










Meeting: <b>Clinical HODs Meeting</b>			
Date: Monday 15 <sup>th</sup> December 2025		Time: 13.30	
Chair : Rebecca Trower		Minutes: Lynn Jackson	
Present: Rebecca Trower - RT; Alex Rudkin - AR, Dr Gabrielle Tamura-Rose – GTR ; Dr Naomi Collins – NC; Francis Quinon – FQ Maura Flint - MF;; Sara Mosalam – SM; Lynn Jackson - LJ			
<b>Apologies:</b> : Francis Quinon – FQ ; Karen Cook - KC; Julie Ford - JF; Penny James - PJ; Sara Mosalam - SM			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
<b>Review of previous minutes</b>	Care After Death – Belongings policy to be amended Digital FP10s – cost implication – fact finding from RTH – ON HOLD	SM/AR	Jan '26
<b>Matters Arising</b>			
Topic			
Infection Prevention	IPU clinical waste - 1 collection per week. SM & Pete Morris - PM have implemented recycle bins to help with overflow of waste.	SM/PM	Ongoing review
	Multi faith/ reflection room is awaiting official name & layout of room. For infection control, wipeable chairs are required. Discussion was held & it was suggested that community faith leaders/groups be asked for their input with regards layout and books/literature etc to be available.	SM/ RT	Ongoing review
	The changing rooms are being refurbished at present.	IPU/PM	Jan '26
	OT storage room has recently been reviewed re - equipment storage & cleaned with the help of housekeeping - HK.	OT/HK	Ongoing
	Sara is to undertake the yearly housekeeping audit	SM/HK	March '26
	Fit testing – HCAs in January 2026	SM	Ongoing
Medical Devices	Maura to look at costings, hire or borrowing availability with regards an Arjo sling for assisting amputee patients.	MF	
	Cuddle blankets – SM to email IPU staff with regards Infection control measures.	SM	

Medicine Management	IPU & CPCT Medicines Management Nov/Dec-was well attended format will be revised in 2026	Education	Ongoing																																										
Incidents & Accidents	<table border="1" data-bbox="375 571 1155 985"> <thead> <tr> <th>IPU</th> <th>Jul 25</th> <th>Aug 25</th> <th>Sep 25</th> <th>Oct 25</th> <th>Nov 25</th> </tr> </thead> <tbody> <tr> <td>Admissions</td> <td>18</td> <td>19</td> <td>19</td> <td>13</td> <td>19</td> </tr> <tr> <td>Discharges</td> <td>3</td> <td>1</td> <td>3</td> <td>4</td> <td>1</td> </tr> <tr> <td>RIPs</td> <td>15</td> <td>15</td> <td>16</td> <td>11</td> <td>18</td> </tr> <tr> <td>Occupancy (10 beds)</td> <td>75.48 %</td> <td>71.67 %</td> <td>88.33 %</td> <td>85.16 %</td> <td>67 %</td> </tr> <tr> <td>Incidents</td> <td>12</td> <td>17</td> <td>19</td> <td>18</td> <td>14</td> </tr> <tr> <td>Monthly average no. of incidents (2022-2024)</td> <td>16</td> <td>16</td> <td>17</td> <td>17</td> <td>16</td> </tr> </tbody> </table> <p><b>October 2025</b> Pressure ulcers (incl. MASD) during admission (n=4), pressure ulcers (incl. MASD) on admission (n=2), patient falls (n=1), patient near miss falls (n=3), CD medication incidents (n=4) (1 x Omission (Pregabalin); 1x Delay in Admin (CSCI); 1 x Storage of Meds (Oromorph bottle); 1 x Missing Drug (Sevredol)); Non-CD medication incidents (n=1) 1 x Wrong Dose Admin (CSCI - Admin (Halopridol) constitute 88% of reported clinical incident numbers in October 2025. Other clinical incidents (n=2) were minor and included nurse sickness pressure on staffing and near miss follow up by CPCT due to call not being placed on triage list.</p> <p>Learning from October 2025 incidents includes:-</p> <ul style="list-style-type: none"> <li>• Following reflective discussion with the reporting nurse ensure that the communications around medications should be from RGN to RGN and not from advice of the HCAs as they are not fully accountable for the practice.</li> <li>• Staff to re-check every page of the medication chart especially with illegible prescription. Verify with attending doctors and request rewriting if necessary.</li> <li>• Reinforced instructions to staff to have a robust check of admitted medications and a visual check whenever they are in the room</li> <li>• Individual reflection and medication taken double check with colleague on future excursions when patient leaves the Hospice with medication and returns</li> <li>• Reinforced messaging to staff regarding check vigilance when preparing csci and syringe labels.</li> <li>• Reinforced messaging to staff on changing the alarm trigger from accessory alarm to emergency call.</li> </ul>	IPU	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Admissions	18	19	19	13	19	Discharges	3	1	3	4	1	RIPs	15	15	16	11	18	Occupancy (10 beds)	75.48 %	71.67 %	88.33 %	85.16 %	67 %	Incidents	12	17	19	18	14	Monthly average no. of incidents (2022-2024)	16	16	17	17	16		
IPU	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25																																								
Admissions	18	19	19	13	19																																								
Discharges	3	1	3	4	1																																								
RIPs	15	15	16	11	18																																								
Occupancy (10 beds)	75.48 %	71.67 %	88.33 %	85.16 %	67 %																																								
Incidents	12	17	19	18	14																																								
Monthly average no. of incidents (2022-2024)	16	16	17	17	16																																								

	<ul style="list-style-type: none"> <li>• Reminded night team to use the emergency call bell ( red button) once the situation changes from moderate danger to severe.</li> <li>• Reinforced messaging to staff re appropriate prevention and management of fall.</li> <li>• Reminder to clinical admin re placing patients on triage list</li> <li>• Reinforced messaging to staff re appropriate prevention and management/compliance with policy re pressure ulcers.</li> </ul> <p><b>November 2025</b></p> <p>Pressure ulcers (incl. MASD) during admission (n=1), pressure ulcers (incl. MASD) on admission (n=4), patient falls (n=1), CD medication incidents (n=1) (1 x Documentation error in CD book); Non-CD medication incidents (n=1) 1 x Delay in Admin (Hyoscine Butylbromide &amp; paracetamol)) constitute 57% of reported clinical incident numbers in November 2025. Other clinical incidents (n=6) were minor and included near miss follow up by CPCT due to user/EMIS glitch (under investigation), phone system outage, EPR recording error, missing room pass, issue of an Abloy key for medications and unannounced visit by police OOH re an investigation reducing staff availability.</p> <p>Learning from November 2025 incidents include:-</p> <ul style="list-style-type: none"> <li>• Advised staff not to treat the Abloy key like any ordinary key. That they should wait for the green light before turning the key.</li> <li>• Reiterated the importance of professional nursing accountability in documenting in medication management . Also emphasised that if a student nurse is involved as part of their learning, that robust guidance should be exercised and due diligence applied when a student is involved in documenting.</li> <li>• Reinforced messaging to staff re appropriate prevention and management/compliance with policy re pressure ulcers.</li> <li>• Reinforced messaging to staff re appropriate assessment and monitoring of patient to prevent fall fall.</li> <li>• Phone system problem showed Cloud backup Wasabi was saturating the lease line and taking all the bandwidth. Found that a new IP address was used and added it in to the firewall rule to throttle the backup traffic.</li> <li>• Endorses requirement for production of IPU ward clerk role user/task guide.</li> <li>• Contact with MET police re routine contact with Hospice in hours rather than OOH has less impact on patient care and staff support</li> </ul>		
--	---	--	--

<p>Complaints &amp; Compliments</p>	<p>Compliments captured in the Excellence Registry <a href="#">Evidence of Excellent Practice.xlsx</a></p> <p>There was 1 clinical complaint received across October and November 2025. October - from wife regarding services but lacked clarity about what she wanted to complain about when followed up by CD. Not Upheld.</p> <p>In December 2025, we have received one complaint from a medical student regarding inappropriate language used by a Wellbeing attendee at a choir event held in St Bedes. The matter is under investigation.</p>		
<p>Health &amp; Safety</p>	<p>Reminder re general risk assessments that should show evidence of review within the past 2 years. Liaise with AR if unsure of what to do or where to find departmental RAs. <a href="#">Risk Assessments by Department</a></p> <p>Risk Assessment training originally planned for 28 January 2026 will need to re-scheduled owing to venue clash. Date tba. Nominations for attendees to Alex and Maura please or include on delegate list at <a href="#">Risk Assessment Training Delegate List.docx</a></p>		
<p>New/Revised Policies/ Guidelines</p>	<p>Relevant policy reviewed and revised since the last meeting on 27 October 2025 include:-</p> <p><b>OP21 No Smoking, Alcohol and Substance Abuse in the Workplace Policy</b>  <a href="#">OP21 No Smoking, Alcohol and Substance Abuse in the Workplace Policy.pdf</a> v3.2 issued 17-09-2025 (date change only)</p> <p><b>OP37 Falls Policy</b>  <a href="#">OP37 Falls Policy.pdf</a> v3.0 issued 15/09/2025 (sections 1 , 2 and 3 edited; section 5 re bed rails re-written; links updated)</p> <p><b>OP38 Violence at Work Policy</b>  <a href="#">OP38 Violence at Work Policy.pdf</a> v3.0 issued 12/11/2025 (updated throughout)</p> <p><b>HR10 Long Service Award Policy</b> removed from manual on 14/10/2025</p> <p><b>HR29 Conflict of Interest Policy</b>  <a href="#">HR29 Conflict of Interest Policy.pdf</a> v1.0 issued 16/10/2025 (New)</p> <p><b>IT21 Artificial Intelligence (AI) Policy</b> v1.0 issued 28/10/2025 (New)</p> <p><b>CLINSOP02 Medical Team On-call (PAH, SRH, Kingston Acute Trust)</b> <a href="#">CLINSOP02 Medical Team On-call (PAH, SRH, Kingston Acute Trust).pdf</a> v5.0 issued 29/10/2025 (Updates at pg 3 re access the PAH &amp; SRH EMIS codes; pg 4 re Prescriptions and access to medication ooh PAH; pg 6 MCCD section updated; Appendix 1 updated; Appendix 3 added; Appendix 4 added)</p> <p><b>CLIN02 Care After Death Guidelines</b>  <a href="#">CLIN02 Care After Death Guidelines.pdf</a> v7.0 issued 09/12/2025 (updated throughout –</p>		

	<p>particularly sections 3,9,10,11,14,15 &amp; addition of Appendix 7 re Permission to release body form, following removal of the Mortuary facility at SRH)</p> <p>CLIN42 Tracheostomy  <a href="#">CLIN42 Tracheostomy.pdf</a> v5 issued 11-12-2025 (updated throughout)</p> <p>CLIN42 v5 Appendices 1-3  <a href="#">CLIN42 v5 Appendices 1-3.pdf</a> v5 issued 11-12-2025 (no change)</p> <p>CLINSOP32 Abloy Key Management  <a href="#">CLINSOP32 Abloy Key Management.pdf</a> v1.0 issued 14/11/2025 (NEW)</p>		
Documentation/ EMIS	<p>EMIS project group meeting scheduled for 12 Jan 2026.</p> <p>Helpful documentation practice emailed:</p> <p>A reminder that numbers of telephone contacts collected for our  <a href="#">activity data</a> is extracted by HCP selecting the type of Telephone call from a list of 5 and then recording the details of that contact under Telephone encounter and, for some, Telephone consultation continued</p> <p><b>Telephone call types</b></p> <p>Telephone call to a patient          Telephone call from a patient          Telephone call to relative/carer          Telephone call from relative / carer          Telephone call to other professional (use for to and from a professional)</p> <p>Unfortunately, when making one entry into the record, EMIS doesn't allow HCP to make multiple selections of the same type of telephone call. (HCP can select all of the 5 types if all are relevant in the one entry but not multiples of the same type in the one entry)</p> <p>Going forward, if HCPs need to capture more than one telephone call of the same type in one data entry, ie 3 Telephone calls to other professional then, having selected Telephone call to other professional, please number the textual entries you make under Telephone encounter or Telephone consultation continued e.g.</p> <ol style="list-style-type: none"> <li>1. T/C to GP – advised change in drug regimen as.... .</li> <li>2. T/C MEOLT re joint visit; talked to Carla agreed joint visit at 2pm on 9<sup>th</sup> Dec.</li> <li>3. T/C from GP – Dr query answered on drug regimen</li> </ol> <p>Some HCPs have been doing this for a while ( Katie White) but aim to get all to do the same.</p>		

	<p>By doing so – this will highlight at report that there will be more than one telephone call associated with the single selected telephone criterion and so help toward improved data collection. <b>BUT – please</b>, if there is only one entry required for a selected telephone type <b>DO NOT</b> number that entry.</p>		
Audit/Research	<p>Audits/QI planned / on-going in 2025 include:- End of Life Care Audit (Dr NC) DNACPR (Dr BD-S) Advance Care Planning re-audit ( Dr GT-R) Pressure Sore during Admission Audit (AR) Referrals re-audit (Med Team) Discharges &amp; AKPS (FQ) Ashton’s Medication Incident Review (FQ)</p>		
Education/Training Reflective Forums	<p>Prison Project completed Palliative Masterclass- 8 external/6 internal VOED/CSCI - 1 external Preceptorship commenced HUK Conference Sage &amp; Thyme – to be included in staff inductions 2026- invitations from Roehampton &amp; City St Georges Domiciliary care</p>		
Recruitment/ Staffing	<p>CPCT Manager – interviews 16.12.25 Clinical Digital Educator – Sutton Borough only – 3 applicants Francis Quinon – IPU Manager leaves 31.12.25 Heather Dolling – New IPU Manager starts 12.01.26 Lynn Jackson – CPCT administrator leaves 09.01.26</p>		
CQC/PIR	<p>KLOE review meetings ongoing. KLOE live document at <a href="#">KLOE Self Assessment v1 as at 08-12--2025 working document.xlsx</a></p>		

