










Meeting: Clinical HODs Meeting			
Date: 19.05.25		Time: 13.30	
Chair : Rebecca Trower		Minutes: Kelly Groom	
Present: Rebecca Trower (BT), Dr Gaby Tamura-Rose (GTR), Dr Shahlaa Walsh (SW), Maura Flint (MF), Sara Mosalam (SM), Francis Quinon (FQ), Alex Rudkin (AR), Tracy Christmas (TC)			
Apologies: Dr Naomi Collins (NC), Diana Bromboszcz (DC)			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes	Previous minutes reviewed and all agreed correct.		
Matters Arising	Two complaints brought up but one was more of a concern which was resolved following a conversation with the Clinical Director and the second waiting for feedback.	TC	
Topic			
E-Prescribing	<ul style="list-style-type: none"> - The topic was discussed a couple of months ago at CHODs and agreed it would not be something SRH would look to pursue for reasons that include <ul style="list-style-type: none"> o Costs o Not useful as GPs would gain as much learning o Sarah Taylor & Amy Colecat are trying to push amber coded items to green and red coded items to amber. - SW gave a presentation on Ashtons e-prescribing, and a discussion was had. - Not part of EMIS and would not be able to F10. - Total estimated cost for infrastructure budget equates to £2435k. - System backup type is unknown and suspected paper fallback system. - Ashtons provide 24hrs support line and will train internal staff superusers. - Majority of on call registrars and doctors already know the system which will be beneficial and can prescribe from any phone or device with internet connection. - Concerns surround set up costs, yearly running costs and what happens if the system was to go down. Training staff 		

	<p>that work during night shifts and weekends may gain less training or help.</p> <ul style="list-style-type: none"> - Ashtons increased their prices recently. - SW will obtain feedback from other people that are currently using the Ashtons electronic prescribing. - GTR will enquire if anyone is using alternative electronic prescribing systems and their feedback on their own systems. 	<p>SW</p> <p>GTR</p>	
Paracetamol Subcut	<ul style="list-style-type: none"> - This is not something SRH currently does. - The CHOD team reviewed and discussed a presentation by SW which included two studies on paracetamol sub cut / IV. - Agreed IV paracetamol is good for patients that cannot take it orally. - SC Parecoxib is a good alternative but costs £5 a dose currently. - Prefilled bottles (2 boxes of 10) would be worth ordering and adding to the formulary. - SW to write a 1-page method of explanation / protocol of use within the next couple of weeks. - TC would like SW to present her presentation to CPCT. 	<p>SW</p>	
Infection Prevention	<p>Last IP&C of 2024 held on 25th February. Next mtg scheduled 01 July 2025. Minutes at 2025-02-25 SRH Infection Control Committee Minutes</p> <p>Discussed the possibility that should there be an outbreak such as C Diff, it would be hard to manage. Need to do a risk assessment and manage.</p> <p>A current incident in IPU also highlighted a training issue as it was assumed that if one patient had C Diff, then the adjacent patient with similar symptoms would also have C Diff by default and stool testing would not be required. Both patients were from the community, no history.</p> <p>TC is going to look at the admission score sheet.</p>	<p>SM</p> <p>FQ / SM</p> <p>TC</p>	
Medical Devices	<p>IPU have 7 syringe drivers and 5 need replacing, 3 of which are out currently. MF would like to use 1-2 for training purposes.</p> <p>FQ is waiting for Oska to provide a trial period for the cuddle beds in IPU.</p> <p>Bladderscanner can only be used on manual mode as the automatic mode creates a humming sound. A handheld device can be purchased for £3,200. It was agreed that while it is still</p>		

	ok to use and not detrimental to patient care the Bladderscanner will be kept in use and David Morris can be asked to add a new one to his list.																																
Medicine Management	Meds Management- 5 th June CPCT & 17 th July IPU Share most up to date guidelines – GTR (LMC) Local Medicines Committee – GTR Heather is working with the medical team to support her prescribing practise.																																
Incidents & Accidents	<table border="1"> <thead> <tr> <th>IPU</th> <th>Jan 25</th> <th>Feb 25</th> <th>Mar 25</th> <th>Apr 25</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>16</td> <td>16</td> <td>20</td> <td></td> </tr> <tr> <td>Discharges</td> <td>4</td> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>RIPs</td> <td>7</td> <td>13</td> <td>13</td> <td></td> </tr> <tr> <td>Occupancy</td> <td>78.71%</td> <td>83.93%</td> <td>71.94%</td> <td></td> </tr> <tr> <td>Incidents</td> <td>7</td> <td>14</td> <td>16</td> <td>22</td> </tr> </tbody> </table>	IPU	Jan 25	Feb 25	Mar 25	Apr 25	Admissions	16	16	20		Discharges	4	6	6		RIPs	7	13	13		Occupancy	78.71%	83.93%	71.94%		Incidents	7	14	16	22		
	IPU	Jan 25	Feb 25	Mar 25	Apr 25																												
	Admissions	16	16	20																													
	Discharges	4	6	6																													
	RIPs	7	13	13																													
	Occupancy	78.71%	83.93%	71.94%																													
	Incidents	7	14	16	22																												
<p>April 2025 Pressure ulcers (incl. MASD) during admission (n=0), pressure ulcers (incl. MASD) on admission (n=2), pressure ulcers (incl. MASD) during admission (n=2), patient falls (n=2), CD medication incidents (n=2; 1 x community prescribing), Non-CD medication incidents (n=7) constitute 63% of reported clinical incident numbers in April 2025 due to larger report of other clinical incidents that included 3 x Clin Admin/ACC documentation omissions that lead to potential CPCT contact near misses, 2 x verbal abuse from a patient in reception and a patient's husband on the IPU, an attempted suicide on the IPU, an EMIS access issue OOH, inaccuracies on a discharge summary and nurse decision-making in handling a bariatric patient's toileting needs.</p> <p><u>Outcome from incidents include:-</u></p> <ul style="list-style-type: none"> - Analysis of Medicare system to affirm response time was appropriate both to the emergency alarm and the sensory alarm. - Reflection from team leaders required especially for response at night to sensor alarm. - PUs during admission : Nursing action is consistent with best practice guidelines and Hospice policy. - Prescribing guidelines for Parkinson's discussed. - Reiteration re double-checking medication and brief pauses between patients to reset cognitive readiness. - Email to staff re following good medicines management practice and discussed with Education team. 																																	

	<ul style="list-style-type: none"> - Acknowledging staff awareness of capabilities and asking for support wherever needed. - Reflection upon double administration of non-CD Omeprazole. - Night staff advised to be more vigilant in checking stock levels. Also requested all nurse in charge to ensure that whenever a new medication is prescribed, a diligent check on base supply should be done and an immediate request to pharmacy should be submitted. - Feed into medical prescriber who adjusted prescription to suit dispensing - Clinical Admin Leads have sheets in place for ACC to tick once each step has been completed to ensure these steps are not missed and then shreds the sheets at the end of the week after checking all have been ticked correctly. At regular intervals ACC staff will check through their sheets to ensure all relevant information has been entered for CPCT and when confident highlight the line. Clinical Admin Lead will be able to check against the triage list for that date on EMIS before shredding. - Safety section added to Outpatient Policy - Feed into Discharge Summary Audit - Suicide policy under review / staff encouraged to ask patients if they have any medication with them upon admission to IPU and for it to be locked away. - Gentle warning levied to patient's husband following investigation of his verbal abuse at a staff member. 		
<p>Complaints & Compliments</p>	<p>Compliments captured in the Excellence Registry Evidence of Excellent Practice.xlsx</p> <p>One oral clinical & fundraising complaint received in April 2025 :- Fundraising took a call from a recently bereaved wife of a SRH patient regarding making donations in which she relayed her anger and upset with the hospice, explaining that, whilst a Nurse and Doctor visited her husband at home, they didn't come back as SRH no longer offer care in the community due to lack of funding. This is what she wanted for her husband so she wasn't happy at all which is her reason for asking for donations to the hospice so that others in the future, can have care in the community and not suffer the way she has. She advised the hospice did offer to take her husband into the hospice for his last few days to take care of his pain, but this isn't what she wanted.</p> <p>Her doctor advised her to document her husband's final days, which she has done but hasn't passed this to the doctor yet. She did say she is having counselling with us which she is very grateful for and she will make a donation when completed. She also mentioned she was given a lovely massage by a</p>		

	<p>volunteer which was really lovely though she did have to wait about 3 weeks and this just happened to be on the day her husband passed.</p> <p>Action Taken : Timeline of Hospice interactions with patient/family undertaken by Community Team Manager. No gaps in service were evident with contact from the team planned and responsive as required.</p> <p>Clinical Director telephoned the wife and explained that we no longer have a H@H team due to lack of funding and also explained the role of the CPCT.</p> <p>The wife talked about her frustration that there isn't this service available , especially as our neighbouring hospices are able to offer something similar but she also understood that this is out of our control. She belongs to a carers group in Raynes Park and I have suggested that Simon Oliver provides a talk on what we provide as a hospice, our funding etc.</p> <p>She was very complimentary of the care she and her husband received from SRH and wants to do some fundraising for us.</p> <p>End result - she feels that people need more awareness of our funding issues but has no complaints about the care she and her husband received.</p>		
<p>Health & Safety</p>	<p>H&S Workplace Audit checklist undertaken by Facilities in progress. IPU is first area.</p> <p>Re-audit across Retail/Capitol House has data collection completed and Quality awaiting data for reporting expected now by end of June 2025.</p> <p>H&S RAs to show evidence of review within a two year period.</p>		
<p>New/Revised Policies/ Guidelines</p>	<p>Most recent policy publications relevant to clinical team are:-</p> <p>CLIN69 Outpatient Hospice Care CLIN69 Outpatient Hospice Care v1.0 issued 08-04-2025 (NEW)</p> <p>CLIN69 Outpatient Hospice Care  CLIN69 Outpatient Hospice Care.pdf v2.0 issued 12/05/2025 (sections re-numbered and section 9 added re working safely in the OPD)</p> <p>CLINSOP01 Inpatient Multidisciplinary Team Review  CLINSOP01 Inpatient Multidisciplinary Team Review.pdf v4.0 issued 12/05/2025 (minor updates)</p> <p>CLINSOP31 Patient death with no NOK  CLINSOP31 Patient death with no NOK.pdf v2.0 issued 29/04/2025 (Removal of IPU from Title and procedure extended to include Community)</p> <p>CLIN18 Syringe Driver Policy (McKinley T34)  CLIN18 Syringe Driver Policy (McKinley T34).pdf v2.0 issued XXXXXXXXXXXX (expanded to include BD Bodyguard T Syringe Pump)</p> <p>CLIN21 Anaphylaxis Management Guidelines S:\Hospice Hub\Policy Manual\CLIN\CLIN21 Anaphylaxis Management Guidelines.pdf v3.0 issued 12/05/2025 (Section 5 responsibilities of the first responder enhanced)</p> <p>CLIN26 Generic Drugs Policy CLIN26 Generic Drugs Policy v2.6 issued 29-04-2025 (4.7 sample signature list required for all senior RGNS plus medical and non-medical prescribers; 5.6 N.B added re NA checker and inclusion in the competency Checklist and Medicines Management Training; 12.45 added; links updated)</p>		

	<p>IT07 Information Governance Code Of Conduct Leaflet for Staff and Volunteers  IT07 Information Governance Code Of Conduct Leaflet for Staff and Volunteers.pdf v8 issued 30/04/2025 (updated)</p> <p>IT08 Information Governance Policy  IT08 Information Governance Policy.pdf v8.5 issued 30/04/2025 (minor adjustments throughout; 7.4 IAOs updated; 7.0 Caldicott principle 8 included; 10.0 Data mapping section updated; links updated)</p> <p>IT10 Information Governance Guidance - Staff and Volunteer Handbook  IT10 Information Governance Guidance - Staff and Volunteer Handbook.pdf v7.6 issued 01/05/2025 (links updated)</p> <p>IT11 Information Security Policy  IT11 Information Security Policy.pdf v8.6 issued 01/05/2025 (6.1 mobile device and imagery revised; 9.9 bulk transfer of pid must have executive approval and log maintained; links updated)</p> <p>OP49 Parking Policy  OP49 Parking Policy.pdf v2.0 issued 09/05/2025 (6.0 Disabled Parking section added)</p>		
Documentation/ EMIS	<p>Community Assessment Template by Heather & KG Priorities at the end of life Template updated by Heather</p> <p>Richard Carmen looking at reporting side of EMIS</p>		
Audit/Research	<p>Program for 2025/26 program is in progress. Projects remaining for report from 2024/25 include:</p> <ol style="list-style-type: none"> 1. Care of Dying Adults at End of Life re-audit (Dr NC) 2. Safeguarding 2024 (AR) 3. Advance Care Planning re-audit (Dr GTR / TC) <p>Carried over into 2025/26 include:</p> <ol style="list-style-type: none"> 1. Caldicott – IG office sweep (Dr GTR) <p>Draft of current 2025/26 program includes:-</p> <ol style="list-style-type: none"> 1. VOICES – bi-annual 2. IPU Satisfaction - annual 3. Infection Control – quarterly reporting 4. IPU Medicines Management – Liveview 5. Care of Dying Adults EoL Audit – Annual 6. CDs – Annual 7. Admission Meeting Process Review – (Med) 8. PSS Survey – bi-annual 9. Safeguarding – annual 10. Clinical Records – annual 11. Referral to the IPU – (Med) 12. Discharge Summary – (Med) 13. Medicare – responsiveness (IPU) 14. Management Plan (not as detailed – individual meetings with AR – new initiatives / KPI's (set by your department)). 		
Education/Training Reflective Forums	<p>Advanced Comms – 3 internal & 1 external. Good feedback. GTR to share details with GP trainees.</p>	GTR	

	<p>International Nurses Day – 12th May. Complementary therapy gave up their time to offer their services and goodie bags, a raffle and fabulous food was</p> <p>HUK Abstract – 2 SRH entries this year have been submitted - the Prison Project and Cyber Attack. HUK is in November.</p> <p>Bluestream Compliance – figures are down currently at 82%. Reports to managers will be coming out soon. Clinical are always better.</p> <p>Coming up – 2 names for Guildford in Sept, 2 more needed as it 4 for 3.</p> <p>Dr Natasha Willcocks will be doing Learn at lunch on 23rd June.</p> <p>MF is planning on doing VOED for care homes training.</p> <p>Palliative Masterclass is scheduled for 25th June.</p> <p>Hypnotherapist Laura is offering her services for free to staff – need to consider a viable way to provide this to staff that would be fair and acceptable around working hours.</p>	ALL	
Recruitment/ Staffing	<p>Medical Consultant – 2 interviews scheduled in a couple of weeks.</p> <p>Lisa Bentley is due to leave IPU by the end of June.</p> <p>New band 5 nurse Jessica joining IPU and Angela Durrant will be returning as an RN in September after her training.</p> <p>Martina in IPU to take maternity leave late Summer.</p> <p>FQ planning 1st Aug a joint celebration in the orangery; baby shower for Martina and to welcome Angela.</p>		
CQC/PIR	<p>Review of the 5 KLOE continues with 'well-led' being the last in the current revision round.</p> <p>KLOE meeting look at link & any additions get to AR by the end of the week.</p>		
AOB			
	<p>FQ took out acuity and will reintroduce it with a relaunch by the end of the year.</p>	FQ	

	<p>Reflection tomorrow after meeting for patient RB</p> <p>CPCT has a shortage staff going forward; Kate Weldon is off sick, Naomi Stammers has sick leave next week, 2 staff are off from 4:30pm and 1 person is working till 6:30pm.</p> <p>Admissions meeting audit in progress and 2nd questionnaire was sent out today by SW.</p> <p>Dr Sabrina Vitello will be taking over the Consultant on call post from June.</p> <p>A discussion was had surrounding the changes to the mortuary to a multi faith space and where deceased patients would be viewed. The outcome was to look at more cooling blankets & contracts with funerals directors. Once John Groom has spoken to contractors about the project details, FQ can create a policy.</p> <p>Clean Supply room (drug store) . If the intention is to go live is set for August, a plan must be drawn up to determine when to move contents & transition back.</p> <p>FQ suggested sensor driven lights for the new changing room project in IPU.</p>	<p>FQ / JG / BT</p> <p>FQ</p>	
--	--	---	--

Date next meeting:

Monday, June 30, 2025 1:30:00 PM

Monday, August 11, 2025 1:30:00 PM

Monday, September 22, 2025 1:30:00 PM

Monday, November 3, 2025 1:30:00 PM

Monday, December 15, 2025 1:30:00 PM

Monday, January 26, 2026 1:30:00 PM

Monday, March 9, 2026 1:30:00 PM

Meeting ID: 856 3859 2795



Passcode: 976968