St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call access

At 15:00 on Thursday 12th October 2023

Members: Dr Carrie Chill – Trustee & Committee member (CC)
Alan Cogbill – Trustee & Committee member (AC)
Bernard Marley - Trustee & Committee member (BM)
Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Nick Stevens – CEO (NS)
Dr Gaby Tamura-Rose – Consultant (GT-R)
Alex Rudkin – Director of Quality and Governance (AR)
Rebecca Trower – Clinical Director (BT)
Anna Machin (Governance – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
4. Clinical Risk Register	Invite John Groom to next meeting to present on systems and cyber risks	Becca Trower, Anna Machin	For January 2024 meeting	12.10.23/01

1. Welcome, apologies for absence and declarations of interest

Dr Carrie Chill took the Chair and welcomed attendees to the meeting. Apologies were received and accepted from Bernard Marley. The Committee noted that Eva Kalmus had resigned from her role as co-opted Committee member.

2. Review of minutes from 30th June 2023 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meeting were approved as an accurate record of proceedings. The matters arising and key themes from the previous meeting were reviewed:

- Take forward plans for integration of EDI training into staff induction process with Barry Angel – the HR team have taken responsibility for this, and this action will be closed.
- Add EMIS system to Clinical Risk Register; Update risk register to reflect EMIS transition – these actions had been closed.
- Share CAP 2023/24 targets with Board – Trustees had received this information at the May meeting.
- Develop agreed priorities into SMART targets – these are reviewed regularly by the Clinical team, and this action would be closed.
- Take forward participation in patient 'label' research project inc. check access for patients with English as a second language – this is being led by Dr Naomi Collins with the Hospice chosen as one of six sites to participate. Future updates on the project will be given in the Clinical Quality & Governance Report.
- Share final draft Quality Account with the Committee – this action has been completed.

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3. Evidence of Excellent Practice Register

The paper was taken as rea, and the Committee noted the range of positive comments, including for non-clinical colleagues such as those working in Retail. Sharing these stories shows the Hospice's positive culture and supports staff morale.

4. Clinical Risk Register

Becca Trower flagged the main risks that were currently top of mind for the team. In relation to EMIS system access, assurance was given that there have been no access issues to date, and the IT team have standby options such as accessing records through GPs, a mobile solution and remote computers in wards to mitigate this risk. John Groom would be invited to the next meeting to give more detail on these actions, and the team's work on cyber security more broadly, reflecting the importance of this topic and to give assurance on how the Hospice's capacity compares to others once the new colleagues in the team are embedded.

Gaby Tamura-Rose updated on the impact of the junior doctors' strikes, which coincided with the annual leave of some colleagues. There have been nurses in the team working throughout, but additional on-call from the Consultants to give medical expertise during strike periods. There has also been some impact for the Hospice on discharge timelines and responses from GP services.

In terms of staff sickness and covid, new covid jabs are being offered alongside flu jabs. There has been some stretch and cover needed linking to retirement and sickness but this has been possible and recruitment to roles has supported this. The team look forward to welcoming the new part-time colleague who will hold the Infection Control remit.

5. Clinical Quality & Governance Report inc. Clinical Action Plan

Becca Trower shared an update on key points in the report. The Psychological Support services team have moved into refurbished counselling rooms on-site and are part of the four posters going to the Hospice UK conference including to profile pioneering work on EDMR. There are also initial discussions on developing bereavement support for children and young people through partnership with a theatre organisation. Scwhartz Rounds continue to be well attended. The Committee received assurance on the supervision and workload management for this team.

The Wellbeing Service name has been updated, and selected as the Lord Mayor's charity of the year. The Compassionate Neighbours service have prioritised matching current applicants before the next round of outreach. The new family/ bariatric room is now in used and will be profiled in the upcoming newsletter. Dr Carrie Chill shared her experience of a recent visit to the Hospice, and the caring atmosphere and range of therapies on offer.

Gaby Tamura-Rose shared an update on developments in the medical team, confirming that a full-time Registrar is now in post. The team continue to link up well with St Helier Hospital, and other partners. The report notes CPD and supervision opportunities given to staff.

Information was shared on the approach to Consultant appraisal using a rotation approach.

Alex Rudkin gave assurance on plans for the next engagement call with CQC and continual updating of evidence of strong practice.

The Committee noted the data on incidents in the Hospice, and that pressure sores noted are often identified on admission and then addressed by the team. Further investigation tools in the new Datix system can be used, also to identify learning and development needs. EMIS continues to embed, with some staff adapting more quickly than others but all recognising that this is an important change.
Colleagues shared information on the response to complaints noted in the report.

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The Committee asked for perspectives on levels of applications for admission, which showed a slight downward trend. Gaby Tamura-Rose shared that overall numbers of patients are in line with expectations, and may also be a function of work done to raise the profile and understanding of the respective roles of the Hospice, Sutton Hub and other services in signposting patients to the right support that serves their needs.

Finally, Becca Trower raised the challenges with provider Ashtons who in turn are experiencing delays with some of their suppliers. There are not strong alternatives however since concerns were raised, their team have not shown the improvements hoped, and so this will continue to be closely monitored.

6. Minutes of internal meetings

Committee members shared that the minutes of internal meetings showed the reflective and sensitive nature of colleagues' consideration of areas such as complaints. Again, it echoed a theme that many complaints are driven by the frustration by patients or their families about communications or joint working of other agencies.

The Committee noted the increased number of patients with more complex mental health needs, and Dr Gaby Tamura-Rose echoed this and that staff are trained in responding to instances of challenging behaviour that arise from this. The situation has worsened since the pandemic, and also shows some needs not being met by social care services.

The Committee noted the final version of the VOICES report, and scrutinised the outcomes of the Safeguarding Audit Report. This gives retrospective assurance on staff awareness and responsiveness, including notifications to CQC and the Local Authority (LA). Physical abuse, self-neglect and hoarding were the most common concerns raised. More cases this year were upheld by the LA than in the prior year and the report shows that the Hospice's documentation in this area is strong.

7. Any Other Business and Dates of future meetings

There were no further items of business raised. The date of the next meeting would be confirmed as part of date-setting for 2024.

The meeting ended at 5pm.

Approved…………………………………..

Date………………………………………..

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Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2023/47	AR	30/09/2023	**Medical examiner Feedback - April 2023** No concerns re care at SRH Feels care has been good No care concerns x 9 Care was amazing, could not fault. Hospice were amazing. What a team. Looked after everyone so well. St Raphael's was really wonderful x 2 Thought the care was amazing, really well looked after. Care at St Raphael's was excellent Very grateful for all care received Care at St Raphael's was amazing
2023/48	AR	30/09/2023	**Medical examiner Feedback - May 2023** St Raphael's and SGH were really good and caring. No care concerns x 4 No care concerns. NHS are incredible Everyone at the hospice was lovely. No issues Very happy with care overall at SHH & St Raph's Very Happy with care at SHH & ST Raph's. St Raphael's could not be faulted! St Raphael's staff were amazing, so caring of pt Care at St Raphael's was great
2023/49	AR	30/09/2023	**Medical examiner Feedback - June 2023** Excellent care at St Raphael's Can't praise the staff at SRH enough, kind, respectful & caring amazing No care concerns x 4 No care concerns. St Raphael's care was brilliant, very caring Care at St Raphael's was fantastic Hospice were brilliant Care at St Raphael's was wonderful, moving. Care at St Raphael's Hospice was very good, could not be faulted Care at St Raphael's was excellently/fantastic Happy with staff & care at St Raph's, exceptional! Very happy with exceptional care, kindness & dignity at St Raphs. St Raphael's Hospice was really wonderful and caring
2023/50	Steven Molyneux / AR	02/10/2023	For Alexander : Thank you for giving me strength and guidance to love making art again. Before our sessions I was feeling genuinely miserable. It felt selfish to feel like that as Mum was suffering so much. When we started talking there was an immediate sense of relief when you shared the idea of different parts that had the right to feel as uncomfortable as they did... Although some days are tricky navigating mum's condition I feel a million miles away from that suffocating anxious dread which our sessions seem to have released. There's an enormous sense of gratitude which I can't express enough for your wisdom,

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2023/51	JS	13/10/2023	Email from the medical examiner: 'I thought it only appropriate to contact you regards a recent death where the "Summary of Death Certification" provided was possibly the best constructed document we have received following a death from all we are accountable to support accross Sutton and Surrey. The information included was crucial, particularly given the difficulties the family felt they had experienced when the patient was admitted to hospital. Not only did it give a good insight into their concerns, upon speaking with the family to discuss the COD, it made that conversation far easier for the ME and it clearly came across that we were aware of these issues which gave them renewed confidence in the process and the Medical Examiner service as a whole. They were very pleased that your team had communicated this and that we again were here to listen to those concerns, ensuring that they were then directed to the most appropriate route in order to have these heard in a formal way via the Trust's complaints process. Please could I request that you pass on both the family's and our thanks to Dr Da-Silva and Dr Tamura-Rose for their support in clearly documenting the concerns raised which in turn, has made things easier for the family to understand the options available to them should they wish to persue.' I would also like to mention Staff nurses Penny James who supported this family alongside Dr Da Silva.
2023/52	AR	17/10/2023	**Medical examiner Feedback - July 2023** No care concerns x 5 Very grateful for the quick action to get everything done for registration. Very pleased with all care provided by St Raphael's No care concerns - care was good. Good care from hospice. Care at St Raphael's was wonderful, especially the night staff 27-28 July. Very pleased with St Raphael's care Care at hospice was great
2023/53	AR	17/10/2023	**Medical examiner Feedback -August 2023** Very happy with St Raph's care Care at St Raphael's was really wonderful! "Absolutely brilliant in the hospice - wonderful place" Very caring & supportive to the family & patient. Happy with RMH & Hospice care No care concerns x 3
2023/54	AR	17/10/2023	**Medical examiner Feedback - September 2023** No care concerns x 10
2023/55	RT/AR	19/10/2023	Dear Kelly and Dawn, Thanks so much for meeting yesterday, really useful to catch up. We just wanted to say thank you both so much for all your help and support, we really appreciate it! All your hard work really makes such a difference . Best wishes Maura & Karen
2023/56	TC	31/10/2023	Caroline Finn was able to explore that the patient's catholic faith and recognised that it was very important to her . Jackie Rickman kindly drove Sister Ann to support the patient at home . Jackie reported back how much benefit the family and patient received from Sister Ann's spiritual support .

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2023/57	TC	08/11/2023	Administration note to CNS Katie White Thanks Katie really appreciate the attached info it was lovely to meet you today sounds a silly but I wasn't looking forward to the visit but you made it so easy and comfortable I enjoyed it Thank you
2023/58	TC	08/11/2023	H@H service survey return Jackie Rickman was exemplary
2023/59	TC	08/11/2023	H@H survey Comment made that "who does what chart " was very useful
2023/60	DM	10/11/2023	Feedback left in reception comments box. Everyone here is absolutely lovely, supportive and empathetic and we can't thank you enough for making this awful moment more bearable. Thank You
2023/61	AR	14/11/2023	Two long-standing family friends of a patient wrote to say they wished to express their heartfelt gratitude for the kindness and exemplary care given to the patient whilst she spent her final weeks at St Raphaels. Thank you for the quietness she was given, a blissful retreat where she was able to release herself from worry. When they visited they observed total professionalism and respect. They could not have asked for a more peaceful, immaculate and charming setting where their friend received 24/7 care and attention. They expressed their thanks for looking after their friend so lovingly and send accolades to the staff who made their friend's departure one of dignity and great comfort.
2023/62	AH	15/11/2023	Thank you message put on St Raphael's facebook page following receiving an anniversary card, post 1 year mother's death.
2023/63	RW	15/11/2023	The time between the patient expressing her wish to die at home, to her arriving at home from the IPU was just 6 hours. The patient and family were both so pleased and grateful that we were able to make this happen. Special thanks to continuing health care for so quickly responding to the Fastrack funding request and arranging transport that afternoon, to Carol who helped complete referrals and stayed late to ensure everything was sent correctly, to Busi Jovy and Steph for completing all the prescriptions, charts and paperwork whilst also reviewing all other patients on the ward, to Sam who travelled to the pharmacy and DN base to collect medication and a syringe driver, and to the rest of the ward staff who seamlessly ran the ward supporting the rest of the patients whilst I was completing the discharge.

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2023/64	JC/AR	12/12/2023	To all the wonderful staff at St Raphael's, we couldn't be more grateful for the care and kindness you showed to the patient and our whole family over the last few weeks. We will never forget it. With lots of love - patient's niece. To the St Raph's amazing team - from the cafe ladies to the nurses and HAs, you made a very hard time more manageable with your care and compassion. Our deepest thanks. Patient's other niece xxx Thank you so much for looking after the patient, everyone we came into contact with - staff and volunteers - are all so caring. Thank you so much, we'll always remember each and everyone of you. xx
2023/65	JC/AR	12/12/2023	To everyone who had anything to do with the patient's care. Thank you so much for all your help over the last year or so... we couldn't have managed without you all. You were always there, night and day, to support us. And we took advantage of that... often! Much love to you all.
2023/66	RYP	15/12/2023	Response from Xmas Schwartz Round storyteller on 6/12/23 after my thanks were given to him for sharing his experience when his late wife received St Raph's Hospice Care : "Thank you for such a kind message.. it was lovely to see you yesterday, and it felt very special to be 'on site' again in the company of so many wonderful people…"
2023/67	RYP	15/12/2023	Feedback received about the WBC Xmas party "Hi Simon, We just wanted to say very many thanks for Christmas Party on Tuesday. We both really enjoyed it so very many thanks to you and the other volunteers who spent such a lot of time and effort in making it such a success. Very best wishes" Dave and Mags
2023/68	GT	18/12/2023	Email of thanks received from a Volunteer Coach Many thanks for the gift that I received last Monday; a very classy record for 'Thoughts and Reflections', with my name on it too – I'll have to have some that are worthy of the quality of the present !Please pass on my thanks to all at the Hospice, especially those who signed the card. It's been a great pleasure and privilege to work with your team of dedicated, compassionate, talented people across these four years. I wish you and everyone all the best for a well deserved holiday, a fulfilling new year and a successful future'
2023/69	SJO	19/12/2023	Email from community member re WBC staying open over Christmas:Thank you Simon. In this flurry of preparations for the festive season, it is so reassuring that there is somewhere open to be able to go to if necessary. Especially for someone like me who is not religious and don't attend church it is good to know that over the crazy, frenzied times of preparing for just one day of celebration, there is a place to deflate for a couple of hours. Thanks for your team's good work.
2023/70	GT	21/12/2023	Card and hamper of goodies which were the favourites of their late father . 'To the wonderful team at St. Raphael's who cared for our father in October and November We cannot thank you enough for your patience and care we will give a donation as soon as we are able thank you '
2023/71	LJ	22/12/2023	Michelle, I just wanted to let you know the wonderful praise and feedback I have just had from this patient's NOK. She wanted me to let you know that your kindness and compassion really made a difference and the role of the hospice was above and beyond what she could have expected. She wanted me to thank you personally, she found talking to you a great comfort and support. Isn't that so lovely

Clinical Risk Control Register

Risk Category	Activity	Top Risk(s)	Initial Likelihood	Initial Severity	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Likelihood	Final Severity	Final Risk Rating	Responsibility?	Last / next review
1	IT PAS System Failure / Cloud Access Down	· Inability to access contemporaneous clinical records or run business continuity reports	5	3	15	· IT System Management Controls	· Contactable team OOH (not formal contract) · Back up resource -outsourced at times of AL · 2 x HSCN routers and lines to support fail over · Hard copy daily print outs to provide basic continuity . EMIS mobile has been rolled out for the IPU, medical team and community team incase of system failure. . Medical team can access our EMIS tenant from Princess Alice Hospice IT system. . In an emergency our neighbouring Hospices would allow us access to our EMIS system from either their sites or through remote access. · 2 x 4G fobs that can be used with the COWs to allow remote access from the cloud to IPU NHS data access - should the physical routers or hardware fail. If any site wide issues in gaining access, we can request to visit any of our neighbouring hospices to gain remote access. . 2 x Cisco firewalls configured for high availability.	4	2	8	IT/CD	Jan 24/Apr 24
2	Infection spread within hospice	· Inability to provide full clinical service impacting on both patients, their families and staff. · May impact on external stakeholders. · May impact reputational damage and potential funding streams	4	3	12	· Attention to and compliance with governmental guidance · Implementation and maintenance of CLIN52 COVID policy · Implementation and maintenance of CLIN08 Infection Control policy · IPC Lead appointed - overseeing the link nurses on the IPU and Community Team and close working with SWL infection control leads.	· Implementation and maintenance of CLIN52 COVID policy · Implementation and maintenance of CLIN08 Infection Control policy · PPE regular supply available · Contingency planning clarified for any identified cases within the Hospice - as per governmental guidance · Single room nursing. Increased telephone contact · FFP3 mask fit testing ongoing · Refresher PPE training and advice and support from PHE · LFD testing for symptomatic staff in clinical situations · Facility for staff to work from home · Staff vaccination program access facilitated	3	2	6	CD	Jan 24 / April 24
3	Insufficient Nursing Resource on the Inpatient Unit.	· Unable to operate IPU safely · IPU has to close · Impact on patients, families and reputation	3	3	9	· Bank and Agency Nurses available · Staff adapting/flexing shifts to cover IPU · Monitoring of staffing capacity monthly/weekly/daily · Alignment with Agenda for Change pay scales implemented · Crisis cover payments in place · Active recruitment ongoing - currently fully staffed	· IPU admissions can be reduced to meet staffing capacity · Majority of patients are cared for in the community · Nursing Associates are being upskilled · Acuity score being adopted to help guide admissions v staffing levels · All Leave policies amended with improved leave entitlements · Utilisation of 10 hour shifts to provide better cover · Night staff no longer having to rotate onto days	2	3	6	CD/IPU Sister	Jan 24/Apr 24
4	NHS Doctor Strikes	· Impact on admissions to the IPU · Impact on outpatient led planned tx · Impact on education and professional activity support · Impact on non-striking medical team (risk of burn out)	5	2	10	· Government response awaited	· Weekly review of the medical rota to prioritise cover for the IPU · Flexible working pattern across community and inpatient unit · Non-essential non-clinical commitments postponed · Consultant with NHS contract prioritising SRH · Medical capacity added to IPU acuity score	5	1	5	Lead Palliative Medicine Consultant / CD	Jan 24/Apr 24
5	Breaches of confidentiality involving person identifiable data (PID), including data loss	· Reputational damage · Litigation · Fines from ICO · Service user distress and safety risk	3	3	9	· Protecting Confidential Information Policy · All personnel and volunteers trained on Information Governance on induction and annual mandatory training. · Data User Agreements in place · DPO, ISO, Caldicott Guardian & SIRO in place · Suite of Information Security and Governance policy in place · IT monitoring and oversight of PID in received and sent emails. Monitoring includes audit and test Phishing emails via IT Dept. · Secure PID communication email channel in place through NHS Net · Regular organisational sweeps in all departments · Caldicott Guardian attends regular training and presents at associated fora. · Maintenance of shared network drive to ensure file security	· All personnel and volunteers trained on Information Governance on induction and annual mandatory training. · Proactive checking in areas such as photocopier/clear desks. · Established link with Capsticks solicitor who provides ad hoc advice on data access issues · Annual - Information Governance Check list audit / Clinical Record documentation audit	2	2	4	IT/CD	Jan 24/Apr 24

Risk Category	Activity	Top Risk(s)	Initial Likelihood	Initial Severity	Initial Risk Rating	Prevention Controls - reducing likelihood	Mitigation Controls - reducing severity	Final Likelihood	Final Severity	Final Risk Rating	Responsibility?	Last / next review
6	Embedding of clinical administration system EMIS from Crosscare	· Limited Project leadership due to other work pressures · BAU functionality of system (includes reporting) · User proficiency takes time to embed· Incorrect data entry - content & pathway	3	2	6	· EMIS user guide · Reporting testing / Output · Access to Crosscare Archive for 8 years. · More than one project expert Increasing number of EMIS champions	· System User Guides · Induction and training videos · EMIS project team remains active for first year of project · Reporting	2	1	2	EMIS Project Team	Jan 24/Apr 24
7	Lone working	· Staff/volunteers work singularly in the community within referred patients homes. · Risk of accident/incident in a patients home and individual risk to staff member. · Risk in travel to and from home visits	3	2	6	· OP17 Lone worker Policy · Community staff are supplied with a mobile phone for contact with the hospice or other healthcare professionals. ACC informed of access and egress. · Lone worker alert devices in place.	· Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. · Clarification and supported training on use of safety devices. · EXEC OOH on call in place for contact and advice on further action. · If there is perceived or hx of risk staff work in pairs and alert is added to the EPR.	2	1	2	CD/MDT	Jan 24/Apr 24
8	Extended bed occupancy	· Delay to discharge due to limited availability of CHC funded beds in the community and patient/family reluctance to transfer. · Limits our processing of requests for admission. · Potential effect on reputation, income generation and staff morale. · Does fluctuate but more of an issue in the autumn/winter.	3	2	6	· Maintain relationships with Care Homes/ Sutton and Merton PLACE that have CHC funding. · Provision of information to patient and family	· Staff proficiency in completing fast track. · Screen referrals for potential impact. · Dual planning with Hospital requesting admission. · Consideration of CHC funded IPU beds in future. · Expertise in discussion with patients and family members re discharge planning.	2	2	4	CD/IPU MDT	Jan 24/Apr 24
9	Clinical Incidents	· Serious or moderate harm to patient Safety · Risk of complaints from patients/families · Reputational damage / litigation	2	3	6	· Low threshold to reporting · Culture embraces reporting of all incidents related to clinical care · Hierarchy of investigation · Outputs- Learning informs improved procedures and processes · Report to Clinical Quality & Governance Committee supports transparency	· Continued staff training and awareness of new techniques and products. · Opportunity to participate in refection and sharing learning and outcomes. · Feedback to complainants regarding change in practice. · Encourage an environment of comprehensive reporting to support learning and quality improvement across all departments. · Annual clinical audit /QI / research / data montoring program	2	2	4	CD & Director of QI	Jan 24/Apr 24
10	Clinical Complaints	Local press coverage Potential for public concern Elements of public expecation not being met Loss of confidence in the service Reputational damage	3	2	6	· Organisational policy supporting values, behaviours and practices · Education and training re communication · Adherence to OP05 Feedback and Complaints policy · Reported at Clinical Quality and Governance Committee · All complaints discussed at hospice team meetings for awareness and learning across the organisation	· Reporting culture of any concerns- no blame but responsibility · Use of root cause analysis for significant incidents. · Feedback to complainants regarding change/improvment in practice. · All complaints both verbal and written treated with the same level of scrutiny · Scoping to establish all clinical staff access to communication skills training · Training on care delivery · Information shared re: Duty of Candour and scope of the policy · Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Clinical Director, and maybe offered opportunity to join HUG to help with SRH future learning · Complaints documented and register maintained · Annual review by EXEC	2	2	4	CD	Jan 24/Apr 24

Key

The axis for Likelihood should be from 1. Very Low – 2. Low – 3. Medium – 4. High – 5. Very High
The axis for Severity should be from 1. Light – 2. Serious – 3. Major – 4. Catastrophic – 5. Multi Catastrophic

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

ITEM 05

Clinical Quality and Governance Report

Contents

Aim....1
Recommendation....1
Report....2
Clinical Services....2
CQC and Organisational Assurance....7
Governance meetings....7
Quality Account....8
Replacing Crosscare with EMIS....8
Clinical Audit, Quality Improvement, Monitoring and Research....8
Data Dashboards....9
Clinical Quality & Governance Management Plan Objectives 2023/24....10
Objectives rolled into 2024/25 timeline....11
Audit / QI /Research 2023/24....12
Clinical Risk Management....16
Clinical Complaints....20
Complaints Overview....20
Clinical Complaints: April - May 2023....21
Records – Access Requests....22
Notifications....22
Clinical Commissioning Group (CCG) Data....23

Aim

To update the non-executive members of the Clinical Quality and Governance Committee on a selection of key areas that are integral to the Hospice's clinical quality and governance agendas.

Recommendation

The report be noted.

Report

Clinical Services

Psychological Support Services

- The first Psychological Support Services Client Feedback Forms were sent out to every counselling and social work client that completed a piece of work with us. Returns have been received consistently and the feedback has been excellent. A report will be compiled and produced by the end of January 2024 and is anticipated to demonstrate the outstanding quality of the work being delivered and appreciated.
- All staff appraisals were completed and were exemplary; with Executive sign off concurring on the excellent work done in the past 12 month period.
- Diana, Cecilie and I joined the Trauma Informed Palliative Care Network and have been present to the trainings and forums online that are now delivered monthly.
- We have worked closely with the Really Big Pants Children's Theatre Company to submit a bid to Dying Matters and Children in Need. The play entitled "Comfort" is aimed at children and young people grieving and we should hear by the end of January regarding our grant applications.
- The student/volunteer bereavement counsellors continue to deliver on average 30 sessions of counselling weekly and we are at capacity regarding rooms and placement availability. The work delivered is exemplary and feedback from the volunteers attests to the quality of their experience and learning.
- We have formed a strong partnership with Maggie's Centre at RMH. Their lead, Tim Callan has visited us here departmentally and we are due to visit with him later this month. We have brokered an agreement that allows us to refer directly to their drop-in services and importantly, the family therapy service they have.
- Departmentally, our waiting times remain below 2 weeks and this is in comparison to the waiting times of other local services being on average 6-9 months.
- We have worked with a Tavistock trained Systemic Therapist to deliver in house training on 15 January 2024 around working with Families and thinking Systemically.
- Alexander Filmer-Lorch, final year Masters trainee, delivered a two day workshop on "Healing through Grief". Attendance was at the maximum allowed and the feedback on the training was outstanding.
- Three of the volunteer counsellors have offered to deliver stories at the Schwartz Rounds – 1 was able to do this in December and 2 are positioned to deliver at the January Round (postponed from November).
- We now have in place our Library for clients to lend books that will help them through their psychological journeys pre and post-bereavement. We include resources that also help children to understand their grieving processes and for adults to talk with their young relatives in a more informed style.
- Cecilie attended the Hospice UK Conference in Liverpool, where she had a poster presentation around her work as an EMDR practitioner in a hospice setting. The poster was greatly received and we received confirmation that we are indeed the only UK hospice delivering this type of trauma informed treatment.
- Steve has been working with the hospice in Weston Super Mare around recruiting and supporting volunteer counsellors.

- We compiled a Psychological Abbreviations List to assist all departments to assist the wider MDT.

Wellbeing services

- Our Wellbeing Centre Christmas party at St. Bede's was a huge success with 80+ attendees including WBC attendees, their families and the Deputy Mayoress of Sutton.
- We have now re-opened the Compassionate Neighbours project for internal referrals (we will be re-opening for external referrals shortly) – We now have 78 x Compassionate Neighbours (33 active, 20 on hold and 24 in progress)
- Another Pets as Therapy dog has been recruited to support the WBC who is brought along each week by a local GP and her young son.
- The WBC Living Well Programme now includes an Occupational Therapist led exercise session with 'walk and talk' outings planned for the future.
- Our Tues morning Complementary Therapy volunteer Christie now has a regular Tues morning slot on the IPU.
- One of the small rooms in the Den has been converted into a Comp T room and is being used by the Comp T team on Wednesdays to support patients.
- The 2nd well attended Tea Dance event for WBC attendees was held in St Bede's room B with more planned in the new year.
- We've delivered a programme of festive events throughout December including a Hanukkah celebration, a Christmas nativity performance from St Cecelia's Primary School, and a live music performance from the popular local band Vinyl Matters.
- We've been raising lots of funds as part of the Mayor of Sutton's Charity of the Year. We've been collecting donations at many mayoral events throughout the festive period including a Christmas Carol service in Beddington and the Wallington Christmas Lights switch on in Wallington Square

Inpatient Unit

- The ward has continued to provide high standards of care to our patient population, including supporting a lady with a tracheostomy and NG tube to transfer from an ITU setting to the inpatient unit to facilitate symptom control but also to spend quality time with her two young children.
- We have used the family suite for a number of patients and had very positive feedback on the space, facilitating those with large families to be together at the end of life.
- We had training from the Nutricia team to update the nurses on the enteral feeding knowledge and we have improved links with St Georges tracheostomy nurse specialist.
- Despite the ward seeing significant sickness since October, the team has worked well together to ensure the service has remained covered.
- We look forward to the new year, continuing to develop the skills of the HCAs with the HCA study day in January and welcoming in our new band 6 nurse onto nights.

Community Palliative Care Team

- Laura Briant has joined HPOC 3 days per week offering continuity to this service area. She is predominantly WFH and also working onsite twice a month
- Kate Weldon has excelled within the Locality Lead secondment whilst covering the maternity leave and is demonstrating good leadership qualities.
- H@H staffing is at full capacity with no vacancies. They continue to receive outstanding feedback demonstrating the value of their service.
- Dr Ambreen Akhtar has been working in the CPCT and Physician Associate Jovy continues to work in the CPCT on a Tuesday
- Our GPVTS was allocated a short period of time within the CPCT with very positive feedback
- Kate Lakin and Katie White are now actively prescribing making our non-medical prescribers a team of five.
- CSP Heather Syddall has passed the NMP formal assessment at SGH university
- EMIS GP sharing records now accessible, meaning that time is saved chasing some of the most recent information from both the GP end and SRH end.
- Unfortunately CPCT Staffing has continued to be challenging over the Autumn / Winter with an average of 90 hrs pw agreed AL (including study) sickness and mat leave and so we are very grateful that some staff have worked extra hours to cover busy periods. Our newly recruited B6 (development post) has required a period of compassionate leave and sickness.
- Workload continues to be impacted by the ongoing doctors' strikes, affecting discharges from hospital and GP services – this has been particularly felt in the lead up to Christmas
- Many referrals received are poorly completed requiring many hours of extra work unpicking the referral to ensure its appropriate. Therefore, the website has been updated giving more guidance to HCPs on how to complete a referral and what's expected.
- Networking and collaborating with external agencies and providers has included regular contact between HPOC, MEoLT and SPCH to discuss referrals (reducing duplicate work and inefficiencies) and Weekly MDT meeting with St Heliers PCT. The aim is to continue to build good relations, improve communication and identify appropriate referrals for the hospice
- There have been a number of training opportunities: CHC Fast track training (Sutton) – really positive feedback /Management Coaching has been successfully completed with the team leads/ Mandatory training has been completed/Staff have been attending Clinical Supervision and reflective Schwartz rounds/Equality, Diversity and Inclusion Training has been well received as has Conflict Resolution training.

Education/Training

- The education team facilitated a study day in October for Non-Medical Prescribers which was attended by colleagues from Sutton and Merton as well as our own staff. Those who attended provided very positive feedback and so another study day has been planned for April 2024.
- St Raphael's has been commissioned by SWL ICB to provide an education programme for care home staff. This programmed commenced in October and provided monthly training sessions on communication skills and sensitive conversations at the end of life. These sessions are open to all care homes in Sutton and Merton and will continue for twelve months.
- Our first preceptorship programme came to an end in December. This was a twelve-month programme to support newly qualified nurses and nursing associated in their first role. Both

preceptees have adjusted exceptionally well to their new roles and are a great asset to the nursing team.

- The Education Team also supported students on placement and assisted nursing staff with revalidation.
- A lot of work went on to prepare for our new mandatory training system. The new system will go live in February and will provide staff with a personalised training schedule and enable more accurate reporting.
- Regular events such as Learn@Lunch and MDT Journal Club continue on a monthly basis. During this time staff were supported with training from external providers:
    - Fast Track training
    - Equality, diversity and inclusion training
    - Basic Life Support
    - Conflict Resolution
    - Sage & Thyme

Medical Team

Staffing

We have navigated the ongoing junior and consultant doctor strikes with team flexibility across the inpatient and community teams. Dr Jenny Strawson is reducing her working hours from 4days to 3days per week (working Mondays, Tuesdays and Fridays as of 1st March). We have recruited Dr Chris Roughly, a local GP, to join the medical team as a specialty doctor, working on Wednesdays.

On Call

On call collaboration with Princess Alice and Kingston Hospital continues, with the consultants across all 3 sites meeting every 3-4 months remotely.

Engagement

Dr Gaby Tamura-Rose continues to provide 1 clinical session a week to St Helier Hospital Palliative Care Team (Thursday mornings), and Dr Sam Raveney, Palliative Care Consultant at St Helier, provides 1 session to the inpatient unit per week (Thursday mornings).

The consultant team continue to host monthly MDTs for the Merton EOLC team in which complex cases are discussed and education given, providing peer support/supervision. This invitation is due to be extended to Sutton Care Home Support Team and Sutton Palliative Care Hub in the new year.

We typically host 4-5 medical students from St George's for two days per month (income generating). We also have an ongoing informal relationship accommodating junior doctors attached to the hospital palliative care team at St Helier Hospital for shadowing experience with the medical team. We have had expression of interest from a ST7 geriatric trainee to spend 2 days with us as part of her training, as well as a medical student wishing to perform their elective with us in the summer.

Dr Naomi Collins continues to provide clinical support to HMP High Down, and alongside CNSP Heather Syddall is planning on applying for a research grant to further expand their work.

Audit and Research

Naomi continues to lead the CHELsea 2 hydration at the end of life study as Principal investigator at the hospice site, recruitment and data collection is ongoing – we have recruited 12 out of the required 20 patients to date.

We have also started recruitment for the POST study – Palliative care and Oncology Survey on Terminology – with 3 patients recruited.

There is a new Research information page available on the Hospice website at https://www.straphaels.org.uk/research

The consultant team have joined the South London Clinical Research Network.

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

EMIS

Jenny continues to work as part of the EMIS working group, and a recent big success has been in securing information sharing between SRH and GP practices in Merton and Sutton as well as our district nursing team in order to improve patient care. This has proven invaluable in our ability to view GP records in real time, saving significant administrative time.

Education

The medical team continue to meet weekly for journal club/ education/ business meetings as well as joining and contributing to the Monday medical teaching coordinated across Princess Alice and Woking and Sam Beare Hospices.

The medical team delivered presentations on the non-medical prescribing day held at St Bede's Tuesday 24th October.

Gaby is mentoring Heather Syddall for her non-medical prescribing course.

Jenny continues in her role as Clinical Lead for Schwartz Rounds and completed further facilitator training in September. The hospice has now hosted 7 Rounds since January, with glowing feedback received and shared by Jenny in an organisational wide email at the start of the new year. The next Round is on Tuesday 23rd January.

Naomi is a member of the CSNAT (Carer Support Needs Assessment Tool) steering group, and they are hoping to expand the project to include the community team in the new year.

At the end of last year, Gaby delivered a joint education session with Dr Martine Meyer from St Helier Hospital, to GP trainees in the area, which received great feedback. She has also been re-invited to speak at the Management Course hosted by St Christopher's Hospice for final year palliative medicine trainees on 25th January.

Supervision

The consultants continue to be actively involved in educational and clinical supervision of our medical team (rotational specialty registrars and GPVTSs, specialty doctors, and our Physician Associate). We also are responsible for providing medical support for the Locality Caseload reviews for the community team.

Appraisal

All three consultants are now trained medical appraisers and ensure all of the medical team are supported with their yearly appraisal and revalidation. Gaby also facilitates several NHS appraisals for staff at St Helier Hospital as part of her contract.

Information Governance

Gaby continues to attend Caldicott Council meetings as an invited guest, and is due to speak again at one of their conferences in the new year. In her role as Caldicott Guardian for the hospice, Gaby was involved in the work surrounding the recent Cyber Attack.

CQC and Organisational Assurance

The CQC last inspected the Hospice in November 2019 and awarded a Good rating. The report is available via the Hospice website.
Much has changed since our last inspection and we are keen to showcase all the developments we have made.
Some Hospices are now being inspected under the new Single Assessment Framework and those with lower ratings or where concerns have been raised, are being inspected first.
A depository for evidence of excellence is included as an Agenda item for the CQ&G Sub.
We expect our KLOE work will support our evidence base to demonstrate compliance and will undertake work this year to make any alignment with the Single Assessment Framework that became effective from April 2023. Achieving an 'Outstanding' rating at our next inspection and maintaining it in the future remains our ambition.

Governance meetings

The Hospice's 'Governance' meetings feed into the work of all the sub-committees of the Hospice's Board of Trustees. Presently, there are 7 clinically focused forums that currently feed into the CQ&G Committee.
The Health & Safety Committee feeds into the F&R Committee.
The Staff Consultative Group is suspended and the Training & Development Committee feeds into the HR Committee.

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Oct'22	Oct'22	Feb'24
Clinical HoDs	Nov'23	Nov'23	Feb'24
Medical Business	Jan'24	Jan'24	Feb'24
Drugs & Therapeutics	Nov'23	Nov'23	Feb'24
Outcome Measurement Group	Dec'23 (no min)	May'22	Mar'24
Infection Control	Jun'23	Jun'23	Feb'24
Prescribers	Nov'23	Nov'23	Feb'24

Incidents / Accidents / Near Misses

- DATIX incident reporting was implemented in November 2021. Each incident is reviewed by the line manager (HoD) and all incidents receive final approval from a member of the Executive team. Clinical review has been incorporated into the business of the Clinical Heads of Department Meeting that meets every 6 weeks. Those that are non-clinical are reviewed at H&S Committee. Representatives are expected to cascade review information back to their teams and an incident feedback facility is programmed into the DATIX report for the reporter. Data is presented later in this report and remains to note how engagement with the system continues to be healthy, from both clinical and non-clinical departments.

- An annual report for incidents will be re-introduced as part of the Management Plan objectives for 2024/25 to demonstrate the range of incidents / accidents recorded across the Hospice and to provide a useful reference point for the learning taken.

- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are on-going with the latest submission made in October 2024. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

The Hospice submitted its **Quality Account** for 2022/2023 to the NHS Choices web site on 30 June 2022. It is available on the Hospice's website and copy is made available within the Hospice.

EMIS

Implementation of the new EMIS system took place on Wednesday 3rd May 2023 following the month of April 2023 that had been largely given up to the training of staff in the new system.
Users continue to embrace the new system and are engaging well. The project team has expanded to include Kelly Groom and Dawn Miller (Clinical Admin) who provide users with additional practical support.
Ensuring EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings is a critical objective set out in 2023/24's planning.
Design and rollout of DATIX mobile has occupied IT efforts more recently that will provide both connectivity contingency and facilitate community engagement.
Data sharing was also implemented in December 2023 which means that shared records can be viewed amongst participating providers (predominantly GP practices in Sutton & Merton).

Clinical Audit, Quality Improvement, Monitoring and Research

Proactive audit of the prescription charts remains a weekly undertaking for our clinical Pharmacist and results are routinely shared via the Live Care system and reported to the D&TC. The management of controlled drugs (cds) audit was completed earlier this month by our Ashton's Pharmacist, Sally-Ann Bowen and our Clinical Director who is our Accountable Officer for CDs. It is included in papers.

Review of progress with the clinical audit program and opportunity to feedback results is provided via the Clinical Audit and Activity Data forum (CAAD). Its next meeting is scheduled for February 2024. A Clinical Audit and Quality Improvement Project Presentation Forum that provides platform for project

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

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

Data Dashboards

Clinical data dashboards that inform the service areas of the IPU, Well-being Centre, Community and Psychological Support Services teams have not moved any further forward this year due to competing commitments but expectation is to re-engage and embrace these data products this year once the new EMIS system has bedded in and assurance over its output has been met. An index of tracked data that has been periodically presented and communicated to the clinical team is held.

Report Reference	**Title**	**Lead**	**Created**	**Function**	**Primary Aud.**	**Exec / CCG Interest**	**Freq**	**Resp**	**Is Data Presented?**
20/001	CMC Monitoring	BG	Jan-20	To improve CMC data capture	CPCT	Yes	Weekly	AR	Yes
20/002	NoK Details	SM	Jan-20	To improve NoK data capture	Psy / Qual / Donor Support	No	Monthly	AR	Yes
20/003	Community Team Visit Responsiveness	LB	Jan-20	To support responsiveness evidence	CPCT	Yes	Quarterly	AR	Yes
20/004	Sharing Information Consent	TC	2018	To monitor and improve Sharing Information Consent data capture	CPCT	No	Monthly	AR	Yes
20/005	Safeguarding Monitoring	RW	Feb-20	To highlight patients with safeguarding concerns and track follow up	CPCT	No	Monthly	JL	No
20/006	Referrals Monitoring	JO'G	Mar-20	To monitor and improve Referrals data capture	CPCT	No	Monthly	AR	Yes
20/007	Referral to RIP Monitoring	JO'G	Mar-20	To monitor time between referral and death	CPCT	No	Monthly	AR	Yes
20/008	Active Caseloads	NS/ GL	May-20	To monitor active caseload levels	Exec	Yes	Weekly	AR	Yes
20/009	Daily Activity Data - capacity tracker support	NS/ GL	May-20	To monitor activity recorded on Crosscare	Exec	Yes	Daily	AR	Yes
20/010	Referrals by Postcode	DN	Jun-20	To monitor referrals by postcode	Fundraising & Exec	Yes	Monthly	AR	Yes
21/001	PPoD vs Actual PoD Monitoring	RT	Apr21	To monitor PPoD achievement rates	Exec	Yes	Quarterly	AR	Yes
21/002	IPU Waiting Times / Re4quests for Admission	RT	Feb-22	To demonstrate the servicing of admission requests and profile waiting times for admission	Exec	Yes	Quarterly	AR	Yes

Clinical Quality & Governance Management Plan Objectives 2023/24

Summary

DATE	Number	Complete / on-going	As per Plan	For 2024/25
04/05/2023	**35**	**1**	**32**	**2**
19/06/2023	**35**	**2**	**31**	**2**
17/07/2023	**35**	**4**	**29**	**2**
09/01/2024	**35**	**16**	**14**	**5**

Goals Completed

Ref	Goal
3.1	Maintain CNS Development posts subject to availability and attrition
3.2	Produce and maintain an audit/monitoring/research project schedule 2023/24
3.3	New literature to be produced on EMDR, Financial Support and Services for Children and Young Adults.
3.4	Develop a robust approach to Infection Control across clinical and non-clinical services • Appointment of IPC lead for the hospice • Ending agreement for IPC support with SHH. • IPC link healthcare professionals supported to continue leading on audits Closer working between Facilities, Housekeeping and clinical services
3.6	Hospice UK Conference Presentation on EMDR.
3.9	Maintain student placements at 8
3.10	Expand provision of Bereavement Support Work: • continue with quarterly structured and facilitated group • establish drop-in group in partnership with Wellbeing Centre.
3.11	Increase delivery of Trauma Specific Work (EMDR).
3.12	• Review CLIN 33 • Develop Non-Medical Prescriber checklist for Practice • Review Scope of practice document Continue Royal Pharmaceutical Society (RPS) prescribing competency annually
3.14	Enhance the discharge process by the:- • Weekly allocation of 2 members of staff to lead on discharges • Creation of a document with a process map and all contact details for CHC discharges and social services discharges • Holding family meetings one week after admission to discuss discharge Creating and using an EMIS discharge planning template
3.15	Embed CSNAT within the H@H service and translate its outcomes into service delivery / development
3.16	Achieve an establishment that services the safe delivery of care for a 10 bed IPU
3.18	To maintain the development of joint-working across the clinical areas
3.20	Continued development of Locality Team Lead Roles and responsibilities via • Job Descriptions review to ensure currency • Education opportunities • Coaching opportunities Support/ feedback from line manager
3.22	• Sustain provision of a 10 bed IPU including the family suite appropriately staffed • A more responsive and active IPU
3.30	Recruit more volunteer therapists via advert in social media (liaison with Comms) Liaise with other therapists

Objectives rolled into 2024/25 planning

3.32	Establish H@H HCA access and engagement with the Universal Care Plan (UCP)
3.33	Create an annual incident review report that extracts learning and staff/service development
3.34	Increase the availability and accessibility of Counselling in the Community
3.35	Developing a complementary therapy survey with the Comms Team - asking patients for feedback via email.
3.36	Implement Step 2 of OACC – iPOS on the IPU and in the Community

Audit / QI /Research 2023/24

Overview

25 projects scheduled in 2023/2024

2023/24 Listing

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-01	Community - Carer & relative questionnaires for the Hospice @ Home Service	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - 2022 report published June 2023
2023/24-02	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - Latest Report for Apr-Sep 22 published in September 2023
2023/24-03	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	IPU - R Wallis Quality Office - J Cope / A Rudkin	Ongoing - 2022 report published June 2023
2023/24-04	IPU – Infection Control : Environment & Hand-washing Audit	Priority 1 External 'must do' audit	IPU - S Leech Community - J Smith Quality Office - J Cope / A Rudkin	Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps commenced in Oct/Nov 2022.
2023/24-05	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ashton's Clinical Pharmacist	Ongoing Last published in January 2024

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-06	**IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life**	**Priority 1 External 'must do' audit**	**Dr Naomi Collins**	**Presented at lunch time Audit Meeting - Sep 2022 ; re-audit for Oct- Dec 2022 report to be published in Jan 2024**
2023/24-07	**IPU : Patient Handling / Pressure Areas**	**• Priority 2 Internal 'must do' audit**	**Rebecca Wallis**	**Data collection from Oct 2023**
2023/24-08	**IPU : Mouthcare Audit**	**• Priority 2 Internal 'must do' audit**	**Rebecca Wallis**	**Data collection began in Oct 22**
2023/24-09	**Controlled Drugs Annual Audit**	**Priority 1 External 'must do' audit**	**R Trower**	**Ongoing Last published in January 2024**
2023/24-10	**Out of Hours Calls Monitoring**	**• Priority 3 Specialty Priority**	**Dr N Collins**	**Published in July 2023**
2023/24-11	**Spoken Language Active Referrals**	**• Priority 3 Specialty Priority**	**Dr G Tamura-Rose**	**Published in November 2023**
2023/24-12	**OACC measures (Step 1 - Phase of Illness + Karnofsky performance status)**	**• Priority 2 Internal 'must do' audit**	**OACC Task & Finish Group JG - IPU GT-R / BD-S - Community**	**November 2021 IPU Audit Report published in January 2023; November 2022 audit expected in February 2024**
2023/24-13	**Outcome measures (Step 2- CSNAT)**	**• Priority 2 Internal 'must do' audit**	**Implementation Group MV - H@H**	**Nov 22 - Apr 23 data pilot summary reported in July 2023.**
2023/24-14	**Psychological Support Services Questionnaire**	**• Priority 4 Clinician interest audit**	**Psychological services SM**	**Bespoke survey started in June 2023 – 1st report due in January 2024**

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-15	Activity Monitoring Data CMC NoK CPCT Responsiveness Sharing Information Safeguarding Referrals Referrals to RIP Active Caseloads Daily Activity Data - capacity tracker Referrals by Postcode Community RA DoLs PPoD	• Priority 3 Specialty Priority	Quality Office+ CAAD	Ongoing
2023/24-16	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	• Priority 2 Internal 'must do' audit	Quality Office + CAAD	Ongoing
2023/24-17	Incidents	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs	Ongoing NEW annual report expected in 2024/2025
2023/24-18	Falls	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs Mtg	Ongoing - April 2022 - March 2023 chart last produced in June 2023
2023/24-19	Complaints	• Priority 2 Internal 'must do' audit	Quality Office + Exec	Ongoing - 2022 complaints reviewed in August 2023
2023/24-20	Safeguarding Documentation	• Priority 3 Specialty Priority	Rebecca Wallis	Data Collection (June 2021 - December 2022) Report published in September 2023

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-21	**Clinical Records Documentation**	**• Priority 2 Internal 'must do' audit**	**R Trower**	**Last Reported in Dec 2022. Re-audit Mar 2024**
2023/24-22	**Referral to the IPU Re-Audit**	**• Priority 3 Specialty Priority**	**Dr J Strawson**	**Data Collection Jan/Feb 2024**
2023/24-23	**Caldicott - IG Sweep**	**• Priority 2 Internal 'must do' audit**	**Dr G Tamura-Rose**	**Annual Data collection Last undertaken in January 2023**
2023/24-24	**CHELsea II examining hydration at the end of life - led by Surrey University Clinical Trials Unit : cluster randomised trial til Oct 2024**	**• Priority 3 Specialty Priority**	**Dr N Collins**	**Data Collection : 11 patients recruited as at 04-12-2023**
2023/24-25	**Patient 'label' research project - the PhD project for a Pall Care SpR in Our Ladies Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall Care Consultant at Royal Surrey County Hospital, is UK lead.**	**• Priority 3 Specialty Priority**	**Dr N Collins**	**Ethical approval confirmed. Remote site visit in November. Data collection started in November 2023 (whole project nationally to recruit 383 patients across 7 sites).**

<u>2023/24 summary :</u>

Projects complete = 9

Projects on-going = 16

Clinical Risk Management

Clinical Unexpected Incidents

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

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023	2022	2021	2020	2019
Admissions to IPU	19	18	20	17	16	20	19	16	15	17	14	16	207	207	138	195	212
Beds	10	10	10	10	10	10	10	10	10	12	11	10					
Bed Occupied Days	296	204	242	263	242	222	286	248	266	299	213	201					
Bed Available Days	310	280	310	300	310	300	310	310	300	372	330	310					
Bed Occupancy (variable beds)	95.48%	72.86%	78.06%	87.67%	78.06%	74.00%	92.26%	80.00%	88.67%	80.38%	64.55%	64.84%					
Bed Occupancy (10 beds)	95.48%	72.86%	78.06%	87.67%	78.06%	74.00%	92.26%	80.00%	88.67%	80.38%	64.55%	64.84%					
CD Medication Incident	5	2	12	0	6	3	1	2	4	0	7	1	42	29	35	15	23
CD Medication Near Miss	0	0	0	0	0	0	0	0	1	0	0	0	1	1	2	1	1
Non-CD Medication Incident	9	1	3	1	2	0	0	2	2	0	2	1	22	21	7	4	12
Non-CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	3			1
Pressure Sore on Admission	1	2	3	3	3	3	1	3	3	3	5	1	30	22	16	19	16
Pressure Sore during Admission	1	0	2	0	1	4	1	1	2	3	1	0	16	17	6	4	3
Moisture Associated Skin Damage ON Admission	0	0	1	0	0	0	0	0	0	0	0	0	1	1			
Moisture Associated Skin Damage DURING Admission	0	0	0	1	0	0	0	0	0	0	0	1	1	0			
Sharps/Splash	0	0	1	1	0	0	0	1	0	0	0	0	3	3			
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0	0	3			
Infection	0	1	1	0	0	0	0	0	0	0	1	0	3	6			
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0				
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0		1	1	1

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023	2022	2021	2020	2019
Staffing	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**9**			**1**
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**			
IG	2	0	0	1	1	0	0	3	1	3	4	4	**15**	**16**	**4**	**3**	
IG near miss	0	0	0	0	0	1	0	1	1	0	0	0	**3**	**4**	**5**	**1**	
Manual Handling	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**	**2**	**1**	**5**
Slips, trips, falls	1	0	2	0	3	0	1	1	1	3	2	1	**14**	**21**	**19**	**20**	**21**
Falls near miss	3	0	1	0	1	0	0	0	0	1	0	0	**6**				
Verbal Violence (Pt)	0	0	0	0	0	0	0	0	1	0	0	0	**1**			**1**	
Physical Violence (Pt)	1	0	1	0	0	0	0	0	0	0	0	0	**2**	**3**			
Bump	0	0	0	0	0	0	0	0	0	0	0	0	**0**				
Burn/Scald	0	1	0	0	0	0	0	0	0	0	0	0	**1**	**1**			
Equipment	0	0	0	0	0	0	0	0	2	0	0	0	**2**	**1**			
Equipment (near miss)	0	0	1	0	0	0	0	1	0	0	0	0	**2**	**1**			
Doctor On Call	0	0	1	0	0	0	0	0	0	0	0	0	**1**	**0**			
EXEC Out of Hours Call	0	1	0	0	3	0	0	0	0	0	1	0	**5**	**2**			
OTHER - Admin/Property/Documentation/OOH Contact	2	0	2	0	4	1	0	0	2	0	0	0	**11**	**12**	**12**	**14**	**12**
MAD Alerts (re SRH)	1	0	0	0	0	0	0	0	0	0	1	0	**2**				
*** Incidents reported to Community – non-SRH**	3	1	1	1	1	0	0	0	0	0	0	1	**7**	**25**	**2**	**8**	**12**
*** MAD Alerts (incl. in Community: non-SRH)**	2	1	0	0	0	0	0	0	0	0	0	0	**3**	**12**			
Total 2023 *excluded	**26**	**8**	**31**	**7**	**24**	**12**	**4**	**15**	**20**	**13**	**23**	**9**	**192**				
Total 2022 *excluded	8	12	15	10	15	19	18	16	13	24	16	14		180			
Total 2021 *excluded	3	2	7	8	21	13	3	1	19	9	11	12			109		
Total 2020 *excluded	7	6	7	6	11	15	5	5	4	3	8	8				85	
Total 2019 *excluded	1	14	13	7	8	7	6	6	5	16	10	6					99

Incident Key

Medication Incidents	
Level 0	Error prevented by staff or patient surveillance
Level 1	Error occurred with no adverse effect to patient
Level 2	Error occurred: increased monitoring of patient required, but no change in clinical status noted
Level 3	Error occurred: some change in clinical status noted and/or investigations required: no ultimate harm to patient
Level 4	Error occurred: additional treatment required or increased length of patient stay e.g. Naloxone required for opioid overdose
Level 5	Error resulted in permanent harm to patient
Level 6	Error resulted in patient death
Reference	Wilson DG et al (1998) in Naylor R, Medication Errors, Radcliffe medical press, Oxford, 2002.

Falls	**Include all slips, trips and falls (inpatient unit only).** (e.g. if a patient is found on the floor, lowered themselves onto the floor, slipped from a chair, rolled out of bed, etc)
No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving care. Impact not prevented – any patient safety incident that ran to completion but no harm occurred.
Low harm	Harm requiring first-aid level treatment, or extra observation only (e.g.bruises, grazes). Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving care.
Moderate harm	Harm requiring hospital treatment or a prolonged length of stay but from which a full recovery is expected (e.g. fractured clavicle, laceration requiring suturing). Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving care.
Severe harm	Harm causing permanent disability (e.g. brain injury, hip fractures where the patient is unlikely to regain their former level of independence). Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving care.
Death	Where death is directly attributable to the fall. Any patient safety incident that directly resulted in the death of one or more persons receiving care.
References	- National Patient Safety Agency 2010 Slips trips and falls data update NPSA: 23 June 2010. - NPSA Seven Steps to Patient Safety.

Clinical Significance	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2023	2022	2021	2020	2019
Admissions to IPU	19	18	20	57	17	16	20	53	19	16	15	50	17	14	16	47	94	207	138	193	212
Bed Occupied Days	296	204	242		263	242	222		286	248	266		299	213	201						
Bed Available Days	310	280	310		300	310	300		300	310	300		372	330	310						
Bed Occupancy	95.48%	72.86%	78.06%		87.67%	78.06%	74.00%		95.33%	80.00%	88.67%		80.38%	64.55%	82.78%						
Fall No Harm	1	0	0	1	0	4	0	4	0	0	1	1	3	1	1	0	11	15	12	14	15
Fall Low Harm	0	0	1	1	0	0	0	0	1	1	0	2	0	0	0	0	3	6	7	6	6
Fall Moderate Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Med Level 0	2	2	8	12	1	5	2	6	0	3	3	6	0	4	2	0	32	4	20	9	13
Med Level 1	11	1	7	19	0	3	1	3	1	2	3	6	0	5	0	0	34	49	20	10	21
Med Level 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
Med Level 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor (No Harm or Low Harm)	10	3	9	20	2	8	2	10	0	6	7	13	4	7	4	0	62	65	25	15	19
Moderate (Moderate Harm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	6	2
Serious (serious Harm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pressure Sores	2	2	6	10	4	4	7	8	2	4	5	11	6	6	2	0	50	40	22	23	19
Totals 2023	26	8	31	65	7	24	12	43	4	16	19	39	13	23	9	45	192				
Totals 2022	8	12	15	35	10	15	19	44	18	16	13	47	24	16	14	54		180			
Totals 2021	3	2	7	12	8	21	13	42	3	1	19	23	9	11	12	32			109		
Totals 2020	7	6	7	20	6	11	15	32	5	5	4	14	3	8	8	19				85	
Total 2019	1	14	13	28	7	8	7	22	6	6	5	17	16	10	6	32					99

Clinical Complaints

- Review of complaints received between 1st April 2022 and 31st March 2023 were reviewed at a meeting of the Hospice executive in July 2023. Summary included in June 2023 papers.
- There have been 12 clinical complaints received in and between January and December 2023.
- Review of complaints meeting received between 1st April 2023 and 31st March 2024 scheduled for May 2024.

Complaints Overview

2023 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January						1					**1**	**1**			**0**
February	1	1		1			1				**4**	**1**	**3**		**4**
March				1					2		**3**		**1**		**3**
April				1					1		**2**		**1**		**2**
May		1									**1**		**1**		**1**
June				1					2		**3**		**1**		**2**
July											**0**				
August									2		**2**				**2**
September				1							**3**				**3**
October											**0**				
November		1									**1**	**1**			**1**
December		1							1		**2**		**1**		**2**
2023	1	4	1	4	0	1	1	0	10	0	22	3	9	0	20
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14
2019	0	0	3	3	0	1		0	2	2	14				9
2018	2	5	10	4	1	0		0	1	0	27				19

Clinical Complaints: October – December 2023

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2023/20	Daughter	24/11/2023	Patient's daughter wrote to complain about the responsiveness of primary care, the MEOLT and SRH when her mother was in the dying phase and the unnecessary suffering that she experienced. She was unhappy with the management of pain. The family had been reassured by SRH that although her mother's needs did not require active service from the Hospice that it would not be difficult to reactivate those services should they be required. Mother passed away in the early hours of Thursday 23rd November and the family had requested, be email, 24 hour support from the Hospice team on the 19th November 2023. Patient was known to MEOLT and did not have specialist palliative care needs.	Community Comms	Email of acknowledgement and extension of condolences sent. Investigated by Community Team Manager. Time line of events showed:- 18th Nov OOH - call from LAS to IPU patient unwell - with acute infection / pain - advised to seek GP 111 / DN's 19th Nov - CNS on call rang home on two occasions to assess situation - no reply initially . call alter to live in carer - non malignant pain - plan made and visit not required 19th Nov email from Daughter received CNS replied requesting daughter to phone so update could be given 20th NOV MDT outcome - request GP and MEoLT to do joint visit and review HPOC discussed with MEoLT 20th Nov HPOC discussed with MEoLT 20th NOV further email x 2 from daughter concerned 21 st of Nov HPOC discussion with MEOLT - joint visit with GP / CSCI arranged MEoLT advised SRH not required 23rd Nov daughter notified patient had died peacefully after 8 days of pain and fatigue 23rd Nov email of condolences sent to daughter and explanation that we do work very closely with Merton End of Life Care team and that provision of community care and services can be confusing given there are a number of different organisations that provide and support palliative care . Invitation to discuss any concerns please extended. Letter of apology sent by Clinical Director on 4th December 2023 following review of the records and discussion with Community Team Manager. In essence patient was under MEOLT as did not require specialist input but events at a weekend led the daughter to email request to re-start SRH's referral. SRH communicated with both daughter and MEOLT. Acknowledged that SRH could have communicated better, particularly by responding to the daughter's 2nd email on the Monday following visit by the GP and a MEOLT HCP. Patient RIP on the Thursday.	Upheld in part
2023/22	Husband	20/12/2023	Patient's husband wrote to complain about the language used and demeanour of a CNS following her visit.	Community Comms	Discussion with CNS involved - explanation regarding circumstances - patient does not want resuscitation but husband disagrees. Feels it is a medical rather then nursing decision and should be made by hospital doctors. CNS felt intimidated by husband and therefore left the premises. CEO call to husband - message left that Clinical Director would call later to discuss. Clinical Director called and spoke to husband - agreed that one of the medical team would phone in New Year to discuss patient's condition and possibly arrange a joint home visit Husband acceptable of this suggestion - said he doesn't want to protract the issue and his reflections have mellowed over time.	Upheld in part

Records – Access Requests

Between January and December 2023, we have had no access to health records requests and just two sharing requests.

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

Notifications

Between January and December 2023 there have been 19 serious injury notifications made to the CQC all concerning pressure sores grade 3 or above. Two were not notified in September 2023 owing to the timeline of without reasonable delay not being met.

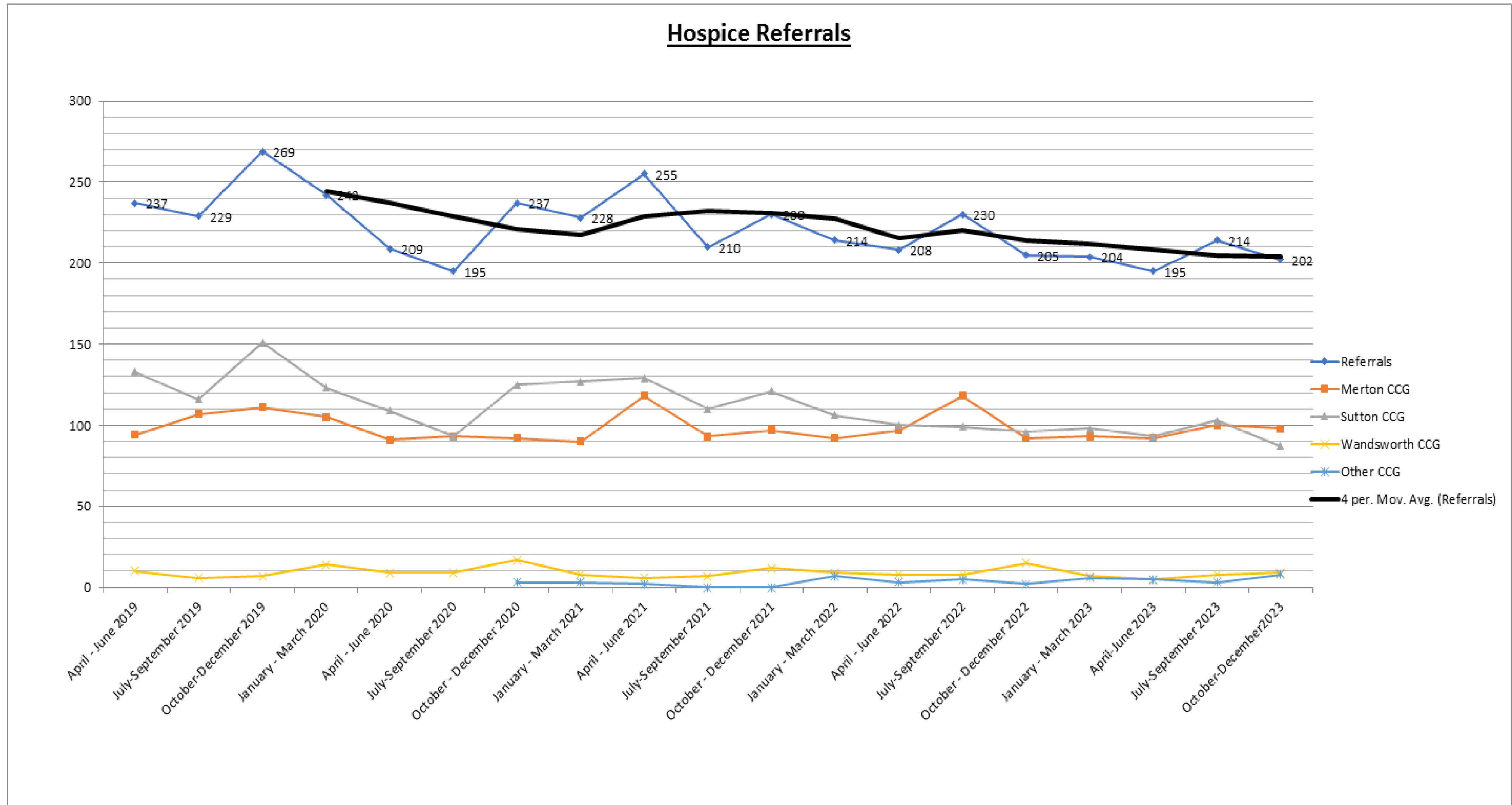
Between January and December 2023 there have been 13 safeguarding notifications made to the CQC: 5 concerning patients, 2 concerning friends of patients, 1 concerning a patient's daughter and 1 concerning DN carers, 2 concerning care at SHH and 2 concerning care agencies or private carers. All were reported to the local safeguarding teams. Of the 13, 5 have been triggered by report from the Community Team, 4 by the Inpatient Unit Team, 1 by the Medical Team, 2 by a Wellbeing Facilitator and 1 by the Psychological Support Services Team.

	Serious Injury	Safeguarding
2023	21	13
2022	9	21
2021	10	19

There have been no safeguarding notification raised against St Raphael's in 2023.

Clinical Commissioning Group (CCG) Data

Submission of Activity data for the preceding quarterly period is routinely supplied to the SWL CCG prior to our contract review meetings.



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

Audit of telephone calls made and received by the Hospice outside of normal working hours

Primary Aim – To evaluate the quantity and nature of calls being made to the in-patient unit staff during evenings and over night

Method – Crosscare records were obtained detailing all calls received and made between the hours of 17:00 hrs and 09:30 hrs from 01.01.2022 and 31.03.2022.

In total there were 1489 calls recorded between the hours of 17:00 hrs and 09:30 hrs for the three months of January to March 2022.

Month	Count	%
January	422	28.3%
February	460	30.9%
March	607	40.8%
Grand Total	**1489**	

Pt Gender	Count	%
F	870	58.4%
M	618	41.5%
(blank)	1	0.1%
Grand Total	**1489**	

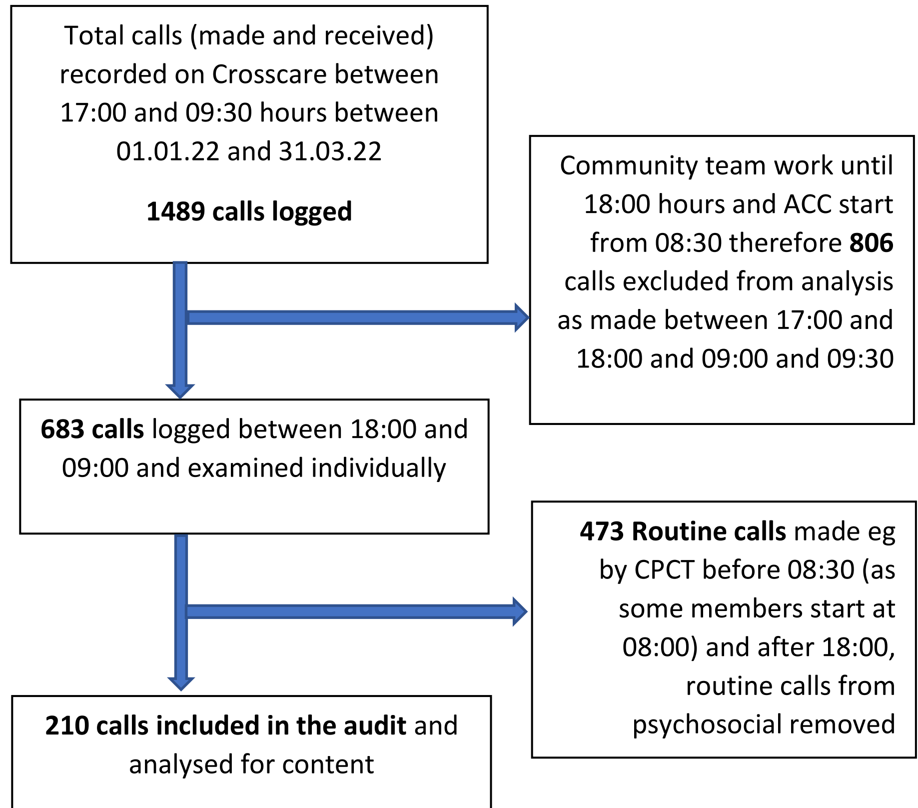
Pt Age	Count	%
Under 40	36	2.4%
40-49	77	5.2%
50-59	245	16.5%
60-69	247	16.6%
70-79	471	31.6%
80-89	314	21.1%
90 or over	84	5.6%
(Blank)	15	1.0%
Grand Total	**1489**	

Encounter Type	Count	%
Telephone with carer	586	39.4%
Telephone with other HCP	565	37.9%
Telephone with patient	338	22.7%
Grand Total	**1489**	

Hour	Count	%
17:00-17:59	576	38.7%
18:00-18:59	175	11.8%
19:00-19:59	53	3.6%
20:00-20:59	39	2.6%
21:00-21:59	18	1.2%
22:00-22:59	16	1.1%
23:00-23:59	20	1.3%
00:00-00:59	11	0.7%
01:00-01:59	4	0.3%
02:00-02:59	4	0.3%
03:00-03:59	5	0.3%
04:00-04:59	8	0.5%
05:00-05:59	5	0.3%
06:00-06:59	4	0.3%
07:00-07:59	20	1.3%
08:00-08:59	301	20.2%
09:00-09:30	230	15.4%
Total	**1489**	

The community palliative care team routinely operate until 18:00 hours and the ACC start answering calls into the Hospice from 08:30, therefore the 576 calls made or received between 17:00 and 18:00 and the 230 calls between 09:00 and 09:30 were excluded; this brought the total to 683 calls.

The record of these 683 calls were examined in turn. Those that were made routinely by the community team starting at 08:00 or recording routine calls after 18:00 hrs were excluded, as were those where the timing seemed to have been entered in error eg calls from the psychosocial team made to schedule appointments and those handled by ACC. As a result of this screening process 473 calls were eliminated bringing the total to 210.


Total calls (made and received) recorded on Crosscare between 17:00 and 09:30 hours between 01.01.22 and 31.03.22
1489 calls logged
Community team work until 18:00 hours and ACC start from 08:30 therefore 806 calls excluded from analysis as made between 17:00 and 18:00 and 09:00 and 09:30
683 calls logged between 18:00 and 09:00 and examined individually
473 Routine calls made eg by CPCT before 08:30 (as some members start at 08:00) and after 18:00, routine calls from psychosocial removed
210 calls included in the audit and analysed for content

The remaining 210 calls were categorised into -

A Calls into the Hospice dealt with by IPU staff

1. Calls made **to** the inpatient unit regarding **symptomatic patients in the community** either by the patient themselves, those important to them or healthcare professionals (designated "red" calls on excel spreadsheet available on N drive)
2. Calls made **to** the IPU from patients/those important to them or HCP regarding **patients in the community** but **not regarding symptoms**/not stressful (orange)
3. Calls made **to or from IPU regarding inpatients** – updates/ passing on messages/ lost property (green)
4. Calls **to the IPU** from the **doctor on call** (blue)

B Calls made by IPU staff

5. Calls to the doctor on call (grey)
6. Calls made by IPU staff to other agencies eg district nursing/nursing homes regarding patient "administration" (brown)

C Calls to or from the doctor on call (either first or second on) (Yellow)

Results

A Calls into the Hospice, dealt with by IPU staff

There were 87 "red" calls made over the 90 day period, that is calls made to the IPU about patients in the community who were symptomatic in some way and asking for advice/ admission etc.

There were 39 "orange" calls made to IPU staff regarding patients in the community who were not necessarily symptomatic.

16 calls were "green" calls – calls with IPU staff regarding current inpatients – passing on messages.

8 calls were made by the doctor on call to the IPU ("blue").

Thus, a total of 150 calls were made into the IPU during evenings or over night in a 90 day period.

B Calls made by IPU staff

19 grey calls – calls made by IPU to the doctor on call

6 brown calls – calls made by the IPU staff regarding patient administration

2 dark green calls – calls made by IPU staff regarding in patient deterioration

C Calls to or from medical staff on call

33 calls were recorded as being made by doctors on call (1st and 2nd on call; to patients or "other healthcare professional"), not including the 8 calls detailed above made by the doctor on call to the ward.

Further analysis of the 87 "Red" calls concerning symptomatic patients in the community

Duration of the "red" calls

Duration of call	Number of calls
0-5 mins	3
5-15 mins	27
15-30 mins	10
30-45 mins	1
Blank	46
Total	87

Timing of "red" calls

Time call received	Number of calls
18:30 hrs -19:00 hrs	3
19:00 hrs -20:00 hrs	12
20:00 hrs – 21:00 hrs	9
21:00 hrs – 22:00 hrs	3
22:00 hrs – 23:00 hrs	8
23:00 hrs – 24:00 hrs	6
24:00 hrs – 01:00 hrs	6
01:00 hrs – 02:00 hrs	2
02:00 hrs – 03:00 hrs	1
03:00 hrs – 04:00 hrs	2
04:00 hrs - 05:00 hrs	4
05:00 hrs – 06:00 hrs	1
06:00 hrs – 07:00 hrs	3
07:00hrs – 08:00 hrs	7
08:00 hrs – 09:00 hrs	16 (10 of these calls occurred on weekend/ BH)

Discussion

This audit shows that there are significant calls taken by the IPU team outside of normal working hours. During the 90-day period audited, 150 calls were received by the ward.

Particular attention has been paid to those calls labelled "red" – calls received concerning symptomatic patients in the community – as these calls *may* have the highest possibility of causing concern to the staff member dealing with the call. There were 87 such calls during the audit – on average 1 call per night. The single commonest time for these calls to be made was between 08:00 hrs and 09:00 hours (16/87, 18%) with the second commonest time being between 19:00 hrs and 20:00 hrs (12/87, 14%). Further inspection of the calls made between 08:00 and 09:00 hrs found that 10 of the 16 "red" calls made during this time period occurred at the weekends or on a Bank Holiday when the community team would not start work until 09:00 hrs. The time taken for the majority of the red calls was not recorded on Crosscare (46/87, 53%) however 11 calls have taken longer than 15 minutes (13%) and 1 longer than 30 minutes to complete.

Sufficient support must be offered to staff dealing with calls taken outside of usual working hours. In addition to the peer support available from other colleagues working on the IPU at the time, medical support is available at all times from the first and second on call doctor rota. Since the on-call collaboration with the palliative care teams from Princess Alice Hospice and Kingston Hospital, established autumn 2021, it may well be the case that the IPU staff member does not personally know the doctor who is on call and this may affect their comfort level in seeking advice. It is also important to acknowledge the time taken in dealing with these telephone calls, which is in addition to the normal work of caring for the current in-patients on the unit. Calls received between 08:00 and 09:00 hrs, especially those requiring the nurse in charge, disrupt the process of handover from the night to day shift.

Finally, it is also interesting to note that the audit captures 19 calls made by the IPU to the doctor on call and 41 calls made by doctors on call during evening/night-time over the 90-day period; thus averaging 2 calls every 3 evenings/nights for medical staff.

Naomi Collins 09.02.2023

Supporting our patients in whom English is not their first language

A Quality Improvement Activity - Audit

1.0 Introduction

Language barriers can cause significant communication issues. Non-native English speakers can find it difficult to understand management plans and express their emotions, physical and mental symptoms. Many patients carry on with consultations without full understanding of medical terms, or rely upon a family member or friend as an interpreter. The NHS has strongly discouraged the use of family as interpreters and recommends the use of language line services as the first line to minimise communication errors (1). This is because relatives may not reliably translate, either unintentionally due to the challenge of translating medical terminology, or intentionally to shield the patient from difficult news. Additionally, given the sensitive nature of palliative care consultations, acting as translator may put undue burden on family members. As a result, the NHS has recently advised sending letters to non-native English speakers in their own language. This can help patients be aware of their upcoming appointments and reduce missed appointments.

2.0 Aims

The overall aims of this audit are:

1) To review the language spoken by our caseload of patients under the care of the hospice.

2) To review in those patients whom we have identified as not speaking English as their first language, was an interpreter offered and used, and at what point that was actioned.

3) To use these results to help influence further progress in the achievement of our vision to improve our engagement with our wider community (e.g. through production of leaflets in other languages).

3.0 Standards

1) All non-native English speakers should be identified at hospice point of contact (HPOC) and offered an interpreter.

2) The method of translation should be documented.

4.0 Methodology

Retrospective data collection using the electronic patient record (Crosscare) system. The Head for Quality and Improvement provided a list of registered patients under the care of the hospice as of March 2023.

All patients in whom ethnicity was recorded as British/Irish were removed (on the assumption that they could speak fluent English).

Of the remaining records, each was reviewed in detail, looking at the initial referral form, the HPOC documentation, and the first assessment to see if and when the spoken language was identified and/or if an interpreter was offered and/or used at any point.

3.0 Results:

3.1 57 non-native English speakers were identified out of a caseload of 194 patients (29%). A

total of 137 patients (71%) were excluded from the audit as they were native English speakers (126 White British, 10 Irish, 1 Black British). (figure 1)

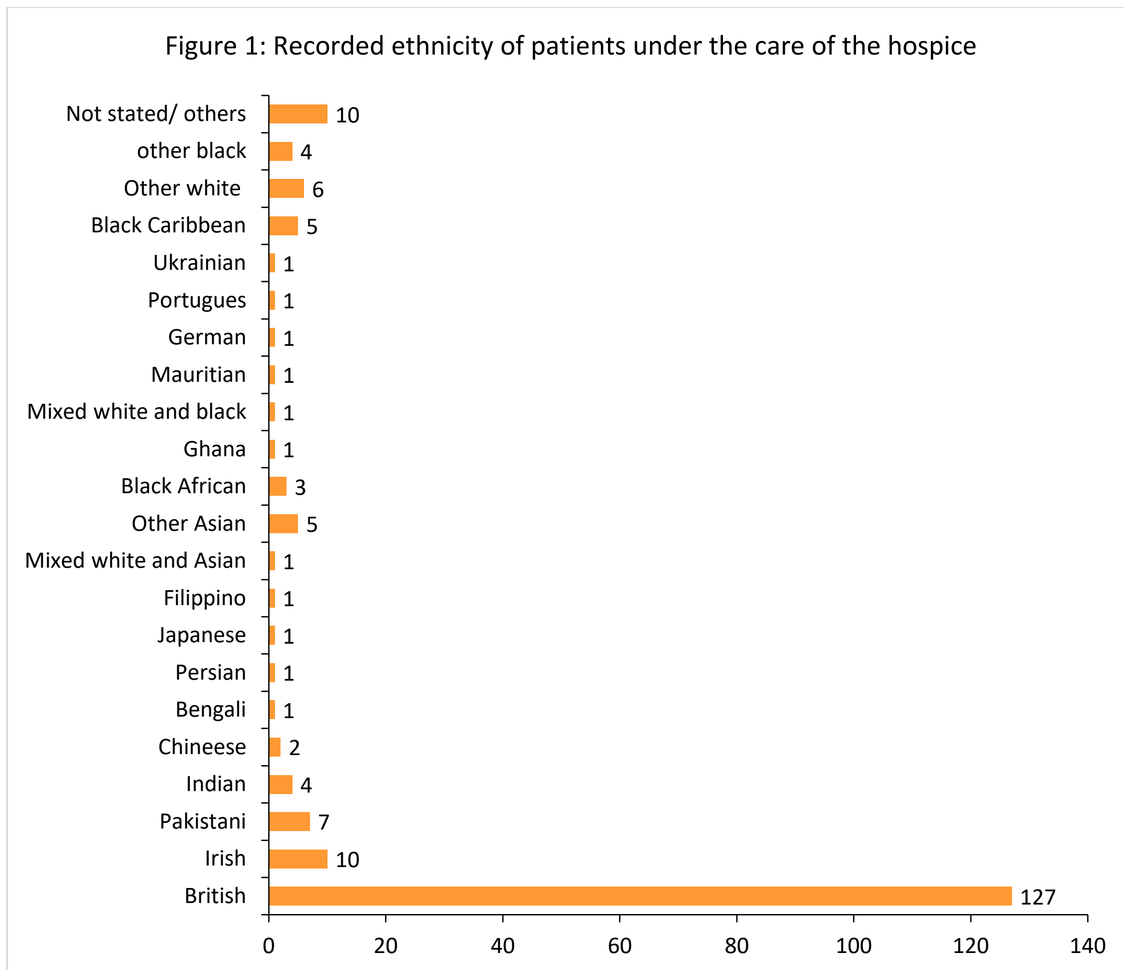


Figure 1: Recorded ethnicity of patients under the care of the hospice

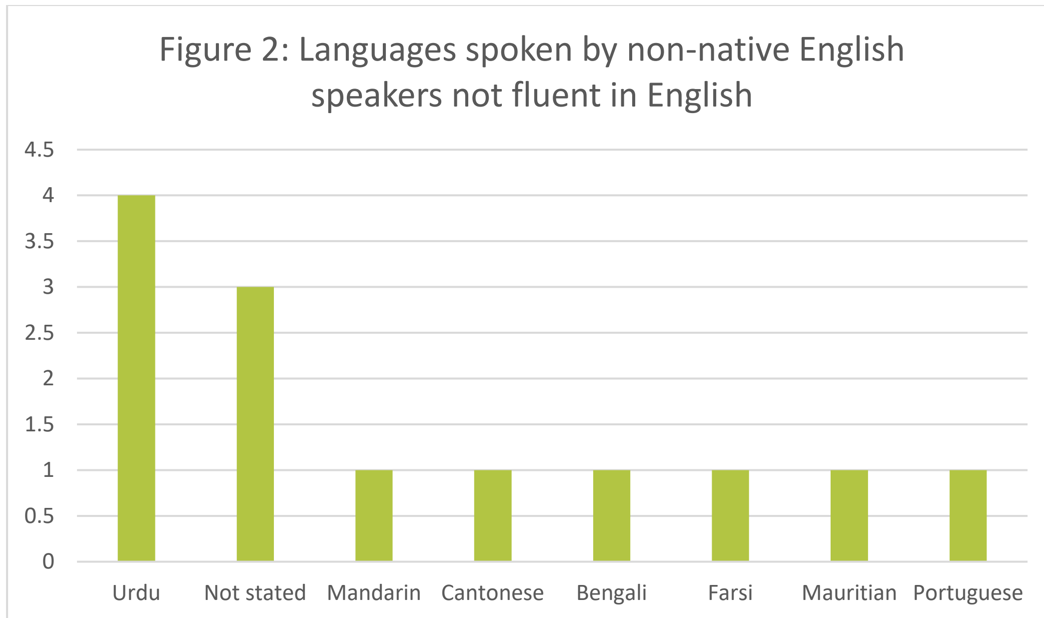
3.2 44 of the 57 (77%) non-native English speakers included were fluent in English (Table1) and therefore did not require an interpreter. This left a total of thirteen patients on the case load (0.07%) who are either not fluent in English or were documented to have communication difficulties not otherwise specified (Table 2). Of those with documented communication difficulties, one was fluent in English but was non-verbal following a stroke and relied on family members to communicate; three were non-fluent in English and three did not have fluency status documented.

Fluency in English status		Number of patients
Fluent		44
Not fluent		6
Communication difficulties	Fluent	1
	Not fluent	3
	Not	3

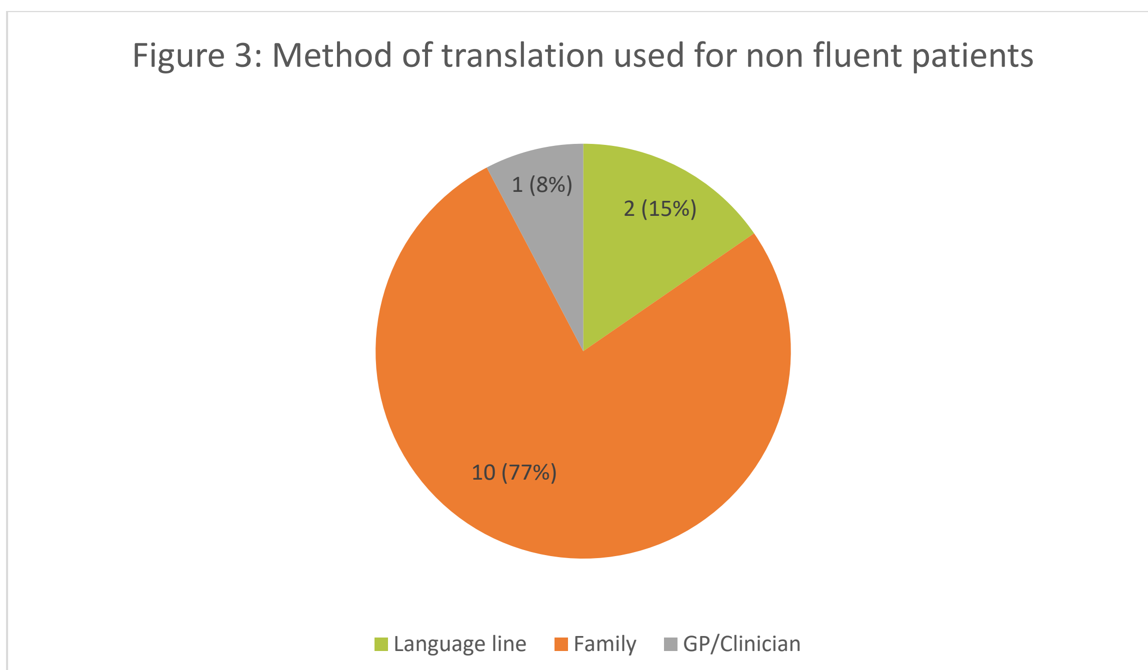
	stated	
Total		57

(Table 1): Fluency status of non-native English speakers

3.3 The most common language spoken by patients who were not fluent in English or had communication difficulties was Urdu. Other languages spoken included Mandarin, Cantonese, Bengali, Farsi, Mauritian and Portuguese. However, 3 patients did not have their first language specified (Figure 2).



3.4 Of the thirteen patients not fluent in English or with communication difficulties, language line services were offered for three patients only. One patient declined to use language line services as she wanted to improve her English. Relatives were the main interpreters during consultations with the rest of the non-fluent patients. (Figure 3)



4.0 Discussion

4.1 Language line services were provided to only 15% of non-native English speakers (Figure 3). The lack of interpreters being offered could be related to:

- patient preference
- consultations with an interpreter being more time-consuming
- perception of the presence of an interpreter being awkward
- a precedent set by hospital already to not use interpreter, in particular where patients usually attend appointments with a carer, friend, or family member.

Unfortunately, this falls far short of the standard of 100% of non-native English speakers being offered an interpreter. Without documentation explaining the lack of offering, we are left with hypothesising. In situations where the patient is declining the use of an independent translator, we need to decide upon a standard within the hospice of considering insistence of the use of an interpreter to at least ensure the patient truly understands the rationale behind our recommendation, so that they are truly making an informed decision.

4.2 One patient has used clinicians as interpreters (Figure 4). This may be appropriate if a clinician can speak the patient's first language fluently.

4.3 Fluency status was documented for only four patients with communication difficulties (Table 1). This may have been because communication with these patients was primarily through their relatives, therefore fluency status was difficult to assess. Fluency status should be identified and documented for all patients, and the nature of communication difficulties specified to allow appropriate assistance with communication.

4.4 Given a recent national audit looking at the validity of documented patient ethnicity potentially clashing with the perception by the patient, one might argue how accurate our initial recordings of the ethnicity of our caseload is. Are we relying upon information shared with us by the referrer, or are we routinely checking the ethnicity status with the patient on first assessment/at HPOC? Additionally 10 patients did not have an ethnicity stated.

4.5 It is interesting that none of the patients had an in-person translator present for the consultation. Arguably having to use a translator over the phone is less than desirable both for the patient and those important to them, but also the clinician. Given the impact of Covid-19 is less of an issue now, we may need to review asking for in-person translators more, especially for planned consultations reviewing more sensitive issues eg ACP discussions.

5.0 Recommended actions:

5.1 To identify at first point of contact whether or not the patient speaks English fluently/ well enough to engage in a first assessment without a need for an interpreter. If this is not the case then to recommend/offer the use of an interpreter, and document clearly this discussion/decision and outcome.

5.2 First language and fluency status should be documented for all non-native English speakers, and the nature of communication difficulties should be specified. Where

interpreters are offered this should be documented, including the informed consent process if the offer of an interpreter is declined.

5.3 The ‘No Barriers Here’ research report (2) recommends that written information provided to patients should be available in an appropriate range of languages. Within this audit, languages spoken by those not fluent in English or with communication difficulties included Urdu, Mandarin, Bengali, Farsi, Mauritian and Portuguese. Further research in collaboration with the local community may identify which languages may be most valuable to provide written resources.

5.4 To ensure every patient on our caseload has a confirmed ethnicity recorded and checked with them.

5.5 To present the findings of this audit at the next Hospice Audit meeting and disseminate findings and actions to the wider MDT.

Appendix:

Table 2: Ethnicity and language of patients registered to the hospice March 2023, and what interpretation service was offered

Ethnicity recorded in patient record	**1st language**	**Number of patients**	**Fluency**	**Need of interpreter**	**Method of translation/ communication**	**Language line offered**
Native speakers (British/Irish) 137 patients						
126 White British	English	137	-	-	-	-
10 Irish						
1 Black British						
Asian 23 patients						
Pakistan	Pakistani (Urdu)	7	Fluent in English: 3.	No	-	Yes, for one patient
			Not fluent in English: 3	Yes	Consultations with GP, and SD at SRH in Urdu. Family was used as an	

					interpreter. 1 patient has used language line and family as interpreters.	
			Communication difficulties: 1	No	Communication with wife Cognitive impairment (Huntington's disease)	
India	Hindi (Urdu)	4	Fluent in English: 4	No	-	No/Not documented
China	1 Cantonese	2	Fluent in English: 0	Yes	Needs an interpreter in the referral form. Declined an interpreter as she wants to improve her English	Offered for one patient but declined
	1 Mandarin		not fluent in English: 2		Does not speak English, wife translates for him.	
Bangladesh	Bengali	1	Not Fluent with communication difficulties: 1	No	Father translates to him (learning disabilities)	No/Not documented
Iran	Persian	1	Fluency is not stated but has	No	brain metastasis which makes	No/Not documented

			communication difficulties.		communication difficult. Often relies upon his brother to help translate	
Japan	Japanese	1	Fluent in English	No	-	No/Not documented
Philippine	Filipino	1	Fluent in English	No	-	No/Not documented
Mixed white/Asian	-	1	Fluent in English	No	-	No/Not documented
Other Asian	not stated.	5	fluent in English:3 Communication difficulties: 2	2 patients needed an interpreter	One patient was withdrawn with minimal verbal engagement. Relies on family/carers. One patient was not Fluent and nonverbal	No/Not documented
African 6 patients						
Black African	-	3	All Fluent	No	-	No/Not documented
Ghana	-	1	Fluent	No	-	No/Not documented
Mixed white/Black African (Nigerian heritage)	-	1	Fluent, raised in England	No	-	Not needed
Mauritius	Mauritian	1	Not Fluent, with communication difficulties	No	Nonverbal, rely on family/carer	No/Not documented
European 3 patients						
Germany	German	1	Fluent in	No	-	No/No

			English			documented
Portugal	Portuguese	1	Not Fluent	Yes	Language line used	yes
Ukraine	Ukrainian	1	Fluent in English	No	-	No/No documented
American 5 patients						
Black Caribbean	-	5	All fluent	No	-	No/Not documented
Others/Not stated. 20 patients						
Other white	Not stated	6	Fluent in English	No	-	No/No documented
Other black	Not stated	4	Fluent in English	No	-	No/Not documented
5 Not stated / 5 Others	-	10	Fluent in English: 9 Fluent with communication difficulties: 1	No	1 Stroke (nonverbal) relies on family/carers to translate.	No/Not documented

(table 2)

References:

(1) NHS told to use interpreters for letters. Weblog. [Online] Available from: https://news.doctors.net.uk/news/2rNoleIBu09RcgVn4Y7DLv#forumDiscussionArea [Accessed 27th April 2023].

(2) No Barriers Here Research Report [Online] Available from: https://www.nobarriershere.org/wp-content/uploads/2023/04/No-Barriers-Here-ICER-Research-Report-March-2023.pdf

Author:

Eman Maki GPST2

Supervised by:

Dr Rebecca Gemmell ST5

Dr Gabrielle Tamura-Rose Palliative Care Consultant

St Raphael's
Your Local Hospice

Meeting: **Clinical HODs Meeting**			
Date: 20.11.23		Time: 13.30	
Chair : Rebecca Trower - RT		Minutes: Lynn Jackson (LJ)	
Present: Tracy Christmas (TC) , Dr Gaby Tamura-Rose (GTR), Rebecca Wallis (RW), Alex Rudkin (AR), Dr Jenny Strawson (JS) Maura Flint (MF), Steve Molyneux (SM)			
Apologies: Dr Naomi Collins (NC), Karen Cook (KC)			
Agenda item	**Discussion**	**Actions & by whom**	**Anticipated date for completion**
Review of previous minutes	Accurate		
Matters Arising	Discussed in the body of the meeting		
Topic			
Infection Prevention	Sara Mosalam has started w/b 13.11.23 as Infection Control Lead. She will work 2 days per week -Tuesday & Thursday. She is sitting at KC desk at present but will trial sitting in the Drs Office when KC returns from sick leave.	Education/Dr's	Ongoing
	Cathy Foster & Sam Leech - IPU are due to visit SHH infection control on 28.11.23.	RT	Dec 23
	The contract with St Helier Hospital (SHH) for Infection Control support ceased on 31st October 23. RT discussed with SHH – Out Of Hours support but SHH declined request. RW informed the group that the IPU should be able to contain any infection risk overnight/OOH until the appropriate support be accessed.	RW/RT/Infection control	Ongoing
	Patient Covid testing is to continue on admission. Carol T is sourcing/ordering tests. RW has reviewed policy 3 positive patients at present – visitors to come & leave immediately (not to wait in public areas)		Ongoing
Medical Devices	RT reviewed Mesothelioma Form along with the Private Insurance Patient Form. These have been added to EMIS		

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	templates by Clinical Admin. Once forms completed AR to be informed by email to begin claim process.		Ongoing
Medicine Management	RW to attend a working party with Ashtons regarding service standards as there has been no change regarding issues. Date to be advised FP10 prescription pads – CPCT are to use the 2 different pads Sutton or Merton. The pads are to be counted quarterly. TC & Kevin H to audit & order Sutton/Merton pads accordingly. The new pads have been delivered/ audited & logged by TC & admin LJ using a new log book devised by Kevin H.	RW TC/KH/ CPCT prescribers	Ongoing Ongoing
Incidents & Accidents/RCA's	A joint Drs & Nurses meeting to be held – Date TBA 4 medication errors have been reported. It was discussed by JS/GTR/RW that these were due to staff being distracted & new staff. JS/RW discussed a new staff prescribing induction. AR reported a mini spike in Falls in October. RW informed the group that this could be due to an increase in confused patients being admitted to the IPU.	JS/RW	Ongoing
Complaints & Compliments	Compliments are being received on a regular basis – these are being captured via Datix feedback & questionnaires. AR requested that compliments continue to be added to Datix feedback. TC informed the group of a lovely compliment received from a relative regarding "The Useful Numbers" leaflet & how it was useful to the family. No Complaints have been reported since last meeting.		
Health & Safety	Fire Safety training sessions to be held for all staff & volunteers during Fire Safety Week 19-24.11.23	Steve C	Nov 23
New Policies/ Guidelines	AR to email staff with policy updates Conflict resolution training to continue to take place November 23 & to be part of the new Bluestream e- learning modules. RW has updated "Transport of patient" SOP	AR EDUCATION	Dec 23 Nov 23

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	GTR has updated Medical On Call SOP. Dr Stephanie Ainley to look at Religion in Care After Death policy		Jan 24
Documentation/ EMIS	Kelly G/Dawn M have added mesothelioma & private healthcare forms to EMIS templates. Also mesothelioma & private healthcare question added to Community & IPU Contact form	LJ/KG/DM	Dec 23
Audit/Research	GTR approached by Jo Droney regarding research on "Urine samples from Cancer patients" to prognosticate. Dr NC to check & review DR NC to request information re research posters/med students etc be added to the website GTR along with volunteers Sheena Shore & Margaret McCormack to begin the 1yr tenure of the HUGS project – 1st meeting scheduled for 15.01.24.	GTR/NC NC GTR/SS/MM	Jan 24 Feb 24 Dec 24
Education/Training Reflective Forums	Education provided a course "Education for Care Homes" in November. Attendees included 2 from the Rainbow trust. Blue Stream Academy are to take over the mandatory training for the hospice. This will begin February 2024 There has been 1 applicant for the Preceptorship post Fast track training TBA in 2024	 Education Education Education	 Dec 24
Recruitment/ Staffing	Sara Mosalam has begun her role as Infection Control Lead. She will work 2 days per week. Doctors – Stephanie Ainley the new registrar has joined on a 1 year placement and Kenny has joined on a 3 month GP placement		

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CQC/PIR	The Statement of Purpose has been reviewed & updated		
Clinical Management Plan			
AOB			
• Hospice UK Conference feedback Schwartz rounds	• GTR & RW gave feedback from the Hospice UK Conference – “Thinking Differently”. They shared with the group resources from the Ruth Strauss Foundation for Children of Terminally Ill patients. This included a book “This is about me” & flashcards. • They all informed the group that the foundation can also provide online & face to face training if needed. • GTR informed the group about the use of AI within other organisations & policies for its use. • RW shared a leaflet & information with regards to a projector screen demonstration for use in the care of dementia patients The possibility was raised for the Schwartz rounds to be available remotely so more people could access the meeting. John Groom would need to be asked if this is possible. GTR & MF will request colleagues submit “abstract” submissions for the next Hospice UK Conference earlier in the application process. The CHODS were informed that SRH now has a “Twilight” volunteer on a Tuesday. It was discussed that some hospices have “Night Owls” volunteers. Discussion was had about the CHODS meeting moving forward. It was decided that a trial would be held that the next meeting would be “service reflection”. The previous minutes & blank minutes would be sent out by LJ 1 week before the meeting to be completed by the CHODS. A Clinical Audit & Data (CAD) meeting would be held to discuss the service. AR to arrange dates	RT/John G GTR/Education RT/AR/CHODS	 Ongoing Ongoing

Date next meeting:

Feb 12, 2024 01:30 PM

Mar 25 2024 01:30 PM

May 06 2024 01:30 PM

Jun 17 2024 01:30 PM

Jul 29 2024 01:30 PM

Sept 09 2024 01:30 PM

Oct 21 2024 01:30 PM

Dec 02 2024 01:30 PM

Join Zoom Meeting

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

Meeting ID: 856 3859 2795

Passcode: 976968

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MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 29th November 2023
in St Bedes / Zoom

Attending

(Dr JS) Dr Jenny Strawson - Hospice Palliative Care Consultant (NC) Dr Naomi Collins - Hospice Palliative Care Consultant (TC) Tracy Christmas – Community Services Manager, NMP (MF) Maura Flint – Practice Educator	(RT) Rebecca Trower – Clinical Director (HT) Hai To - Sutton CCG Care Home Pharmacist (Dr SA) Dr Stephanie Ainley – Hospice Registrar (S-AB) Sally-Ann Bowen - Ashton's Pharmacist (AR) Alex Rudkin – Director of Quality and Improvement / Mins

ITEM 1: Welcome

1.1 Dr JS extended welcome.

ITEM 2: Apologies for Absence

(BD-S) Dr Busi Da Silva – Hospice Doctor, (PH) Philomena Hutchinson – IPU Senior Nurse, (Dr GT-R) Dr Gaby Tamura-Rose - Hospice Palliative Care Consultant, (KH) Kevin Hobson - CNS NMP, (RW) Rebecca Wallis -(IPU Sister

ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 19th June 2023 were agreed.

ITEM 4: Matters Arising

a) Revised IPU medication chart is in use.

b) A list of training topics that Ashton's provide has been received. Update awaited from Ashton's as to who will be providing the booked training on Drug Sensitivities / Interactions. MF to follow up with S-AB. **MF**

c) AR send on revised copy to S-AB of the Hospice's CLIN24 Diabetic Management guidelines that was last published in October 2023. **AR**

d) S-AB is our regular clinical Pharmacist now and it was felt that issues experienced in 2023 have largely improved particularly in the past 8 weeks and expectation is that that improvement will maintain. Ashton's have put in an enormous amount of work into service optimisation. A recent incident concerning charging has been resolved. S-AB met with RW who has joined the Ashton's Palliative Care Forum on-line group. It was agreed that reflection on Ashton's service will be a standing item in the Ashton's **SA-B / RW**

agenda item.

e) JS will review email correspondence from 19-June-2023 and approach Vishnu Madhok, Medical Director, Practice Plus Group who HT advised is happy to come and speak to us. AR will then extend invitation to him to deliver a short presentation at a future meeting on what EOLC support is available for prescribers OOH in SW London especially with regards to access to EOL medication via the OOH service. The Hospice IPU is not permitted to dispense s/c medication for a community patient in an emergency OOH. Experience has been that if an OOH GP needs s/c PRN medication and there is none in the home then there is no access to such medication in the Community OOH. The reality is that it is a hit or miss process for accessing out of hours provision. The GP OOH on-call holds OOH drugs and HT has shared the list of drugs that this service will provide. — JS/AR

f) It had previously been noted that a paediatric leaflet for drawing up oral medication services the required information that is pertinent to oral liquid preparation. Time has now passed for HT to email/write an article for community pharmacists and GPs regarding provision of advice regarding the number of mls that should be drawn up relative to a prescription provided or dispensed. Agreed to remove.

g) Review of stock core items has been completed and stock items have been reduced slightly. SA-B advised that medication holding and management at SRH was the best she has seen across those providers she visits. No concerns on medications whatsoever.

ITEM 5: Pharmacist Update

SA-B delivered a comprehensive presentation of her medicines management report for Q3 2023 and Pharmacist activity for Q3 2023. This was very much appreciated by the group and welcomed for future meetings. It was noted that re-purposing medicines has been very successful and recommended that that advice be refreshed to staff. Some discussion of blister packs and use of patient's own drugs – all covered within policy. Re-design of the clinic room needs to embrace stock management considerations and RW will show design plans to SA-B for any input. — RW

Acknowledgement of queries/interventions captured within the Liveview system was considered an area for improvement given 22% showed non-acknowledgement but S-AB will re-send the list of those staff that are authorised to access onto RT/RW to explore. She advised that there are no safety concerns as any issues are handled in real time. — SA-B/RT/RW

Highlight to 10 Pharmacist visits and review of 1600 prescription items across 85 prescription charts identifying just 9 errors.

The higher number of medications not administered due to being out of stock related to one patient with no impact on patient care.

Compliance is very high.

Use of Abstral at SRH is by preference is different to other Hospices and this led to discussion of abstral and pregabalin.

Post-Brexit stock issues remain.

SRH is in the top three of the lowest spenders on medications out of 28 Hospices

S-AB was thanked enormously for such robust and well-presented feedback.

ITEM 6: SOP for patients using illicit drugs (att)

Owing to time limitation this item was deferred.

ITEM 7: Naloxone flow chart

Owing to time limitation this item was deferred.

ITEM 8: Buscopan in place of glyco as first line anti-secretory at end of life

Owing to time limitation this item was deferred.

ITEM 9: Update on medication policy review

Owing to time limitation this item was deferred.

ITEM 10: Serious Medication Incidents

There have been no serious medication incidents reported between 20th June and 29tH November 2023. There is an open and robust reporting culture amongst the teams at SRH with an emphasis on embracing learning opportunity.

ITEM 11: Update on CAS/MHRA Alerts

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

11.2 There have been no alerts relevant.

ITEM 12: Any other business

- NMP update training scheduled for March / April and Autumn 2024.

- Heather Sydall, CNS, sitting her NMP exam in December 2023

ITEM 13: Future Dates

13.1 Dates proosed for future meetings in 2024 are :-

Date & Time	Event	Venue/Virtual
Wed 7th February 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual
Wed 5th June 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual
Wed 9th October 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual

Minutes and Updates of the Medical Business Meeting 3rd January 2024			
In attendance	Jenny Strawson	Consultant	JS
	Ambreen Akhtar	Specialty Dr	AA
	Jovy Giles	PA	JG
	Busi Da Silva	Specialty Dr	BDS
Apologies for absence	Gaby Tamura-Rose	Consultant	GTR
	Bilal Mohamud	GPVTS	BM
	Stephanie Ainley	SpR	SA
	Naomi Collins	Consultant	NC
Minutes of the last meeting (6/12/23)	Reviewed		
Team wellbeing	Happy New Year!		
Rota / staffing	Junior Dr industrial action this week 3-8th – mindful on impact upon staffing and admission requests etc Explored SPA – plan to avoid both BDS and AA being off on Thursday pm - ? change BDS to Tuesday pm? Every other week versus one full day a month. Discuss with GTR/NC JG to kindly cover IPU Tues 9th Jan (to cover for SA SL and below) SA on study leave pm Thursday 18th, consultant team will support Jovy on the ward. BM to spend time with CPCT 1st 2/52 Jan – may be most of January with strikes and study leave taken into account JS rotated to IPU consultant, NC back in CPCT GTR interviewing for 2PA a week specialty dr support today		JS/GTR/NC
Clinical challenges	None discussed today.		
Infection control	Not discussed today.		
Education	Schwartz round Tues 23rd Jan – "Feeling on the outside"		
Datix	DATIX medication r/v rescheduled for Tues 16th Jan		

Audit & Research	12 patients recruited to CHELseaII – see NC's recent email	
Deep Dive	**IPU ward efficiency explored** : ➢ Discussed that on non-consultant ward round days consider splitting up e.g. if 10 patients see five each (if stable may not require review) return to drs office to write notes. ➢ Also talked through TTOs process, trialling updating drug module on EMIS in real time to avoid big workload at time of discharge. JS will ask BW if we can routinely prescribe 2 weeks for all patients. ➢ Clarified death paperwork process, cremation papers can follow later if time pressured. ➢ Discussed GP induction, need to spend time showing and teaching admin processes in the first few weeks, to allow them to help with all ward tasks. JS will send updated induction pack for review, may wish to include discharge checklist (reminded this is also on EMIS), TTO crib sheet etc ➢ BM did not have computer access on the day he started which did not help – JS will ask clinical admin team to send paperwork early to give IT plenty of time to sort IT as they can be delayed. ➢ Some EMIS processes still tricky – Jovy will laminate and put up the referral to psychosocial process in the doctor's office. JS will send Doctors how to guide. ➢ Medical handover – looked at PAH handover, they have a column for jobs to be done, agreed this would be useful, as well as some of the info needed to complete after death paperwork e.g. occupation, consensus that we should be using the medical rather than nursing handover daily (need to keep updates brief and remove out of date entries for longer admissions)	JS ALL JS JG/JS ALL
AOB	HUGs first meeting 15th Jan JG queried previous suggestion for drug label printer – consensus that amendments only needed occasionally so not required at present BDS queried electronic prescribing on EMIS in place of FP10 – JS explained has been raised and some hospices do prescribe electronically, it remains on future EMIS projects list as cost involved	
Date of next meeting	7/2/24	

CONTROLLED DRUGS AUDIT TOOL

hospice UK
National Audit Tools Group

TOPIC: Medicines Management - Controlled Drugs - Management of Controlled Drugs (CDs)

STANDARD: The management of Controlled Drugs will meet the requirements of the Misuse of Drugs Regulations (2001) as amended on 16 August 2007, The Health Act (2006), and the Controlled Drugs (Supervision of Management and Use) Regulations 2006.

AUDIT REF. No.	36892
AUDIT COMPLETED BY:	R Trower
	SA Bowen
DATE OF AUDIT	45294
DATE OF NEXT AUDIT	45688

SUB-TOPIC 2 Procurement

AUDIT SHEET

Can be printed for manual completion prior to electronic data entry (Pages 1 & 2)

No.	Question	Answer Y, N or X	Comments/Action/Timescale
	Was there documented evidence that:		
2.1	▪ there was an up-to-date list of approved signatories including doctors/pharmacists?	Y	
2.2	▪ CD orders had been signed by the person or acting person in charge?	Y	
2.3	▪ CD orders had been counter-signed by a Doctor/Pharmacist?	Y	
	▪ the CD order specified:	Y	
2.4	- name of hospice?	Y	
2.5	- name of ward/department?	Y	
2.6	- name of the CD?	Y	
2.7	- strength of the CD?	Y	
2.8	- form of the CD?	Y	
2.9	- quantity of the CD?	Y	
2.10	- date of the order?	Y	
2.11	- signatures (person or acting person in charge and Doctor/Pharmacist)?	Y	
2.12	▪ the registered nurse on duty had signed the receipt for CDs?	Y	
2.13	▪ orders had been written in the CD Requisition book with duplicate pages or on authorised stationery?	Y	
2.14	▪ the receiving person was not the same as the person who had ordered the CDs?	Y	
2.15	▪ upon receipt, CDs had been checked into the CD Register (CDR) by two nurses, including at least one RN?	Y	
2.16	▪ the duplicate sheet in the CD Requisition book had been signed in the 'received by' section?	Y	

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National Audit Tools Group

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SUB-TOPIC 2 Procurement

AUDIT SHEET

Can be printed for manual completion prior to electronic data entry (Pages 1 & 2)

No.	Question	Answer Y, N or X	Comments/Action/Timescale				
2.17	From observation, was there evidence that containers used for the transportation of medicines were tamper evident and secure?	Y					
	Totals	18	Yes 18	No 0	N/A 0	% N/A = NA	% Compliance = 100.0
		COMPLETED					

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Prescriber Meeting 16th Nov 2023

Minutes

Present – Kevin Hobson, Tracy Christmas, Kate Larkin, Dr. Gaby, Bev McDermott, Avril Lovegrove

Previous Meeting Minutes

Reviewed and agreed

- Kevin will look at auditing prescribing patterns – please ensure your prescribing logs are up top date before end of year

Prescribers Competencies

Competencies are all up to date – thank you to everyone for completing.
Bev and Avril have a work plan to complete their competencies in the new year.
Once competencies are completed and signed off they will be sent to HR to record and award pay enhancement.

Prescription Pads

It transpires that at times we have been using Sutton FP10's for Merton and vice versa!
For those who don't have them we are in the process of ordering Sutton pads and Merton pads for each prescriber.
Please check when writing prescriptions that you are using the right FP10 for the right area – Sutton FP10 has code **Y02451** Merton FP10 has code **Y04155.**

We now have a new FP10 Record Log book (Blue Folder on top of safe)
Each prescriber has their own separate pages. It should be easier / clearer to sign in and check out FP10's.
All FP10's need to be audit checked each month (all envelopes are sealed / not tampered with) and quarterly (all FP10's should be counted and checked individually).

Community Prescribing review in last few months

Kevin – Domperidone, Pregabalin, Haloperidol, Dexamethasone, Nystatin x 2

Kate Lakin – Morphine Sulphate Injection

Jill Smith – Oxycodone concentrated oral solution, Hyoscine Butylbromide injection

Lorraine Jeffreys – Oxycodone oral solution, Oramorph, Morphine Sulphate injection, Omeprazole, Midazolam injection, Dexamethasone tablets, Docusate capsules

Education
Recent Prescribers Update day went very well.
Positive feedback from all attendees.
We are aiming to repeat the study day in April – Maura and Karen will confirm.

AOB
Gaby alerted group that some centres are prescribing Naltrexone as treatment. This is an opioid receptor antagonist which could have implications for pt's we are seeing for symptom control.

Team alerted to limitations of prescribing analgesia for cancer pain V chronic pain. The wider team and consultants should be used for advice and support as needed.

Gaby and Jenny are involved with South West London Network re prescribing. Will clarify prescribing responsibilities for certain medicines and will feed back to the group.

Tracy asked if we were aware about MAAR charts being used by Wimbledon Village Practice (the same as everyone else?).
We will observe!... If they are not using proper charts we could ask one of our consultants to remind them!

Kevin will let you know date of next meeting – we will aim for early Feb 2023

St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

To be held at St Raphael's Hospice with video call access

At 10:00am on Friday 19th January 2024 10am-12pm

Members: Dr Carrie Chill – Trustee & Committee member (CC)
Alan Cogbill – Trustee & Committee member (AC)
Benard Marley – Trustee & Committee member (BM) - apologies
Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Nick Stevens – CEO (NS)
Dr Naomi Collins – Consultant (NC)
Alex Rudkin – Director of Quality and Governance (AR)
Dr Jenny Strawson – Consultant (JS)
Rebecca Trower – Clinical Director (BT) - apologies
Anna Machin – Governance (AM)

Item	Time	Description	Purpose	Lead
1.	10.00 – 10.05	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	10.05 – 10.15	Review of minutes from Clinical Quality & Governance Committee meeting held on 12th October 2023	Approval	Chair
		Actions List and update on matters arising	Discussion	
3.	10.15 – 10.25	Evidence of Excellent Practice Register	Discussion	RT
4.	10.25 – 10.35	Clinical Risk Register	Discussion	RT
5.	10.35 – 11.15	Clinical Quality & Governance Report inc. Clinical Action Plan	Discussion	RT, AR
6.	11.15 – 11.30	Minutes of internal meetings Clinical/ QI reports	Discussion	AR
7.	11.30 – 11.45	Safeguarding Update	Discussion	AR
8.	11.45 – 12.00	Any Other Business & Date of next meeting	Discussion	Chair

Dates of future meetings: 10am-12pm Friday 19th April 2024