

St Raphael's Hospice
Meeting of the Clinical Quality & Governance Committee
To be held at St Raphael's Hospice
At 9:30am on Friday 20th January 2023

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Dr Eva Kalmus – Co-opted Committee member (EK)
 Norman McWhinney – Board Chair & Committee member (NM)

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

Item	Time	Description	Purpose	Lead
1.	9.30 – 9.35	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	9.35 – 9.45	Review of minutes from 21 st October 2022 Clinical Quality & Governance Committee meeting	Approval	Chair
		Actions List and update on matters arising	Discussion	Chair
3.	9.45 – 9.55	Evidence of Excellent Practice Register	Discussion	
4.	9.55 – 10.05	Clinical Risk Register	Discussion	
5.	10.05 – 10.30	Clinical Quality & Governance Report	Discussion	
6.	10.30 – 11.00	Clinical Action Plan (CAP) inc. high-level plans for 2023/24	Discussion	
7.	11.00 – 11.15	Minutes of internal meetings inc. update on Equality, Diversity & Inclusion working group	Discussion	
8.	11.15 – 11.30	Recruitment/ Staffing update	Discussion	
11.	11.25 – 11.30	Any Other Business & Date of next meeting	Discussion	Chair

ITEM 02 ACTION LIST

SAINT RAPHAEL'S HOSPICE CLINICAL QUALITY & GOVERNANCE SUB-COMMITTEE ACTION LIST FOR JANUARY 2023 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
21/07/16-04	R Trower	Share update on equality & diversity Working Group on patient behaviour towards staff	April 2023	All members engaged and in process of 1 st meeting set up (BD-S, MB, CC, SM, RT). Meeting on hold. Target for Barry to lead on.
22/04/01-09	A Machin	Annual Review of Committee Terms of Reference - Update point 11	January 2023 meeting	
22/07/08-01	A Rudkin	Feedback DATIX Module roll out	January 2023 meeting	CQ&G Report Jan 2023
22/10/21-01	R Trower / A Rudkin	COVID item on clinical risk register : Residual probability score to increase to 2.	January 2023 meeting	Complete

St Raphael's Hospice
Meeting of the Clinical Quality & Governance Committee
Held at St Raphael's Hospice with video dial-in option
At 10:00am on Friday 21st October 2022

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
Alan Cogbill – Trustee & Committee member (AC)
Dr Eva Kalmus – Co-opted Committee member (EK)
Norman McWhinney – Board Chair & Committee member (NM)

In attendance: Dr Naomi Collins – Consultant (NC)
Gail Linehan – Joint CEO (GL)
Nick Stevens – Joint CEO (NS)
Rebecca Trower – Clinical Director (BT)
Alex Rudkin – Head of Quality and Improvement (AR)
Roisin Yin-Poole – Hospice/Compassionate Neighbours
Coordinator (items 1 & 2 only)

Apologies: Anna Machin – Governance (AM)

The meeting began at 10.00am.

1. Welcome, apologies for absence and declarations of interest

CC took the Chair and welcomed Committee members and attendees to the meeting. Apologies were received and accepted from AM. AR will minute. NM advised that he would need to leave the meeting at 11.15 am. There were no new declarations of interest.

2. Compassionate Neighbours Presentation

Roisin presented information on the Compassionate Neighbours initiative that will replace the current Hospice Neighbours model in the Hospice from Tuesday 3rd January 2023 which is about 6 months ahead of its schedule. Roisin explained that she works 4 days per week alongside Simon Oliver who works 2.5 days and also works in the Well-being Centre. She is looking to recruit as many volunteers as she can to deliver this initiative and enhance the Hospice's footprint within the community. Current patients of the Hospice Neighbours Service will seamlessly transition to the Compassionate Neighbours Service.

Key differences to the current Service will be that there will be far less micro-management of volunteers. It is a different model that is more directed at facilitating matches between volunteers and community members (some of whom will be receiving clinical service from the Hospice). Referrals can be made internally but will hopefully be made more by external sources such as social prescribers, GPs and by community members themselves (self-referrals). Initially the service will be aimed at

supporting community members with a life-limiting illness and/or the socially isolated. The Service will be marketed between now and January 2023 by Roisin getting out to potential referral sources with information and through the Hospice website.

Current Hospice Neighbours caseload stands at c20 patients and there are presently 30 volunteers.

EK highlighted the Sutton Befriender Service and Roisin commented how collaboration with other community-led services will be part of the future.

Training is set for the volunteers transitioning to the new Service to explain the essential differences but a fundamental is that the new project is more volunteer led.

3. Review of minutes from 8th July 2022 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meeting were reviewed and approved as an accurate record of proceedings. The Committee reviewed the actions arising from the previous meeting:

- Share update on equality & diversity Working Group on patient behaviour towards staff - all members had engaged and were in the process of setting up the first meeting. Barry Angel, Head of HR, to lead. **ACTION 21/07/16-04 BT**
- Policy on Paediatric Palliative Care Patient Transition to Adult Services included with October 2022 papers. **ACTION COMPLETE 21/10/29-03 JS**
- Twilight shift cover - volunteer twilight shifts have been working well – **ACTION COMPLETE 22/04/01-10 BT**
- Capture of community feedback will be proactively facilitated by roll out of the Feedback /module within the DATIX software in Q3 2022/23. **ACTION 22/07/08-01 AR.**
- Sick Policy entitlement comparative with NHS policy has been reviewed and adjusted and there is discretion factored into decision-making that will support individual case consideration by the Board. **ACTION COMPLETE 22/07/08-02 NS/GL**
- Information on Schwartz rounds included with October 2022 papers. **ACTION COMPLETE 22/07/08-03 JS.** NC stated that the first external facilitator meeting will be held next week. Clinical lead is Dr Jenny Strawson, Administrator is Pascale Evans, Facilitators are NC, Naomi Stammers (CNS), RT & Steve Molyneux (Head of Psychological Support Services). There is a real commitment to working Schwartz rounds work. The meetings are open to Trustees and we will feedback in due course.
- Business of the Prescribers Meeting was considered alongside the D&TC and it had been agreed that keeping the two meetings separate was effective and warranted. **ACTION COMPLETE 22/07/08-04 JS**
- Funding avenue information related to paediatric palliative care transitioning had been received but its criteria had not meant that we could progress it. **ACTION COMPLETE 22/07/08-05 EK**
- Revised meeting date has been considered. **ACTION COMPLETE 22/07/08-06 AM**

4. Evidence of Excellent Practice Register

The Committee noted the examples of excellent practice, including inter-departmental working, attention to time spent with patient, support from OT, Bereavement Counselling, Facilities, Housekeeping, IT the inspiring daily email ditties from P Di Palma marketing the Orangery and elevating spirits and feedback from the Medical Examiner's Office. Highlight was given to the close working between Facilities and Retail and the independent nature of the Medical Examiner feedback that was complementary. There was no safety element compromised in the Facilities Manager's action taken in resolving the leaking roof at the Wimbledon Shop.

5. Clinical Risk Register

The Risk Register review focused on top-level risks. There is still a focus on ensuring there is cover on night shifts and recruitment of band 5 RGNs. Establishment is adrift by 1.8 WTE currently but it is night staff cover that remains the biggest challenge. Nursing Associates (NA) are working well. The NA role involves a two year course and a healthcare qualification upon successful completion. We now have 3 full time NAs in post and another HCA will be commencing NA training next year. RN confidence in the NA role is improving. On the whole, BT reflected that staffing on the IPU was a bit better.

Access to out of hours support for IT issues is in place alongside IT disaster recovery and associated mitigations. An external IT Consultant and John Groom provide an on-call facility.

Bed blocking is a new addition to the Clinical Risk Register and issues have been raised with Continuing Healthcare as an on-going problem. Consideration to designated CHC funded beds revolves around funding and for that reason does not have legs both due to cost and staffing. A piece of work was potentially highlighted in support of this area of CHC funded places in keeping record of date differential between fit for discharge and date that NH can accommodate. EK remarked how hospitals experience similar issues with bed blocking. She highlighted how family agreement on places was really relevant and how expectation on discharge was an important conversation to be had early on in an admission if not before. BT confirmed that patient literature is provided and such conversations are proactively undertaken on admission. Consideration of accommodating longer stay patient needs will have greater practical relevance once full staffing is achieved and maintained.

Responding to NM's query, BT confirmed that reliance on staff good will to fill staffing gaps remains but recent recruitment is positive. Morale is good following the change in leadership on the IPU earlier in the year and is certainly improved on this time last year.

Incident management is noted as a non-retractable item on the register and is managed accordingly across the clinical and non-clinical teams. Score reviewed and unchanged.

Numbers of positive COVID cases in the community are increasing and consequential impact on staff is increasing. Winter Pressures planning across the

clinical services have been revised. **ACTION 22/10/21 RT/AR: Residual probability score to increase to 2.**

6. Clinical Quality & Governance Report

Clinical Report highlights:-

- Cecile Sasu, Patient and Family Counsellor/Psychotherapist
- Student counsellors
- Wedding on the IPU
- Wellbeing Service going from strength to strength. Simon Oliver is particularly creative.
- Ana Angarita, Lead Complementary Therapist
- Roisin Yin-Poole, transition to Compassionate Neighbours
- Men's Den completion delayed but the work is 'pro bono'.
- IPU Occupancy flexing between 8 and 10 beds
- RN band 6 recruitment
- RN Band 5 preceptorship RN
- Rebecca Wallis, IPU Sister, is doing a fantastic job.
- IPU shift system review
- T Young moved from being the IPU Manager to a new role earlier in the year which had a good impact but she is leaving mid-December to take up a District Nurse role. Budget is in place to support an Infection Prevention & Control lead role for 2 days per week so currently exploring a shared role with Royal Trinity
- CSNAT pilot in H@H in November 2022
- CPCT successful recruitment

Medical Report highlights:-

- Medical Team on-call
- Medical Team engagement – contributing to the European Certificate in Palliative Care programme at PAH
- Medical Students
- Education – GP Masterclass. EK remarked that she had attended and praised the really good discussion and engagement. CC advised that she too had received some great feedback.
- Sage & Thyme
- Supervision
- Appraisal
- Audit/Research
- Staff well-being and introduction of Schwartz Rounds in January 2023

Education / Training highlights:-

- Maura Flint is holding the fort admirably and advertising for recruitment is in place but no joy so far. Maybe a shared role with RTH to be explored.

Complaints

- Complaints summary was accepted. Two complaints that concerned the same HCA are in hand with HR. If there are any cultural issues then they will be handled with sensitivity. Satisfactory supervision is in place across both days and nights on the IPU.

[NM left the meeting remarking on the valued collection and presentation of the data streams that support clinical governance as presented in the report]

Incidents

- Incident data was reviewed. AR highlighted the increase in reported numbers both clinical and non-clinical and attributed the increase in reporting to the electronic reporting tool (DATIX) that was implemented in November 2021. 2022 will provide our first calendar year of reported figures using the new reporting conduit. He expressed how there had been improved reporting particularly across Make A Difference Alerts, information governance, infection, staffing and Community based incidents that aren't attributable to service delivered by SRH. An increase in reported PUs during admission had led to an incident review meeting that discerned that there was nothing untoward nor reflective of inadequate care. He had received feedback from the clinical team how the contemporaneous nature afforded by the digital reporting system allowed for improved information capture and reduction in delays between report, action recording and sign off.

Audit / QI / Research

- Audits reported/presented in 2022/23 to date that include learning include:-
 - VOICES Survey of bereaved next of kin Oct'20-Mar'21 published in August 2022 circulated with papers
 - NG31 Care of Dying Adults presented in September 2022 circulated with papers
 - IPU Risk Assessment Audit published in September 2022.
 - Advance Care Planning presented in September 2022 circulated with papers
 - Quality of clinical documentation – objectivity and abbreviations presented in September 2022 circulated with papers.
- NC explained the background and objectives behind the Hospice's participation with the CHELsea II research project that is led by the Surrey Clinical Trials Unit (Surrey University) that will examine hydration at the end of life. 80 sites across the UK will participate and the Hospice will aim to recruit 20 patients in the last 7 days of life over a two year period. EK and CC remarked that it was fantastic that SRH was participating in this research. NC advised that whilst the burden of data collection will fall predominantly on nursing staff for those patients recruited to the Study, the numbers did not present a challenge and nursing staff had embraced their engagement responsibilities.

Feedback

- Feedback recording will be accommodated by the DATIX feedback module which is expected to roll out in November 2022 subject to a few configuration tweaks, Complaints & Feedback policy completion and a simple information video being incorporated.

Clinical Quality & Governance Objectives – Extract from Management Plan 2022/23

Objectives for 2022/23 were noted alongside the completion status.

7. VOICES Oct '20 – Mar '21

The latest VOICES report was reflected upon noting the comprehensive evaluations and comments included by respective clinical heads. RT will be leading a bereavement journey project. Discussion was prompted on the topic of respite care. EK reflected that there was an awful lot to reflect upon and the report provides impressive reflections from clinical heads. Appreciation was expressed for sharing the information and how content may very well lead to further discussion at the Board's Away Day.

8. Minutes of internal meetings

The minutes of internal meetings were noted.

9. Recruitment & Staffing

As discussed.

10. Annual review if Hospice's position in local healthcare system

Quite a convoluted system but feeling that SRH is feeling its way across the SWL healthcare system. It is difficult to have SRH representation at all forums. EK advised that the SWL system is in a bit of a muddle with funding remaining at PLACE level and decisions taken at a SWL level. Correlation between decision-making and spending feasibility is disjointed. Monies supporting innovation bids have been set aside with organisations requested to make bids with a very short lead in time. SRH expect to be involved in a joint bid.

11. Any Other Business and Dates of future meetings

- Urgent Care Record is working fine and is not too different to the previous CMC record although it takes slightly longer to complete. EK expressed how it should get easier once EMIS access is in place.
- Congratulations have been extended to Lisa Bentley who has now qualified as a Nursing Associate.
- Appreciation was expressed to GL for all of her value, effort, contribution and support she has put in. She is retiring in November 2022 after 24 years with SRH and will be greatly missed. GL expressed how she felt that she was leaving the Hospice in great hands moving forward.

Committee members noted the dates for future meetings:

- Friday 20th January 2023, 09.30-11.30am, Alan Cogbill to chair.
- Friday 31st March 2023, 10.00-12.00pm, Dr Carrie Chill to chair.
- Friday 30th June 2023, 10.00-12.00pm, Alan Cogbill to chair.
- Friday 6th October 2023, 10.00-12.00pm, Dr Carrie Chill

The meeting ended at 12.00pm.

Approved.....

Date.....

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2022/40	PE	08/11/2022	<p>Hi Steve</p> <p>I wanted to reach out and let you know how thankful I am for the support I have received at St. Raphael's. After my brother died earlier this year, I was very fortunate to be offered grief counselling. I was struggling both physically and emotionally from the trauma I witnessed, and my grief was severely impacting my life. I didn't think I would ever find any inner peace, until I met Barbara. I instantly bonded with her, I felt able to discuss my inner struggles and negative emotions with her, because I felt, for the first time, I was in a safe place, and I was being heard. I was carrying the pain of my loss, the injustices of my brother's life before, during his illness and after his passing, guilt, not to mention shock and an element of denial. These are all valid emotions but ones that I could only see in a negative way. Her ability to make me take a step back, examine and understand what I was feeling, and accepting them, because it is ok to feel sad. It might sound silly, but the guidance she provided me with, showed me how to process my grief in a healthier way. I was also blessed to be given additional counselling sessions, and it wasn't until one of the additional dates, that everything slotted into place, the way my brother needed to be heard, also I needed to be heard and not dismissed, it was a light bulb moment (which I had many of, during my sessions).</p> <p>I hope funding will always allow for counselling to be part of the services St Raphael provides, because it has been invaluable to me, and I have been able to help my family deal with their grief in a healthier way too. St Raphael really is the gift that keeps on giving. I love my brother and I miss my brother, but his death was a catalyst for change, for all those around him. My counselling sessions, helped me see how those changes, although very hard emotionally, were the beginning of his legacy, he would be so proud of the things that have happened since his passing, I am sure he is smiling down on us all.</p> <p>Regards Theresa Macklin-Smith</p>

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2022/41	PE	08/11/2022	<p>Please feel free to share my email with Barbara; also consider this email confirmation that I am happy for you to use the content (even with minor edits) for future funding applications and publicity material for the counselling service.</p> <p>My brother Patrick was very fortunate to be released from the Royal Marsden in Chelsea, to our home, for the last few days of his life. At that point, my only interaction with St Raphael, was when my uncle died in your hospice, so I didn't expect a huge amount of physical support as Patrick was going to die in my home, but I was wrong. Your external facing team, who visited my brother in my home, were a Godsend to him and me; their support went above and beyond anything I could have expected. Although my time with that team was brief, it felt like they had been there for weeks; they gave me the ability to continue supporting him and working seamlessly alongside the District Nurses. Our lives felt like they were spiralling, yet they continued to provide us with support, even when another external agency came to provide care, but ended up brutalising him; it was St Raph's who swooped in and supported us. They helped us make the other agency go away, as they persistently came back, even harassing me on the phone, half an hour before he passed. They offered to provide witness statements, when I raised a complaint with the CQC, which I didn't need but knowing they had our back was reassuring.</p> <p>Considering I wasn't sure what support I was expecting from St Raphael's, you provided more than I could have hoped. To receive a call some weeks after Patrick's passing to check in on me; was unexpected and shows the level of care your whole organisation has for those who cross your path. My doctor said I would have a long wait to receive counselling, so I felt very blessed that St Raphael was able to accommodate me so quickly. It was comforting to know my healing could start in earnest; as I was struggling.</p> <p>My time with Barbara was emotionally difficult, but her kind and caring demeanour put me at ease; she helped me on an emotional level but on a spiritual one too. I genuinely looked forward to Wednesday afternoon, as I could speak freely and work towards finding my inner peace. By the end of our sessions, my boss said I looked like a new woman, more positive and strong, I positively glowed and she wasn't the only one who could see that. I don't doubt my grief journey is going to hit many road bumps in the future, but I feel more able to accept those bumps and allow myself to feel them in a healthier way. Knowing that all the services you provide, can only happen due to donations or funding, still shocks me, it is a service that is desperately needed, and one the NHS doesn't appear to be able to provide in the same way you do. If I can help in any way, I will. I would hate to think someone else has to go through life and death; without the support of St Raphael.</p> <p>On a complete side note, after seeing your teams in action, my daughter Rachel a level 6 Community Nurse, has gone back to university this year to become a level 7 District Nurse with specialist practitioner skills. Her dissertation is, Does advanced care planning and gold standard frameworks improve quality of care in palliative and end-of-life patients? Originally she wanted to write, Do patients who want to die at home, get to die at home? but has been unable to find the research. As soon as my brother understood he was dying, as the burden of his cancer, there was no coming back, he wanted to come home to me and his (my) dog Alfie. The Royal Marsden, who provided brilliant care seemed very reluctant to let him come home, and to this day we still don't understand why they dragged their heels for 3-4 days. At one point they even offered to allow Alfie to come into the hospital for an hour to spend time with him as they kept saying they might not get him home. The care he received from St Raphael and the District nurses, is what he needed, and to be in familiar surroundings. I am sure his last few days would have been less stressful and more peaceful but thankfully when he died it was quite a beautiful passing, after all the trauma endured, we can be thankful for that and the care provided by St Raphael's and the District Nurses. I hope her dissertation highlights the benefits of dying at home and the blockers e.g., funding for care agencies like yourself, that get in the way of people's last dying wish.</p>
2022/42	GTR	14/11/2022	Elderly gentleman presented to the hospice confused and disorientated. Not a patient or a relative under our care. Excellent recognition, identification, escalation and teamwork demonstrated from the whole MDT. CPCT CNS and hospice at home team, ward HCAs and medical consultant all worked together to ensure his safety both physically but also of his home, creative thinking to locate and inform his GP, and appropriate liaison with LAS to support his extreme hypertension and hypoglycaemia.
2022/43	PE	30/11/2022	"I just wanted to say a massive thank you to you and everyone at St Raphael's for all of your support through the most difficult time of my life over the last few months. I am so appreciative and it has made more of a difference than i could ever put into words'.
2022/44	AR/RT	01/12/2022	Imprisoned people are a hard to reach vulnerable group who are not receiving equal access to EOLC. Both Heather and Naomi visited a local prison this week to see a patient and whilst they were there it was requested if they could review another two patients; one who been previously known to us and discharged and a new referral. Both patients were seen and assessed. Great example of responding to a hard to reach group, building relationships with prison staff and demonstrating a flexibility in our approach to support engagement.
2022/45	AR/RT	05/12/2022	Paula Berry HCA kindly helped the kitchen out on an evening shift when there was no one available. Not only was the kitchen immaculate but her Yorkshire puddings are now legendary. A big thank you to a member fo staff stepping into the breach..

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2022/46	AR	05/12/2022	Thank You card sent by the Miller family To the St Raphael's team, I just wanted to say thank you so much for giving me a place and allowing me to run the 2023 London Marathon for you (I still can't believe it!). I feel so incredibly honoured and so excited to be able to give back and show how appreciative myself, my family and our friends are for all you have done for us and for the support you gave my Mum - Andrea Miller. You are the most incredible team of people and my life has been changed forever due to your care, kindness and compassion. We are so lucky Mum was able to spend her final days at the Hospice and we cherish the memories we made with her. Thank you again so much for everything. Danielle Miller xx
2022/47	RT	07/12/2022	Can we just say what a wonderful experience both me and samantha had. You people are wonderful. We have come away buzzing and cant wait to come to your activities in the new year. The reflexology was amazing
2022/48	AR/RT	07/12/2022	Dear Katie / Simon / Ana Cannot thank you enough for today and the future! I am cc-ing my father , mother and sister - it will tend to be my sister or myself who book/ arrange things, but I will be main contact. Really looking forward to getting the details for all the extraordinary things you are providing with such kindness and patience we are very very grateful Warm regards and have an amazing Xmas and new year! Aarti
2022/49	AR	09/12/2022	Card to Hospice @ Home & SRH Team : Dear Miriam and the SRH Team,On behalf of my family I would like to say Thank You so much to everyone for the care you gave to my mother Margaret Hiron. Whilst she only needed physical care at the very end, the advice and help we all had and the knowledge that there was always someone at the end of the phone was invaluable. Thank you to Caroline for her help and kindness and to Kate for her calm advice and help over the phone on Mum's last weekend. I'm sure there were many others too but I'm afraid that its all a little bit of a blur now. We do want to say thank you so, so much to Linda whom we first met just the day before Mum died. Mum had huge confidence in her and knew that we were in extremes Mum said that she was just the person she wanted to see. The fact that Linda appeared when we needed her on the last day was almost miraculous. Words cannot express the difference she made and to us all at the end. We will be grateful to her for ever. We won't forget her calmness, efficiency and loveliness. Thank you so much. Thank you to everyone at SRH. The work you all do with such care and humanity is wonderful. With very best wishes Ruth, Chris and Sarah.
2022/50	AR	01/05/2022	To everybody at St Raphael's, doctors, nurses, catering and all other staff and helpers and volunteers. Thank you for your professional and loving care of our brother David and for the kindness and understanding shown to my sister and me. We will always remember you. Thank you. AM Bennett Lofthouse. We should also like you to know that we have made a donation to St Raphael's as a way of expressing our deep gratitude to you all and of assisting the hospice in giving to others the priceless care it has given to Dave. Jane Lofthouse.
2022/51	AR	01/05/2022	Dear Penny, Tracey, Julie, Sandy, Cathy, Helen, Gill, Cristina, Denise, Silvane,Carmen, Jenny, Philomena, Tina, Tory, Angela, Laura from wellbeing, Joey, Kerrie, Dosia, Rachel, Paula, Ekaterina, Ambreen, Karen, Julia, Samantha, Debbie, Carol, Karen, Yvie, Piya and others whom I'm sure I must have forgotten to name. I have spent some time wondering how to thank you all, and feeling like no gesture or gift will be able to adequately express my gratitude. I wish I could thank every one of you individually, but I hope this will do instead, and trust that each of you will know that I mean this for you. Thank you for your kindness, competence and serenity in caring for my dad in the last few week of his life. I often felt powerless, inadequate and frustrated while trying to look after him, and it was such a relief to know that he was in your capable hands once he'd moved to St Raphael's. We said to each other many times that we wished this country were run by competent women like you, instead of the bunch of crooks and idiots we're stuck with at the moment! Your strength, skill and compassion in doing a job which I imagine must be very challenging is truly admirable. I will remember you all for the rest of my life. Thank you. With all my love and gratitude, Kate, Dave's daughter. Anybody who wishes is warmly invited to attend Dad's funeral - details supplied.
2022/52	AR	30/11/2022	To all the staff at St Raphael's. Thank you so much for the care you gave me, you are all wonderful people. I cannot put into words how you all made me feel. Thank you so much from the bottom of my heart. Lots of love from Peter Case Room 8 xxx
2022/53	RT/AR	15/12/2022	Volunteer student counsellor complimentary feedback : "Being with Steve is being with generosity. It conveys itself through his unconditional support, guidance and facilitation. His dedication to his work as Head of Psychotherapy Service at St Raphael's and Supervisor is inspirational. I am privileged to continue benefitting from his wealth of experience and am grateful to have become part of a team that feels like home.'
2022/54	TC/AR	16/12/2022	Community Team Manager feedback that Avril and Elisa did a joint visit today to a patient as a safeguarding was raised earlier this week and the situation required sensitivity and exploration . The visit was positive and the outcome was better then expected and a really demonstrated how two departments from the organisation can work jointly to support each other and our service user.

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2022/55	KG	19/12/2022	Christmas Card Received with donation and thanks; "To All The Wonderful Staff at St Raphael's, Thank you so much for the kind and professional way you looked after Raymond Charles in August this year. You all gave him a very dignified end of life care and I'm sure he was comfortable. With our very best wishes to all of you over christmas and always. God Bless you all. xxx From the Family of RAYmond Carless. P.S. We enclose a donation of £100."
2022/56	KG	19/12/2022	Christmas Card Received with donation and thanks; "To all the staff at the hospice wishing you a Merry Christmas. Happy New Year. Thank you all for the lovely care you gave to my daughter Deborah Jane Blakeman"
2022/57	JC/AR	19/12/2022	Dear Everyone at St Raphael's, Thank you all for taking such good care of me during my recent stay. It was lovely to have help and kindness at the press of a button and it got me through one grim period. Love to all, David Lofthouse
2022/58	JC/AR	19/12/2022	To all the wonderful staff that gave our mum (Vivian Osborne) so much love and attention. We are both so grateful to you all. You are all angels!! Love Meryl Coppin and Clive Osborne xx
2022/59	JC/AR	19/12/2022	From the very first telephone call to the moment we left the hospice after my mum passed away, us as a family will never forget the care and support every member of staff gave us. As my mum's carer I knew that every question or worry I had would be answered no matter how big or small. When mum became very poorly, we went to hospital under your advice. You even called the ambulance. It became very apparent that mum was deteriorating quickly and she was moved to the palliative care ward. It was while she was on there we were told that no further treatment would be offered. Of course it was then we knew that it was only a matter of time before mum would pass away. That's when the Palliative Care Team requested that my mum be put on your list for a bed. We didn't build up our hopes as we knew that you have very few beds. When I got the call on 12 May to say that a bed was available, I knew that my mum's final hours or days would be just as perfect as she was. Nothing could prepare me for what was to come, but from the moment we came through your doors, I knew that it would be a whole lot easier. Every member of staff greeted us with a smile and showed us so much care, you felt that you knew every single one of them. Mum was settled for the first time in weeks and I didn't walk away wondering if she would be OK. Her last day (13th May) was a day of very mixed emotions. We were called early to say that mum had moved into the final stage of her life. We arrived to find her with a nurse sitting with her. She was not alone and that to me meant a lot. Everything was explained to us as to what to expect. Mum was a lapsed Catholic, but was offered a blessing which she had. As it was my birthday you gave me a card and gifts, again something that meant a lot to me. We had family travel from Cornwall to see mum. They were made to feel part of mum's final hours and not just visitors. Baby Sidney of course was a hit and a bargaining chip. As the evening went on it was clear that mum was slipping away. When the nurses came to check and move mum the last time, the care, compassion, kindness and respect they both showed will remain with me. They made sure her hair was brushed and lightly washed her arms and face. I was then given her hand and we were left alone for her final moments. Both me and my husband were given so much comfort to which we were so grateful for. I will be eternally grateful to you all, as will all of our family. Tracey and John Tennant, daughter and son in law of Maureen Langridge.
2022/60	JC/AR	20/12/2022	To All the Staff, Just to say a big thank you for all the love and kindness you gave to us, and my husband David Woods. Love Sylvia and Clare
2022/61	JC/AR	20/12/2022	To Dear Kathy, Just to say thank you for your kindness looking after me on Friday. I wanted to do something for you. Please get a couple of lottery tickets. You never know, it could be you. Love Kathy x
2022/62	JC/AR	20/12/2022	Thank you for everything! To all the amazing staff, thank you so much for caring for Derek Earles, our lovely Dad. We are so grateful that he was able to spend his last days with you all at the hospice. Your kindness and understanding towards our big family and understanding towards our big family are much appreciated. Hope you can enjoy these biscuits and sweets. Thank you for all our cups of tea and biscuits too. Lots of love, Frances, Sue, Jacqui and all the family. xxx
2022/63	JC/AR	20/12/2022	To All The Staff, We wanted to express our sincere thanks for the compassionate and dignified care that you gave to Danny during his last days. You are truly special people to do the job that you do. From the Attoe Family.
2022/64	JC/AR	20/12/2022	To all the staff at St Raphael's. We would like to thank you for all your kindness and dedication. You helped Tom so much and looked after him so well. Thank you for looking after us too. With love, The O'Briens xxx
2022/65	JC/AR	20/12/2022	To all the nurses and carers at St Raphael's Hospice, We just wanted to say thank you so much for the exemplary care and support you gave to John Wood during his stay from February to April and on the last day of his life (17th August 2022). You all made the time that John had left so much more comfortable. Warm wishes, Pat Wood and Jessica x
2022/66	JC/AR	21/12/2022	To all the staff of St Raphael's Hospice. I am sorry that this thank you has come so late, but it has been quite a difficult time. My sons and myself would like you to accept these small tokens of our thanks for all you did for their dad (and my husband) Ken. Thank you once again for being so friendly and caring to me and the boys, it helped so much. Keep doing the much needed work that you all do because it is what is needed. Many many thanks from Ann Simmons, Wayne, Paul, Kieran and the grandchildren.

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description
2022/67	JC/AR	21/12/2022	To all the staff and volunteers at St Raphael's Hospice. Thanks you're all amazing and I'm incredibly lucky. Thanks for the amazing care and humanity shown to my late mum, Averil Stoba and to my family too. Best Regards, Rob Stoba and family
2022/68	JC/AR	21/12/2022	To all the staff who looked after Michael Cooke, This wish is sent to you with just one thought in mind. To thank you in the warmest way for being very kind. Special wishes from all the Cooke family xx
2022/69	JC/AR	21/12/2022	To All Staff, With much gratitude. Thank you for your beautiful care, your patience, kindness and just being there. The family of Tess (Theresa) Bourke). x
2022/70	JC/AR	21/12/2022	To All Staff that cared for Keith, We would just like to say a huge thank you for everything. We couldn't have wished for a better team to be around him at this difficult time. Thank you also for welcoming us and allowing us to be with him until the end. Love Chris, Zoe, Jason, Shaun, Catherine, Lisa, Layla and all the grandchildren.
2022/71	JC/AR	21/12/2022	Thank you very much to everyone involved with John's care. We appreciate all that has been done to make his stay so comfortable. With our very best wishes, Ann and John Elbourne.
2022/72	JC/AR	21/12/2022	To all the wonderful staff at St Raphael's - There are not enough words to tell you all what amazing people you are. With apologies for the delay, thank you from the bottom of our hearts for all the love and care and compassion and empathy and kindness and raw humanity that you showed to Lexie and us in Lexie's final day. We could not have imagined or hoped for better care for her and in the light of how much she had suffered in recent years, and how traumatic she had found her medical treatment, it gives us a great comfort that she was peaceful and comfortable at the end. We will remember you all so fondly, with especial thanks to Penny and Denise. With much love and deepest thanks once again. Gail and John Hennessey
2022/73	RT/AR	25/12/2022	Superb contribution by Paula Julie Di Palma who cooked the Christmas Turkey and brought in Christmas presents for the patients on Christmas Day.

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
1.	Workforce: Registered General Nurses Recruitment of appropriately qualified nurses to support the delivery of care on the In-Patient unit.	Night duty cover remains problematic . If RGN cover on night duty not sufficient, the number of patients that can be safely supported will be affected as safe staffing is across 24hours. Increasing difficulty in recruiting Band 5 nurses for day duty - staff undertaking extra shifts to cover requirement risk burnout. Managing unexpectd sick/compassionate leave can put pressure on the staff cover.	Current qualified nursing staff levels are adequate to support 8/10 IPU beds on day duty with full current complement of staff. Significant current deficit on night duty. COVID is impacting staffing levels due to requirement to self isolate. Active recruitment of Band 5 nurses to fill permanent and Bank to support core team at times of AL/SL or increased high dependency. Requirement for continued review of night RGN cover for safety assurance. Staff flexibility from day duty to night duty- Consultation is complete and rotation has commenced.. On the job training, mentoring and educational support to obtain required qualifications e.g. Support of the TNA programme for HCAs Recruitment of preceptorship nurses	4	3	16	In situations where staffing levels are adversely affected there would be a managed reduction of available beds.Caveat is that even with one bed open there is a requirement to have 2 RNs on duty. Engaging with local and national training schemes to demonstrate the attractiveness of the hospice as an employer. Reviewed sickness and maternity leave policy- both amended to increase benefit October 2021 - payscale review and implementation of AfC aligned rates to remove the financial disincentive in recruitment January 2022 - bank RGN and HCA numbers increased. Agency nursing staff used when possible. Current RGN vacancy 15-18%. September 2022 -Review of shift system - introduction of 10 hour shifts January 2023 - Advert changed for night shift no longer having to rotate onto days	4	2	12
2.	IT PAS System Failure	Inability to access contemporaneous clinical records.	Contactable team OOH (not formal contract). Back up resource - outsourced at times of AL. Back up to PAS system facilitating access to the PAS. Risk is that recent recording may not be captured.	5	2	15	Daily back up of PAS. Risk Assessment undertaken related to IT risk to PAS. Highlighting gaps. Access to OOH IT Consultant response in place.	4	2	12
3.	Bed blocking	Delay to discharge due to limited availability of CHC funded beds in the community. Limits our processing of requests for admission. Potential effect on reputation, income generation and staff morale.	Maintain relationships with Care Homes/ Sutton and Merton PLACE that have CHC funding. Completion of fast -track proficiently.	3	4	15	Screen referrals for potential impact. Dual planning with Hospital requesting admission. Consideration of CHC funded IPU beds in future. January 2023 - recent CHC claims for 2 patients	2	4	10
4.	Clinical Incidents	Patient Safety (Falls/Pressure Ulcers/Medication Errors). Risk of complaints from patients/families Requirement to report outside the organisation to CQC Pre-empt a CQC Inspection Reputational damage	Reporting of all incidents related to clinical care Hierarchy of investigation Outputs- Learning informs improved procedures and processes Regular review of incidents- closing the loop from reporting to action and learning Report to EXEC, Clinical Governance Committee & Advisory Committee, Dissemination to all hospice teams to inform learning	4	2	12	Continued staff training and awareness of new techniques and products. Report at Clinical HoDs. Report by managers at team meetings. Opportunity to participate in reflection and sharing learning and outcomes. Feedback to complainants regarding change in practice. Encourage an environment of comprehensive reporting to support learning and quality improvement. Introduction of Datix in Q3 2021 supports reporting and monitoring.	4	1	8
5.	Corona Virus	Infection spread within hospice	All staff emails alert. Signage directing all staff & visitors to hand-washing on entering and leaving the ward / rooms and use of hand sanitiser. Staff adherence to control of infection policy. As per government guidance clinical staff that can work from home are facilitated to do so. Increased utilisation of telephone contact. Internal Lead for IPC shared amongst the link nurses on the IPU and Community Team with oversight from ESTH IPC Team.	3	2	9	Corona Virus Policy updated on government guidance changes. PPE supplies checked. Contingency planning clarified for any identified case within the Hospice - as per government guidance. Single room nursing. Increased telephone contact. FFP3 mask fit testing on going. Refresher PPE training and advice and support from PHE. LFD testing for symptomatic staff in clinical situations. Formalised SLA in place with SHH IP&C from 1 April 2022. Substantive IPC Lead role to be shared with RTH. Advert expected pre March 2023.	2	2	6

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
6.	Complaints	Rumours Local press coverage Potential for public concern Elements of public expectation not being met Loss of confidence in the service Reputational damage	All complaints both verbal and written treated with the same level of scrutiny Complaints procedure in policy for staff to follow- escalation process Complaints documented and reported via Quality Manager Reported at Clinical Quality Improvement and Clinical Quality and Governance meetings Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Director of Care All complaints discussed at hospice team meetings for awareness and learning across the organisation Bi-annual review by EXEC Required action taken to address concerns with staff members where individuals have been identified by the complainant File notes kept of discussions by HR	3	2	9	Use of root cause analysis for significant incidents. Feedback to complainants regarding change/improvement in practice. Scoping to establish all clinical staffs access to communication skills training Training on care delivery Information shared re: Duty of Candour and scope of the policy Reporting of any concerns- no blame but responsibility	3	1	6
7.	Breaches of confidentiality involving person identifiable data (PID), including data loss	If low risk breach- dealt with locally as per policy- CUI reporting More serious breach - RCA may be required- may have wider implications if data not encrypted If serious IG breach may be media coverage Potential loss of public confidence to keep PID safe	All staff paid and unpaid trained on IG on induction and annual mandatory training. Policy communicated to whole organisation Clinical staff have nhs emails (encrypted) Regular organisational sweeps in all departments Caldicott Guardian attends regular training and presents at associated fora.	3	2	9	IT monitoring and oversight of PID in received and sent emails. Monitoring includes audit and test Phishing emails via IT Dept. Intermittent 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	3	1	6
8.	Corona Virus	Staff safety at work	IPU - wearing face masks for suspected or confirmed COVID+. Full PPE as appropriate. CPCT - social distancing in place in offices .	2	2	6	Infection Control link nurses in place SLA with SHH IP&C	2	2	6
9.	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	Policy and procedure in place to support community working (SOP). 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.	3	1	6	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.	3	1	6

ITEM 05

Clinical Quality and Governance Report

Contents

Aim	1
Recommendation	1
Report	2
Clinical Services	2
Medical Team	4
Education/Training	5
Governance meetings	5
Clinical Audit, Monitoring and Research	7
Data Dashboards	7
Quality Account	8
CQC and Organisational Assurance	8
Clinical Quality & Governance Management Plan Objectives 2022/23	9
Audit/Research 2022/23	10
Clinical Risk Management	15
Clinical Complaints	19
Complaints Overview	19
Records – Access Requests	20
Notifications	20
Clinical Commissioning Group (CCG) Data	21

Aim

To update the non-executive members of the Clinical Quality and Governance Sub-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: continue to have a cohort of 7 Volunteer/Student Counsellors. Combined they are delivering on average an additional 100 hours monthly to bereaved and pre-bereavement relatives. And of the 7, 3 are from the original intake of 2.5 years ago. One counselling student is now undertaking his forensic placement meaning that there is IPU support on a Friday. And we are also able to offer support sessions on Saturday mornings and Monday evenings, meaning they are 'open' and available 47 hours each week.

Cecile Sasu, the newest member of the substantive team, specialises in Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma Therapy and we have received overwhelmingly positive feedback from clients who have benefited from this .

Steve Molyneux (Clinical Lead) was nominated and shortlisted to the final 3 at the National Healthforce Champions Award for the work he undertakes with the students. The category was Outstanding Staff Champion for Volunteers. A prestigious event, held at the RAF Club in Piccadilly. This came just a week before attending the Hospice UK Conference in Glasgow.

Wellbeing: Attendance at all sessions has increased substantially with attendees continuing to come from each of our constituencies: "patients", carers and bereaved. New sessions have been added including Craft, Walk and Talk, Poetry and Lego (build and banter) and there is a broad team of supportive volunteers supporting now in all sessions.

The team have provided specialist support sessions to particular target groups such as MND. There have been an increased number of external / community talks and visits to the centre including live music, talks from debt assistance people, AGE UK and local mental health charities. We have relied more on these bodies for our Living Well Programme which continues to thrive

Throughout the past few months, the centre has held events celebrating Black History Month, Dying matters, Halloween, Diwali, EID and of course Christmas. There has also been a successful trip to Tate for self-caring "members"

The Wellbeing staff have visited numerous community, faith, social and charitable groups to ensure integration of service into the community and are also mindful of the cost of living crises – linking to the local foodbank and are now able to issue vouchers.

Ana, our complementary therapist has now been with us for a few months and having established a popular service, is now looking to recruit volunteer therapists in order to reach more people.

Hospice Neighbours have been transitioning to the new Compassionate Neighbours service. The team has been attending training and focusing on recruitment of new 'Neighbours' in time for the soft launch on 3rd January. There has been some great networking and collaborating with neighbouring hospices in preparation for this, sharing learning across the organisations has proved valuable and enjoyable.

Inpatient Unit: Becca Wallis has now been the IPU sister for more than 6 months and has successfully led the nursing team through some really quite challenging and complex admissions.

A young bariatric lady was referred to us for who, due to her condition, we needed to hire special equipment for and train the staff in how to use this in a very short space of time to facilitate her admission to the hospice. A healthcare assistant also supported a gentleman who was in the last weeks of life to reunite his estranged family by organising a party in our Orangery on a weekend. The healthcare assistant came in especially on her day off to help facilitate this and the gentleman was extremely grateful. We have also had a complex case with a young woman with untreatable anorexia who we facilitated an end of life admission for, while ensuring support for the staff involved.

A number of new initiatives have been commenced - we have started a mouthcare quality improvement project with the implementation of new assessment tools, new mouthcare equipment and face to face training. We have also implemented new 2 hourly comfort and care checks at the bedside which include checking of equipment and patient needs. This included a change in documentation in a bid to reduce the amount of time spent by staff at a computer. These have been adapted since implementation by the staff themselves, showing the investment they have in the inpatient unit and how they work.

One of our HCAs Lisa Bentley has now returned to us as a fully qualified Nursing Associate, totalling our NAs at 3 ; the NAs are a great asset to the team and continue to work alongside the nursing team within their scope of practice. We also have a preceptorship band 5 staff nurse, Martina Paner who has settled in well. Our recruitment does remain a challenge but we are continually looking at ways in which we can appeal to applicants whilst supporting the staff that work for us.

Our Clinical Standards and Project Lead Tracey Young, moved on to pastures new in December. She has taken a post as a District Nurse; an area that she has previous experience in and really enjoyed. Tracey worked hard to ensure that our Infection Prevention and Control (IPC) was up to date as well as focusing on other projects and has left us in a good position to manage until we recruit. We are remodelling slightly and are looking to create a shared IPC post with Royal Trinity Hospice.

Community Palliative Care Team –were responsible for two of the five posters presented at the Hospice UK Conference in Glasgow in November. The team have also focused on a variety of harder to reach groups including prisons, people with Learning Difficulties, hoarders and those with palliative care needs transitioning from children to adult services. We have managed to successfully recruit to our two vacant roles in the CPCT and have been joined by 2 experienced CNSs over the past few months. We now have quite a number of non-medical prescribers within the team – this is a huge asset, particularly when working at weekends and access to primary care services can be slow. The Hospice at Home team remain a popular and valuable service – they were able to visit and support patients and their families over the key days across the Christmas period, a huge comfort when people are feeling particularly vulnerable. They support patients known to the Sutton Palliative Care Coordination Hub as well as SRH - we work closely with both Sutton and Merton end of life care teams, to support and educate those in more generic roles.

Medical Team

On Call

On call collaboration with Princess Alice and Kingston hospital continues, with the consultants across all 3 sites meeting every 2 months to discuss any problems arising. The consultant team continue to also participate in the executive on call.

Engagement

Dr Tamura Rose continues to provide 1 clinical session a week to St Helier Hospital Palliative Care Team.

The consultant team host monthly MDTs for the Merton EOLC team in which complex cases are discussed as a form of peer support/supervision.

We contribute to the pool of examiners for the European Certificate in Palliative Care programme at Princess Alice Hospice.

We typically host 4-5 medical students from St George's for one day per month and are due to host a final year medical student for their elective in March 2023 (income generating).

We are developing the support offered to our local prison, High Down. For the past month we have been attending a weekly virtual MDT to obtain updates and provide advice for patients. The possibility of developing psychological support training for the prison chaplaincy team is being explored currently.

Education

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

Dr Tamura-Rose has facilitated joint PACES teaching for medical students with St George's Hospital Palliative Care team. She has taught on the Management Course for Palliative Care registrars based at St Christopher's Hospice and presented on a virtual course for Caldicott Guardians.

We are supporting the Education team with the Lunch and Learn series with Dr Strawson updating about Schwartz rounds last month and Dr Collins due to speak about the CHELSEA II study this month.

Sage and Thyme Psychological Support Level one training will be held at the Hospice on 19th January 2023.

Supervision

The consultants continue to be actively involved in educational and clinical supervision of several trainees: Dr Gemmell Palliative Medicine ST5, Dr Woods ST7 paediatric palliative medicine and Dr Hussain Al Kemachi, GP trainee.

Appraisal

Dr Strawson and Dr Tamura-Rose are trained medical appraisers and ensure all of the medical team are supported with their yearly appraisal and revalidation – all appraisals are up to date.

Audit/ Research

Hospice UK – Three posters were presented at the Hospice UK conference in Glasgow in November 2022.

The Hospice is one of 80 sites nationwide taking part in a cluster randomised trial of hydration at the end of life (CHELsea II study) being run by the Clinical trials Unit at Surrey University in which we will aim to recruit 20 patients over a 2 year study period. Recruitment is now underway.

Staff Wellbeing

Attention is being paid to staff wellbeing with a regular feature at the start of our business meetings focussed on highlights and achievements or more difficult experiences.

Dr Strawson is leading on the implementation of Schwartz Rounds and the first meeting is scheduled for 24th January 2023 – “A colleague I will never forget”. All are welcome.

Education/Training: Maura Flint our Palliative Care Educator has been working single handedly over the past few months whilst we have advertised and interviewed for a second post. She has remained incredibly productive (as well as upbeat) and has ensured that staff have access to educational opportunities/sessions and events such as Journal Club, Learn@Lunch, encouraging mandatory training and competency training amongst others. Maura will be joined by Karen Cook who has been appointed as the second Palliative Care Educator and will be joining us in February.

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 Sub.

The Health & Safety Committee feeds into the F&R Sub.

The Staff Consultative Group is suspended and the Education, Training & Development Committee feeds into the HR Sub.

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Oct’22	May’22	Feb’23
Clinical HoDs	Nov’22	Oct’22	Jan’23
Medical Business	Jan’23	Jan’23	Feb’23
Drugs & Therapeutics	Oct’22	Oct’22	Feb’23
Outcome Measurement Group	Sep’22	May’22	Mar’23
Infection Control	Sep’22	Sep’22	Jan/Feb’23 tbc
Prescribers	Jan’23	Jan’23	Mar’23

Effective from October 2022, the Falls Group meeting has been included into the business of the CHoDS as a bi-annual agenda item to both reduce the number of separate meetings held and guarantee attendance and subsequent cascade.

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 either from the Joint CEOs (IG), the Clinical Director (Clinical), the Head of Income Generation (Retail and Fundraising) or the Head of Quality and Improvement. 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 but it is noticeable 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 to demonstrate the range of incidents / accidents recorded across the Hospice and to provide a useful reference point for the learning taken. We hope to produce report within Quarter 4 of 2022/2023.
- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are ongoing with the latest submission to be made in January 2023. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Clinical Audit, 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.

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 last meeting was held in October 2022. 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 January 2023. Presentations topic included Inpatient Unit Risk Assessment Audit – main findings and developments in 2022. 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 2022/2023 with timeline is set out from page 10. It itemises over 30 projects spanning, clinical audit, quality improvement and data monitoring. 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 Psycho-Social teams are developing. An index of tracked data that is periodically presented and communicated to the clinical team is held. It remains a challenge to find the time to keep them updated but includes such items as:-

Report Reference	Title	Lead	Created	Function	Primary Aud.	Exec / CCG Interest	Freq	Re sp	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

Quality Account

The Hospice last submitted its **Quality Account** for 2021/2022 to the NHS Choices web site in June 2022. It is also available on the Hospice's website at <https://www.straphaels.org.uk/Handlers/Download.ashx?IDMF=ffdd34c4-eb3b-4f71-9d41-6188276fda30>.

The next Quality Account reflecting on 2022/23 and planning for 2023/24 is expected to be submitted before 30th June 2023.

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.

In December 2022, we were formally given notice of a scheduled DMA (Direct Monitoring Assessment) by the CQC which was triggered by a change in the Registered Manager. We were inspected on 19th December via Microsoft Teams and the report (enclosed with papers) indicates that we are not seen as high risk and therefore await the usual inspection at a later date. Although disappointing that the report does not reflect the huge amount of innovation, excellence and progress we have made over the past two years, we ourselves were reassured that we have so much to be proud of and look forward to really showcasing what we have achieved to date.

A working party periodically populates and keeps under review the Key Lines of Enquiry self-assessment documentation.

Allied to the workings of this group has been the creation of a depository for evidence of excellence that 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 becomes effective from April 2023. Achieving an 'Outstanding' rating at our next inspection and maintaining it in the future remains our ambition.

Clinical Quality & Governance Management Plan Objectives 2022/23

Summary

DATE	Number	Complete / on-going	As per Plan	Behind Plan	For 2023/24
09-Jun-22	30	8	20	0	2
23-Sep-22	30	10	18	0	2
06-Jan-23	30	16	12	0	2

Goals Completed

Ref	Goal
3.1	All core medical team trained in advanced communication skills
3.2	Produce and maintain an audit/monitoring/research project schedule 2022/23
3.3	To maintain student counselling cohort of 8 Appoint to an additional 0.6 Counsellor post
3.4	Re-establish Outpatient encounters Maintain diversified offer in Wellbeing/Living Well aligned to Social Prescribing
3.5	Formalise Locality Team Lead Roles
3.6	Wellbeing – engage with external groups including social prescribers Collaborate with external groups to provide joint offers
3.7	All clinical services as required to feed into and support the clinical audit program
3.8	<ul style="list-style-type: none"> Develop links and contacts to support development of local SW London Ethics Committee Establish reflective forum for inclusion of all staff to present/ discuss clinical cases
3.9	<ul style="list-style-type: none"> Open up 10 beds appropriately staffed Review timings of admissions meeting to allow planning time for the acute sector Streamline discharge process inc. allocated responsibility for completion of discharge process
3.12	<ul style="list-style-type: none"> Re-establish the Complementary Therapy Service Ensure Crosscare / information collection sources are designed to support service Review Service Policy
3.13	To support clinical reflection and supervision through introduction of Schwartz rounds
3.14	To support the transitioning of CMC to the Urgent Care Plan
3.15	<ul style="list-style-type: none"> Refine existing model to play to strengths, provide professional development opportunities and meet the needs of our patient group Transition IPU Manager role to Clinical Standards and Project Lead. Reintroduce IPU Sister role to incorporate advanced clinical skillset Develop our Band 6 nurses in terms of succession planning
3.17	<ul style="list-style-type: none"> All Band 6 & band 7 community staff to be trained to complete VOED documentation
3.29	Maintain CNS Development Posts
3.30	Review and revise training video to service data extraction for Xcare Produce data extract daily or as feasibly close to daily throughout the year

Audit/Research 2022/23

Overview in September 2022

>30 projects scheduled in 2022/2023.

2022/23 Listing

Project Ref.	Title	HQIP Prioritisation	Status	Lead
2022/23-01	Community - Carer & relative questionnaires for the Hospice @ Home Service	• Priority 2 Internal 'must do' audit	Ongoing - 2021 report published in Jun 22	Quality Office - J Cope / A Rudkin
2022/23-02	IPU & Community - VOICES survey of bereaved next of kin 3-6 months post bereavement	• Priority 2 Internal 'must do' audit	Ongoing - Latest Report for Apr 21 – Sep 21 published Jan '23	Quality Office - J Cope / A Rudkin
2022/23-03	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	Report due Jan/Feb 2023	IPU - R Wallis Quality Office - J Cope / A Rudkin
2022/23-04	IPU – Infection Control : Environment & Hand-washing Audit	Priority 1 External 'must do' audit	Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps commenced in Oct/Nov 2022.	IPU - S Leech Community - J Smith Quality Office - J Cope / A Rudkin
2022/23-05	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ongoing	Ashton's Clinical Pharmacist
2022/23-06	IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Priority 1 External 'must do' audit	Presented at lunchtime Audit Meeting - Sep 2022	Dr Busi Da Silva
2022/23-07	IPU : Patient Handling / Pressure Areas / Mouthcare	• Priority 2 Internal 'must do' audit	Presented at lunchtime Audit Meeting – Jan 2023	Rebecca Wallis
2022/23-08	Controlled Drugs Annual Audit	Priority 1 External 'must do' audit	Ongoing	R Trower

Project Ref.	Title	HQIP Prioritisation	Status	Lead
2022/23-09	OACC measures (Step 1 - Phase of Illness + Karnofsky performance status)	• Priority 2 Internal 'must do' audit	2021 audit based on referrals report expected in February 2023	OACC Task & Finish Group JG - IPU GT-R - Community
2022/23-10	OACC measure (Step 3- iPOS)	• Priority 2 Internal 'must do' audit	Pended to 2023/24	OACC Task & Finish Group JS - IPU GT-R - Community
2022/23-11	Outcome measures (Step 2- CSNAT)	• Priority 2 Internal 'must do' audit	CSNAT Pilot H@H Nov 2022 Crosscare window designed Data collection ongoing	Implementation Group MV - H@H
2022/23-12	Referral to PS triggers	• Priority 4 Clinician interest audit	Pended to 2023/24 2022/23 tbc	Psychological services SM
2022/23-13	Bereavement Questionnaire	• Priority 4 Clinician interest audit	Pended to 2023/24 tbc	Psychological services SM
2022/23-14	Non-medical Prescribing Activity Comparative : FP10.	• Priority 4 Clinician interest audit	Pended for 23/24 consideration	Community KH
2022/23-15	Advance Care Planning -(timelines) Re-audit	• Priority 3 Specialty Priority	Presented at lunchtime Audit Meeting - Sep 2022	Community Dr G T-R TC

Project Ref.	Title	HQIP Prioritisation	Status	Lead
2022/23-16	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 Wandsworth Activity	<ul style="list-style-type: none"> • Priority 3 Specialty Priority 	Ongoing	Quality Office+ CAAD
2022/23-17	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	<ul style="list-style-type: none"> • Priority 2 Internal 'must do' audit 	Ongoing	Quality Office + CAAD
2022/23-18	Incidents	<ul style="list-style-type: none"> • Priority 2 Internal 'must do' audit 	Ongoing 2022 annual report expected in 1st quarter of 2023	Quality Office + CHoDs
2022/23-19	Falls	<ul style="list-style-type: none"> • Priority 2 Internal 'must do' audit 	Ongoing	Quality Office + CHoDs Mtg
2022/23-20	Complaints	<ul style="list-style-type: none"> • Priority 2 Internal 'must do' audit 	Ongoing - 2021 complaints reviewed in May 2022	Quality Office + Exec
2022/23-21	Safeguarding Documentation	<ul style="list-style-type: none"> • Priority 3 Specialty Priority 	Data Collection (June 2021 - December 2022) Report expected in Feb 2023	R Wallis

Project Ref.	Title	HQIP Prioritisation	Status	Lead
2022/23-22	Clinical Records Documentation	• Priority 2 Internal 'must do' audit	Published in Dec 2022	R Trower
2022/23-23	Clinical Record Terminology / Subjective & Objective Review	• Priority 4 Clinician interest audit	Presented at lunchtime Audit Meeting - Sep 2022	IPU & Community : R Clingan / G Tamura-Rose
2022/23-24	Outpatient Service	• Priority 4 Clinician interest audit	Data collection	Dr J Strawson
2022/23-25	Wellbeing Centre Service Feedback Survey	• Priority 3 Specialty Priority	Published 17-11-2022	S Payne / R Trower
2022/23-26	GP Survey - discharge communication et al	• Priority 4 Clinician interest audit	Pended for 23/24 consideration	J Strawson / A Akhtar
2022/23-27	IPU - Mortality and Morbidity Meeting Re-Audit	• Priority 3 Specialty Priority	Data collection Report in March 2023	Dr AA
2022/23-28	Admissions Clerking Re-audit	• Priority 3 Specialty Priority	Pended for 23/24 consideration	Jovy Giles
2022/23-29	Referral to the IPU Re-Audit	• Priority 3 Specialty Priority	Data collection Report in March 2023	Dr J Strawson
2022/23-30	Research Audit on Ethnicity	• Priority 3 Specialty Priority	Complete	Dr G Tamura-Rose
2022/23-31	Out of Hours Calls Monitoring	• Priority 3 Specialty Priority	Data Analysis Publication expected in Feb/Mar 2023	Dr N Collins
2022/23-32	Spoken Language Active Referrals	• Priority 3 Specialty Priority	Data cohort extracted 12-10-2022. Under analysis.	Dr G Tamura-Rose
2022/23-33	CHELsea II examining hydration at the end of life - led by Surrey University Clinical Trials Unit : cluster randomised trial	n/a	Data Collection	Dr N Collins
2022/23-34	Snapshot audit reviewing Community documentation to GPs	• Priority 3 Specialty Priority	Published 06-12-2022	Dr G Tamura-Rose / T Christmas

Project Ref.	Title	HQIP Prioritisation	Status	Lead
2022/23-35	Use of anticipatory medication following discharge from ESTH to Sutton community	• Priority 4 Clinician interest audit	Led by PAH	PAH-led audit with participation from Dr G Tamura-Rose
2022/23-36	Caldicott - IG Sweep	• Priority 2 Internal 'must do' audit	Annual Data collection	Dr G Tamura-Rose
2022/23-37	Discharge Planning Re-audit ??	• Priority 4 Clinician interest audit	Listed as topic of interest. Not planned for 2022/23.	Med Team For new Registrar
2022/23-38	Tissue Donation - Cornea - system / record / training ??	• Priority 4 Clinician interest audit	Listed as topic of interest. Not planned for 2022/23.	Dr G Tamura-Rose
2022/23-39	Sexual Preferences ??	• Priority 4 Clinician interest audit	Listed as topic of interest. Not planned for 2022/23.	Dr G Tamura-Rose

Clinical Risk Management

Clinical Unexpected Incidents

Overview of incident data for January – December 2022 is shown below:-

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	2021	2020	2019
Admissions to IPU	12	18	14	21	25	15	16	18	20	12	13	23	207	138	195	212
Beds	8	9	8	10	10	10	8	8	10	10	10	10				
Bed Occupied Days	203	216	221	270	206	266	216	209	236	247	269	243				
Bed Available Days	248	252	248	300	310	300	248	248	300	310	300	310				
Bed Occupancy (variable beds)	81.85%	85.71%	89.11%	90.00%	66.45%	88.67%	87.10%	84.27%	78.67%	79.68%	89.67%	78.39%				
Bed Occupancy (10 beds)	65.48%	74.48%	71.29%	90.00%	66.45%	88.67%	69.68%	67.42%	78.67%	82.33%	89.67%	81.00%				
CD Medication Incident	1	2	0	1	5	4	2	1	2	7	3	1	29	35	15	23
CD Medication Near Miss	1	0	0	0	0	0	0	0	0	0	0	0	1	2	1	1
Non-CD Medication Incident	2	3	2	1	0	0	4	0	0	6	1	2	21	7	4	12
Non-CD Medication Near Miss	1	1	0	0	0	0	0	0	0	1	0	0	3	0	0	1
Pressure Sore on Admission	1	0	2	2	3	0	2	2	3	2	2	3	22	16	19	16
Pressure Sore during Admission	0	2	1	2	2	0	1	4	3	0	2	0	17	6	4	3
Moisture Associated Skin Damage ON Admission	0	0	0	0	0	0	0	1	0	0	0	0	1			
Sharps/Splash	0	0	0	0	0	2	0	1	0	0	0	0	3	0	0	0
Infection (Near Miss)	0	0	0	1	0	1	0	0	1	0	0	0	3	0	0	0
Infection	0	0	6	0	0	0	0	0	0	0	0	0	6	0	0	0
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022	2021	2020	2019
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Staffing	0	0	1	0	0	3	1	2	0	1	0	1	9	0	0	1
Behaviour (staff) : non-complaint	0	0	0	0	0	1	0	0	0	0	0	0	1			
IG	1	3	2	1	2	0	2	1	1	0	2	1	16	4	3	0
IG near miss	0	0	0	1	0	0	1	0	1	1	0	0	4	5	1	0
Manual Handling	0	0	0	0	0	0	1	0	0	0	0	0	1	2	1	5
Slips, trips, falls	0	0	0	0	2	5	2	0	2	2	4	4	21	19	20	21
Verbal Violence (Pt)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Physical Violence (Pt)	0	0	0	0	0	3	0	0	0	0	0	0	3			
Bump	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Burn/Scald	0	0	0	0	0	0	1	0	0	0	0	0	1			
Equipment	0	0	0	0	0	0	0	1	0	0	0	0	1			
Equipment (near miss)	0	0	0	0	0	0	1	0	0	0	0	0	1			
EXEC Out of Hours Call	0	0	1	1	0	0	0	0	0	0	0	0	2			
OTHER - Admin/Property/Documentation/OOH Contact	1	1	0	0	1	0	0	3	0	4	2	0	12	12	14	12
* Incidents reported to Community – non-SRH	1	2	9	3	4	1	0	2	1	0	1	1	25	2	8	12
* MAD Alerts (incl. in Community:non-SRH)	0	1	7	2	0	0	0	2	0	0	0	0	12			
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.

<i>Clinical Significance</i>	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2022	2021	2020	2019
Admissions to IPU	12	18	14	44	21	25	15	61	16	18	20	54	12	13	23	48	207	138	193	212
Bed Occupied Days	203	216	221		270	206	266		216	209	236		247	269	243					
Bed Available Days	248	252	248		300	310	300		248	248	300		310	300	310					
Bed Occupancy	81.85%	85.71%	89.11%		90.00%	66.45%	88.67%		87.10%	84.27%	82.78%		79.68%	89.67%	82.78%					
Fall No Harm				0		2	4	6	2		1	3	1	3	2	6	15	12	14	15
Fall Low Harm				0			1	1			1	1	1	1	2	4	6	7	6	6
Fall Moderate Harm				0				0				0				0	0	0	0	0
Med Level 0	2	1		3				0				0	1			1	4	20	9	13
Med Level 1	3	5	2	10	2	5	4	11	6	1	1	8	13	4	3	20	49	20	10	21
Med Level 2				0				0			1	1				0	1	0	0	3
Med Level 3				0				0				0				0	0	0	0	0
Minor (No Harm or Low Harm)	2	4	10	16	4	3	10	17	7	8	3	18	6	4	4	14	65	25	15	19
Moderate (Moderate Harm)				0				0				0				0	0	3	6	2
Serious (serious Harm)				0				0				0				0	0	0	1	1
Pressure Sores	1	2	3	6	4	5	0	9	3	7	6	16	2	4	3	9	40	22	23	19
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

- There have been no clinical complaints received between October and December 2022.

Complaints Overview

2022 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD
January	1	0	0	0	0	0	0	0	0	1	0	1	0	1
February	2	0	0	0	0	0	0	0	0	2	0	2	0	2
March	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
April	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
May	0	0	0	1	0	0	0	0	0	1	0	1	0	0
June	0	0	1	1	0	0	0	0	0	2	1	1	0	1
July	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
August	0	1	0	0	0	0	0	0	0	1	0	1	0	1
September	0	0	1	0	0	0	0	0	0	1	0	1	0	1
October	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
November	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
December	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
2022	3	1	2	2	0	0	0	0	0	8	1	7	0	6
2021	4	5	1	0	1	0	1	0	0	13	6	6	1	10
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

Records – Access Requests

In 2022, there have been 5 access to health records requests: 4 from Solicitors and 1 from a next of kin, alongside 1 sharing request from Merton Learning Disabilities and 3 summary of care costs to service Mesothelioma claims. 2 of the 3 care cost summary requests included provision of health records

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

Notifications

There have been 9 serious injury notifications made in 2022 to the CQC all concerning pressure sores grade 3 or above.

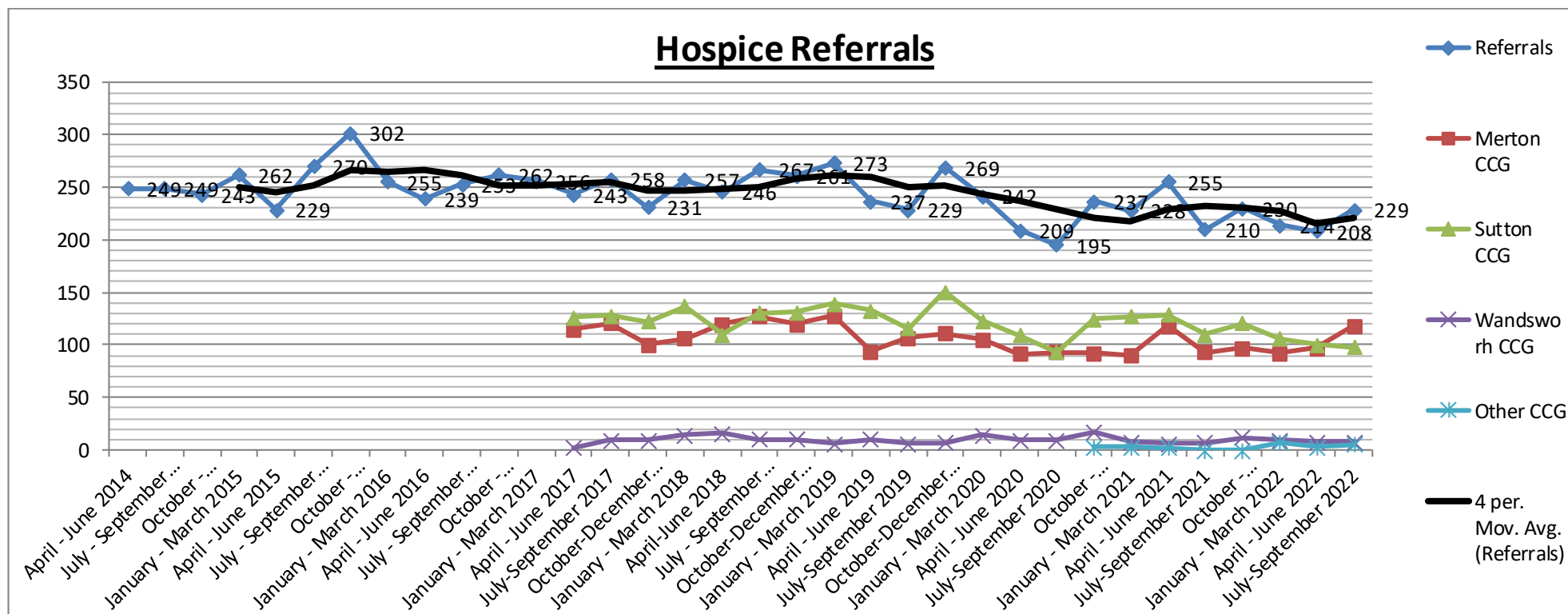
There have been 21 safeguarding notifications made to the CQC in 2022: 16 concerning individuals, 2 concerning POC and 3 concerning a care home/agency. All 21 were reported to the local safeguarding teams. Of the 21, 15 have been triggered by report from the Community Team, 4 the Psychological Support Services Team and 2 the Inpatient Unit Team.

	Serious Injury	Safeguarding
2022	9	21
2021	10	19

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.

Hospice Referrals



The authors of this paper are Mrs R Trower - Clinical Director, Dr N Collins - Palliative Care Consultant and Mr A Rudkin, Head of Quality and Improvement with inputs from clinical heads.

**MINUTES OF THE
INFECTION CONTROL COMMITTEE**

**Held on 13th September 2022
at St Bede's Conference Centre and via Zoom**

Attendance	
(Dr JS) Dr J Stephenson, Consultant Microbiologist -ESTH, SSAH (Chair)	(TY) T Young – Clinical Standards and Projects Lead Nurse / IC Lead
(GL) G Linehan – Joint CEO	(SC) S Cresswell – Facilities
(PD-P) P Di-Palma – Housekeeping	(JS) Dr J Strawson - Consultant
(PK) Prodine Kubalalika – ESTH, Director of Nursing/Deputy DIPC	(SM) Shobha Mclean – ESTH, Matron, IPC
(SN) Sharon Njanike-Nyadzo – ESTH, Head of Nursing, IPC	(AR) A Rudkin – Quality (Minutes)

Apologies	(RT) R Trower – Clinical Director, (MF) M Flint – Palliative Care Educator, (JS) J Smith – CNS – Community IC Link CNS, (SL) S Leech – IPU IC Link HCA, (CF) C Foster - IPU IC Link RN
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ITEM 1: Welcome

JS extended welcome to all present.

ITEM 2: Apologies for Absence

Apologies as listed above.

ITEM 3: Minutes of the last meeting held on 10 May 2022

- 3.1 These were accepted noting missing job titles for the ESTH IPC attendees and outdated reference to SHH.

ITEM 4: Matters Arising

- 4.1 **Pathology/Microbiology service review.** RT will be undertaking review. JS advised that John Clarke, ESTH, Pathology Services would be best contact at ESTH to discuss potential service.
- 4.2 **Flowers on the IPU.** Matter resolved. New policy implemented. Working well.

ITEM 5: COVID-19 Update

Testing : LFD testing for all admissions and if symptomatic. Guidance on screening issued 24-08-2022. No changes. Admissions from Hospital should have had PCR test.

Staffing : Fluctuating effect; recent weeks have seen 3 CNSs and 2 Doctors testing positive for COVID.

PPE : No supply issues. Stock levels are good. Fit -testing to be reviewed once every 2

Action

RT

years.

VISITORS : FRSM wearing requirements relaxed

POLICY : Expected re-publication this month following update

ITEM 6: ESTH SLA

- 6.1 ESTH baseline audit from mid-May is for review on 23 September 2022. Proactive response to audit actions were commended. SM advised that all advised actions have been effected.
- 6.2 TY to visit ESTH on 22 September 2022.
- 6.3 SM advised that there has been a lot of information sharing and TY expressed the Hospice’s appreciation for the ESTH IPC Team’s responsiveness.

ITEM 7: IC Incidents / Sharps Injuries / Body Fluid Exposures / Audit

- 7.1 2 Sharps (June & August) and one body fluid splash incident (June 2022) since last report on the IPU. Summarised:-

ID	Description	Outcome/Update	Lessons Learned
397	Was assisting SSN to do drug destruction and when snapping the top of vial of Oxynorm 10mg/ml the vial shattered in left hand causing cut to left thumb. Advised to wash thumb under a running cold tap. No ill affects.	Placed thumb under running cold water then put pressure on to assist with the bleeding to stop. Assessed area not able to see or feel any imbedded glass. Plaster applied. No immediate ill affects.	To ensure during drug destruction nurses wear gloves to prevent injury from broken ampoules in the future.
362	Patient pulled catheter out and urine splashed in staff member’s eye	Eye washed Risk assessment completed Clinical Director informed and Dr on call Low risk- no further action taken in agreement with staff member	Policy regarding splash injuries to be reviewed with new OH guidance (in process)
356	Needle stick injury. After injecting SC Humulin1. Removed the needle from the insulin pen and put into a receiver. Left the room and was clearing the receiver when became distracted from the patient and was not fully concentrating when stuck the needle into my thumb.	Washed site thumb right hand, bled the area then covered with a plaster. Followed the sharps injury policy. Called A+E for their advice. Gold standard is to have bloods taken within one hour however this was not possible due to staffing. therefore contacted Dr and Consultant for advice Emailed the OH department. Advised patients relative of the incident. Investigator Action Taken : OH protocol followed however as noted on the reflection the policy was unclear (highlighted however the need to update policy with new OH guidance). Reflection also highlighted issues around staffing cover should staff have had to leave the ward to attend A&E.	Member of staff reflected on the need to ensure sharp bins are closed when full and taken to appropriate area to be disposed of. CEO aware of incident and Infection control lead is updating OH sharp injury policy

7.2 Review of OH service being undertaken.

TY

ITEM 8: Alert Organisms Surveillance

8.1 Nil to note.

ITEM 9: Water Assessment and testing

9.1 Water Quality is routine agenda item at the Hospice's Health & S Safety Committee.

9.2 Legionella positive reading in July 2022 reported through routine test of main kitchen cold water supply tap. Re-tested – all clear result. Any future incident to be reported to Dr Stephenson, ESTH.

ITEM 10: Any Other Business

10.1 BOOTS visiting SRH staff to provide Flu vaccinations.

10.2 ESTH IPC recommended the Hospice introduce bespoke production of a IPC report and will send over template for consideration.

PK

10.3 Standing reminder that there is an Infection Control folder on the network drive at [N:\Infection Control](#)

10.4 PK - SRH Infection Control Policy under review. Expect to receive amended draft in next 2 weeks.

PK

ITEM 11: Future Dates

11.1 Dates of future meetings:

Date	Event	Venue/Time
TBA Dec 2022 / Jan 2023	ICC Meeting	St Bedes + Zoom / TBA

Meeting: Clinical HODs Meeting			
Date: 03.10.22			
Chair: Alex Rudkin		Minutes: Alex Rudkin	
Present: Tracy Christmas, Dr Gaby Tamara-Rose, Alex Rudkin, Rebecca Wallis, Tracey Young, Maura Flint			
Apologies: Dr Jenny Strawson, Steve Molyneux, Dr Naomi Collins, Becca Trower			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes	AR had sent apologies for the meeting held on 22 August 2022		
Matters Arising	<p>Equality Impact Assessments are expected to be undertaken for all policy documentation by review leads and filed with AR. The process starts with all HR policy that is reviewed, all NEW policy and any policy undertaking substantive revision and is complete once all policy has a corresponding EIA in place.</p> <p>Other matters are picked up throughout the minutes.</p>	Policy Review Leads	2025
Topic			
Infection Control	<p>Clin52 policy has been updated with new government guidelines (masks, LFD tests). Latest version is v31.</p> <p>External environmental re-audit report received – known issue with decoration of Clean Supply but no new issues.</p> <p>Some matters to take forward include CPE / aseptic technique training.</p> <p>Audits are routine and on-going. Meeting arranged in October with AR/JC to review presentation.</p> <p>Two mattresses taken out of use due to being split – replacements are on order.</p> <p>Stock of lateral flow test boxes to be sourced and distributed to patient-facing staff.</p>		

<p>Medical Devices</p>	<p>Cuddle Cooling blanket training planned for 28.09.22 was cancelled. New date tba.</p> <p>Issues with mortuary trolley remain. Trolley sides to be purchased along with a hovermat. Training to be given on new equipment</p> <p>10 x TENS machines on order for provision on discharge from the IPU. Stock managed by the IPU. Suggested that BW advise Emma Burns re funding. JS working on info leaflet.</p> <p>GTR & TC have a date diared to discuss sub-cut medication administration by informal carers in the community.</p>	<p>RW/MF</p> <p>RW/RT</p> <p>BW JS</p> <p>GTR/TC</p>	
<p>Medicine Management</p>	<p>Service from Ashtons remains under review.</p> <p>Advised that all incidents involving Ashtons supply be reported via DATIX.</p> <p>Once a week ordering is going well.</p>	<p>RT/RW/A shtons</p>	
<p>Incidents & Accidents/RCA's</p>	<p>IPU admission numbers are back on pre-pandemic 2018/2019 level c b/n 210-220 pa. Average number of CD medication incidents are down. PU incidence recording is increased – particularly during Admissions with August and September levels highest. IPC recording is increased as too have IG incidents. Slips/trips and falls are down. Community reporting and MAD alerts have also increased.</p> <p>The trend is for increased reported incidents reflective of improved reporting particularly across PUs during admission, staffing issues, infection and IG.</p> <p>Review meeting will be held with RT & BW for PU incidents but immediate view is that increased report is reflective of honest reporting rather than a clinical significance. Indeed, 2021 audit of PU RAs evidenced an under-report of PUs using the hard copy unexpected incident report form which would seem to have now been addressed by the DATIX electronic reporting module.</p> <p>Plan to hold another Audit Presentation Forum in late November / Early Dec 2022 to include the IPU RA audit and another.</p>		

<p>Complaints & Compliments</p>	<p>Compliments & feedback are being given to both CPCT & IPU. Please send any received to AR.</p> <p>Expect roll out of the DATIX Feedback module to facilitate capture in Oct/Nov 2022. The feedback module will provide a new portal to record all compliments or suggestions that are received and will provide electronic capture of complaints; thereby removing the hard copy oral complaint form from policy.</p> <p>Two complaints logged in September stemming from the IPU:-</p> <ol style="list-style-type: none"> 1. From patient's partner following notification of the patient fall. Has led to increase stock of low-weight bed sensors. 2. From patient re communication from a member of the Housekeeping Team. HR issue. 	<p>All staff/AR</p>	
<p>Health & Safety</p>	<p>Risk assessment training delivered by Hettle on site on 27 September. Feedback positive. Kerrie Le Gray is replacing Philomena as H&S rep for nights.</p>		
<p>Safeguarding</p>	<p>Becca W is looking at ways her safeguarding lead responsibility can be less demanding whilst increasing the engagement of safeguarding link nurses in the review process. Safeguarding champion in the clinical area to meet with Elisa and Becca. TC & GTR to identify a community/medial link for safeguarding.</p>	<p>BW TC/GTR</p>	
<p>New Policies/ Guidelines</p>	<p>Since the last meeting, the following policies/guidelines have been published:-</p> <p>CLIN26 Generic Drugs Policy N:\Policy Manual\CLIN\CLIN26 Generic Drugs Policy.pdf v2.0 issued 31-08-2022 (5.1, 5.5 inclusion of non-medical prescriber; 5.10 reference to covert administration; 5.12 & 5.13 inclusion of trained HCA; 9.6 POD form update; 14.1 removal of Wednesday evening ordering; 14.4 insert re 'Patient only drugs received from Ashtons, or via another route, must be written on the patients POD form with the quantity received and left in the server'; 16.1 re caps; 16.3 inclusion of RGN and Nursing Associate; 16.4 inclusion of 'senior nurse'; 16.7.2 inclusion of removal of patient's name form the bottle or packaging prior to disposal; Appendix 3 inclusion fo reference to the first 96 hours of admission)</p> <p>CLINSOP11 Aerosol Generated Procedures - Visiting Patients in the Community N:\Policy Manual\CLINSOP\CLINSOP11 Aerosol Generated Procedures - Visiting Patients in the Community.pdf v1.1 issued 31-08-2022 (1.2 and 5.3 visit AGP patients requires one member of staff who has completed fit testing and PPE training 1.3 reference to buddy HCP and section 5 role of Buddy</p>		

	<p>HCP removed; 3.1 updated listing of AGP procedures; section 5 insertion re EIAT; 6.4 removal of need to travel separately; 8.0 Required PPE / Donning & Doffing / steps 1-4 updated)</p> <p>OP17 Lone Worker Policy N:\Policy Manual\OP\OP17 Lone Worker Policy.pdf v4.1 issued 29/07/2022 (removal of 9.16 re personal use out of hours)</p> <p>HR05 Equality, Diversity and Inclusion Policy N:\Policy Manual\HR\HR05 Equality, Diversity and Inclusion Policy.pdf v3.0 issued (8.0 inclusion of Equality Impact Assessment Tool section that includes expectation that all policy/procedure review leads ensure EIAT completion; references to OP05 Complaints Policy now reads as Feedback and Complaints Policy)</p> <p>CLIN52 Managing COVID-19 N:\Policy Manual\CLIN\CLIN52 Managing COVID-19.pdf v31 issued 21-09-2022 (8.1 link to latest guidance re groups at higher risk and removal of text; 8.5 updated; 8.6 symptoms updated; 8.12 removal of twice weekly LFD testing and IC induction on return to duties; 9.2 removal of daily LFD tests on day7, 8 , 9, 10 of isolation, removal of LFD testing on working day prior to shift and inclusion of risk assessment if needed for staff continuing to comply with all IC precautions and PPE to be worn properly throughout the day; 9.3 removal of LFD positive test positive on Day 6 need to get two consecutive negative results, replacement of Day 10 by Day 7; 10.0 -10.2 removed section on staff and volunteers who have a household member positive with COVID-19; 10.0 Asymptomatic Testing updated; 11 Vaccinations for COVID removal of second bullet point; 15.3 Visitor guidance removal of mandate for visitors to wear FRSMs for COVID+ patients rather be encouraged to wear, FRSMs are optional for visitors to COVID negative patients, inclusion of caveat for visiting only in exceptional circumstances in the event of a COVID-19 outbreak; 17.4 inclusion of wearing of FRSMs for visits to patients for whom no risk has been identified is personal choice of the practitioner; 17.7 removal of option to wear FRSM or FFP3 mask for home visit to COVID-19 positive but no AGP – practitioners making such visits must wear FFP3 masks; 21.1 FRSMs are optional unless patient is COVID-19 positive, If the test result is not known on admission or the inpatient is Covid -19 positive then FFP3 masks and PPE should be worn until a negative LFD test has been taken; 29.5 replacement of social distancing with relevant/current IPC precautions; Appendix 3 – removal of need to wear FRSMs if car sharing; Appendix 5 replaced children under 12 are not permitted to visit COVID + patients or those who are</p>		
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	<p>symptomatic of COVID unless that are able to safely wear a mask with children under 12 are not permitted to visit COVID + patients or those who are symptomatic of COVID except for exceptional circumstances; Appendix 6 – amendments to red and green pathways)</p> <p>CLIN65 Transition of Young People to Adult Palliative Care Services N:\Policy Manual\CLIN\CLIN65 Transition of Young People to Adult Palliative Care Services.pdf v1.0 issued 23-09-2022 (NEW)</p> <p>CLIN24 Diabetic Management N:\Policy Manual\CLIN\CLIN24 Diabetic Management.pdf v 7.1 issued 23-09-2022 (4.0 Table Updated; 5.1.2 updated, 7.0 References Updated; Appendix 1 & 2 updated); v7.2 issued 28-09-2022 (replaced Hypoglycaemia box diagram on pg 9)</p> <p>CLINSOP18 Octreotide Prescribing for Patients in the Community N:\Policy Manual\CLINSOP\CLINSOP18 Octreotide Prescribing for Patients in the Community.pdf v1.0 issued 23-09-2022 (NEW)</p> <p>CLINSOP08 Using Phase of Illness and the Australian Karnofsky Performance Scale Index - integrating OACC step 1 N:\Policy Manual\CLINSOP\CLINSOP08 Using Phase of Illness and the Australian Karnofsky Performance Scale Index - integrating OACC step 1.pdf v1.2 issued 28-09-2022 (Insert of Appendix A – Pol Aide Memoire)</p>		
Documentation/ Crosscare	<p>EMIS– launch scheduled for April/May 2023</p> <p>Data Control Console ‘on-boarding’ scheduled with AR for 7th October.</p> <p>Super-User training scheduled for November 2022.</p>	JG/AR/JS	
Audit/Research	<p>Audit presentations in September included:- NG31 Care of Dying Adults at EoL Advance Care Planning Clinical Record Terminology / Subjective & Objective Review</p> <p>CSNAT – pilot in H@H in November. Project team – NC, MV & TY. Implementation meeting schedule for 6th Oct. Data transposition window designed on Crosscare. Training to be delivered. TY highlighted the CSNAT resource folder on N:\drive.</p>	NC/TY/M V	

	<p>Date for next Clinical Audit and Activity Data meeting to be sent out in October.</p> <p>Mouthcare Audit being led by BW</p>	AR	
<p>Education/Training Reflective Forums</p>	<p>Due to a lack of invited expressed interest from frontline clinical staff, GTR will not be pursuing volunteered detailed debrief/support from external consultant psychiatrist following complex palliative/mental health case supported by the team.</p> <p>Following consideration at Exec in August/September 2022, MDT meetings at which confidential PID is routinely discussed will not be attended by non-clinical personnel unless providing a secretarial function and OP06 Protecting Confidential Information Policy will be updated accordingly.</p> <p>Male Catheterisation training arranged for 8th November 2022</p> <p>The following staff are undertaking the Guildford training – Naomi S/Julie F/ Lorraine J/ Busi & Tracey Y</p> <p>Hospice UK Conference – Nick/ Dr Jenny/ Ginny/ Heather/Steve M are to attend in November.</p> <p>Interest voiced in conflict /resolution training – under review with MF & RT. Maylink in with Advanced Comms training.</p> <p>GP Masterclass (08.30-16.00) recently held had attendance from 16 GPs</p> <p>Planned courses include:- Safeguarding Male Catherisation Physical Assessment BLS</p> <p>19th Jan 2023 – Sage & Thyme training at SRH (30 places reserved for SRH) – felt useful for H@H, ACC, Admin, HCAs and Ward companions.</p> <p>End of October 2022 for completion of mandatory training.</p> <p>Very good student feedback recently received.</p> <p>Recently approached to host a medical student from Southampton University for a two week placement across IPU and Community.</p> <p>TY applying for an 8 month on-line PGC course in IP&C.</p>	MF/RT	

Recruitment/ Staffing	Ana has been appointed as the new Complementary Therapist. She will be at SRH 1 day per week from 5 th Oct & works at the Royal Marsden the rest of the week Education – Laura left on 30.08.22 & her post is being advertised – band 7 – 30 hours per week. No applicants so far. Nicola is to start this month – band 6 & another band 6 is being advertised. Abi (Community) and Silvain (IPU) are leaving. Rachel Clingan leaves tomorrow and Rebecca the new Registrar starts on Wednesday Kate Weldon, Kate Larkin and Avril Lovegrove are recently or soon to be joining the Community Team. H@H staffing is good. GTR has swapped her clinical am at SHH from Tuesdays to Thursdays. Consultants are trying to take more protected time for their SPAs.		
CQC	CQC Inspection still pending	All staff	
Clinical Management Plan	CQ&G section of Management Plan reviewed noting all goals have been met in accordance with deadlines through to October 2022		

Goals Completed

Ref	Goal
3.1	All core medical team trained in advanced communication skills
3.2	Produce and maintain an audit/monitoring/research project schedule 2022/23
3.3	To maintain student counselling cohort of 8
3.4	Re-establish Outpatient encounters
3.5	Formalise Locality Team Lead Roles
3.6	Well being – engage with external groups including social prescribers
3.7	All clinical services as required to feed into and support the clinical audit program
3.8	<ul style="list-style-type: none"> • Develop links and contacts to support development of local SW London Ethics Committee • Establish reflective forum for inclusion of all staff to present/ discuss clinical cases
3.29	Maintain CNS Development Posts
3.30	Review and revise training video to service data extraction for Xcare

AOB			
	PCN Integrated Neighbourhood Meeting – TC to pick up with RT outside meeting and report back.	TC/RT	
	IPU video status for update at next meeting	RT/RW/Comms	
	Review of costs associated with translation service were felt to be considerable. Option set out by the CEO and JG re on-line translation presents as being the most favourable to service different language presentation of material without incurring significant expenditure.	RT/Comms	
	RT update on the “Bereavement Journey” which looks at 7 stages of a patient & family/carer journey & the information & literature given was deferred.	RT	
	Patient story re wedding on the IPU to be passed onto Diamond	BW	

Date next meeting: Monday 14^h November 2022

**MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 19th October 2022
in St Bedes / Zoom**

Attending

(Dr GT-R) Dr Gaby Tamura-Rose - Hospice Palliative Care Consultant / Chair	(HT) Hai To - Sutton CCG Care Home Pharmacist
(Dr JS) Dr Jenny Strawson - Hospice Palliative Care Consultant	(TY) Tracey Young – Clinical Standards & Project Lead
(NC) Dr Naomi Collins - Hospice Palliative Care Consultant,	(TC) Tracy Christmas – Community Services Manager, NMP
(JS) Jill Smith - CNS, NMP	(AR) Alex Rudkin – Head of Quality and Improvement / Mins
	(BC) Bill Carcary - Ashton's Pharmacist

ITEM 1: Welcome

1.1 GT-R extended welcome.

ITEM 2: Apologies for Absence

(KH) Kevin Hobson - CNS NMP, (BD-S) Dr Busi Da Silva – Hospice Doctor, (RW) Rebecca Wallis – IPU Sister
(MF) Maura Flint – Practice Educator, (BG) Bernadette Griffin – CNS, NMP, (PH) Philomena Hutchinson – IPU Senior Nurse, (RT) Rebecca Trower – Clinical Director

ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 29th June 2022 were agreed.

ITEM 4: Matters Arising

- a) A review of the adequacy of the IPU medication chart design is being led by Dr Akhtar. GT-R/AA
GT-R to get progress update.
- b) BC will send on a list of training topics that Ashton's provide for consideration at the NMP meeting. BC
- c) AR will send on copy to SJ of the Hospice's CLIN24 Diabetic Management Diabetes AR
- d) Lesley Spencer / Becca Trower meeting re Ashton's performance - outcome update deferred. Considered that quantitative summary be passed on to RT for context and follow-up. RT
AR
- e) Permissibility for the Hospice IPU to dispense s/c medication for a community patient in an emergency OOH. 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. This was further discussed following Sarah Taylor and HT's advice that as the Hospice was not a licensed pharmacy /dispensing unit then it cannot dispense medications to patients in HT

the community to use at home in an emergency. It was understood that permission for PAH to dispense had been granted through involvement of the then Ashton's Pharmacist, the CD LIN and the CQC. HT will explore a Community resolution supported via commissioning.

- f) The capture of any medication prescribing nuances in SRH medication policy has been completed for Octreotide.
- g) It was noted that a paediatric leaflet for drawing up oral medication services the required information that is pertinent to oral liquid preparation but HT will email 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. BC advised that it was his experience that community pharmacists do not stock 1ml syringes. HT
- h) Shared care agreement for s/c ondansetron is in place for SE London and can be implemented in SW London. HT to speak with Sarah Taylor and will liaise with JS. HT
- i) Consideration was given to re-introducing the Hospice local guidelines on use of phenobarbital. HT will feedback on community dispensing of Phenobarbital. HT

ITEM 5: Blister Packs and Destruction of CDs

Deferred to next meeting

ITEM 6: Pharmacist Update

- BC advised that supply of phenobarbital is unavailable at the moment.
- Liveview responses by the clinical team had been as required.
- Liveview recent Clinic Room audit had been very good. Medical equipment checks are in place.
- Liveview recent CD Drug Audit had been very good.
- Drugs Liable for Misuse Report – all as expected. Nil exceptional.

ITEM 7: Update on medication policy review

7.1 There have been 7 published updates/revisions to medication policy / guidance since the last meeting between 29th June and 17th October 2022:-

- [CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life.pdf](#) issued 05-07-2022
- [CLIN57a Flow Chart for Community prescribing at the end of life.pdf](#) issued 05-07-2022
- [CLIN26 Generic Drugs Policy.pdf](#) issued 13-07-2022
- [CLIN25 Controlled Drug Policy.pdf](#) issued 20-07-2022
- [CLINSOP18 Octreotide Prescribing for Patients in the Community.pdf](#) issued 23-09-2022
- [CLIN24 Diabetic Management.pdf](#) issued 23 & 28-09-2022
- [CLINSOP19 Community Medicines Management for Clinical Nurse Specialists.pdf](#) issued 17-10-2022

7.2 Medication policy / guidance overdue for review are:-

[CLIN27 IV Administration](#)

[CLIN28 Ketamine - Monitoring Guidelines for Palliative Care Patients.pdf](#)

TC will send to AR the updated version of the [Guidance for Prescribing and Administration of Continuous Furosemide for Adults with End Stage Heart Failure in the Community](#) once that review has been completed.

PJ/JS

JS

TC

ITEM 8: Serious Medication Incidents

8.1 Community incident 421 was noted and Bill will pass on the RCA. The incident stemmed from a home visit - patient recently discharged with a blister pack containing Pregabalin, however the carers will not support administration as it is a CD. Patient herself unable to manage her own medication. Daughter currently supporting however this is not sustainable long-term. Copious phone calls and emails sent to community HCPs involved in her care to come together to address this alongside her many other care needs. Message left with STGH pall care team to feed back to them also. Investigation Action Taken : Appropriate action taken and communicated. DN agreed to take on administration to administer pregabalin. Lessons Learned : Carers cannot give CD medication via a blister pack . This has been communicated to acute hospital however will require repeated communication when discussing discharges. The elevation in risk is due to the impact on the HCP time and resource resolving the matter and mitigating the risk to the patient's symptom control. BC

ITEM 9: Update on CAS/MHRA Alerts

- 9.1 All CAS/MHRA alerts are logged on our register at <N:\Governance\Central Alerting System\Register of Alerts>.
- 9.2 There have been no alerts relevant.

ITEM 10: Any other business

TC advised on medicines management in the community whereby community prescribers undergo an annual assessment process to ensure safe and good governance.

ITEM 11: Future Dates

- 11.1 Dates of future meetings in 2023 are to be confirmed but proposed are:-

Date	Event	Venue/Time
Wed, 1 st February 2023	Drugs and Therapeutic Committee	St Bede's & Virtual 11.30
Wed, 14 th June 2023	Drugs and Therapeutic Committee	St Bede's & Virtual 11.30
Wed, 1 st November 2023	Drugs and Therapeutic Committee	St Bede's & Virtual 11.30

SAINT RAPHAEL'S HOSPICE

**MINUTES OF THE MEDICAL BUSINESS MEETING
Held on 4th January 2023**

In attendance:	Gaby Tamura-Rose	Consultant (Chair)
	Jenny Strawson	Consultant
	Naomi Collins	Consultant
	Busi da Silva	Specialty Doctor
	Rebecca Gemmell	StR
	Hussein Al-Kamachi	GP Trainee
	Jovy Giles	Physician Associate

Apologies for Absence

Ambreen Akhtar

Minutes of the Last Meeting

Checked and no issues raised.

Team Wellbeing (New item)

All shared.

Gaby remarked that there have been a large number of deaths on the ward recently and acknowledged the stress and toll this takes on staff. Rebecca and Busi commended for staff support.

Rota / staffing for the next few weeks

Rebecca has taken on rota duty.

Busi has rotated with Ambreen from today so Busi will be CPCT and Ambreen on the IPU.

Jovy has not yet started joining the CPCT on a Friday morning – to start from this week.

Clinical Challenges

Ongoing difficulties surrounding discharges were discussed. Required knowledge and experience held by a small number of ward nurses therefore, if absent, nothing progresses. Same is true when Carol Thompson is off. Jenny met with the discharge coordinator from PAH recently – they also commented that when they are not present nothing happens so there are pros and cons of the role. They had removed the paper checklist but have since reinstated it as a useful visual reminder/ record.

Busi mentioned she had admitted two patients who were Covid positive recently. Gaby updated on Covid cases in St Helier – 3 on ITU and 92 cases on the wards. 395 A&E attendances yesterday – the hospitals are busy!

Infection Control

Sharps policy almost completed. Jenny will circulate the flow chart to medical team for final approval.

JS

Covid advice currently to test asymptomatic patients on Day of admission (day 1) and, if positive, Day 7. Symptomatic patients should be tested as soon as symptoms occur.

Education

Schwartz rounds due to start Tuesday 24th January with “A colleague I will never forget”. Food will be served from 10am. Jenny, Steve Molyneux, Becca Trower and Elisa Lunn are facilitators. They will be held monthly on a different day/ time to facilitate maximum attendance possible.

Sage and Thyme course to be held January 19th in St Bede’s with Naomi, Sam and Aruni facilitating.

Basic life support training scheduled for Wednesday 25th January

Audit and Research

Chelsea Study: We have been randomised to Arm A which does not involve giving additional sc fluids. Recruitment to start. Naomi will laminate copy of inclusion/ exclusion criteria for the training room. Only those who have completed GCP training and submitted research cv can consent patients. All information leaflets and consent forms, along with data collection sheets for medical staff and protocol in blue A4 folder in ward office. Patient case report files (to be completed by nursing staff) kept in box by sink in consultant’s office.

NC

Audit: Rebecca keen to supervise an audit project

Audit – Naomi has completed Out of hours calls data analysis for jan to march 2022. 87 calls made to ward regarding symptomatic patients not on the ward over 90 nights. Report to be written.

When is next audit meeting due? NC to clarify and circulate date

NC

Jenny planning audit with Tracy Christmas of patients seen as an outpatients

Any other business:

Busi asked about the new rota for journal club in 2023 – Jovy has done and will circulate. She has volunteered to do the first week 11th January.

Dates of future meetings:

Date	Event	Venue/Time
01.02.2023	Medical Business Meeting	14.00 – 15.00 Training Room

Prescribers Meeting 11th January 2023

Minutes

Present – Kevin Hobson, Tracy Christmas, Jill Smith, Bev McDermott, Avril Lovegrove, Dr. Busi Da Silva, Dr. Gaby Tamura Rose, Rebecca Wallis, Katie White, Lorraine Jeffreys

- Previous meeting minutes

Reviewed and agreed by team

- MAAR Charts

New charts seem to be working well. Ongoing issues with Wimbledon Village Surgery not using the latest version of charts. Unlikely to change this. We just need to be aware there may be issues. D/N's have so far been happy to use signed charts from Practice.

- Community Prescribing Practices

Continues to be mainly just prior to or over weekend.

There have been occasions when CNS prescriber has been asked to prescribe for pt. on ward (also part of our remit but we need to assess pt. face to face)

Team reminded to complete Prescribing log on Excel for each prescription used. Kevin will bring print out of previous months prescriptions to next meeting and will join forces with Avril at some point to look at auditing practice.

We are fortunate to be able to welcome new Non Medical Prescribers to the team. Avril, Bev, Kate and Katie will hopefully be prescribing in the near future once competencies have been completed.

Team reminded that there is always a Dr. available in or out of hours for advice / support if needed when prescribing meds.

- Prescribing Competencies

Kevin and Tracy will look at competencies / when they need to be completed again.

We have the hospice Scope of Practice / competency + RPS Competency Framework to complete each year.

- **Prescription Safety**

We discussed safe handling of prescription forms / pads.

We tend to sign out 4 – 5 x FP10's and maintain individual safety responsibility. SOP is in place (on N drive and print out is on top of safe in supplies room in community office).

We agreed that if we're away from work for a long period (eg. A/L) we should sign back in any unused prescriptions.

Checking FP10 supply continue to be monthly (sealed envelopes) or quarterly (every FP10!).

Tracy discussed safe transportation of drugs in community from ward. Rebecca Trower and ward staff will look into this as there needs to be an audit trail and Policy in place

- **Education**

We need to have an update / study day each year to maintain practice.

We are looking into attending virtual conference "Nurse Prescribing in End Of Life Care" with Healthcare Conferences UK (as of last year) ? Thursday 23rd March 2023

We will let team know if / when this is agreed and booked.

Kevin and Maura attended webinar with Marie Curie this week. One of their sessions was with their lead pharmacist looking at setting up a support network for Non Medical Prescribers in palliative care. We have added our interest and will update at next meeting.

- **AOB**

Team reminded to highlight patient with addiction problems or high dose opioids with consultants

We wondered about having pt. notes put up on screen during MDT for all to engage (Busi will discuss with IT)

Team reminded that NMPs should not be involved with administration of drugs if they are the prescriber. In rare emergency situations when this can happen, the Dr. on call should be informed.

Next meeting

We will aim for March

Kevin will speak to IT re arranging Virtual access for our community colleagues that are not able to attend in person

Monitoring Summary Record

St. Raphael's Hospice

1-9780446933

Location / Core Service address

St. Raphaels Hospice
London Road
Cheam
Sutton
SM3 9DX

CQC continues to develop its approach to monitoring with a focus on safety, access and leadership.

We have reviewed the information and data made available to us about your service on 19/12/2022.

We consider that no further regulatory activity is indicated at this time. We reserve the right to keep this under review and it may be subject to change. Please note this is not an assessment for the purposes of section 46 of the Health and Social Care Act 2008.

This monitoring activity is part of our Monitoring Approach 21/22 and is not an inspection. Monitoring summary records are not inspection reports and are not published on our website. They are an account of our monitoring activity. We do not expect them to be shared publicly to give assurance on the quality of care you deliver.

This summary record outlines what we found as a result of our monitoring activity:

This is a summarised conversation which took place during a monitoring call on 19 December 2022 with the Registered Manager, Medical Consultant, Head of Quality and Improvement and a CQC Inspector from the National Direct Monitoring Team.

You told us you continued to have effective governance processes in place for safeguarding, including notifying CQC of the outcome of an application to deprive someone of their liberty; the oversight of actions from safety checks and risk assessments and the completion of these; the safe recruitment and support to volunteers; the safe storage and management of medicines including controlled drugs; the oversight of the completion of staff training deemed mandatory, which

included for example syringe driver competency; undertaking a varied programme of audits, which included for example, medicines and controlled drugs, safeguarding, hydration, and record keeping; and the monitoring and management of staffing levels, which included for example, the integration of paramedics and physicians associates into the team. You told us you had made improvements to ensure the electronic notes system was easy to navigate, and you were moving to another system (EMIS) in Spring/early summer 2023.

You told us about the arrangements for people to access care and treatment in timely way. You told us you continued to monitor people's care and treatment outcomes and confirmed you continued to achieve similar scores. You had arrangements for working together with GPs and other community services and organisations. You told us effective arrangements were in place for receiving and sharing information. You told us you did not have a backlog of work due to COVID-19.

You told us you had a process for obtaining and reviewing patient feedback and told us how you had acted in response to this. You confirmed that you had opening visiting arrangements in place, which were individualised due to the needs of patients. You also told us about the arrangements in place for obtaining feedback from staff and gave examples of feedback you had acted on.

You had updated your website using the CQC widget to display the ratings for your service.