



St Raphael's Hospice

QUALITY ACCOUNT

2013-2014

"MY HUSBAND WAS SHOWN LOVE AND CARE FROM THE MINUTE HE ARRIVED ... I CAN ONLY HOPE THAT WHEN I NEED HELP AND TREATMENT, I FIND MY WAY TO ST RAPHAEL'S IN CHEAM."
(2013 CARER / RELATIVE 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 those receiving our services. It allows us to demonstrate our commitment to engage with evidence-based quality improvement and to explain 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 expert 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 relieve pain and sustain quality of life in an atmosphere of peace and comfort. 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**
- **Respite care to give carers a break**
- **Counselling**

Costs associated with the running of St Raphael's Hospice and the services it delivers exceed £5 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 of care. We receive a grant of about 20% 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. 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 principals 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 380,000 people.

Quality is an integral part of the services that we provide and its assurance is communicated routinely to the Trustees of the Charity through our Advisory Committee in a number of reports on aspects of clinical, corporate, financial and information governance every 2 months at the Hospice's Advisory Committee.

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.

Mike Roycroft
Chief Executive
St Raphael's Hospice

Part 2

1. Priorities for improvement 2014 – 2015

St Raphael's Hospice is fully compliant with the Essential 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 2014-2015.

The Advisory Committee has endorsed the management plan for 2014-2015 and considers that its top three quality improvement priorities are:-

- Future planning priority 1 The 'Orangery'
- An improvement project for the Hospice's environment.

Standard: Part-funded by a government grant the Hospice embarked upon the building of an extension to allow patients an area, outside the patient rooms, where they and their visitors can sit to socialise and relax. The area will be known as the 'Orangery'.

It will provide a coffee/tea/snack service that will enable patients' relatives and visitors to have light meals within pleasant surroundings only a short distance away from the patients' rooms. Staff will also be able to take advantage of the space for their own breaks and lunches. The Orangery will host a children's play area and a quiet area for reading. It will open out onto a garden area that provides outdoor seating.

At the rear of the Orangery there will be a multi-purpose room that may be used for meetings with relatives or staff during the day but that can be used as a family room for overnight stays. Shower facilities will be provided.

It is expected that the new extension will not only provide a functional service but will also enhance the sensory perceptions of the Hospice environment for the benefit of patients, their visitors, volunteers and the staff at St Raphael's.

Measure: A user survey will be undertaken to measure experience.

Review: The report will be reviewed by both the Hospice's Quality Improvement Committee and Advisory Committee.

Future planning priority 2 PAS system

- an improvement project for the Hospice's Patient Administration System

Standard: The Hospice's Patient Administration System allows for the capture of patient activity data. Output data from the system informs the management, fundraising and commissioning processes as well as servicing other external uses of Hospice data such as the National Council for Specialist Palliative Care's national minimum dataset (MDS).

Measure: The Prince 2 project management methodology will be applied to reviewing the Hospice's patient information needs in order to demonstrate accurate electronic records and accurate activity information and, if appropriate, to replace PalCare as the PAS .

Review: A bespoke project team will be led by the Hospice's Community Team Lead and Consultant in Palliative Medicine. Progress will be routinely fed into the Hospice's Quality Improvement Committee and Advisory Committee.

Future planning priority 3 Patient Outcome Score

- an improvement project to demonstrate outcome evidence

Standard: The Palliative Care Outcome Scale (POS) was developed in 1999 for use with patients with advanced disease and to improve outcome measurement by evaluating many essential and important outcomes in palliative care.

Measure: Audit Report

Review: The audit report will be reviewed by the key staff identified in the project plan and considered at the Hospice's 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 2013/2014, St Raphael's hospice provided 5 NHS funded services:-

- In-patient Unit
- Jubilee Centre Day Care
- Outpatients
- Hospice @ Home
- Community Team 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 2013/2014 represents 100% of the total income generated from the provision of the NHS funded services by St Raphael's Hospice for 2013/2014.

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 20% of the overall running costs of the Hospice. The remaining income is generated through legacies, fundraising, shops and generous support from our local community.

2.2 Participation in national clinical audits and confidential enquiries

During 2013/2014, 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 2013/2014 can be found at section 3.2.1.

2. Participation in clinical research

The Hospice Medical Director is carrying out a research project approved by the Medical Research & Ethics Committee at St Helier Hospital "*Evaluation of the efficacy of 'Trans-dermal Nitrate' in reducing the severity of death rattle (i.e. terminal lung secretions) in patients dying from end-stage malignancy*". This project is planned to complete its data collection in 2014.

The number of patients receiving NHS services provided by St Raphael's Hospice in 2013/2014 that were recruited during that period to participate in research approved by the local research ethics committee was 5.

2.5 Goals agreed with commissioners

St Raphael's Hospice's income in 2013/2014 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 unannounced inspection of St Raphael's Hospice on 26th September 2013. The Hospice was assessed as fully compliant with the required standards.

The Care Quality Commission has not taken enforcement action against St Raphael's Hospice during 2013/2014.

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 will be undertaking the following action to further improve data quality:-

- Examining the extent to which the PAS system can meet data integrity standards in its output.

A high value is placed on the data and consequential information outputs that can be generated through the Hospice's information systems. Data supports service delivery and action will be taken in 2014/2015 to examine and improve the functionality and the data integrity of the Patient Administration System.

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 did submit a National Minimum Dataset (MDS) to the National Council for Palliative Care in 2012/2013. It will not be submitting its MDS for 2013/2014 due to data integrity concerns that will be addressed in 2014/2015.

St Raphael's Hospice achieved level 2 compliance with the NHS Information Governance Toolkit in January 2013.

Part 3

3. Quality Review

3.1 Review of quality performance in 2013/2014

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

Past priority 1 IT connectivity (N3)

Standard: To achieve connectivity to Connecting for Health's End of Life Care Record

Measure: Connectivity and Input Reports

Review: The Hospice achieved compliance with level 2 of the NHS Information Governance Toolkit in January 2013. Establishing the physical connection was not achieved until February 2014 due to delays associated with BT and their contracted engineers.

Past priority 2 Patient Falls

Standard: To achieve a reduction in patient falls

Measure: Implementing the Patient Safety First campaign, a Falls project team was established in 2012. Multiple action points were implemented over the course of 2012 & 2013.

Review: The decline in the number of patient falls in the Hospice remains a continual trend since 2010.

Past priority 3 Carer/Relative Survey

Standard: To achieve feedback and reflection from the carers and relatives of patients who have used the services provided by St Raphael's

Measure: A questionnaire is mailed at least 6 months following the death of a patient. Participation is entirely voluntary as too is the choice for anonymity.

Review: Carer /relative survey returns are routinely reviewed by the Quality Development Manager. Where insight / action is identifiable they are passed on to senior members of the clinical teams. An annual report is produced and learning has been incorporated as a required output.

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 months and is attended by the Chief Executive. Its membership includes the Quality Development Manager, the Director of Care Service, the Deputy Director of Care Services, the Medical Director, the Community Team Medical Lead and Consultant in Palliative Care, the Senior Sister for the Inpatient Unit, the Education Lead for the Inpatient Unit, the IT Manager, the PAS system lead and the Audit Support Officer.

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 Deputy Director of Care Services, non-medical prescribers, the Community Team Medical Lead and Consultant in Palliative Care, the Senior Sister for the Inpatient Unit, the Education Lead for the Inpatient Unit, the Clinical Pharmacist and the Quality Development Manager.

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 Deputy Director of Care Services, the Senior Sister for the Inpatient Unit and the Education Lead for the Inpatient Unit.

Separate committees exist for areas such as Health & Safety and Infection Control. These operate to their own agendas within the overall Quality Improvement and Management Plans and thus make valuable contributions to the quality assurance cycle for continuous quality improvement.

3.2.1 Clinical Audit

During 2013/2014, the Hospice undertook a number of clinical audit projects, amongst which were:-

Project	Actions
Pressure Area Risk Documentation Audit	Documentation has undergone review and revision.
Patient Handling Risk Documentation Audit	Education increased on the significance of complete records
Patient Outcome Survey	Pilot data showed value of project which is to be re-audited in 2014/2015. Lessons learned regarding ownership.
Died before Admission	Clear documentation of reasons for delay in assessment of patient. Week-end 'on-call' community clinical nurse specialist to contact late referrals i.e. those referred at end of week if they required urgent action.
Prescription Chart Documentation	Routine review by the Hospice's Clinical Pharmacist shows good results.
Carer/Relative Satisfaction	On-going survey last reported on for 2012 inputs into departmental reviews.
Inpatient Satisfaction	On-going survey. Results highlighted ward requirement to incorporate survey into routine.
Hospice @ Home Carer Satisfaction	Report due in June 2014
Liverpool Care Pathway	Discontinued and documentation replaced.

3.2.2 Clinical Risk Management

Project	Actions
Accident & Incident	Report due in June 2014. Annual report now to be produced before April each year.
Clinical Unexpected Incidents	Report due in June 2014. Annual report now to be produced before April each year.
Continuous Improvement Log	Triggered by information governance requirements to log information incidents. This has shown that 10 incidents were logged in 2013/2014.

3.2.3 Clinical Effectiveness

A clinical guidelines development and maintenance programme is in place that attributes ownership to key members of the multi-disciplinary team.

Guidelines reviewed in 2013/2014 include:-

- Subject
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- Anaphylaxis
 - Anti-Secretory Agent Use
 - Blood Transfusion
 - Diabetic Management
 - Drugs- IV Administration
 - Intravenous Biphosphonate Infusion
 - Nurse Independent Prescribing
 - Sub Acute Bowel Obstruction
 - Tracheostomy

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 2013/2014 included:

Medical training:-

- Recognition of life threatening OPIOID TOXICITY in the clinical context of terminal palliative care and appropriate action thereof
- Usefulness of COMBINED STEP2 OPIOID THERAPY in complex pain management
- Cardiac resynchronisation therapy and its usefulness in palliative care; ICD deactivation and discussion as part of 'advance care plan' in worsening cardiac failure
- Usefulness and appropriateness of ADJUNCTIVE PSYCHOLOGICAL THERAPY in the holistic palliative care management of patients
- Palliative care management of terminal PARKINSON'S DISEASE
- DNACPR and its timely discussions both in the hospice as well as in the community palliative care setting
- Carcinoma of OVARY---oncological and palliative care implications and relevance

Clinical training:-

- MND Challenges & Changes
- Pain & Symptom Management
- Wound Management
- Tracheostomy Care
- Palliative Care Update
- Hospice Care: Fit for the future
- Conflict management
- Dementia Awareness
- Staff Development Programmes

Community training:-

- Team development
- Nurse Independent Prescribing
- Dealing with Difficult Conversations at the End of Life

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 attend mandatory training. Training delivered in 2013/2013 included such topics as:-

- Fire
- Health & Safety
- Information Governance
- Patient Handling
- Resuscitation
- Infection Control

3.2.5 Clinical Research

The Hospice Medical Director is carrying out a research project approved by the Medical Research & Ethics Committee at St Helier Hospital "*Evaluation of the efficacy of 'Trans-dermal Nitrate' in reducing the severity of death rattle (i.e. terminal lung secretions) in patients dying from end-stage malignancy*". This project commenced its data collection in 2008 and it is planned to complete its data collection in 2014.

3.2.6 Complaints Management

There have been 5 written complaints received in 2013 / 2014. 2 were made by letter and 3 were identified from returns of the patient's carer/relative survey questionnaires.

Of the 5 complaints, 3 were partially upheld and two were not upheld. All have been investigated by a senior member of staff and resolved to the satisfaction of the complainants.

3.2.7 User Feedback

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

- Inpatient Satisfaction
- Carer/Relative Satisfaction
- 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 received in 2012/2013 included the Orangery project.

3.2.8 Information Governance

Compliance to at least level 2 with 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 recognition as an NHS Business Partner and, in turn, its accessibility to the Connecting for Health, N3 facility. With the patient's consent, this facility allows for the secure inputting of patient identifiable data on to the patient electronic care record at the end of life.

3.9 The National Minimum Dataset

The National Council for Specialist Palliative Care has an established minimum dataset (MDS) of anonymised and aggregated patient data that represents Hospice patient level activity. Submission of the MDS to the National Council was achieved in 2013/2014.

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 St Anthony's Hospital, an independent hospital that was owned by the Daughters of the Cross until its sale in April 2014. Prior to that date, a number of support services including Facilities Management, Catering, Portering, 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 are now entirely provided by St Raphael's which now operates as a stand-alone specialist palliative care facility.

The separation of services shared between St Anthony's Hospital and St Raphael's Hospice, which began in 2013/2014, has and continues to generate a considerable workload to enable St Raphael's Hospice to operate independently. The physical separation of shared services was completed at the end of February 2014; work on policies and procedures continues.

Organisational development is very much part of the management plan for the Hospice in 2014/2015 as it seeks to establish its independent identity whilst remaining part of the good works delivered under the auspices of the Daughters of the Cross.

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

This is the first year in which St Raphael's Hospice's Quality Account has been created.

The Quality Account is a standing 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 known workings of the management and clinical committees.