



# St Raphael's Hospice

## QUALITY ACCOUNT

### 2017-2018

"THE HOSPICE WAS THE ONLY PLACE WHERE MY DAD FELT COMFORTABLE AND AT EASE. THE LEVEL OF CARE AND COMPASSION WAS FANTASTIC." (2017 VOICES SURVEY)

~

"THE HOMECARE MY HUSBAND RECEIVED FROM ST RAPHAEL'S NURSES WAS WONDERFUL; NOTHING WAS TOO MUCH TROUBLE." (2017 VOICES SURVEY)



## **Part 1**

### **What is a Quality Account?**

The Quality Account for St Raphael's Hospice is a representation of critical elements of its dynamic cycle of continuous quality improvement as it strives 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 deliver an opportunity for scrutiny, debate and reflection as well as provide, the public, our regulator and our commissioners, assurance that we are routinely evaluating our services and concentrating on those elements that require the most attention.

### **St Raphael's Hospice**

St Raphael's Hospice is a voluntary organization, part of the registered charity of the English Province of the Daughters of the Cross of Liege, providing an adult end of life and specialist palliative care service to our community.

Since 1987, St Raphael's has offered the special skills of Hospice care to those facing life-limiting illness living in the boroughs of Merton and Sutton (predominantly Wimbledon, Merton, Sutton and Cheam). The service is completely free of charge and provides high quality medical and nursing care, as well as support to patients' family and friends. St Raphael's fully recognises and respects cultural, ethnic and religious differences and patients of all faiths or none, are welcome.



Medical, nursing and support staff do everything possible to maximise the quality of life of patients in an atmosphere of peace and comfort whether provided in the patient home or the Hospice Inpatient Unit. In each case, Hospice care is tailored to the individuals' needs. Services include:

- **Skilled clinical care provided by doctors and nurses**
- **Care at Home or in the Hospice**
- **The Jubilee Centre providing social and creative opportunities, as well as treatments including complementary therapies.**
- **Support for friends, family and children**
- **Pastoral care**
- **Counselling**

Costs associated with the running of St Raphael's Hospice and the services it delivers are about £5.8 million every year and we are reliant on the generosity of our local community through charity fundraising, donations and legacies to continue providing high quality care. We receive a grant of about 25% of our costs from government sources but the rest must be raised from donations and fundraising activities.

## **Statement from the Chief Executive**

The philosophy and values of St Raphael's Hospice are based on the Christian Ethos of respect for human life and esteem for the unique value of each individual. We share these values with all people of goodwill.

We welcome, respect and support patients and staff of any or of no faith and without discrimination on any other basis. We aim to meet the physical, emotional, spiritual and social needs of patients, their families and friends. Bereavement support is also offered to those who might find it helpful.

We value the contribution of each member of staff and Hospice volunteer and offer training and education in the principles of specialist palliative care, both within the Hospice and the wider community.

We serve the local community in the London Borough of Sutton and the London Borough of Merton that have a combined population of some 401,500 people.

Quality is an integral part of the services that we provide. Its assurance is communicated every 2 months to the Trustees of the Charity via our Advisory Committee through a number of reports on aspects of clinical, corporate and financial governance.

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

A handwritten signature in black ink, appearing to read "Mike Roycroft".

Mike Roycroft  
Chief Executive  
St Raphael's Hospice

## **Part 2**

### **1. Priorities for improvement 2018 – 2019**

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 2017-2018.

Effective from 1<sup>st</sup> 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 introduce 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.

The Advisory Committee has endorsed the Management Plan for 2018-2019 and considers that its top three quality improvement priorities are:

#### **Future planning priority 1 : Clinical benchmarking**

- **An improvement project to continue its support of structured comparison externally**

**Standard:** Hospice UK hosts inpatient safety benchmarking to measure the incidence of harm related to patient falls and medication errors. By engaging in benchmarking the Hospice hopes to provide assurance as to the effectiveness of existing care provision as well as identifying improvement points around aspects of care. Effective from April 2018 is the inclusion of pressure sore reporting.

**Measure:** Submission and publication via Hospice UK in 2018/2019

**Review:** Feedback via Quality Improvement Committee

## **Future planning priority 2 'What's important to me?' project**

### **– An improvement project for the Hospice's IPU**

**Standard:** To support the development of more holistic care through shifting emphasis from 'What is the matter with you?' to 'What matters to you?.'

**Measure:** Establish a project team and introduce specific developments across multiple areas that include nurse-led admissions, patient communication methods, organisation of MDTs, the role of risk assessment, handovers and understanding of 'holistic care'.

**Review:** Minuted "What's important to me" project meetings and feedback into the Quality Improvement Committee. Potential for project presentation at Conference.

## **Future planning priority 3 Clinical Dashboard**

### **- An improvement project to demonstrate progress against performance and activity markers**

**Standard:** To provide a mechanism of monitoring against a range of clinical activity and performance indicators

**Measure:** Establishment of a dashboard of key areas of clinical activity. Data output from the Hospice PAS system.

**Review:** Easy to understand dashboard accessible on the local network that feeds IPU overview and management and promotes output that heightens staff comprehension and appreciation of their inputs. Overview by the IPU Meeting and other clinical fora and feedback into the Quality Improvement Committee.

## 2. Statements of Assurance from the Advisory Committee

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 2017/2018, St Raphael's Hospice provided 5 NHS funded services:

- In-patient Unit
- Jubilee Centre Day Care
- Outpatients
- Hospice @ Home
- Community Clinical Nurse Specialist Service

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

The income generated by the NHS services reviewed in 2017/2018 represents 100% of the total income generated from the provision of the NHS funded services by St Raphael's Hospice for 2017/2018.

#### **What this means**

St Raphael's Hospice is funded via a standard NHS contract and fundraising activity. The income generated from the NHS represents approximately 25% of the overall running costs of the Hospice. The remaining income is generated through legacies and support from our generous community and shops.

## **2.2 Participation in national clinical audits and confidential enquiries**

During 2017/2018, 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 nor 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 2017/2018 can be found at section 3.2.1.

## **2.4. Participation in clinical research**

There have been no clinical research projects undertaken in 2017/2018. The number of patients receiving NHS services provided by St Raphael's Hospice in 2017/2018 that were recruited during that period to participate in research approved by the local research ethics committee was 0 (zero).

In 2018/2019, the Hospice has agreed to support a research project initiated by the Royal Marsden Hospital for patients with GI cancers recruited to the research by the Royal Marsden who die in the Hospice - 'Development of Organoids from Lethal Metastases- Gastrointestinal Tract (DONATE-GI)'.



## **2.5 Goals agreed with commissioners**

St Raphael's Hospice's income in 2017/2018 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's last undertook an announced inspection of St Raphael's Hospice on 19<sup>th</sup>, 20<sup>th</sup> & 22<sup>nd</sup> July 2016. The Hospice was assessed as fully compliant with the required standards and achieved an overall rating of GOOD.

The Care Quality Commission has not taken enforcement action against St Raphael's Hospice during 2017/2018.

St Raphael's 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 quality checks to service production of activity data
- Programme of data completion assessments that facilitate user-defined data interrogation / report production
- System design enhancements to feed the MDS and Palliative Care datasets

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 evidence to service level 2 compliance with Version 14.1 of the NHS Information Governance Toolkit in March 2018.

## Part 3

### 3. Quality Review

#### 3.1 Review of quality performance in 2017/2018

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

##### **Past planning priority 1 : Clinical benchmarking**

##### **- An improvement project to support structured comparison**

**Standard:** Hospice UK hosts inpatient safety benchmarking to measure the incidence of harm related to patient falls and medication errors. By engaging in benchmarking the Hospice hopes to provide assurance as to the effectiveness of existing care provision as well as identifying improvement points around aspects of care.

**Measure:** Submission and publication via Hospice UK in 2018/2019

**Review:** Feedback via Quality Improvement Committee

##### **Past planning priority 2 Integrated Palliative Care Outcome Scale**

##### **- An improvement project to demonstrate outcome evidence**

**Standard:** The Integrated Palliative Care Outcome Scale (IPOS) is the most recent development of the POS tool that was developed in 1999 for use with patients with advanced disease to improve outcome measurement by evaluating many essential and important outcomes in palliative care. It allows for a more concise determination of outcome evidence and can be completed by both patient and staff member.

The tool was initiated on the inpatient unit in 2014/2015. Further work is required in order to realise its value and effect its integration into the routine assessment process for the IPU, CPCT and H@H teams.

**Measure:** Integration of the tool into the individual patient assessment process and use by the IPU, CPCT and H@H teams. Audit Report / feedback at Quality Improvement Committee

**Review:** The tool remains routinely used in the inpatient unit. It continues to demonstrate improvement in outcome against the largely symptom based outcomes. The electronic patient record has facilitated its completion as it continues to feed into the patient assessment process. A small project team are intent to develop its use for the community team as further work and education needs to combine to embrace the tool as integral to the assessment process.

### **Past planning priority 3      IPU documentation completion dashboard**

#### **– An improvement project for the Hospice's electronic patient record on the IPU for demonstrating comprehensive documentation**

**Standard:** To provide assurance of compliance against a selection of standards drawn from guidance and best practice that supports a complete and comprehensive in-patient record

**Measure:** Establishment of a dashboard of key areas of documentation held in the Electronic Patient Record that are assessed for completion.

**Review:** A documentation dashboard representing quantitative assessment of completion against expectation across a small range of risk assessment areas has been piloted. Aligning its value alongside the production of a clinical activity indicator dashboard in 2018 remains an area for development alongside automation of output via the EPR.

## 3.2 Quality Management

### Quality Improvement Committee

The Hospice's Quality Improvement Committee steers the Hospice's approach to quality assurance and improvement. Chaired by the Quality Development Manager, it meets every 2-3 months. Its membership includes the Chief Executive Officer, the Director of Care Service, the Matron, the Medical Director, the Quality Development Manager, the Inpatient Unit Manager, the Practice Development Nurse, the IT Manager, the HR Manager, and the Audit Support Officer. Standing items for this Committee include Clinical Risk Management, Clinical Audit, Clinical and Corporate Effectiveness including Policy Development, Information Governance, Practice Development and NICE Quality Standards / CAS /MHRA clinical safety alerts, Patient/User Feedback, Organisational and Regulatory Assurance, Infection Control, Complaints, Human Resources & Information Technology.

### Education Committee

The Hospice's Education Committee steers the Hospice's approach to education and all forms of training. Chaired by the Director of Care Services, it meets every 3 months. Its membership includes the Director of Care Service, the Practice Development Nurse, the Matron, the Inpatient Unit Manager, the Medical Director, the Education Secretary and the Quality Development Manager. Standing items for this Committee include Funding Streams, Course Take Up, Course Applications, Induction Training, Mandatory Training and Course Provision.



## **Drugs & Therapeutics Committee**

The Hospice's Drugs & Therapeutics Committee steers the Hospice's approach to drug and therapeutic governance. Chaired by the Medical Director, it meets every 4 months. Its membership includes the Medical Director, the Director of Care Service, the Matron, the non-medical prescribers, the Inpatient Unit Manager, the Practice Development Nurse, the Clinical Pharmacist, the Chief Pharmacists for both Sutton and Merton Clinical Commissioning Groups and the Quality Development Manager. 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.

## **Health & Safety Committee**

The Hospice's Health & Safety Committee steers the Hospice's approach to health and safety and supports the delivery of operational facilities for the site. Chaired by the Facilities Manager, it meets every 2-3 months. Its membership includes the Facilities Manager, the Health & Safety Advisor, the Quality Development Manager, the Director of Care Services, the Matron, the Inpatient Unit Manager, the Housekeeping Manager, the Head of Retail and both clinical and non-clinical link staff for Health & Safety. Standing items for this Committee include Health & Safety Advisor Update regarding legislation/innovative practice, Policies & Risk Management, Non-clinical Accident & Incident Review, Works Update, Health & Safety matters affecting staff, volunteers, systems and the environment.

## Infection Control Committee

The Hospice's Infection Control Committee steers the Hospice's approach to infection control. Chaired by a Consultant Microbiologist, it meets twice per year. Its membership includes a Consultant Microbiologist, the Infection Control Nurse (SSAH), the Medical Director, the Matron, the Facilities Manager, the Quality Development Manager, the Sister for the Inpatient Unit, the Practice Development Nurse and the Housekeeping Manager. Standing items for the Committee include Water Management, Infection Control Issues, Sharps Injury & Body Fluid Exposure, Alert Organisms Surveillance, Facilities Update, Occupational Health Update and Regulatory/Best Practice Requirements.

### 3.2.1 Clinical Audit

During 2017/2018, the Hospice undertook a number of clinical audit projects, amongst which were:

Project	Results/ Actions/Comments
Prescription Chart Documentation	Weekly audit by the Hospice's Clinical Pharmacist shows 289 charts assessed in 2017/18 comprising 5813 prescription items and a respective evident prescription writing and error rate of 0.1%.
Inpatient Satisfaction	Survey remains spasmodic in its completion and aligned to discharge it yields low numbers. Review in 2017/18 identified potential for 'What matters to me' project that may be able to encapsulate an alternative method to capture in-patient feedback..
Hospice @ Home Carer/Relative Satisfaction	2017 results showed that 100% of respondents would recommend St Raphael's Hospice @ Home service with high degrees of satisfaction expressed regarding timing of introduction to the service, clear information and ease of contact.
Hand Washing and Environment Infection Control Audit	The latest audit period in 2017 showed an overall environmental cleanliness compliance of 88%. Staff compliance with bare below the elbows hand-washing was 97% and 75% of hand hygiene expected opportunities were taken.
Integrated Patient Outcome Survey	Multiple points of learning identified from implementation, application, education and communication. Analysis remains limited to the inpatient unit in 2017/18. Continues to demonstrate improvement across symptom management criteria. Electronic care record with document reminder system facilitates routine completion. Integration into the assessment process as distinct from an 'audit' or 'survey completion exercise' remains a development point.

Documentation of Overall Clinical Impression	All patients should have a documented Overall Clinical Impression. Results showed that 93% did. Education points highlighted documenting the clinical reasoning and pathology behind the clinical impression.
VOICES Survey	<p>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</p> <p>The information given in response to the survey supports us to improve people’s experiences of care at the end of life. Results in 2017:-</p> <p>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 and nursing care provided by the nurses met their requirements as too did the environment in respecting the patients’ privacy. No respondents considered that emotional support and relief for other symptoms weren’t provided. 91% of family members of IPU patients were kept informed of the patients’ condition. 70% considered the language used by doctors and nurses to explain the condition to be ‘very easy’ to understand. Respondents were asked to rate care given to the patients by doctors and nurses on admission to the IPU and the responses were universally positive. 65% considered doctor care on admission to be ‘Exceptional,’ 26% considered it to be ‘Excellent’ and 9% considered it to be ‘Good.’ Responses relating to nursing care were even better, with 70% rating nursing care as ‘Exceptional’ and 30% as ‘Excellent.’ 65% considered doctor care on admission to be ‘Exceptional’, 26% considered it to be ‘Excellent’ and 9% considered it to be ‘Good’. Pain relief in the IPU was reported to have been relieved completely, all of the time by 64% of respondents It is encouraging that everyone who wanted to stay in the Hospice overnight with the patient was able to. 53% rated the food on the IPU as ‘Exceptional’. 74% of respondents rated the Orangery as ‘Excellent’ The courtyard was rated ‘Excellent’ by 70%. The Hospice environment was always rated as either ‘excellent’ or ‘good’ by all respondents. The way in which the Community Palliative Care Team (CPCT) explained the patient’s condition was considered ‘Very easy’ to understand by 81%. 53% rated the care received from the CPCT altogether as ‘Exceptional’. 93% believed the patient died in the right place. 67% of patients achieved their preferred place of death.</p>



Re-audit of Documentation of Overall Clinical Impression	The re-audit showed that there had been an improvement in the completion rate of the 'Clinical Impression' in the EPR documentation - 97%. Doctors' awareness of where to document the required information was highlighted and fed into education.
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## Risk Management

Project	Actions
Non-patient Accidents & Incidents	100% of reported accidents or incidents showed evidence of action taken consequential to occurrence. The number of non-patient accidents where an injury has been sustained have continued to fall year on year over the past 3 years. There were no non-clinical incidents nor accidents that required report to the CQC in 2017/2018.
Clinical Unexpected Incidents & Near Misses	Trend for continuing good reporting of clinical unexpected incidents continues in 2017/18. In 2017/18, 49% of reported clinical incidents were drug incidents (c.f. 61% in 2016/17) and near misses were the most common type of drug error in 2017/18.. Medication documentation errors reduced from being 41% of medication incidents in 2016/17 to being 13% in 2017/18. Multiple actions were triggered over 2016/17 and have continued to be reminded to staff in 2017/18 including: increased education, review of documentation, implementation of new systems and methodologies and revised policy. The patient fall rate continues to fall from 9.26 per 1000 occupied bed days in 2016/17 to 5.94 per 1000 bed days in 2017/18, as too do injurious falls - 2.96 to 1.86 respectively. There was 1 notifiable incident made to the CQC.
Continuous Improvement Log	Triggered by information governance requirements to log information incidents. 19 incidents were logged in 2017/18.

### 3.2.3 Clinical Effectiveness

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 14 clinical policies/guidelines reviewed in 2017/2018:-

CLINICAL	TITLE	ISSUE DATE
CLIN07	Discharge	06-06-17
CLIN10	Research Governance	09-02-18
CLIN11	Resuscitation	15-02-18
CLIN12	Safeguarding Children Policy	05-12-17
CLIN14	Safeguarding Adults Policy	05-06-17
CLIN14	Safeguarding Adults Policy	05-12-17
CLIN15	Deprivation of Liberty Guidelines	05-06-17
CLIN16	Mental Capacity Act Guidelines	06-06-17
CLIN23	Blood Transfusion	07-06-17
CLIN24	Diabetic Management	06-06-17
CLIN25	Controlled Drugs	10-10-17
CLIN26	General Drugs	07-06-17
CLIN27	IV Administration	06-06-17
CLIN30	Intravenous Biphosphonate Infusion	06-06-17

Education is an on-going activity and is vitally significant to the care delivered at St Raphael's. There is a considerable amount of formalised and informal clinical education delivered across all service areas. Whilst not an exhaustive list, the clinical training delivered in 2017/2018 included:

#### Medical team training:

##### Medical Journal club presentations:

- Erythromycin: prophylaxis against small bowel obstruction
- Diagnosing dying: an integrative literature review
- Tackling delirium: a crucial target for improving clinical outcomes
- Delirium: a guide for the general physician
- Management of hiccoughs in palliative care patients
- SC hydration in the dying stage
- Prevalence, impact and treatment of death rattle: a systematic review
- Withdrawal of ventilation at the patient's request in MND
- Metastatic spinal cord compression: diagnosis and management
- A man with paraesthesia, headache and vertigo

- A 28-year old female with persistent back pain and urinary frequency
- Statin therapy in patients with community-acquired pneumonia
- Guidance in prescribing accuracy
- Clinical effectiveness and patient safety
- Palliative care doctors should be included in treatment discussions
- Paraneoplastic neuropsychiatric syndrome presenting as delirium
- Medico legal discussion based on MPS casebook
- Prevention of falls in older people in the community
- Identification of seizures
- Resuscitation: adequate consultation or not?
- Spinal cord compression requires early detection

### MDT journal club presentations

- Dealing with racist patients
- Don't forget the relatives
- Conflicting demands of family at the end of life and challenges for the palliative care team

### Clinical team reflective forums

- Oncology tutorial Ca Pancreas
- Opioid and pain management
- CPR at home
- Parkinson's Hyper-Pyrexia syndrome (PHS)
- Complex pain in the presence of opioid addiction

### **Clinical team training:**

- Advanced Pain and Symptom Management
- Anatomy and physiology course for HCAs
- Attachment security
- Catheter Associated Urinary Tract Infections
- Clinical Reasoning and Physical Assessment
- Communication at End of Life
- Complex Neuropathic Pain Management
- Deep Vein Thrombosis and Pulmonary Embolus
- Dementia
- Diversity and Engagement
- Symptom management at end of life
- General pharmacology at End of Life

- Incident Reporting
- Integrated Palliative outcome Scale (IPOS )
- Leadership in Care of older people
- Male Catheterisation
- Management of Breathlessness
- MCA and DOLS
- Medicine Management
- Mentoring for nurses
- Mindfulness
- MND
- Nutrition and feeding
- Oncology tutorials
- Opioid Conversions
- Opioid Toxicity
- Pain and Symptom Management
- Palliative Care Emergencies
- Palliative Care Update
- Pressure Ulcer prevention and Management
- Prevention and management of heel pressure ulcers
- Preventing Falls in Hospices
- Spirituality at End of Life
- Tracheostomy care
- Update for Independent Nurse Prescribers
- Verification of Death
- Wound Management

### **3.2.4 Mandatory Training**

Whilst the importance attached to clinical education is particularly high, all staff at St Raphael's and volunteers undertaking specific roles are required to undertake mandatory training. A major development in 2017 saw the implementation of e-learning across the required mandatory training complemented by 'hands-on' training as the topic requires. Training effected in 2017/2018 included such topics as:

- Conflict Resolution
- Equality, Diversity and Human Rights
- Fire Safety
- Health, Safety and Welfare
- Infection Prevention and Control
- Information Governance
- Moving and Handling
- Patient Moving and Handling
- Positive Behavioural Support
- Prevent
- Resuscitation
- Safeguarding Adults
- Safeguarding Children
- Stand By Me - Dementia

### **3.2.5 Clinical Research**

The Hospice has not participated in clinical research in 2017/18.

### **3.2.6 Complaints Management**

There have been 6 written complaints and 19 oral complaints received in 2017 / 2018. Of the 6 written complaints, 2 were upheld and 14 of the 19 oral complaints were upheld. All have been investigated by a senior member of staff and reviewed by the Senior Management Team. All complaints received in 2017/18 have been closed and one remains open from the previous year..

### 3.2.7 User Feedback

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

- Inpatient Satisfaction
- Bereaved Carer/Relative Survey (VOICES)
- Hospice @ Home Service Carer/Relative Survey
- Jubilee Centre Patient Questionnaire
- Medical Outpatient Questionnaire
- Bereavement Service Questionnaire

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.

### 3.2.8 Information Governance

Compliance to at least level 2 of the NHS Information Governance Toolkit demonstrates St Raphael's commitment to how it respects the confidentiality, integrity and availability of its information. There is an annual responsibility for the Hospice to ensure that required evidence is accurate and up to date. Consequential to the Hospice's adequate demonstration of its compliance with the NHS Information Governance Toolkit is its facility to engage with the electronic Health and Social Care Network. With the patient's consent, engagement with the Coordinate My Care record (CMC) allows for the secure inputting of patient identifiable data on to the patient electronic care record at the end of life.

### **3.2.9 The National Minimum Dataset**

Public Health England withdrew its support for the national minimum dataset (MDS) of anonymised and aggregated patient data that represents Hospice patient level activity in March 2017. The National Council for Specialist Palliative Care and Hospice UK merged in July 2017 and regard collection of the MDS as useful. Hospice UK plan to continue to receive and share the MDS and the Hospice submitted a mini-MDS dataset in October 2017. There is expectation that submission will continue to be an annual exercise.

The Hospice aims to develop its use of the MDS internally paying due regard to the Palliative Care Clinical Dataset produced by the National End of Life Care Intelligence Network (NEoLCIN).

### **3.2.10 Organisational Development**

St Raphael's Hospice was established in 1987 and is owned by the Daughters of the Cross. It shares a site with "Spire St Anthony's Hospital", part of Spire's private hospital network. "St Anthony's Hospital" was owned by the Daughters of the Cross until its sale to Spire Healthcare in April 2014. Prior to that date, a number of support services including Facilities Management, Catering, Porterage, Purchasing, Payroll, Human Resources, Accounts and IT were provided by St Anthony's Hospital to St Raphael's. With the exception of a small number of time-limited service level agreements, these services have been entirely provided by St Raphael's as a stand-alone specialist palliative care facility since February 2014.

Organisational development is very much part of the management plan for the Hospice as it continues to establish its independent identity.

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

The Quality Account is an item for the Hospice's Quality Improvement Committee which includes representation from all clinical areas and the Hospice's Advisory Committee. The task of writing it was undertaken by the Quality Development Manager.

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.