ensuring high quality palliative and end of life care for our patients and those close to them.

We will build on work that was started in 2018/19 to ensure all staff have the necessary skills to deliver outstanding compassionate care by:
- rolling out the Hospice Competency Framework in Patient Services.
- developing an education programme that is accessible, interactive and innovative, meeting the varied needs of our staff and volunteers.
- raising awareness of FREDIE (fairness, respect, equality, diversity, inclusion and engagement) through a programme of workshops and other events for staff and volunteers across the organisation.

We will analyse awareness of FREDIE among our staff through the Investors in Diversity Action Plan.
PART THREE: STATEMENTS OF ASSURANCE

Review of our services

The following is a series of statements that all providers must include in their Quality Account.

During 2018/19 Royal Trinity Hospice provided palliative and end of life care services to people in our catchment area in central and south west London (in the borough of Wandsworth, and designated parts of the boroughs of Kensington & Chelsea, Westminster, Lambeth, Merton, Richmond and Hammersmith & Fulham).

These services include inpatient, outpatient, community and bereavement services. Our lead NHS commissioner is Lambeth CCG, which coordinates our NHS contract for the provision of specialist palliative care on behalf of seven CCGs.

We regularly measure our performance against national, local and internal performance standards. These objective measurements demonstrate that Royal Trinity Hospice continued to provide safe, effective and efficient specialist palliative care services.

Number of patients supported

2018-19 saw an increase of 5% of total patients supported compared with 2017/18.

- We supported 2,476 patients including 427 people with dementia
- We cared for 2,080 patients in the community
- We cared for 396 patients in our inpatient unit, a total of 8,197 bed days
- 304 outpatients attended over 3,000 outpatient sessions
- Our community nursing team made 29,435 phone calls
Funding

We receive 25% of our income from the NHS and have to raise £10.5 million every year through fundraising and our 32 charity shops, to supplement our NHS funding.

Incidents

The hospice participates in Hospice UK benchmarking for pressure ulcers, falls and medicines management incidents. During 2018/19 we were realigning our mechanism for data capture to ensure accurate comparison of data. The hospice Clinical Risk Management group reviewed all clinical incidents on a monthly basis to identify trends and monitor actions plan.

All incidents (clinical and non-clinical) are recorded on the hospice incident reporting system OSHENS.

Clinical incidents (and near misses) are reviewed monthly by our Clinical Risk Management Group and non-clinical incidents at the Health and Safety Group. This ensures that incidents and trends are investigated appropriately. The incidents are also reviewed quarterly by our Trustees at the Board-led Patient Services Committee.

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Red</th>
<th>Amber</th>
<th>Green</th>
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<tbody>
<tr>
<td>Clinical incidents</td>
<td>0</td>
<td>5</td>
<td>433</td>
</tr>
<tr>
<td>Health and safety incidents</td>
<td>0</td>
<td>7</td>
<td>26</td>
</tr>
<tr>
<td>RIDDOR - reporting of injuries, diseases and dangerous occurrences regulations report</td>
<td>1</td>
<td></td>
<td></td>
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</tbody>
</table>
Pressure ulcers

34 pressure ulcers were acquired in the IPU, of which 6 were category 3 and none were category 4. The majority of pressure ulcers acquired are judged to be unavoidable in relation to the patient’s condition and phase of illness. All patients are reviewed on a daily basis at the very minimum and pressure area plans of care are implemented to minimise pressure area breakdown.

Very occasionally a patient may be unwilling to use the suggested equipment e.g. pressure-relieving mattress or cushion, which can increase their risk of pressure area breakdown. Everything possible is done to ensure patients understand the rationale for use and to support their decision-making.

Medication errors

A total of 146 medication errors were recorded with causes including administration error, adverse drug reaction, contraindicated medication, incorrect CD recorded, omitted/ delayed medication and prescribing errors. They were graded as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition and example</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No harm; incident prevented</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>For example: wrong dose prescribed but noticed before dose given to patient</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>No harm; incident not prevented</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>For example: wrong dose given or dose missed but no adverse effect on patient, equipment failure</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low harm</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>For example: Opioid dose given too high and required observations and but no adverse effect on patient</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderate harm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>For example: Opioid dose given too high and patient became opioid toxic requiring naloxone</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Severe harm</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
</table>

Careful monitoring of medication incidents showed a rising trend during the early part of 2018/19. A programme of staff education and training was put in place with subsequent sustained reduction in the number of medication incidents during the year.
Listening to patients and families – complaints, concerns and compliments

Patient and family views
We are always keen to hear the views of those who use our services to help shape our future direction. We use feedback from surveys and feedback cards as well as compliments, concerns and complaints to gather information. We also run regular user groups (Trinity Patient Forum and Friends and Family Involvement Group) to explore specific areas of our services. The groups have provided invaluable feedback on new patient information on transfer of care as well as our Team Around the Patient pilot.

Formal complaints
We received 11 formal complaints compared with 4 in 2017/18. Of these:

- 3 were upheld
- 5 were partially upheld
- 3 were not upheld

We noticed an increase in the number of complaints received in comparison to previous years. We were keen to understand these complaints and a thematic analysis of complaints was completed. A Complaints Group (reporting to the Clinical Risk Management Group) has been set up to ensure learning from complaints is identified and implemented.

In addition to formal complaints we recognise the importance of feedback in the form of concerns raised by patients or those close to them. Such concerns may be raised through feedback on surveys or in conversations with any member of staff. We investigate concerns and report learning and action plans to the Clinical Risk Management Group.

Listening to staff
We are committed to seeking and responding to the views of our staff and volunteers.

All staff and volunteers are invited to complete the Annual Staff Survey and our CEO runs a series of Open Briefing sessions throughout the year. We also undertake exit interviews with staff leaving the organisation.
As a provider of specialist palliative care, Royal Trinity Hospice was not eligible to participate in national clinical audits and national confidential enquiries as they did not relate to specialist palliative care.

**Participation in local clinical audits**

Compliance with hospice policies and guidelines is monitored by the Clinical Audit Group which oversees the completion of all audits as scheduled in the annual audit calendar, to ensure timely completion and that action plans are in place.

During this year we undertook 33 clinical audits to help us systematically assess the effectiveness of our compliance with national, local and internal good practice guidelines. The audits were monitored by our Clinical Audit Group and the results shared with our clinical teams and the Board via the Patient Services Committee. All audits result in an action plan, with a named lead and timeframe included (see appendix summary of audits 2018/19).

**Research**

In 2018/19 the Audit and Research Group reviewed proposals for research and we agreed to participate in the following:

- Exploring practitioner experience of using the Attitude to Health Change (AHC) tools with patients and family carers in hospice settings (Lancaster University).
- Accessing medicines at the end of life (Universities of Southampton, Leeds and Bradford. NIHR research project).
- The benefits of colouring in (University of Surrey).
- A thematic analysis of how formal palliative carers talk about the impact of counselling (University of Northampton).

As noted earlier in this report, we have now formed a separate Research Committee to meet our commitment to become more research active in 2019/20.
The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services. The hospice income is not conditional on meeting our CQUIN targets however we work with our commissioners to identify CQUINS in agreed areas.

In 2018/19 we agreed 2 CQUINS with our commissioners:

**1. Preferred Place of Death (PPD)**

At least 95% patients, seen face to face in the IPU or by the community nursing team, will have a recorded PPD or a reason recorded why this is not possible by the end of 2018-19.

- **Target:** 95%
- **Achieved:** 100% compliance

**2. Bereavement support**

At least one family member/carer of each patient who dies will be offered bereavement support via written communication, in at least 95% cases by the end of 2018-19.

- **Target:** 95%
- **Achieved:** 88% compliance

Despite concerted efforts to increase records of addresses for family members/carers we did not achieve 100% compliance with the target. Our electronic patient record has been adapted to support increased data capture and we will develop a further CQUIN around bereavement support for 2019/20.
We want patients to receive care from staff who routinely deliver effective palliative and end of life care, both here at Trinity and in our wider health and social care community. We undertake extensive informal teaching and mandatory training and in addition we support staff to attend formal learning and development programmes.

In 2018/19 we ran a programme of 11 workshops covering a range of aspects of end of life care including Advance Care Planning, Introduction to End of Life Care, SAGE and THYME training, Last Days of Life and Legal Aspects of Death and Dying. These workshops are available to those working or volunteering at Trinity and to those in the wider health and social care community.

### Royal Trinity Hospice staff

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Professional staff completed external clinical courses</td>
</tr>
<tr>
<td>8</td>
<td>Support staff undertook nationally accredited vocational courses</td>
</tr>
<tr>
<td>6</td>
<td>Staff undertook leadership and management training</td>
</tr>
<tr>
<td>198</td>
<td>Staff and volunteers attended workshops on different aspects of end of life care</td>
</tr>
</tbody>
</table>

### External staff in our local health and social care community

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>External staff attended our workshops in different aspects of end of life care</td>
</tr>
</tbody>
</table>

### Students supported on placements at Trinity

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Nursing students, including returning to practice nurses who came for 4 or 6 weeks</td>
</tr>
<tr>
<td>395</td>
<td>Medical students (placements varied from part days to two weeks)</td>
</tr>
<tr>
<td>9</td>
<td>Physiotherapy, occupational therapy, art therapy and counselling students</td>
</tr>
</tbody>
</table>

In addition to our workshop programme we have many others professionals in training who come to Trinity for a day or two as well as groups of overseas visitors exploring hospice care in the UK.
Trinity is registered with the CQC to provide treatment of disease, disorder or injury. We are subject to periodic reviews and have consistently been compliant with their health & social care standards.

We meet with our local CQC Relationship Manager every 6 months. These meetings include a review of each of the CQC Key Lines of Enquiry (Safe, Effective, Caring, Responsive and Well led) and provide an opportunity for discussion and support.

The CQC undertook an unannounced inspection from 15 to 16 May 2019. The outcome of this inspection will be published in July 2019.

In 2014, the CQC gave us this overall rating to reflect the quality of service we provide to patients and their families:

![Overall rating chart]

Data security and protection toolkit

We completed the NHS Digital Data Security and Protection Toolkit for 2018-19 as a registered charity/hospice organisation. We were pleased to achieve a self-certification level of Standards Exceeded in compliance with National Data Guardian’s (NDG) data security standards.

In 2018-19, we also achieved our Cyber Essential Plus certification. We continue to monitor our processes in line with the Data Protection Act 2018 and publish our legal reason for processing and privacy policy (www.royaltrinityhospice.london/privacy).

Our Information Governance Group ensures we consistently meet national requirements and oversees the implementation of new policies and training.
PART FOUR: REVIEW OF 2018/19 IMPROVEMENT PLAN

A review of 2018/19 improvement plan priorities.

Review of priority: patient safety

We planned to:

- develop a system where members of our clinical team take responsibility for specific areas of practice to ensure we adhere to current best practice guidance.
- develop champions to lead on fundamental areas of practice, such as pressure areas, nutrition and infection control. They will lead the delivery of safe practice and monitor our compliance with national standards.
- develop experts in specific areas of clinical practice. They will have expert knowledge available to advise other members of the clinical team. The role will also involve teaching, audits and writing clinical guidelines.

We now have specific inpatient unit (IPU) and community staff designated as link nurses between their team, other hospice clinicians and external professionals within their specified area of interest. These areas include (but are not limited to) nutrition and swallowing; infection control; Motor Neurone Disease; organ failure; Multiple System Atrophy & Progressive Supranuclear Palsy; Parkinson’s Disease; and Multiple Sclerosis. In addition specific members of the team have interests in end of life care for homeless people in our community (see further information below).

Link nurses work to increase awareness around their specific area of interest including teaching and leading audits, therefore facilitating best practice in their designated area.

In addition, a special interest group has been convened to lead the implementation of Rehabilitative Palliative Care across the hospice. Benchmarking with Hospice UK has taken place so that we can identify key areas for development in 2019/20 and audit changes in practice.

Review of priority: clinical effectiveness

We planned to:

- better demonstrate all the ways in which we make a difference to patients and the people important to them. This will involve integrating a suite of existing and new qualitative and quantitative measures, such as activity levels, incidents, audits, patient experience and satisfaction.
- participate in phase two of the national “Patient Experience of Care Project” so that we can benchmark our services against other organisations.

We have developed a quality dashboard which is updated and analysed monthly so that we can identify and monitor a range of quality indicators. These include the number and type of clinical incidents and near misses across all our services; the number of complaints and concerns raised; the number of compliments received. This year, monitoring of trends in medicines management incidents resulted in
focussed teaching on our inpatient unit with a subsequent reduction in the number medicines management incidents.

We participated in the Patient Experience of Care project (Nuffield Department of Medicine, University of Oxford) as one of 18 test sites in phase two. We adapted our “What You Say Matters” survey to capture the experience of bereaved people whose friend/family used our services and will continue to explore a variety of methods to capture user feedback.

Review of priority: patient experience

We planned to:

• adapt our services to accommodate the growing demand for specialist palliative care. One of the ways we hope to do this is through an innovation we have called Team Around the Patient (TAP). The project will involve a team of different professionals working together around a single patient. They will hold a single caseload and deliver a jointly agreed care plan. We hope this will mean more patients can be seen with the same resources, and patients and their families will have a simpler, more seamless experience of navigating care within Trinity.

The Team Around the Patient (TAP) was launched in September 2018 with a 9 month pilot phase.

We are currently undertaking a robust evaluation of the pilot which will inform our decision making for the potential rollout of this model.

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Review of priority: improving the lives of staff and volunteers

We planned to:

• develop a competency framework for clinical staff that accords with national professional guidance for specialist palliative care. We want the framework to encompass all levels of clinical staff.
• develop a local certificate in specialist palliative care for the different levels of staff at Trinity.
• achieve reaccreditation of the Investors in Volunteers award. Renewal of the award will ensure we maintain best practice in all aspects of volunteer management.

The development of our staff and volunteers is critical in ensuring high quality palliative and end of life care for our patients and those close to them.

We have developed a competency framework which will be rolled out across clinical services during the beginning of 2019/20. The framework builds on discipline-specific competencies already in place and covers the four domains of communication, leadership and management, quality and clinical practice. The framework will support the learning and development of our staff and ensure a consistent approach across clinical disciplines.

We did not develop a local certificate in specialist palliative care; the competency framework will support identification of our learning and development needs and the development of education workshops.

We rely on volunteers to support the care we give to our patients and those close to them. Investing in Volunteers is the UK quality standard for all organisations involving volunteers and is granted in recognition of the excellent work organisations do with volunteers. We were proud that we were successful in renewing our Investors in Volunteers quality standard for the fourth time. We continue to work hard to ensure that our volunteers are supported in their roles with our Volunteer Manager playing an active role in the hospice’s Education Group.
In addition to these identified priorities we demonstrated improvement in other areas, notably in our work around homelessness. We ran a very successful Homelessness Awareness Week in October 2018. Aimed at hospice staff and volunteers, we explored the impact of homelessness through virtual reality and hearing about the lived experience of homelessness including through a homelessness themed Schwartz Round. We continue to develop our links with services supporting homeless people including education and training for hostel support staff.

We had a very successful relaunch of our Schwartz Rounds to enable as many staff as possible to attend. A wider range of topics for discussion has increased the diversity of those presenting and attending. The rounds now attract around 35 staff from many areas of the hospice supporting us to deliver compassionate care in a variety of ways.
PART FIVE: BOARD OF TRUSTEES
STATEMENT FROM 2018/19

The Board of Trustees is fully committed to the provision of a high quality service at Royal Trinity Hospice.

The Hospice has a robust clinical and corporate governance structure, with members of the Board playing an active part in ensuring that Royal Trinity Hospice fulfils its mission, according to its charitable intentions and in ensuring that the organisation remains responsible and compliant in all areas of CQC registration, health and safety, employment law and other relevant legislation.

Signed

[Signature]

Dr Geraldine Walters
Trustee and Chair, Patient Services Committee

Date: 28 June 2019
The Commissioners have reviewed Royal Trinity Hospice’s Quality Account for 2018/19 and acknowledge the high standard of care provided. They welcome the specific priorities for 2019/20 as appropriate areas for continued improvement that link with clinical commissioning priorities.

Signed

Richard Croydon  
Commissioning Manager & Continuing Healthcare Lead  
NHS Lambeth CCG  
Date: 28 June 2019
## Appendix: summary of clinical audits 2018/19

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Audit title</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>Completion of the Carers Support Needs Assessment Tool (CSNAT)</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Sharps audit</td>
<td>Inpatient unit</td>
</tr>
<tr>
<td></td>
<td>Documentation of end of life care</td>
<td>Inpatient unit/Community</td>
</tr>
<tr>
<td></td>
<td>The use of CORE outcome measure (CORE-OM)</td>
<td>Patient and Family Support</td>
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<tr>
<td></td>
<td>Place of death of people under the care of the Dementia team</td>
<td>Inpatient unit/Community</td>
</tr>
<tr>
<td></td>
<td>Hand hygiene audit</td>
<td>Wandsworth End of Life Care Coordination Service</td>
</tr>
<tr>
<td></td>
<td>The impact of complementary therapy</td>
<td>Complementary Therapies</td>
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<tr>
<td></td>
<td>Quarterly controlled drug (CD) audit</td>
<td>Pharmacy</td>
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<tr>
<td></td>
<td>Safe custody of controlled drugs in transit</td>
<td>Pharmacy</td>
</tr>
<tr>
<td></td>
<td>Safer use of insulin (NPSA 13)</td>
<td>Pharmacy</td>
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<tr>
<td></td>
<td>Safer practice with high dose amps of diamorphine and morphine</td>
<td>Pharmacy</td>
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<tr>
<td>Quarter 2</td>
<td>Preferred place of death</td>
<td>Inpatient unit/Community</td>
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<td></td>
<td>Falls</td>
<td>Inpatient unit</td>
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<tr>
<td></td>
<td>Use of antimicrobials</td>
<td>Inpatient unit/Medical</td>
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<tr>
<td></td>
<td>iPOS completion rates (Community)</td>
<td>Community</td>
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<td>Wandsworth End of Life Care Coordination Service</td>
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