St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

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

At 10:00am on Friday 28th April 2023

Members:	Dr Carrie Chill – Trustee & Committee member (CC)
	Alan Cogbill – Trustee & Committee member (AC)
	Dr Eva Kalmus – Co-opted Committee member (EK)
	Bernard Marley - Trustee & Committee member (BM)
	Norman McWhinney – Board Chair & Committee member (NM)
In attendance:	Nick Stevens – CEO (NS)
	Alex Rudkin – Director of Quality and Governance (AR)
	Dr Naomi Collins – Consultant (NC)
	Rebecca Trower – Clinical Director (BT)
	Anna Machin (Governance – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
2. Review of minutes from 13th January 2023	Take forward plans for integration of EDI training into staff induction process with Barry Angel	Becca Trower	Immediate	28.04.23/01
4. Clinical Risk Register	Add EMIS system to Clinical Risk Register	Alex Rudkin	Immediate	28.04.23/02
6. Clinical Action Plan	Share CAP 2023/24 targets with Board	Carrie Chill, Anna Machin	May 2023 Board meeting	28.04.23/03
	Develop agreed priorities into SMART targets	Becca Trower, Alex Rudkin	During May 2023	28.04.23/04

The meeting began at 10am.

1. Welcome, apologies for absence and declarations of interest

Carrie Chill took the Chair and welcomed Bernard Marley to his first Committee meeting. Apologies were received and accepted from Alan Cogbill who had shared notes in advance to the Chair to be raised during the meeting.

2. Review of minutes from 13th January 2023 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meeting were approved as an accurate record of proceedings. The matters arising and key themes from the previous meeting were reviewed. The Diversity Trust's Equality, Diversity and Inclusion (EDI) training had taken place and would be held every two years going forwards.

The Committee encouraged resources and recordings from the training to be shared with new joiners to the Hospice team as part of induction. Becca Trower would take this forward with Barry Angel (Head of HR).

The Fundraising team had been invited to the EDI Steering Group and their attendance would be monitored. Trustees had been invited to attend the EDI training as well as the Schwartz Rounds. Further information had been shared about the Sutton Palliative Care Hub and this local sector knowledge is important to continue to share with the Committee and Trustees more broadly.

3. Evidence of Excellent Practice Register

The Committee noted the positive notes from the Medical Examiner reports as an objective, external source. The team have also been responding to and supporting several complex cases on the ward in recent months and the responses are a testament to the time and compassion given by the team.

4. Clinical Risk Register

The Committee focused attention on the 'red' items on the risk register and mitigating actions in place. The risks around workforce particularly for night shifts has reduced over the past year through recruitment to posts and use of bank staff but this continues to be closely monitored. In the end the requirement for night staff to work a certain number of day shifts was not introduced, but day staff do rotate onto nights.

The Committee asked for assurance on the actions in place to support the transition around the EMIS system and mitigate any potential loss of use of the system, or patient data, and suggested that this should be added to this departmental risk register. Alex Rudkin updated on the comprehensive planning process and plans for staff training and support. Experiences have been drawn from the prior transition from a paper-based system in 2015. The Committee received assurance that the appropriate data sharing agreements are being put in place with relevant external bodies, supported by a Data Protection Impact Assessment (DPIA) and advice from counterparts at the South West London ICB.

5. Clinical Quality & Governance Report

Becca Trower highlighted key points from the report, and that the student bereavement counsellors continue to give valuable support, and wait times remain low at around two weeks. There has not been high take up for sessions offered on Saturdays. A new bereavement group has been launched with North Cheam church. All of these activities link in to the bereavement journey and the Coordinator who will lead on this work will start in early June. Recruitment to staff posts for the wellbeing centre has been successful and the infection control post is out to advert. The bariatric suite is near to completion.

Naomi Collins updated on priorities for the Consultant team and responses to the EMIS system implementation, joint working with Princess Alice Hospice, welcoming medical students on-site and response around the junior doctor strikes. The team continue to participate in the CHELsea II study and explore other collaborative projects such as with a local prison.

The Committee asked for further information, and held a discussion on, oversight of administration of administration and reflections on four individual errors noted in past months. These incidents were primarily from bank staff and did not show any systemic areas of misunderstanding or concern but emphasised the need for continual care and attention when giving medication to patients.

The Committee noted that the number of complaints had increased for the first three months of 2023 compared to the comparable period in 2022 and asked for contributing factors.

There is more reporting now across non-clinical areas such as fundraising, and a number of complaints were focused on changes of setting for patients when working with other agencies, rather than in-hospice care. The Committee received further information on complaint 202303 and learnings from the team.

6. Clinical Action Plan (CAP) 2022/23 round-up & 2023/24 priorities (CAP) inc. selection of three 2023/24 objectives for inclusion in 2022/23 Quality Account

Alex Rudkin shared information on the process to submit the Quality Account and goals for the upcoming year that should be given in the 2022/23 return. Reflections from Alan Cogbill were shared and Eva Kalmus shared insights from the local context including a suggestion to instil more joint working between Sutton and Merton Hubs and the Compassionate Neighbours project. The Committee received assurance in relation to capacity to deliver on the areas that would be agreed. It was agreed that the three priorities would be the growth of the Compassionate Neighbours programme with community engagement and integration in local healthcare pathways; broadening of the PsychoSocial offer; and implementation and usage of the EMIS system. This would be achieved alongside maintaining high quality service in the IPU. These priorities would be shared with the Board and developed into 'SMART' targets to share with the Committee.

7. Minutes of internal meetings; Audit QI reports

The minutes of internal meetings were noted and show rigorous internal oversight and reflection.

8. Annual review of Committee Terms of Reference

The Terms of Reference were reviewed and approved subject to a drafting change.

9. Any Other Business and Dates of future meetings

There were no further items of business raised. The date of the next meeting was confirmed as Friday 30th June 2023 10am-12pm.

The meeting ended at 12pm.

Approved……..

Date……..

ITEM 02 ACTION LIST

SAINT RAPHAEL'S HOSPICE
CLINICAL QUALITY & GOVERNANCE COMMITTEE ACTION LIST
FOR JUNE 2023 MEETING

Agenda item	Action	Responsible	Timeline	Update	Ref.
2. Review of minutes from 13th January 2023	Take forward plans for integration of EDI training into staff induction process with Barry Angel	Becca Trower	Immediate	WIP – Barry Angel & HR Committee	28.04.23/01
4. Clinical Risk Register	Add EMIS system to Clinical Risk Register	Alex Rudkin	Immediate	Complete	28.04.23/02
6. Clinical Action Plan	Share CAP 2023/24 targets with Board	Carrie Chill, Anna Machin	May 2023 Board meeting		28.04.23/03
	Develop agreed priorities into SMART targets	Becca Trower, Alex Rudkin	During May 2023	To discuss	28.04.23/04

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description	Link to evidence
2023/24	TC/AR	26/04/2023	Nurse Jill has been so supportive and amazing in dealing currently with my mum. I can't thank her enough for all her help and support. She is so caring and attentive and highly professional. We really appreciate her. I couldn't of been more reassured of lately without her help and support regarding mum. She puts me at ease. Please make sure this feedback goes to management and Jill.	142
2023/25	MF/AR	15/05/2023	I would like to highlight all of the help and support that the Education Team have received from Paula Di Palma, the Housekeeping Manager. Over the past few months, we have had several study days and a celebration for International Nurses Day. On each of these occasions Paula has provided fantastic lunch and refreshments, which is so appreciated by staff. For International Nurses' Day, Paula put in so much time and effort, not only to provide lunch and treats for the staff but also raffle prizes, novelty gifts and decorations on the day. Paula is an example of someone who goes over and above in her efforts for the staff and the patients. She is truly an asset to our organisation.	
2023/26	KG	15/05/2023	Card message reads " Thank you all for taking such good care of our mum . All our love & gratitude."	144
2023/27	KG	19/05/2023	Card reads "Thank you to St Raphael's Hospice"	145
2023/28	GTR	29/05/2023	Verbal compliment received from patient's wife and daughter on medical consultant ward round as to how happy they have been (contrary to their preconceived views) as to the care their loved one is receiving and how lovely it has been for them as a family to take a step back from the caring and let the professionals do this	
2023/29	KG	19/06/2023	Comments & Suggestions Form completed. "My suggestion is Home visits to people who are in need of help and support when their at end of life care needs to be hugely altered - your criteria for people is on paper not everyone is the same - the loved ones who are fighting alongside the poorly are also the ones who will suffer as a result of this."	152
2023/30	KG	19/06/2023	Comments & Suggestions Form completed. "This is my second time to visit ward room 3. The staff, reception, cook and cleaners are all absolutely brilliant. Thank you all."	151
2023/31	KG	19/06/2023	Comments & Suggestions Form "Amazing Staff. Very helpful, so kind."	150
2023/32	KG	19/06/2023	Comments & Suggestions Form completed. "I have visited my sister-in-law for the past two days. I am very impressed with the care and attention all the staff have shown to patient and her family. I can't remember everyone's name so I won't name anyone. Thank you for taking such great care."	149
2023/33	KG	19/06/2023	Completed a Comments & Suggestions form. "Big Thank you to everyone at St Rap's - What a lovely place. And wonderful nurses & helpers & sister Anne. We can't thank you enough for looking after our beautiful mum - so perfectly. All staff was incredible caring & kind to mum and all her family. 5 stars.	148

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurance	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
1.	IT PAS System Failure / Cloud Access Down	Inability to access contemporaneous clinical records or run business contuity reports	Contactable team OOH (not formal contract). Back up resource - outsourced at times of AL. Back up to PAS system faciltating 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
2.	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 suffcient, 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 10 IPU beds on day duty with full current complement of staff. Deficit on night duty. Active recruitment of Band 5 night nurse to fill permenant. 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 educatuional support to obtain required qualifications e.g. Support of the TNA programme for HCAs Recruitment of preceptorship nurses	3	3	12	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 demonstrte the attractiveness of the hospice as an employer. Reviewed sickness and maternity leave policy- both amended to increase benefit 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 April 2023 - Appointed new band 5 night nurse alongside bank staff to nights. Current shortage of HCAs due to sickness. Return of one staff member from long term sick leave. June 2023 - Band 5 night nurse commences employment. Regular bank staff on night duty. Band 6 vacancy remains.	3	2	9
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	3	12	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 April 2023 - Does fluctutae but more of an issue in the winter.	2	3	8
4.	Clinical Incidents	Patient Safety (Falls/Pressure Ulcers/Medication Errors). Risk of complaints from patients/families Requirement to report outside the organsiation to CQC Pre-empt a CQC Inspection Reputational damage	Reporting of all incidents related to clinial care Hierarchy of investigation Outputs- Learning informs improved proceedures 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 manages at team meetings. Opportunity to participate in refection and sharing learning and outcomes. Feedback to complainants regarding change in practice. Encourage an environment of comprehensive reporting to support learning and quality improvement. 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 & vistors to hand-washing on entering and leaving the ward / rooms and use of hand sanitiser. Staff adherence to control of infection policy. Internal Lead for IPC shared amongst the link nurses on the IPU and Community Team with oversight form ESTH IPC Team.	3	2	9	Corona Virus Policy updated on government guidance changes. PPE supplies checked. Contingency planning clarified for any identfied case within the Hospice - as per government guidance. Single room nursing. Increased telephone contact. FFP3 mask fit testing on going. Refresher PPE trainng 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 advert is currently out and the band advertised is for a band 7.	2	2	6

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurance	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 expecation 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 proceedure 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/improvemnt 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 organsiation Clinical staff have nhs emials (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 Phisihing emails via IT Dept. Intermittent checking in areas such as photocpier/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.	Transition to new clinical administration system EMIS from Crosscare	Project leadership Active patient data migration Access to records BAU functionality of system (includes reporting) User morale Incorrect data entry - content & pathway	EMIS implementation project team (JG, JS, HS, PE, AR) Test data migration EMIS trainers and floor walkers on first two days of Go Live (3rd May 2023) / night staff support until 21.30 / JG oncall EXEC EMIS training provided across 14 days in April 2023 EMIS user guide Reporting testing / Output Access to Crosscare Archive for 8 years.	3	2	9	Induction and training videos EMIS project team remains active for first year of project Reporting	3	1	6
9.	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 Staff encouraged to have vaccination	2	2	6
10.	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 proceedure in place to support community working (SOP). Supplied with a mobile phone for conatct 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

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

- We successfully recruited to the new post of Social Work Assistant (3 days per week) and are delighted the successful candidate is Alison Fallows (formerly Hospice at Home). Alison has a Social Work background and is in the process of also continuing her studies to become a qualified counsellor. The post will greatly assist Elisa Lunn in her role as Lead, Specialist Social Worker as her workload has increased tremendously post Covid with the decline/closure of many local provider agencies.
- The entire department is moving to 759 where we will establish the new Counselling and Social Work Hub. The team are all on board with this move and the transition began last week with the Clinical Lead and Head of Department moving across, with the rest of the team due to move in approximately 12 weeks' time. The new Hub will allow for 3 counselling rooms, a larger office space and a room for group work and all clinical supervisions.
- We continue to have a cohort of 8 students on placement. There have been 4 new starters – Annabel, Kelly, SJ and Debra. Each have committed to 12 months at the hospice. We said goodbye to Ben and Lucy and retained the services of the now qualified Ali and Alex (Alex continues to volunteer as a Psychotherapist with patients on the ward, in the community and from an outpatient setting – the first time a student has had the opportunity to develop in this specific clinical way). We also continue to support Barry on placement for a further 12 months. We are in the process of recruiting to the final post available and a successful applicant is already lined up.
- We have submitted an application to present at the Hospice UK Conference around the ground-breaking work we are delivering regarding EMDR and trauma related work.
- The Clinical Lead and Head of Department has begun his Clinical Supervision of the therapists based at The Shakespeare Hospice in Warwickshire and this week begins his Clinical Supervision of the Junior Doctors and the three Consultants at St. Christopher's Hospice. Whilst this work falls within the remit of his Private Practice it offers tremendous scope for joined up work and partnerships for St. Raphael's.
- The Bereavement Support Group gathers momentum and has a membership currently of 7 attendees. This current group will run to the end of the summer.
- We are working closely with the Bereavement Support Group operating out of the North Cheam Church and the Department Head is due to deliver training to this community group later in the summer.
- The waiting list for all services remains at less than a week from referral to assessment and this is remarkable considering that local statutory services report waiting times of 6+ months.
- The team are happy, driven and committed to the quality and high standards of care we provide to our client group and feedback is now to be collated via specific Counselling and Social Work Feedback Questionnaires.
- We have produced new literature on Financial Support, working with Children and Young Adults as well as EMDR and these are due to go live imminently.

Community Engagement

General updates:

- Community Engagement Lead Roisin Yin-Poole is now in post and settling in well.
- We have one new administrator (9 x hrs per week across 3 x days) plus one new volunteer administrator (5 x hrs per week across 2 x days)

Wellbeing Centre

- Three facilitators (2 new staff members) with new dual roles also supporting the Compassionate Neighbours project
- 32 volunteers (there is now a full complement of Wellbeing Centre volunteers)

Complementary Therapy

- Our offering has now increased from one paid staff member (Ana Angarita) to one paid staff member plus three Complementary Therapy volunteers (including lymphatic drainage therapy) who now support patients across Tues, Wed and Thu.

Compassionate Neighbours

- 58 community members on the caseload since our launch.
- 51 volunteers either active, on hold or in progress

Highlights

- We have recently successfully recruited a Bulgarian speaking Compassionate Neighbour in response to the referral of a community member who can only speak Bulgarian. We have now made links with a Bulgarian women's group who are keen to support the project.
- We are planning a Compassionate Neighbour summer party welcoming all our Compassionate Neighbour volunteers and their matched Community Members.
- The Den is now in operation with a popular men's group in attendance every Thursday afternoon

Inpatient Unit

- March saw the ward coming out of a COVID outbreak which significantly affected staffing however after a short closure of 3 days the ward was able to run as usual and has continued to maintain a 10 bed capacity for the majority of the last three months. We have had two leavers within the team but we welcomed a new registered night nurse and have recruited a new healthcare assistant. The ward and education team remain supporting our preceptees and they are progressing well through their program.
- In March the ward had the follow up 'away days' with Tricia Wass which was overwhelmingly positive, with good staff engagement throughout both sessions. The staff reflected over the last year and came up with new goals to work towards together. One request that came from this was an IPU study day which is due to run on the 4th July.
- The ward staff have also started to embed a dependency scoring system to help aid decisions around admissions based on complexity of patients and staffing numbers and the aim is for this to be part of admissions meetings.
- We have experienced multiple complex patient cases on the ward and the team have continued to provide outstanding care while supporting each other in very difficult moments. We are now running a bi-monthly mortality and morbidity reflection meeting for staff to reflect and discuss on events.
- We continue to aim for 10 beds remaining open as the summer months approach and hope to recruit into our current vacancies.

Community Palliative Care Team

Staffing:

- HCA Alison Fallows has left H@H to take on the role as a social worker assistant – she is also undertaking personal study in counselling
- CNS Avril Lovegrove has completed her 6 month probation
- Clinical Specialist Practitioner Naomi Stammers commenced maternity leave in June - this has left us 37.5hrs pw down in staffing levels
- Clinical Nurse Specialist Kate Weldon commenced her secondment as Locality 3 Team lead in June to cover Naomi's maternity leave and provides an excellent development opportunity for Kate
- Lorraine Jefferies has returned to work following serious illness

Training

- Much of April was taken up with the training for EMIS and May was taken up embracing the change !!
- Conflict resolution training was attended by the team with very positive feedback received
- Tracy Christmas / Dr Gaby Tamura-Rose taught Merton End of Life Care Team communication around DNACPR- and again, positive feedback was received

Networking

- St Georges Hospital Palliative Care Team Nurse Lead – Rebekkah Dix spent the day with community team – this will help to increase working relations
- CNS Marnie Prior spent the day with Sutton CHC to try and gain understanding of the processes etc
- CNS Rebecca Lucas has been invited to teach "essay "writing at SGH University – this was due to her exceptional essay on the physical assessment course
- Weekly MDT meeting with St Heliers PCT - The aim is to build good relations, improve communication and identify referrals to our service

HUK posters submitted – **Best and safest practice; a medicines management review**

<u>Education/Training</u>:

- A Medicines Management study day for the nursing team on the IPU took place in late Spring. This study day gave staff the opportunity to refresh their knowledge around medication issues and to come together to discuss changes in process and best practice.
- The hospice celebrated International Nurses Day in May with a buffet lunch provided for the nursing teams and an opportunity to see some of the fantastic feedback our teams receive from patients, families and colleagues.
- Our newly qualified nursing staff are part of a Preceptorship Programme which involves regular study days and time with senior staff to discuss progress and set new learning goals- the Education Team facilitate the study days and one was held in June.
- Regular events such as Learn@Lunch and MDT Journal Club continue on a monthly basis.
- The Education Team also supported students on placement and assisted nursing staff with revalidation.

Between April and June staff were supported with training from external providers

- Fit testing
- Equality, diversity and inclusion training
- Basic Life Support
- Conflict Resolution
- Aseptic Non-Touch Technique

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 remotely. The consultant team continue to participate in the executive on call.

Engagement with other local healthcare providers

Dr Gaby Tamura Rose provides 1 clinical session a week to St Helier Hospital Palliative Care Team, and Dr Sam Raveney, Palliaitve Care Consultant at St Helier, provides one session to the in patient unit per week.

The consultant team host monthly MDTs for the Merton EOLC team in which complex cases are discussed, providing peer support/supervision.

We contribute to the pool of examiners for the European Certificate in Palliative Care programme at Princess Alice Hospice – Jenny Strawson (and Becca Trower) examining candidates on 21.06.23.

We typically host 4-5 medical students from St George's for one day per month (income generating).

We have hosted two Specialist registrars in anaesthetics and pain management on an ad hoc basis for MDTs and ward rounds.

Education

Education attended - The medical team 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.

Naomi attended a one day Applied Therapeutics Day for Pall Care consultants at the Royal Society of Medicine in June.

Education provided - The medical team are hosting a one day Palliative Care masterclass on 13th September and are contributing teaching on neuropathic pain and DNACPR to the community team.

Gaby is supervising Loretto from Merton EOLC team through his non-medical prescribing course.

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 Lisa Tan, 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 – Five poster proposals have been submitted to the Hospice UK conference in Liverpool in November 2023, two by the medical team.

The Hospice continues to recruit to the CHELseaII study looking at hydration at the end of life, with five patients recruited to date.

EMIS – Jenny has contributed hugely, along with John Groom, Pascale Evans, Heather Syddall and Alex Rudkin, to the preparation and roll out of EMIS and continues to provide on going support and trouble shooting.

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.
On 19th December 2022, we attended via MS Teams a scheduled DMA (Direct Monitoring Assessment) by the CQC which was triggered by a change in the Registered Manager. The report 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 will re-convene in 2023 and keep under review the Key Lines of Enquiry self-assessment documentation.
A depository for evidence of excellence is included as an Agenda item for the CQ&G Sub.
We expect our KLOE work will support our evidence base to demonstrate compliance and will undertake work this year to make any alignment with the Single Assessment Framework that became effective from April 2023. Achieving an 'Outstanding' rating at our next inspection and maintaining it in the future remains our ambition.

Governance meetings

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

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Oct'22	May'22	Jul'23
Clinical HoDs	Jun'23	Jun'23	Jul'23
Medical Business	Feb'23	Feb'23	Jul'23
Drugs & Therapeutics	Jun'23	Feb'23	Nov'23
Outcome Measurement Group	Sep'22	May'22	Mar'23
Infection Control	Jun'23	Mar'23	Sep'23
Prescribers	Mar'23	Mar'23	Jun'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 as part of the Management Plan objectives for 2023/24 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 2 of 2023/2024.

- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are on-going with the latest submission made in April 2023. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

The Hospice expects to submit its **Quality Account** for 2022/2023 to the NHS Choices web site by 30 June 2022. It will be available available on the Hospice's website.

Objectives as agreed at the last CQ&G meeting have been incorporated in to the Account.

Replacing Crosscare with EMIS

Implementation of the new EMIS system took place on Wednesday 3rd May 2023 following the month of April 2023 that had been largely given up to the training of staff in the new system.
Users have embraced the new system and are engaging well. Template design and configuration enhancements occupy a significant time element for members of the project team with intention to dedicate additional focus on output and reporting in July 2023.
Ensuring EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings is a critical objective set out in 2023/24's planning.

Clinical Audit, Quality Improvement, Monitoring and Research

Proactive audit of the prescription charts remains a weekly undertaking for our clinical Pharmacist and results are routinely shared via the Live Care system and reported to the D&TC.

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. The next forum is scheduled in July 2023 with presentations planned on CPCT clinical documentation, outpatient service, IPU referrals, IPU Satisfaction and Phase of Illness / AKPS. The forum usually occupies a lunch-time slot and is open to the clinical teams and those with an interest in topic.

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

Data Dashboards

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

Clinical Quality & Governance Management Plan Objectives 2023/24

Summary

DATE	Number	Complete / on-going	As per Plan	For 2024/25
04/05/2023	**35**	**1**	**32**	**2**
19/06/2023	**35**	**2**	**31**	**2**

Goals Completed

Ref	Goal
3.1	Maintain CNS Development posts subject to availability and attrition
3.2	Produce and maintain an audit/monitoring/research project schedule 2023/24

Objectives rolled into 2024/25 timeline

3.34	Developing a survey with the Comms Team - asking patients for feedback via email.
3.35	Implement Step 2 of OACC – iPOS on the IPU and in the Community

Audit / QI /Research 2023/24

Overview

25 projects scheduled in 2023/2024

2023/24 Listing

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-01	Community - Carer & relative questionnaires for the Hospice @ Home Service	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - 2022 report published June 2023
2023/24-02	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - Latest Report for Oct 21 – Mar 22 published Apr '23
2023/24-03	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	IPU - R Wallis Quality Office - J Cope / A Rudkin	Ongoing - 2022 report published June 2023
2023/24-04	IPU – Infection Control : Environment & Hand-washing Audit	Priority 1 External 'must do' audit	IPU - S Leech Community - J Smith Quality Office - J Cope / A Rudkin	Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps commenced in Oct/Nov 2022.

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-05	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ashton's Clinical Pharmacist	Ongoing
2023/24-06	IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Priority 1 External 'must do' audit	Dr Naomi Collins	Presented at lunch time Audit Meeting - Sep 2022 ; re-audit for Oct- Dec 2022 data under analysis
2023/24-07	IPU : Patient Handling / Pressure Areas	• Priority 2 Internal 'must do' audit	Rebecca Wallis	Data collection planned for Sept 2023
2023/24-08	IPU : Mouthcare Audit	• Priority 2 Internal 'must do' audit	Rebecca Wallis	Data collection began in Oct 22
2023/24-09	Controlled Drugs Annual Audit	Priority 1 External 'must do' audit	R Trower	Ongoing
2023/24-10	Out of Hours Calls Monitoring	• Priority 3 Specialty Priority	Dr N Collins	Data Analysis Publication expected in June 2023
2023/24-11	Spoken Language Active Referrals	• Priority 3 Specialty Priority	Dr G Tamura-Rose	Data cohort extracted 12-10-2022. Report

Project Ref.	Title	HQIP Prioritisation	Lead	Status
				expected in June 2023
2023/24-12	OACC measures (Step 1 - Phase of Illness + Karnofsky performance status)	• Priority 2 Internal 'must do' audit	OACC Task & Finish Group JG - IPU GT-R / BD-S - Community	November 2021 IPU Audit Report published in January 2023; November 2022 audit based on referrals report expected in July 2023
2023/24-13	Outcome measures (Step 2- CSNAT)	• Priority 2 Internal 'must do' audit	Implementation Group MV - H@H	Nov 22 - Apr 23 data to be analysed and reported on
2023/24-14	Psychological Support Services Questionnaire	• Priority 4 Clinician interest audit	Psychological services SM	Bespoke survey started in June 2023

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-15	Activity Monitoring Data CMC NoK CPCT Responsiveness Sharing Information Safeguarding Referrals Referrals to RIP Active Caseloads Daily Activity Data - capacity tracker Referrals by Postcode Community RA DoLs PPoD Wandsworth Activity	• Priority 3 Specialty Priority	Quality Office+ CAAD	Ongoing
2023/24-16	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	• Priority 2 Internal 'must do' audit	Quality Office + CAAD	Ongoing
2023/24-17	Incidents	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs	Ongoing NEW 2022 annual report expected in 2nd quarter of 2023
2023/24-18	Falls	• Priority 2 Internal 'must do' audit	Quality Office + CHoDs Mtg	Ongoing - July 2022 - June 2023 report / tracker update expected in July/Aug 2023
2023/24-19	Complaints	• Priority 2 Internal 'must do' audit	Quality Office + Exec	Ongoing - 2022 complaints review in July 2023

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2023/24-20	Safeguarding Documentation	• Priority 3 Specialty Priority	Rebecca Wallis	Data Collection (June 2021 - December 2022) Report expected in July 2023
2023/24-21	Clinical Records Documentation	• Priority 2 Internal 'must do' audit	R Trower	Last Reported in Dec 2022. Re-audit Dec 2023
2023/24-22	Referral to the IPU Re-Audit	• Priority 3 Specialty Priority	Dr J Strawson	Data Collection
2023/24-23	Caldicott - IG Sweep	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose	Annual Data collection
2023/24-24	CHELsea II examining hydration at the end of life - led by Surrey University Clinical Trials Unit : cluster randomised trial til Oct 2024	• Priority 3 Specialty Priority	Dr N Collins	Data Collection : 4 patients recruited as at 22-05-2023
2023/24-25	Patient 'label' research project - the PhD project for a Pall Care SpR in Our Ladies Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall Care Consultant at Royal Surrey County Hospital, is UK lead.	• Priority 3 Specialty Priority	Dr N Collins	External project inviting SRH participation awaiting ethical approval

2022/23 summary :

Projects complete = 2

Projects on-going = 23

Clinical Risk Management

Clinical Unexpected Incidents

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

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023	2022	2021	2020	2019
Admissions to IPU	19	18	20	17									57	207	138	195	212
Beds	10	10	10	10													
Bed Occupied Days	296	204	242	263													
Bed Available Days	310	280	310	300													
Bed Occupancy (variable beds)	95.48%	72.86%	78.06%	87.67%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
Bed Occupancy (10 beds)	95.48%	72.86%	78.06%	87.67%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!					
CD Medication Incident	5	2	12	0	6	0	0	0	0	0	0	0	25	29	35	15	23
CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	1
Non-CD Medication Incident	9	1	3	1	2	0	0	0	0	0	0	0	16	21	7	4	12
Non-CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	3			1
Pressure Sore on Admission	1	2	3	3	3	0	0	0	0	0	0	0	12	22	16	19	16
Pressure Sore during Admission	1	0	2	0	1	0	0	0	0	0	0	0	4	17	6	4	3
Moisture Associated Skin Damage ON Admission	0	0	1	0	0	0	0	0	0	0	0	0	1	1			
Moisture Associated Skin Damage DURING Admission	0	0	0	1	0	0	0	0	0	0	0	0	1	0			
Sharps/Splash	0	0	1	1	0	0	0	0	0	0	0	0	2	3			
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0	0	3			
Infection	0	1	1	0	0	0	0	0	0	0	0	0	2	6			
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0				
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0		1	1	1

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023	2022	2021	2020	2019
Staffing	0	0	0	0	0	0	0	0	0	0	0	0	0	9			1
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	1			
IG	2	0	0	1	1	0	0	0	0	0	0	0	4	16	4	3	
IG near miss	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	1	
Manual Handling	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	5
Slips, trips, falls	1	0	2	0	3	0	0	0	0	0	0	0	6	21	19	20	21
Falls near miss	3	0	1	0	1	0	0	0	0	0	0	0	5				
Verbal Violence (Pt)	0	0	0	0	0	0	0	0	0	0	0	0	0			1	
Physical Violence (Pt)	1	0	1	0	0	0	0	0	0	0	0	0	2	3			
Bump	0	0	0	0	0	0	0	0	0	0	0	0	0				
Burn/Scald	0	1	0	0	0	0	0	0	0	0	0	0	1	1			
Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	1			
Equipment (near miss)	0	0	1	0	0	0	0	0	0	0	0	0	1	1			
Doctor On Call	0	0	1	0	0	0	0	0	0	0	0	0	1	0			
EXEC Out of Hours Call	0	1	0	0	3	0	0	0	0	0	0	0	4	2			
OTHER - Admin/Property/Documentation/OOH Contact	2	0	2	0	4	0	0	0	0	0	0	0	8	12	12	14	12
MAD Alerts (re SRH)	1	0	0	0	0	0	0	0	0	0	0	0	1				
* Incidents reported to Community – non-SRH	3	1	1	1	1	0	0	0	0	0	0	0	7	25	2	8	12
* MAD Alerts (incl. in Community: non-SRH)	2	1	0	0	0	0	0	0	0	0	0	0	3	12			
Total 2023 *excluded	**26**	**8**	**31**	**7**	**24**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**96**				
Total 2022 *excluded	8	12	15	10	15	19	18	16	13	24	16	14		180			
Total 2021 *excluded	3	2	7	8	21	13	3	1	19	9	11	12			109		
Total 2020 *excluded	7	6	7	6	11	15	5	5	4	3	8	8				85	
Total 2019 *excluded	1	14	13	7	8	7	6	6	5	16	10	6					99

Incident Key

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

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

Clinical Significance	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2023	2022	2021	2020	2019
Admissions to IPU	19	18	20	57	17	0	0	0	0	0	0	0	0	0	0	0	94	207	138	193	212
Bed Occupied Days	10	10	10		263	0	0		0	0	0		0	0	0						
Bed Available Days	296	204	242		300	0	0		0	0	0		0	0	0						
Bed Occupancy	95.48%	72.86%	78.06%		87.67%	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	82.78%		#DIV/0!	#DIV/0!	82.78%						
Fall No Harm	1	0	0	1	0	4		4				0				0	5	15	12	14	15
Fall Low Harm	0	0	1	1	0	0		0				0				0	1	6	7	6	6
Fall Moderate Harm	0	0	0	0	0	0		0				0				0	0	0	0	0	0
Med Level 0	2	2	8	12	1	5		6				0				0	18	4	20	9	13
Med Level 1	11	1	7	19	0	3		3				0				0	22	49	20	10	21
Med Level 2	0	0	0	0	0	0		0				0				0	0	1	0	0	3
Med Level 3	0	0	0	0	0	0		0				0				0	0	0	0	0	0
Minor (No Harm or Low Harm)	10	3	9	20	2	8		10				0				0	32	65	25	15	19
Moderate (Moderate Harm)	0	0	0	0	0	0		0				0				0	0	0	3	6	2
Serious (serious Harm)	0	0	0	0	0	0		0				0				0	0	0	0	1	1
Pressure Sores	2	2	6	10	4	4		8				0				0	18	40	22	23	19
Totals 2023	26	8	31	65	7	24		31				0				0	96				
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 7 clinical complaints received in and between January and May 2023.

Complaints Overview

2023 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January						1					**1**	**1**			**0**
February	1	1		1			1				**4**	**1**	**3**		**4**
March				1					2		**3**		**1**		**3**
April				1					1		**2**		**1**		**2**
May		1									**1**		**1**		**1**
June															
July															
August															
September															
October															
November															
December															
2023	1	2	0	3	0	1	1	0	3	0	**11**	**2**	**6**	**0**	**10**
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14
2019	0	0	3	3	0	1		0	2	2	14				9
2018	2	5	10	4	1	0		0	1	0	27				19

Clinical Complaints: April - May 2023

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2023/10	Cousin to patient	18/04/2023	Call from cousin of patient. Message taken by ACC that she has been told by the funeral director that the deceased patient was HIV positive and that she was distressed by this stating he was not. Also stated to ACC that this was affecting viewing the body. On investigating notes and discussion with Caldicott guardian, no evidence that there was any information sharing concerns while patient was alive or that the patient had told us he did not wish for family to be aware he had HIV. Staffs understanding was that family were aware and he opening shared information with them including medication that he was taking for HIV. Call to funeral director - spoke with funeral director who spoke with cousin. He reported it was written on the body bag and that this was normal protocol to share what was written with families. He denied this information was given during a conversation with regards to viewing the body. I asked therefore why the information was shared given it was sensitive to the patient, and the funeral director stated it was normal protocol despite it being sensitive. He did state he had told the cousin it was sensitive.	IPU Comms.	**Handled by Dr G Tamura-Rose & Becca Trower** PC to the cousin - Very distressed about information given to funeral directors. She was very complimentary of St RAPHAEL'S while patient was alive and stated how the patient had held us in high regard however this made the distress worse now as she hadn't expected this. Asked her to explain the main cause of her distress so could better understand and investigate fully 1: She did not understand why covid and the HIV status had been written on the body bag. She felt it should not have been as this was not what the patient had died from. She did not feel this was information that needed to be shared as did not feel it was relevant. She didn't feel people needed to know this. 2: This information meant that they could not have an open casket or viewing of the body. She had family members asking why this was not possible and she was struggling with telling them. 3: Cousin spoke about respect for the patient and how they were no longer able to pay their respects in the correct way. 4: The stated she was not aware of the diagnosis. She reflected on the fact that it was patient's decision not to tell her however she was distressed to find out in such a way. She explained this information had caused distress to other members of the family also. 5: She was upset that I had called the funeral director before calling her and 'told him off'. The cousin explained she would like a formal written letter explaining the investigation and an apology. Acknowledged her distress and how hard it must have been to hear his diagnosis if she was not aware. Explained we had no indication that she was not aware and patient was happy with information sharing. Explained that we do have to communicate whether a patient was infectious or not, although we would reflect on whether we needed to state exactly what the infectious disease were going forward. Explained unfortunately even if we had just put that he had infectious disease, this probably still would have hindered them having an open casket. Acknowledged he did not die of covid or HIV and that the medical certificate did state his cancer not covid or HIV. Explained I called the funeral director first to clarify the conversation he had with her before called her to ensure had all the correct information. Explained that she did ask if it was usual for him to tell the relatives sensitive information as did not think this was usual practice especially if it is something that could cause distress. Cousin did not feel funeral director had done anything wrong and that it was his place to tell us. She feels we were incorrect in placing the information on the body bag. She stated he called her after GT-R spoke with him and told her I had told him off. I explained that was not the case and that I was trying to investigate what had happened. Apologised again for her distress. Explained we would investigate and then write a letter with the outcome to her. Asked if there was anything I could do now for her which there was not. Further information is being gathered from the staff that transferred the patient to the funeral directors re: exactly what was written on the body bag. Reviewing forms that were given to the funeral director, the crem forms did state the patient was HIV positive. For future learning, local funeral directors contacted to understand their protocols and requirements around sharing exactly what type of infectious disease the patient has.	Upheld in part

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
					05/05/2023 Action Taken : Call to complainant from CD who explained that we have contacted the NAFD to establish what is the official protocol for informing a FD of an infectious disease and that we have been informed that it is not compulsory to be specific about the infection - as long as they are informed that special precautions are applied. CD also explained that the FD that family used were clear that they needed the detail of the infectious disease before they would accept the body. Complainant thanked CD for the call and asked her to send this in an email to her which she agreed to do. **Lessons Learned** : The final decision of information shared remains with the funeral director if they are to accept the body into their care. 1) With sensitive information such as an HIV diagnosis etc, we need to be more proactive in documenting patient's wishes re how this information is shared in the info sharing box on Crosscare/EMIS – this was never formally documented 2) To adopt the Appendix 2 sheet from the link with regards to putting on the body bag https://www.hse.gov.uk/pubns/priced/hsg283.pdf She also emphasised that patient was very pleased with the care that he received at SRH and very fond of the staff, in particular a CNS. She would like to extend an invitation to his funeral which CD will share with staff.	
2023/11		26/05/2023	Complaint from cousin of carer and patient - felt that SRH let them both down. Carer (partner) had acopia - cousin feels that hospice should have admitted patient and that there was a delay. Over coronation bank holiday weekend, agency carers called an ambulance as patient seemed poorly but ambulance declined to take patient as felt not needed. Hospice visited and admitted patient for terminal care. Both patient and carer (partner) had Covid. Carer collapsed at home and had a stroke the day after the patient was admitted. Cousin feels that the stress he was under contributed to the stroke and therefore SRH is partially responsible. Patient has now died but the partner doesn't know. Complaint shared with CPCT. Holding letter sent to complainant 26/05/23		**Handled by Community Team Manager and Becca Trower** Discussion with staff involved - summary written from CNS to support investigation **Letter of reply following investigation sent by CD** : Apologised that she is unable to discuss the care of any other professionals or carers so cannot comment on the input or actions of the District Nurses or the Care Agency. Also limited in what she is able to share with the complainant without permission of the patient's partner. Expressed that it is important to answer her questions as best she can within the confines of the limitations in place regarding confidentiality. • Apologised if (the patient's partner) was assured when the patient was in hospital that she could be transferred to the Hospice at any point, should he be unable to cope. Explained that we have a limited number of beds and can only admit when a bed is available. • We were responsive when asked to visit – one of our specialist nurses visited within half an hour of partner's request to review patient. We visited on 6th May and 9th May. Partner was advised to call the Hospice at any time should he be concerned during the time in between. Patient was clear that she wished to remain at partner's when seen on 6th May, despite being advised that a hospital admission might be helpful. • On both 7th and 8th May, our staff suggested increasing the care package due to partner's fatigue – both partner and patient wished to think about it on both occasions rather than action this immediately. • When our specialist nurse visited on 9th May, conversations between partner and our specialist nurse took place to ensure that partner was comfortable with patient's admission to the Hospice rather than hospital. Explained that when a patient dies on our Inpatient Unit, it is our normal practice to inform the GP, who would then inform the District Nursing team as part of their usual process. Acknowledged that it would have been helpful for us to have informed the District Nursing Team in order to have avoided partner having to inform them himself and extended apology. Recognised that this does not change the events during those last few days of patient's life and apologised for the distress felt by complainant and her family.	Upheld in part

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
					Lessons Learned No change to process other than to consider contacting DN team in event of death on IPU to ensure that they are informed in a timely manner - this will depend upon the visiting/contact history with the patient.	

Records – Access Requests

Between January and May 2023, we have had no access to health records requests and just one sharing request.

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

Notifications

Between January and May 2023 there have been 6 serious injury notifications made to the CQC all concerning pressure sores grade 3 or above.

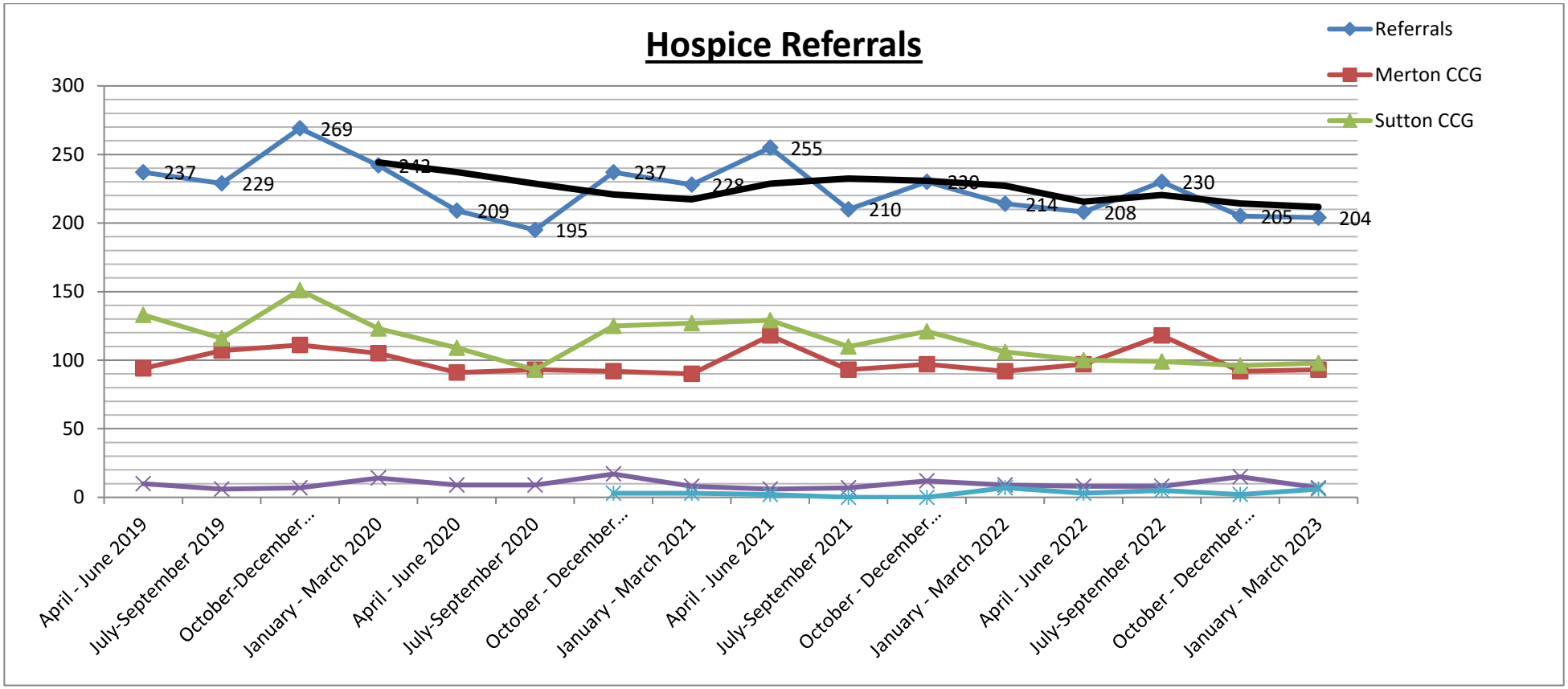
Between January and May 2023 there have been 5 safeguarding notifications made to the CQC: 2 concerning friends of patients, 1 concerning a patient's daughter and 1 concerning DN carers and 1 concerning care at SHH. All were reported to the local safeguarding teams. Of the 5, 3 have been triggered by report from the Community Team and 2 by the Inpatient Unit Team.

	Serious Injury	Safeguarding
2023 Jan - May	6	5
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, Director of Quality with inputs from clinical heads.

Potential new study for St Raphael's Hospice to contribute to from Autumn 2023

Title

What do individuals known to oncology and palliative care services think about the terminology used to describe them?

Introduction

This proposed research project aims to examine cancer patient's thoughts regarding the terms or labels that may be used to describe them (such as patient, service user, client etc) and, in particular, their thoughts about the term "cancer survivor".
It is part of the PhD project for a Palliative Care Specialist Registrar in Our Ladies Hospice in Ireland, Dr Any Taylor. Professor Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Palliative Care Consultant at Royal Surrey County Hospital, is the UK lead, as the study aims to recruit internationally.

Method

It consists of a one-off survey (case report form attached) that should take approximately 15 minutes to complete. Adult cancer patients known to the Hospice in any setting – in patient unit, community, wellbeing - would be eligible to participate if they wish to. The survey consists of three main sections – demographics, questions about terminology in general and specific questions about the term cancer survivor.

The project aims that this will be a multi-site, international study recruiting 383 patients into each of two groups: - group one (which would be "our" group) – patients with cancer known to palliative care (may still be having oncological treatment) and group two - cancer patients known primarily to oncology on any kind of anticancer treatment.

There would not be any restriction to the number of patients we recruit (either minimum or maximum), however if we managed to recruit more than 50 patients, St Raphael's would be mentioned in any research papers published.

Where is the project up to currently?

Ethical approval is being sought currently, with the expectation that the project may be able to commence in the autumn this year.

What do we need to do?

The investigators are asking for potential sites to obtain local governance approval at this stage, which is the reason to bring the project to your attention today.

Many thanks for your consideration. Any questions, please ask!

Naomi Collins

Participant Identification Number:

Group 1

What do individuals known to oncology and palliative care services think about the terminology used to describe them?

Case Report Form:

UK - Group 1

Centre Identification Number:

Patient Identification Number:

Date of Study Entry:

Instructions for Researchers on Completing Case Report Form

- This Case Report Form (CRF) can be given to the Participant for completion, or completed with the Participant by the Researcher on their behalf
- It is the responsibility of the Researcher to fill in all sections
- Please write clearly
- You are advised in the relevant questions to tick one box, or all that apply
- Please note that Eastern Cooperative Oncology Group (ECOG) Performance Status should be determined by participant perception
- If not applicable, please write N/A
- If not recorded, please write NR
- Please use dd/mmm/yyyy format to record dates e.g. 25Sep2023
- Please initial entries
- Please cross out mistakes with a single line e.g. ~~mistake~~
- Please initial and date corrections e.g. ~~mistake~~ correction AB25Sep2023

Participant Identification Number:

To be completed by Researcher

Group 1: Individuals with a diagnosis of cancer known to palliative care services

Inclusion criteria:	**Yes**	**No**
• Diagnosis of cancer	☐	☐
• Under the care of palliative care services as an inpatient, outpatient or community patient	☐	☐
• Age ≥18 years	☐	☐
• Able to speak / read English (enough to complete questionnaire)	☐	☐

Exclusion criteria:	**Yes**	**No**
• Unable to provide consent	☐	☐
• Unable to complete questionnaire	☐	☐

Participant Identification Number:

To be completed by Researcher

Cancer treatment (tick all that apply)

Chemotherapy	
Hormone Therapy	
Immunotherapy	
Targeted Therapy	
Radiotherapy / Radiation Therapy	
Not on any anticancer treatment	

Cancer treatment intent (tick one)

Curative	
Disease Modification (neither curative nor palliative in intent)	
Palliative	
Uncertain of treatment intent	

Participant Identification Number:

To be completed by Researcher / Participant

Section 1: Basic information

1.1 Country of residence (tick one box)

Australia	Canada	Ireland	United Kingdom	United States of America

1.2 Current age (insert numbers)

1.3 Gender (tick one box)

Female	Male	Non-binary /Other

1.4 Marital status (tick one box)

Single	Married/in a similar relationship	Divorced/separated	Widowed

1.5 Educational attainment (highest level) (tick one box)

Educational attainment	**Examples in UK**	**Tick one**
Less than primary education	Early years education	
Primary education	Primary education (Key Stages 1 and / or 2)	
Lower secondary education	Secondary level education (Key Stage 3)	
Upper secondary education	Senior secondary level education (Key Stage 4), such as GCSEs, National 5s or other equivalent national qualification	
Post-secondary non-tertiary education	Higher education, non-degree qualification, such as Higher National Diploma or Higher National Certificate	
Short-cycle tertiary education	A-levels, Highers or other equivalent national qualification	
Bachelor's or equivalent level	Higher education, Bachelor's degree from third level institution	
Master's or equivalent level	Higher education, Master's degree from third level institution	
Doctoral or equivalent level	Higher education, Doctoral degree from third level institution	
Not elsewhere classified		

1.6 Ethnicity (UK): (tick one box according to relevant country)

What is your ethnic group?

England

White	English/Welsh/Scottish/Northern Irish/British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background	
Mixed/Multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed/Multiple ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/ African/ Caribbean/Black British	African	
	Caribbean	
	Any other Black/African/Caribbean background	
Other ethnic group	Arab	
	Any other ethnic group	

Northern Ireland

White		
Irish Traveller		
Mixed/Multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed/Multiple ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/ African/ Caribbean/Black British	African	
	Caribbean	
	Any other Black/African/Caribbean background	
Other ethnic group	Arab	
	Any other ethnic group	

Scotland

White	Scottish	
	Other British	
	Irish	
	Gypsy/Traveller	
	Polish	
	Any other White ethnic group	
Mixed or Multiple ethnic groups	Any Mixed or Multiple ethnic groups	
Asian, Asian Scottish or Asian British	Pakistani, Pakistani Scottish or Pakistani British	
	Indian, Indian Scottish or Indian British	
	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Chinese, Chinese Scottish or Chinese British	
	Any other Asian	
African	African, African Scottish or African British	
	Any other African	
Caribbean or Black	Caribbean, Caribbean Scottish or Caribbean British	
	Black, Black Scottish or Black British	
	Any other Caribbean or Black	
Other ethnic group	Arab, Arab Scottish or Arab British	
	Any other ethnic group	

Wales

White	Welsh/English/Scottish/Northern Irish/British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background	
Mixed/Multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed/Multiple ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/ African/Caribbean/Black British	African	
	Caribbean	
	Any other Black/African/Caribbean background	
Other ethnic group	Arab	
	Any other ethnic group	

1.7 Cancer diagnosis (tick one box – main diagnosis)

Breast	Endocrine	Gastrointestinal	Gynaecological	Haematological

Head & Neck	Lung	Neurological	Sarcoma	Skin

Unknown primary	Urological	Other (please state)

To be completed by Participant (Researcher can fill in form)

1.8 How would you best describe your level of activity? (tick one box)

Eastern Cooperative Oncology Group (ECOG) Performance Status

0 - Fully active, able to carry on all pre-disease performance without restriction	
1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work	
2 - Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours	
3 - Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours	
4 - Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair	

Participant Identification Number:

Section 2: Terminology

A variety of terms have been used to describe people that use healthcare services (e.g. patients, service users). We would like to know your opinion about these terms, and specifically how much you would like or dislike to be described by these terms.

2.1 What do you think about being described as a "PATIENT" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.2 What do you think about being described as a "CLIENT" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.3 What do you think about being described as a "CONSUMER" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.4 What do you think about being described as a "CUSTOMER" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.5 What do you think about being described as a "SERVICE USER" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.6 What do you think about being described as a "CANCER PATIENT" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.7 What do you think about being described as a "PATIENT WITH CANCER" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.8 What do you think about being described as a "PERSON LIVING WITH CANCER" (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

2.9 How important do you think the choice of term used to describe you is?

Not important at all	Somewhat important	Important	Very important	Extremely important

Participant Identification Number:

Section 3: Cancer Survivor Terminology

We would like to ask more of your views about the term “CANCER SURVIVORS”.

3.1 In your opinion, which of the following groups should be called “CANCER SURVIVORS”? (tick all that apply)

Any patient with a diagnosis of cancer	
Patients who are still receiving anticancer treatment	
Patients who have just completed anticancer treatment, and still have **some known cancer** present	
Patients who have just completed anticancer treatment, and have **no known cancer** present	
Patients who completed anticancer treatment at least 1 year beforehand, and have **no known cancer** present	
Patients who completed anticancer treatment at least 5 years beforehand, and have **no known cancer** present	
Patients who completed anticancer treatment at least 10 years beforehand, and have **no known cancer** present	
Patients who have progressive/worsening cancer, and have no other anticancer treatment options	
The term should not be used for any patient	

There are different definitions of “cancer survivor”. The National Cancer Institute in the USA suggests that “an individual is considered a cancer survivor from the time of diagnosis through the balance of life. There are many types of survivors, including those living with cancer and those free of cancer.”

3.2 What do you think about this definition of a “CANCER SURVIVOR” (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Moderately like	Strongly like

3.3 What would you think about being described as a “CANCER SURVIVOR” (tick one box)?

Strongly dislike	Moderately dislike	Neutral	Like	Strongly like

3.4 Do you have any other comments about the term, “CANCER SURVIVOR”?

Thank you for completing this questionnaire.

ell

Meeting: **Clinical HODs Meeting**

Date: 05.06.23

Chair: Rebecca Trower Minutes: Lynn Jackson

Present: Tracy Christmas, Dr Gaby Tamara-Rose, Alex Rudkin, Rebecca Wallis, Dr Jenny Strawson, Dr Naomi Collins, Karen Cook, Dr Rebecca Gemell

Apologies: Maura Flint, Steve Molyneux

Agenda item	**Discussion**	**Actions & by whom**	**Anticipated date for completion**
Review of previous minutes	Accurate		
Matters Arising			
Topic			
Infection Control	STHH IPC team will be attending the IPC meeting scheduled for 06.06.23 Positive feedback from Clinical teams was received with regards to the yearly FFP3 mask fit testing by STHH. Some IPU staff are to be tested still date TBA. Advert for 0.8 Band 6 Infection Control Lead has been advertised,this was a joint post with RTH .A possible 0.2 joint post for PAH – making a full time position. The role to date has not been appointed. If no successful appointment SRH to advertise as a single site role.	RT, IPU staff GTR,SM,RG RW RW/HR	 August 23 September 23

Medical Devices	Mortuary trolley has been delivered but there are some issues with its capabilities. Steve C & John Groom to follow up with company	RW/SC/JG	Ongoing
	Family/Bariatric Room is near completion – the toilet & ceiling hoist to be completed. Damage after the flood was luckily minimal.	J G/RT/RW	Ongoing
	The Cuddle Blanket has returned & Care After Death policy to be updated	RW	July 23
	The delayed Micrel Syringe Refresher training to arranged. The company has not responded to SRH requests. The SOP is complete.	MF/KC	Ongoing
	JS to clarify with coroner as to the procedures regarding referral to the coroner for patients with Mesothelioma & to clarify stance on medical devices. CPCT to add alert to patient record if known Mesothelioma	JS/RT/CPCT	August 23
	TC has updated information on Organ donation	TC	
	RG to update policy on Repatriation of patients	RG	August 23
Medicine Management	A meeting with Ashtons has taken place & there are issues outstanding with delays to medicine delivery however, some of these are out of Ashton's hands	RT/RW/Ashtons	Ongoing
	Prescribing palliative oxygen in the community was discussed. Dr Naomi has reviewed the policy. Training on Hoof B is TBA	Dr NC /education /TC/RW	Ongoing
	Medicine management training to be held 04.07.23 – IPU & 06.07.23 & 19.07.23 for CPCT	TC/Kevin H	July 23
	CPCT have 8 non-medical prescribers. The policy has been reviewed by TC. CNS Katie White is to buddy up with another medical prescriber.	TC/CPCT	Ongoing
	Prescription pads are to be ordered by RT until Pascale's replacement is in post	RT	Ongoing
Incidents & Accidents/RCAs	AR shared March/April incident report data. There was an Increase in CD medication incidents in March reported. However, this has been reviewed by RT & RW & can be attributed to a Bank Staff member who no longer works at SRH. There is no concern re staff competency. April no reported CD errors. There is a healthy culture amongst the staff to report via DATIX so learning outcomes can be made.	AR/RT/RW/ Staff	Ongoing

Complaints & Compliments	1 complaint has been received from a 3rd party relative with regards Care after Death of patient. RT has responded to the relative & as a learning outcome it was agreed that Single Point of Access (SPA's) will be CC'd into email sent to GP informing them of a patient's death. A very nice verbal compliment was received by IPU from a challenging family after the death of their relative. RT informed the group that 3 substantial "In Memory Of "donations had recently been received. 2 online & 1 via the Lavender Appeal. CPCT Bernie was also mentioned in 1 of the donations.	All staff/CT/LJ RT/RW/TC	Ongoing
Health & Safety	H & S committee to be held 16.06.23 IPU – RW has been in contact via Hettell Andrews re Food Safety training.	AR RW/IPU	June 23 Ongoing
New Policies/ Guidelines	AR thanked everyone for their engagement & pro-activity with regards the policy updates. These are to be emailed out soon **CLIN52 Managing COVID-19 N:\Policy Manual\CLIN\CLIN52 Managing COVID-19.pdf v35 issued 25-05-2023 (26.9 insert; removal of appendix 3 re telephone advice and visits; appendix 4 visiting guidance updated ; appendix 5 Infection Control Guidance by Patient COVID Pathway updated) CLINSOP20 Safe handling and management of sharps / occupational exposure to blood borne viruses N:\Policy Manual\CLINSOP\CLINSOP20 Safe Handling of SHARPS and Management of SHARPS injury - occupational exposure to blood borne viruses.pdf v2.0 issued 28-04-2023 (Insert section 10 re animal bites) N:\Policy Manual\CLIN\Guidance for Prescribing and Administration of Continuous Subcutaneous Infusion Furosemide for Adults with End Stage Heart F (MM027)N:\Policy Manual\CLIN\Guidance for Prescribing and Administration of Continuous Subcutaneous Infusion Furosemide for Adults with End Stage Heart F (MM027) v3.0 from February 2023 issued 02-05-2023 (re-issued February 2023) CLINSOP11 Aerosol Generated Procedures - Visiting Patients in the Community N:\Policy Manual\CLINSOP\CLINSOP11 Aerosol Generated Procedures - Visiting Patients in the**	AR	

	Community.pdf v1.2 issued 09-05-2023 (minor adjustments plus 8.2 Donning instructions updated) **CLIN44 Venous Thromboembolism Prophylaxis Guidelines N:\Policy Manual\CLIN\CLIN44 Venous Thromboembolism Prophylaxis Guidelines.pdf v3.0 issued 15-05-2023 (multiple enhancements throughout)** **CLIN31 Mouth Care Guidelines N:\Policy Manual\CLIN\CLIN31 Mouth Care Guidelines.pdf v3.0 issued 23-05-2023 (4.1 oral assessment on admission and every 72 hours ; 4.4 risk assessment ; 4.6 raise concerns with NiC or Dr ; section 5 Management of oral care updated throughout including mouthcare to be completed 3 times per day)** **There are also a number under edit awaiting publication this month.**		
Documentation/ Crosscare	EMIS – launched in May & a thank you to all the super users who were available when the system went live. There are still some issues with regards clinical notes but these are being worked on. Should anyone have any issues they can report it at N:\EMIS\Issues\Issues Log.xlsx	IT	Ongoing
Audit/Research	CHELSEA study continues. 5th patient has been recruited. This may trigger a site visit by researchers. Department Audit presentations are to be given in June A meeting is to be arranged with the RMH Regional Lead who wants to be proactive with Hospice Involvement. UCP now has a dashboard to include users amount of usage	Dr NC/IPU AR/ HODs RT TC	Ongoing June 23 Ongoing Ongoing
Education/Training Reflective Forums	Welcome Karen PAH are retracting “The Learning Zone” in March 24. Another training source “Bluestream Academy” is being reviewed at present Micrel Syringe driver training TBA The next Learn @ Lunch on 21.06.23 is on the subject of Menopause. There is information on this subject also in N:\HR\Wellbeing\The menopause	 MF/KC/RT/ BA MF/KC MF/KC	 Ongoing June 23

	Advanced Communication training is to be arranged for September 23 Very positive feedback received from staff with regards to recent Conflict resolution training. The SRH "Palliative Masterclass" later in the year has been approved for CPD points status. Information/booking details to be emailed to prospective attendees shortly. 5 abstracts have been submitted to Hospice Uk Due to Alison Fallows taking up her new role Moving & Handling role TBA	MF/KC MF/KC/RT	Sept 23 October 23
Recruitment/ Staffing	Pascale Evans is retiring on Thursday 15th June Jackie Lowe is retiring on Thursday 15th June Naomi Stammers is on A/L for 2 weeks from 05.06.23 then begins her Maternity Leave. Kate Weldon has been seconded to Locality 3 Lead Bernie Griffin is to retire in August after 45 years in nursing & 16 years at SRH IPU – Mary-Lou Parayno has been appointed as a Band Night staff Katie has now left her role as Community Engagement facilitator. Maureen has been appointed as Community Engagement Facilitator 2 days per week. Ashlie Harper has begun her role as 0.6 Bereavement Journey Facilitator Alison Fallows has transferred to her new role as Social Work Support Worker. Clare Munday has been appointed to ACC as Jackie's replacement Thursday/Friday Karen Coward has been appointed as Compassionate Neighbour Community Engagement Administrator Interviews are being held on 07.06.23 for Pascale's replacement 3 days per week. Kelly G is going to work Monday/Tuesday in the role. Fundraising have new colleagues starting over the next few weeks.		

	Dr Ambreen & Lorraine Jeffreys are both on a phased return following their sick leave. From July Dr Rebecca will be in CPCT & Dr Busi will be in IPU. Dr Gaby will not be at St Helier Hospital for a few weeks as Dr Sam has broken his foot. The group discussed the use of QR codes for visiting medics, training attendees etc. The QR code could be linked to feedback evaluation surveys etc. CHODs thought this was worth looking into further.	IT/RT	Ongoing
CQC	Nothing to report		
Clinical Management Plan	RT proposed that the next meeting be solely given to the CMP & each service is to present their plan. This was agreed by the group	CHODs	July 23

AOB			
	Verbal Referrals After a proposal by TC, it was agreed that urgent telephone referrals would be accepted in exceptional circumstances e.g LAS crisis, hard to reach vulnerable groups (prisoners). A template would be added to EMIS as to what information/criteria is required	TC	July 23
	Dr NC asked the groups thoughts of having a patients dog stay with them & their carer whilst in the hospice. It was agreed this would be ok but with the understanding that should their be any allergies or concerns from other patients/relatives this would be viable.		
	Dr GTR discussed the issue of late admissions. A time of 15:00 was discussed as a cut off time for a Dr to clerk the patient at home. It was also agreed that an IPU nurse could visit with the Dr to Clerk should capacity allow. Admissions policy to be amended with this in mind.	RT	August 23
	Dates of Meetings Every 6 weeks on Mon, 9 occurrence(s) Apr 24, 2023 01:30 PM Jun 5, 2023 01:30 PM Jul 17, 2023 01:30 PM Aug 28, 2023 01:30 PM Oct 9, 2023 01:30 PM Nov 20, 2023 01:30 PM Jan 1, 2024 01:30 PM Join Zoom Meeting https://us06web.zoom.us/j/85638592795?pwd=MFROZGxId3lvOWhwMVg4S2JDaEFpQT09 Meeting ID: 856 3859 2795 Passcode: 976968		

Date next meeting: Monday 17th July 2023

MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 1st February 2023
in St Bedes / Zoom

Attending

(Dr GT-R) Dr Gaby Tamura-Rose - Hospice Palliative Care Consultant (Item 6 onward) (Dr JS) Dr Jenny Strawson - Hospice Palliative Care Consultant / Chair (JS) Jill Smith - CNS, NMP (Dr RG) Dr Rebecca Gemmell - Hospice Palliative Care Registrar	(HT) Hai To - Sutton CCG Care Home Pharmacist (AR) Alex Rudkin – Head of Quality and Improvement / Mins (KH) Kevin Hobson - CNS NMP (S-AB) Sally-Ann Bowen - Ashton's Pharmacist

ITEM 1: Welcome

1.1 Dr JS extended welcome.

ITEM 2: Apologies for Absence

, (BD-S) Dr Busi Da Silva – Hospice Doctor, (RW) Rebecca Wallis -(IPU Sister, (BG) Bernadette Griffin -CNS, NMP, (MF) Maura Flint – Practice Educator, (PH) Philomena Hutchinson – IPU Senior Nurse, (RT) Rebecca Trower – Clinical Director, (TC) Tracy Christmas – Community Services Manager, NMP,
(NC) Dr Naomi Collins - Hospice Palliative Care Consultant,

ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 19th October 2022 were agreed.

ITEM 4: Matters Arising

a) A review of the adequacy of the IPU medication chart design remains a work in progress. — Dr GT-R/AA

b) SA-B will send on a list of training topics that Ashton's provide for consideration at the NMP meeting. — S-AB

c) AR will send on copy to S-AB of the Hospice's CLIN24 Diabetic Management Diabetes — AR

d) S-AB commented on an audit she is undertaking on review of service delivered by Ashton's to SRH. She is about 75% through the audit and remarked that issues were usually due to supply partners. Issues usually were out of either our or their control. There was some discussion over time of sending orders and time they were read. S-AB advised that as from 1st February 2023 cut off for next day delivery for named patients was moving to 12 noon from 2pm. Stock ordering could be any time for next day delivery but NOT to order stock on a Friday as temperature-controlled vehicles do not deliver at weekends. SA-B commented that compliance with MHRA guidance had — SA-B / RT

created significant workload for Ashton's.

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. HT advised that this was further discussed with Sarah Taylor to identify a solution. HT will share the Community Pharmacy list but the reality is that it is a hit or miss process for accessing out of hours provision. Details have been shared with Dr JS. HT /DrJS

f) 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 to write an article. HT

g) S/c ondansetron has been added to the EoL formulary.

h) Phenobarbital can be ordered. Previous supply issues have been resolved. SA-B highlighted Phenobarbital's short date

ITEM 5: Blister Packs

Heightened awareness over using blister packs made explicit within SRH policy.

ITEM 6: Pharmacist Update

- SA-B talked through the Hospice drug spend data and the comparative with 25 other Hospices.
- Hospice benchmarked drug chart errors – administration is comparatively much lower than other Hospices; prescription errors are mid-way comparably with others.
- SA-B advised that pregabalin should be marked as 'do not blister' if there is concern over administration.
- Stock levels are increasing and reminder should be for 1 or 2 as contingency not 3 as the potential for waste increases. Classified as over-stocked at the moment and review of core lines recommended. It was noted that confidence in achieving just in time supply from Ashton's will reduce over-stocking practice. RW/RT

  [S-AB left meeting]

ITEM 7: Update on medication policy review

7.1 There have been 9 published updates/revisions to medication policy / guidance since the last meeting between 18th October 2022 and 31-01-2023:-

- CLINSOP09 Safe and Secure Management of NHS Prescription Stationery (FP10 prescription forms) issued 20-10-2022
- CLIN25 Controlled Drug Policy.pdf issued 24-11-2022
- CLIN26 Generic Drugs Policy.pdf issued 20-12-2022 & 31-01-2023
- CLIN50 Administration of Subcutaneous Fluids in Palliative Care Guidelines issued 01-12-2022
- CLINSOP22 Re-purposing medication that is no longer required by inpatients issued 10-01-2023
- CLINSOP03 Inpatient Unit Medication Round issued 13-01-2023
- CLIN29 Preparing and Administering Injectable Medication Guidelines issued 17-01-2023
- CLIN66 The use of Ketamine for pain in palliative care for patients who have failed to respond to standard drug and non-drug treatments issued 31-01-2023
- CLINSOP24 Transport of medication issued 31-01-2023

7.2 Medication policy / guidance overdue for review are:-

CLIN27 IV Administration — PJ/JS

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. — TC

ITEM 8: Serious Medication Incidents

There have been no serious medication incidents reported between 18 October and 21st January 2023. There is an open and robust reporting culture amongst the teams at SRH with an emphasis on embracing learning opportunity.

Medicine management training is planned for March 2023. Understanding use of drugs beyond their marketing scope (NEWT guidance) may be a useful learning item for the March training.

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

- HT advised that if there are any issues associated with community pharmacy then to raise a MKAD alert.
- KH advised that the non-medical prescriber (NMP) team is growing and currently stands at 9 with 6 currently prescribing. The NMP forum convenes every 2/3 months and is open to external prescribers.
- GT-R advised of a meeting with the MEOLT re prescribing. DrGT-R
- JS highlighted consideration of 'alternatives' to prescribing oral haloperidol for nausea owing to how expensive the 500mcg tablet is.

ITEM 11: Future Dates

11.1 Dates of future meetings in 2023 are :-

Date	Event	Venue/Time
Mon, 19th June	Drugs and Therapeutic Committee	St Bede's & Virtual 11.30
Wed, 1st November 2023	Drugs and Therapeutic Committee	St Bede's & Virtual 11.30

Minutes of the Medical Business Meeting 31st May 2023			
In attendance	Gaby Tamura-Rose	Consultant (Chair)	GTR
	Lisa Tran	GPVTS	LT
	Jenny Strawson	Consultant	JS
	Busi Da Silva	Specialty Dr	BDS
	Jovy Giles	PA	JG
	Naomi Collins	Consultant	NC
	Ambreen Atkhar	Specialty Dr	AA
Apologies for absence	Rebecca Gemmell	Specialist Registrar	RG
Minutes of the last meeting (3/5/23)	No comments from JS emailed minutes		
Team wellbeing	Welcome back Ambreen! Reflected on the sunshine BDS shared how proud she is to be part of the team / how supportive we are to each other		
Rota / staffing	BDS increased working days start date TBC AA back on phased return, working 9am to 3pm, on IPU – hoping to restart 1st on calls from July RG due start community in July LT keen for community experience – to d/w JS Dr strike 14-16th June FY2 taster day Mon 5th, medical students 6th and 8th June		LT/JS
Clinical challenges	Ambulance delays causing admission delays leading to clerking at home and resulting difficulty in handing over clinical info to nursing team – GTR to d/w BW		GTR
Infection control	JG supporting FIT testing ad hoc		
Education	Next Schwartz round Weds 14th June – GTR on panel Mandatory training – next cycle due in Sept - ?new HR system being adopted which may support renewal dates JG presenting at Yorkshire PA conference		
Audit and research	Recruited 5 patients – recent decline in numbers ?due to allocated arm being withholding of fluids		
AOB	None		
Date of next meeting	5/7/23		

INPATIENT SATISFACTION SURVEY

2022

INTRODUCTION

The staff and volunteers of St Raphael's Hospice place great value on the views and experience of their patients. The Hospice Patient Satisfaction Survey form has been designed with the input of key Hospice staff and volunteers. It seeks to gain the views and opinions of patients admitted to the Inpatient Unit (IPU) and allow patients relatives and visitors to provide feedback.

The design of the survey has taken account of the patient surveys undertaken in the NHS and the Patient Survey that has been approved by Hospice UK. This survey provides the basis for the regular survey of patient opinion within St Raphael's.

AIMS

1. To understand patient opinion.

2. To highlight areas for improvement.

3. To appraise the questionnaire design and methodology.

METHODOLOGY

The inpatient survey has been designed to support both interview and self-completion. wishes. As advised by the Nurse in Charge of the IPU, consent from the patient/family is sought before undertaking the survey through interview. Undertaking the survey is entirely voluntary.

All patients and carers are reassured that their feedback will be treated as confidential.

RESULTS

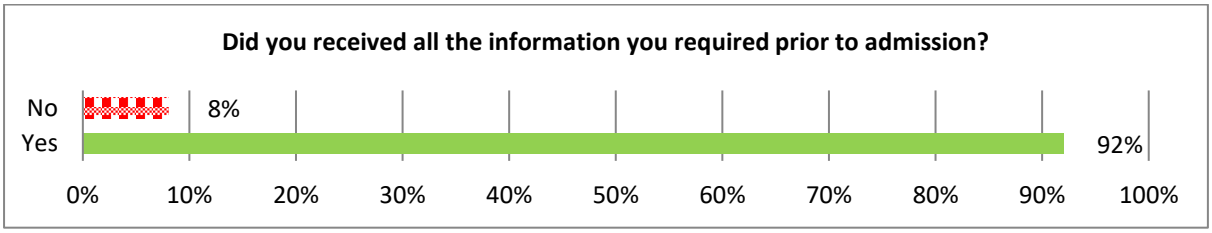
A. INTRODUCTION

From January 2022 to December 2022, there were 25 questionnaires completed by inpatients. There was a total of 196 inpatient deaths (131) and discharges (65) combined during this period, providing a completion rate of 13%

3 were completed with the help of a volunteer, 14 with the help of a relative or friend, 1 was completed without assistance, and 7 did not share who the questionnaire was completed with.

Communication

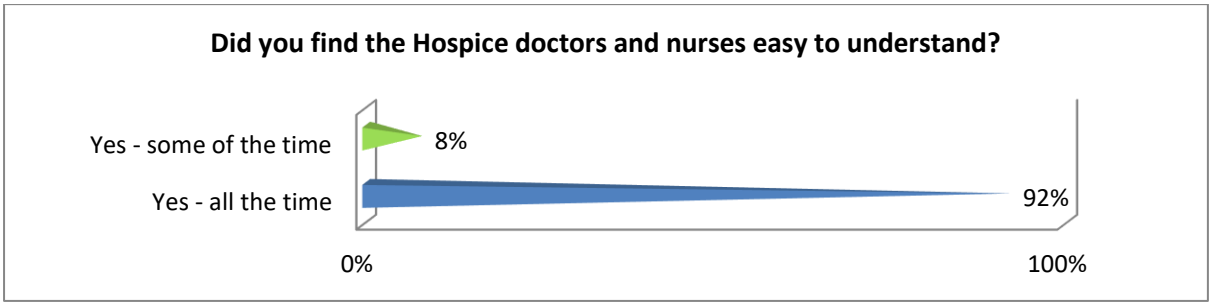
1. Do you feel you received all the information (written/verbal) you required prior to your admission to St Raphael's?



23 (92%) of the 25 respondents replied that they had received all the information (written/verbal) they required before their admission and 2 (8%) responded that they had not.

ID	Received info pre-adm	Comment pre-adm info
1	YES	EXCELLENT COMMUNICATION THROUGHOUT
4	YES	EXCELLENT
7	YES	I WAS INITIALLY VERY NERVOUS
16	YES	MY WIFE WAS VERY WELL INFORMED
19	NO	PATIENT MOVED FROM ST GEORGE'S HOSPITAL. WE HAD LOOKED AT INFORMATION ONLINE.
21	NO	ADMISSION WAS ORGANISED BY THE HOSPITAL

2. During this admission, did you feel the Hospice doctors and nurses communicated with you in a way that was easy to understand?



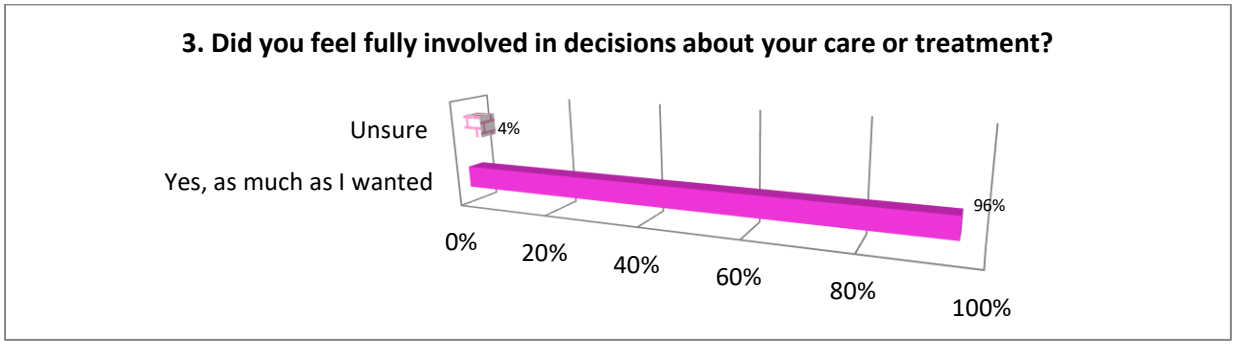
23 (92%) of the 25 respondents replied that the doctors and nurses were "easy to understand all the time" and 2 (8%) replied that they were "easy to understand some of the time".

ID	Drs & Nurses easy to	Comment Drs & Nurses

	understand	
1	YES ALL THE TIME	ASKED FOR MY OPINION ON ALL MATTERS
2	YES ALL THE TIME	WHEN FACE MASKS WERE ON IT WAS SOMETIMES DIFFICULT TO UNDERSTAND
4	YES ALL THE TIME	EXCELLENT
7	YES ALL THE TIME	I WAS ALWAYS GIVEN RELEVANT INFORMATION
19	YES ALL THE TIME	VERY THOROUGH ADMISSION PROCESS.

Your Care

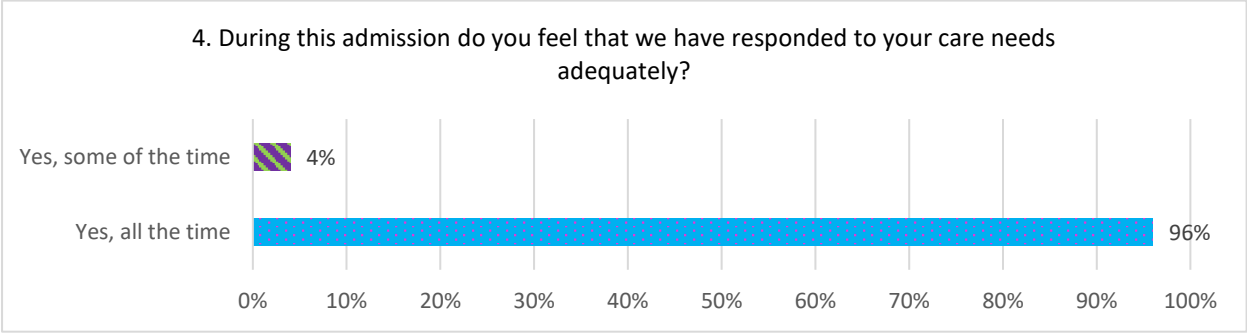
3. During this admission, did you feel fully involved in any decisions about your care or treatment?



24 (96%) of the respondents replied that they were involved to the extent they wanted in any decisions made about their care and treatment. 1 (4%) was 'Unsure.'

ID	Care or Tx decisions involved	Comment Care or Tx decisions
1	UNSURE	DAD WAS UNABLE TO COMMUNICATE A LOT OF THINGS
4	YES AS MUCH AS I WANTED	EXCELLENT, GOOD.
7	YES AS MUCH AS I WANTED	I WAS ALWAYS GIVEN RELEVANT INFORMATION
19	YES AS MUCH AS I WANTED	FAMILY ACTED FOR PATIENT

4. During this admission, do you feel that we have responded to your care needs adequately?



24 (96%) of the respondents replied that staff responded to their care needs adequately "all the time", and 1 (4%) responded that staff responded to their care needs "some of the time".

ID	Responded to care needs adequately	Care needs comment
1	YES ALL	I THINK THAT GREAT CARE HAS BEEN TAKEN.

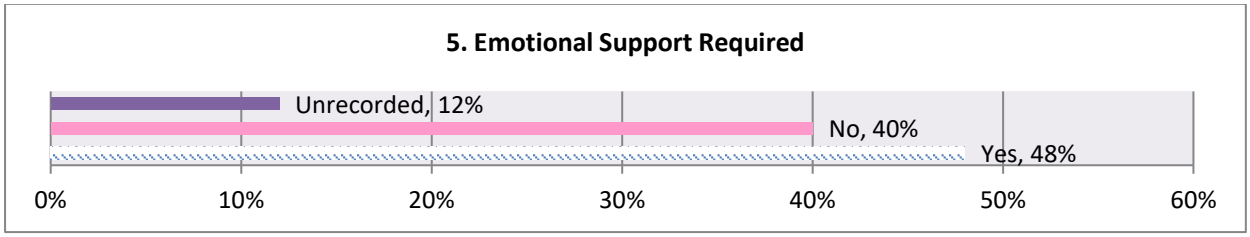
4	YES ALL	JUST SIMPLY FANTASTIC
7	YES ALL	IT TOOK SOME TIME TO GET THE RIGHT MEDICATION SORTED OUT BUT IT WAS, AND HAS PUT ME IN THE RIGHT POSITION TO BE ABLE TO CONSIDER GOING HOME.
9	YES ALL	CANNOT SAY ANYTHING OTHER THAN THE CARE RECEIVED HAS BEEN FIRST CLASS.

5. **During this admission, did you feel you needed support in any of the following areas?**

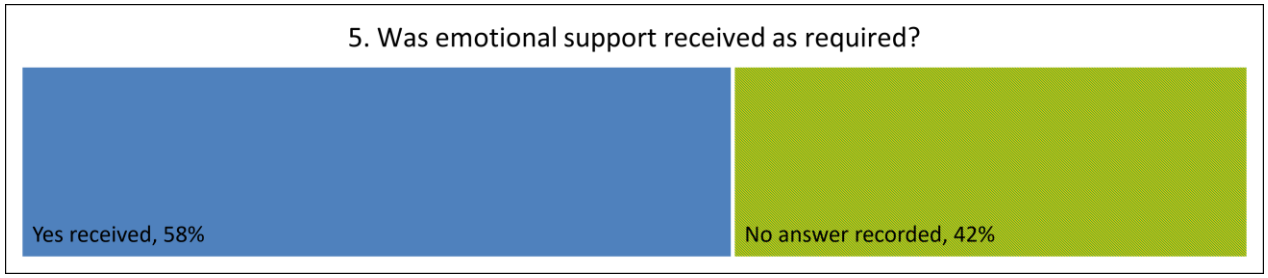
The answers for the five areas were always 'strongly agree' 'agree' or 'neither'.

Here are the results for all five questions in graphical form.

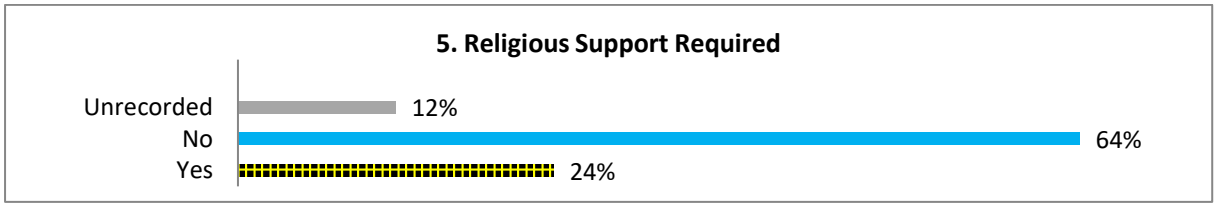
Regarding emotional support, 12 (48%) of respondents felt they needed it, 10 (40%) felt they did not need it and 3 (12%) did not record an answer.



Of the 12 who needed emotional support, 7 (58%) recorded that they received the support and the other 5 (42%) did not record an answer as to whether or not they received it.

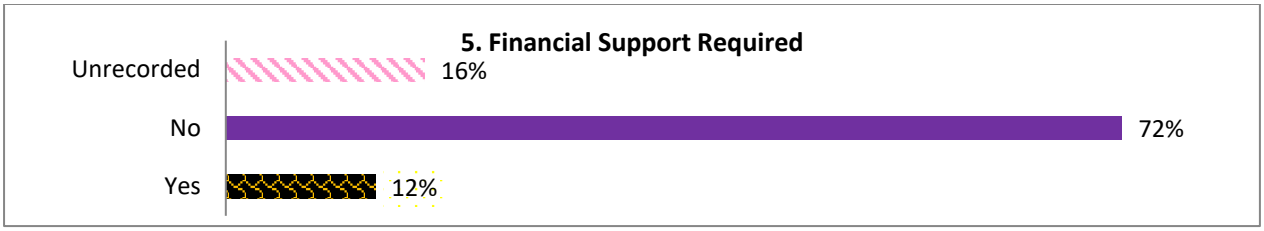


Regarding religious support, 6 (24%) of respondents felt they needed it, 16 (64%) felt they did not need it and 3 (12%) did not record an answer.



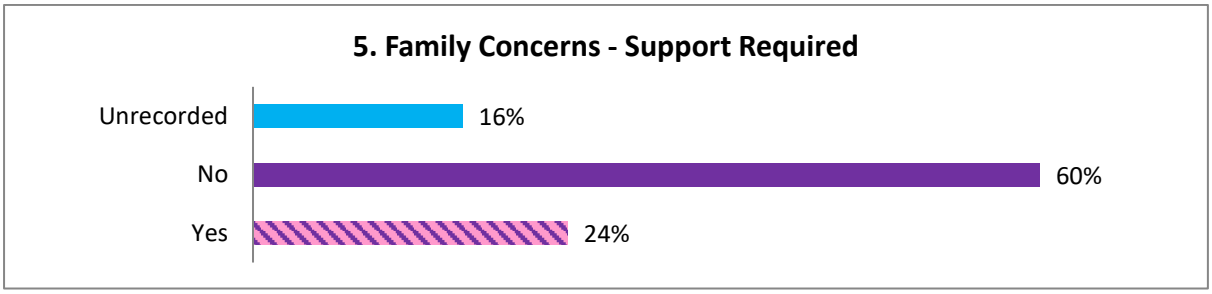
Of the 6 who needed religious/spiritual support, 3 (50%) recorded that they received the support and the other 3 (50%) did not record an answer as to whether or not they received it.

Regarding Financial Support, 3 (12%) of respondents felt they needed it, 18 (72%) felt they did not need it and 4 (16%) did not record an answer.

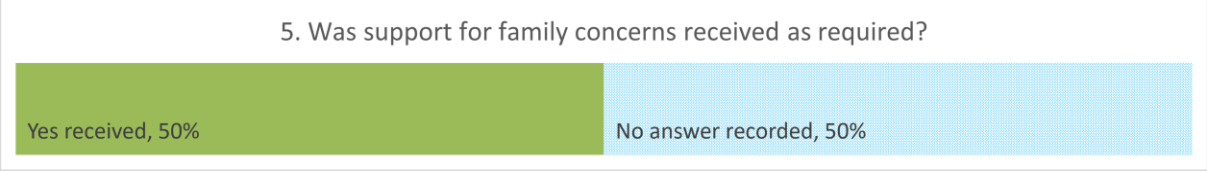


Of the 3 who needed financial support, 1 (33%) recorded that they received the support and the other 2 (67%) did not record an answer as to whether or not they received it.

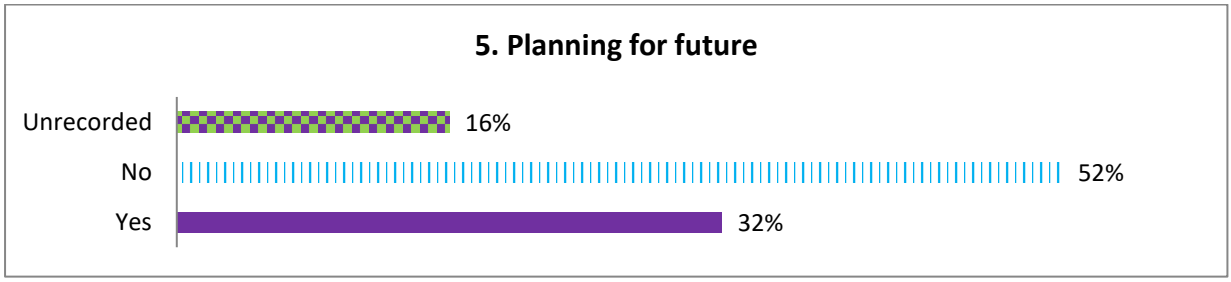
Regarding support for family concerns, 6 (24%) of respondents felt they needed it, 15 (60%) felt they did not need it and 4 (16%) did not record an answer.



Of the 6 who needed support for family concerns, 3 (50%) recorded that they received the support and the other 3 (50%) did not record an answer as to whether or not they received it.

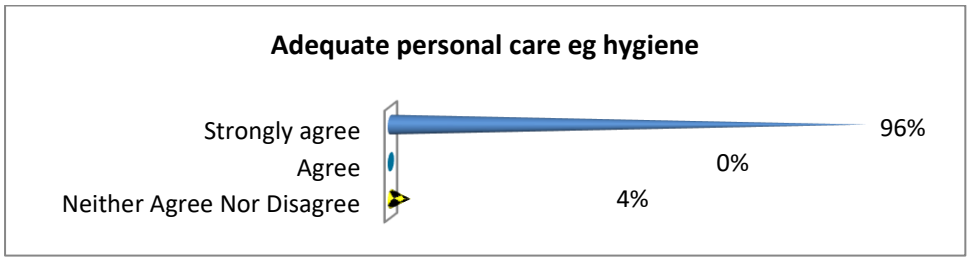


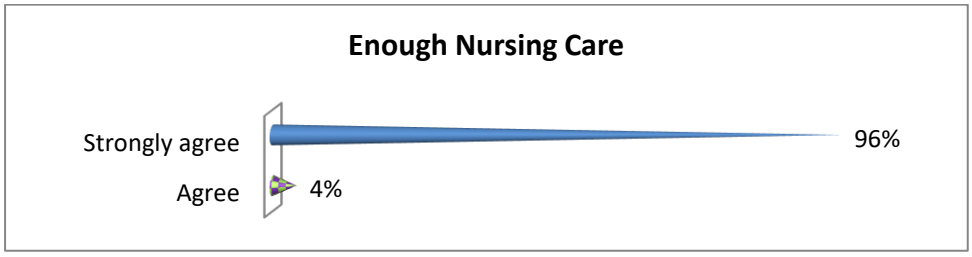
Regarding support for planning for the future, 8 (32%) of respondents felt they needed it, 13 (52%) felt they did not need it and 4 (16%) did not record an answer.



Of the 8 who needed support for planning for the future, 4 (50%) recorded that they received the support and the other 4 (50%) did not record an answer as to whether or not they received it.

6. Adequate help with Hygiene, Nursing Care and Bed Area Privacy





Regarding Personal Care (with hygiene etc.), 24 (96%) of the 25 respondents strongly agreed that there was enough, and 1 (4%) neither agreed nor disagreed.

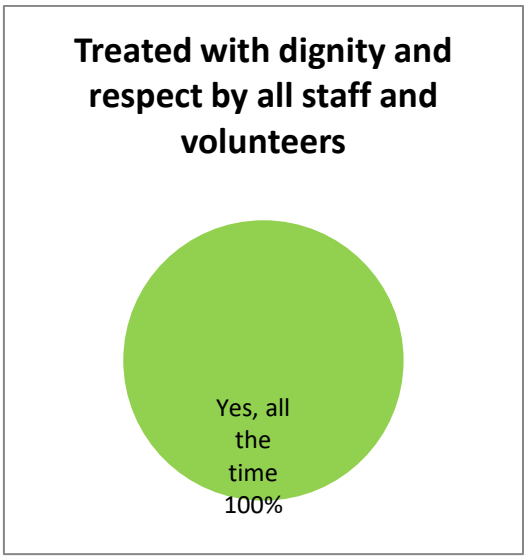
Regarding Nursing Care (medicine and bed positioning etc.) 24 (96%) of the 25 respondents strongly agreed that there was enough, and 1 (4%) agreed.

(For both questions, it was the same respondent who did not “strongly agree” - #23)

Respondents were able to comment on whether they required support in any other area:

ID	Any other support needed? Comment
5	ONLY COMMENT EXCELLENT CARE - THE GIRLS GO ABOVE AND BEYOND. VERY CARING.
7	NO - THE STAFF HAVE BEEN AMAZING BEYOND MY EXPECTATIONS.
10	NO
11	MEDICAL AND PERSONAL CARE SUPPORT WAS GREAT.
14	STRONGLY AGREE IN THE DAY BUT THE NIGHT NURSES WERE VERY UNDERSTAFFED
15	ALWAYS SOMEONE AVAILABLE TO HELP
18	ALL STAFF HAVE BEEN VERY SUPPORTIVE AND VERY KIND TO MY MUM, ME AND MY SISTER.
19	NURSES AND DOCTORS VERY KIND AND PROFESSIONAL. VOLUNTEERS ALSO VERY KIND.
25	NO

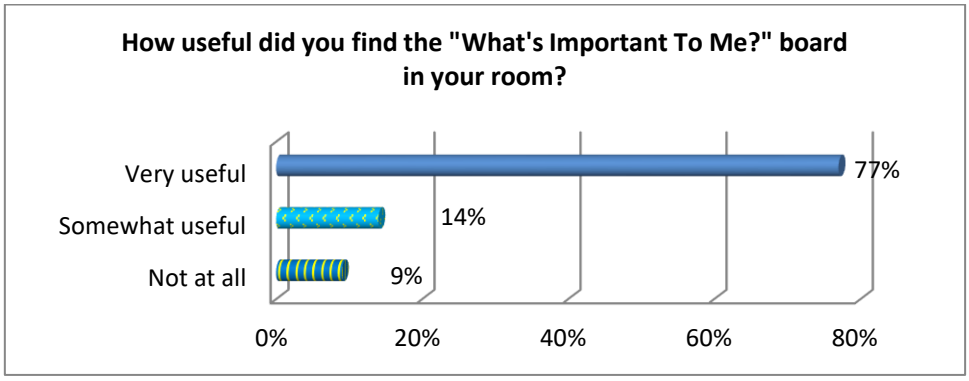
7. How much of the time were you treated with dignity and respect by staff and volunteers?



All 24 patients who completed the question (1 did not record an answer) replied that they were always treated with dignity and respect by all staff and volunteers. Seven added comments:

ID	Staff and volunteers respect	Staff volunteers respect comment
4	YES ALL THE TIME	NO WORDS TO DESCRIBE - SIMPLY MARVELLOUS.
5	RECORDED NOT	IN THE MAIN, THE STAFF FROM ABROAD CANNOT SPEAK GOOD ENGLISH AND COMMUNICATION IS DIFFICULT. ANYBODY JOINING FROM ABROAD SHOULD BE ABLE TO SPEAK AND UNDERSTAND CLEAR ENGLISH.
7	YES ALL THE TIME	VERY CARING PEOPLE. I WILL STAY IN TOUCH.
11	YES ALL THE TIME	EVERYONE INVOLVED HAS BEEN VERY POSITIVE AND CARING WHICH HAS BEEN A GREAT EXPERIENCE THROUGHOUT.
15	YES ALL THE TIME	100% YES
18	YES ALL THE TIME	THEY HAVE BEEN WONDERFUL AND KIND TO ALL OF US.
25	YES ALL THE TIME	EVERYTHING WAS PERFECT. NO COMPLAINTS

8. How useful did you find the 'What's Important To Me" whiteboard in your room?

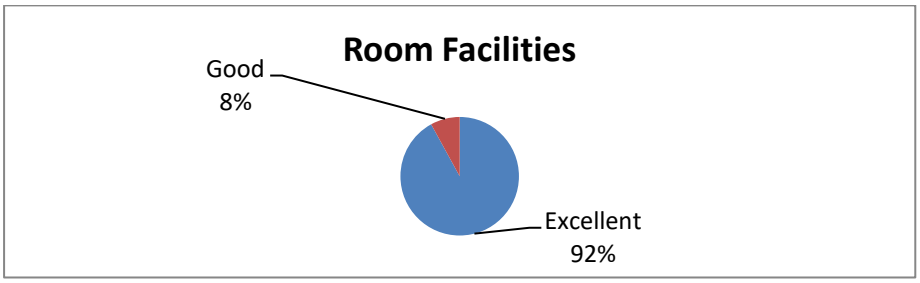


Of the 25 respondents, 1 (4%) did not use it and 2 (8%) did not record an answer. Of the 22 who did use it, 17 (77%) found the "What's Important To Me?" board in patient rooms to be "Very useful," 3 (14%) found it to be useful "To Some Extent," and 2 (9%) recorded that it was "Not at all" useful.

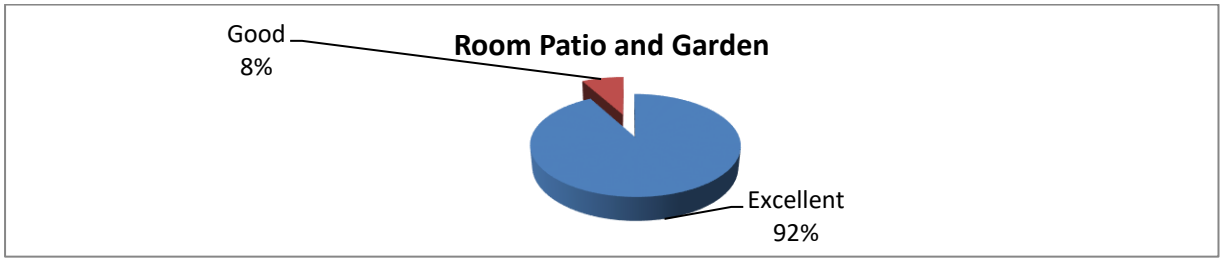
Six respondents left written comments:

ID	What's important to me whiteboard	Whiteboard comment
2	SOME EXTENT	GRANDDAUGHTER'S COMMENT: - "IT WAS OKAY WHEN I COULD SEE IT. WE FOUND IT USEFUL."
4	VERY USEFUL	UPDATED REGULARLY - VERY GOOD.
5	VERY USEFUL	ESSENTIAL. GREAT IDEA. BRILLIANT. IT SAYS WELCOME - A FEEL GOOD FACTOR.
7	VERY USEFUL	I WROTE ON IT MOST DAYS
19	VERY USEFUL	WELCOME NOTE AND NAMES OF NURSES ON DUTY AND DATE VERY WELCOME.
25	NOT RECORDED	I AM VERY HAPPY WITH THE CARE. EXCELLENT

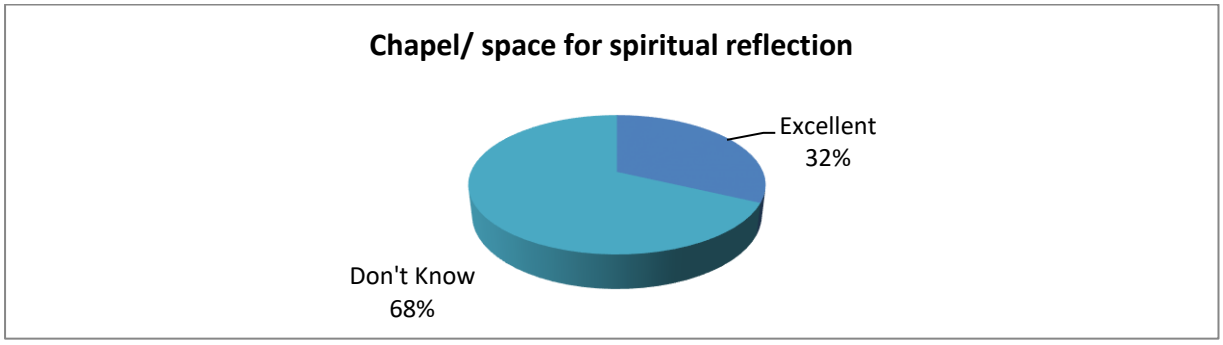
9. Tell us about your experience of your environment and catering?



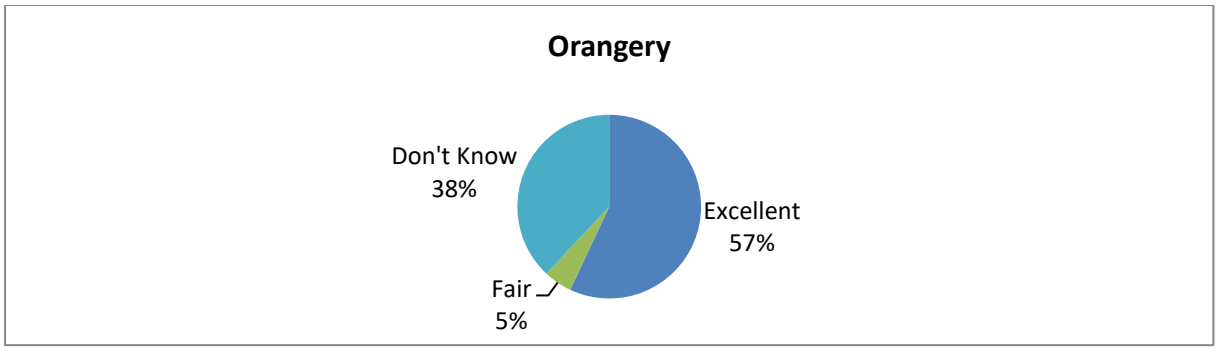
Regarding the room and its facilities: 23 (92%) rated them 'Excellent' and 2 (8%) 'Good.'



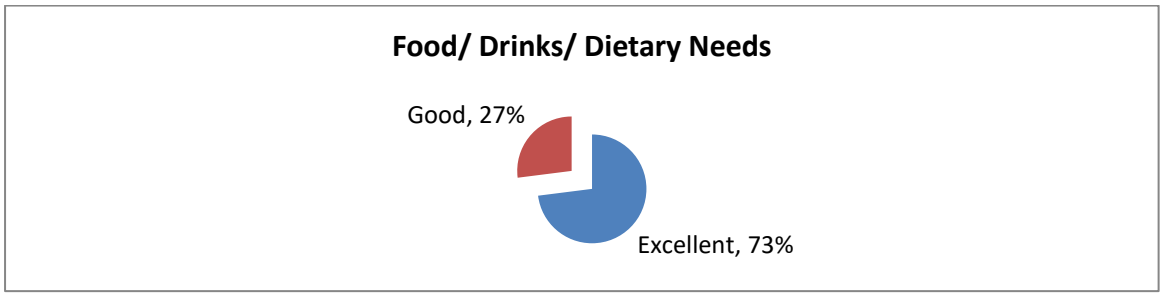
Regarding the room's patio and garden: 22 (92%) rated it 'Excellent,' 2 (8%) 'Good' and 1 did not record an answer.



Regarding the Chapel/ space for spiritual reflection, 6 (32%) rated it as 'Excellent' and 13 (68%) 'Didn't Know' and 6 did not record an answer.

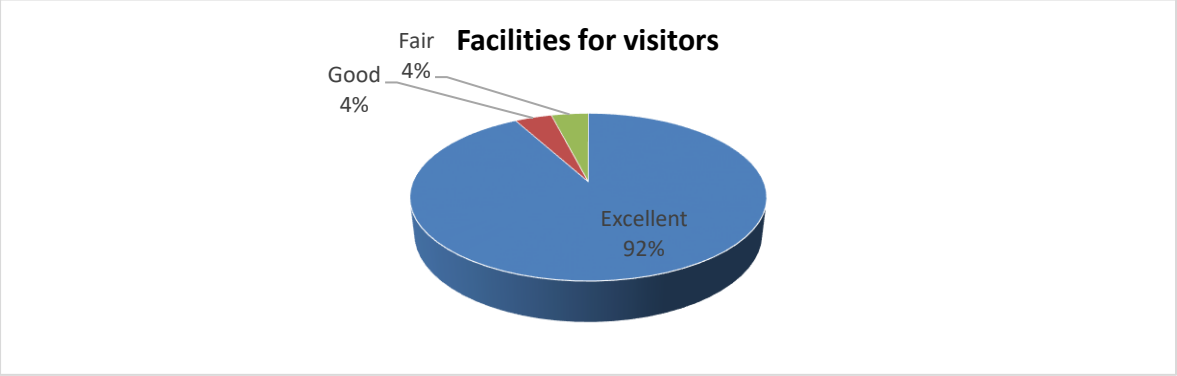


Regarding the Orangery, 12 (57%) rated it as 'Excellent,' 1 (5%) rated it as 'Fair', 8 (38%) 'Didn't Know' and 4 did not record an answer.



Regarding the Food/Drinks choice/ taste and dietary needs met, 16 (73%) rated them as 'Excellent,' 6 (27%) rated them as 'Good' and 3 did not record an answer.

Regarding the Service/ Hospitality, 22 (96%) rated them as 'Excellent,' 1 (4%) rated them as 'Good' and 2 did not record an answer.



Regarding the Facilities for visitors, 23 (92%) rated them as 'Excellent,' 1 (4%) rated them as 'good' and 1 (4%) rated them as 'Fair.'

Eight respondents left written comments. Three were complimentary

ID	Environment and catering comments
4	BEYOND REPROACH - JUST VERY, VERY GOOD.
5	LOVELY VIEW, WATCHING BIRDS, FLOWERS, CAT, FOX.
25	THE CARERS, NURSES AND ALL THE PEOPLE COULD NOT DO ENOUGH FOR ME. I WAS REALLY LOOKED AFTER. VERY PLEASED WITH THE LEVEL OF CARE.

Three were critical:

ID	Environment and catering comments
1	CAFÉ NOT ALWAYS ACCESSIBLE.
2	A CHAIR FOR VISITORS TO RELAX IN WOULD HAVE BEEN NICE.
14	PATIENT'S FAMILY UNAWARE OF FOOD CHOICES WHICH WOULD HAVE BEEN HELPFUL.

Two were ambiguous or mixed praise with criticism:

ID	Environment and catering comments
7	GENERALLY VERY GOOD ALTOUGH THE ORANGERY CAFÉ WAS A BIT SLOW.
22	NOT ABLE TO EAT A LOT

10. Please provide any comments regarding the discharge planning process and how we discussed this with you?

Eleven respondents left written comments. Eight were complimentary:

ID	Discharge planning comment
3	GREAT HELP IN SOURCING AND NURSING HOME.
4	CARING, UNDERSTANDING.
7	SO FAR SO GOOD. SHOULD BE LEAVING IN JUST OVER A WEEK.
9	WAS VERY GOOD.
10	IT'S GOOD, BEST OF HIS EXPECTATIONS.
11	WE HAD TWO MEETINGS WITH THE MEDICAL TEAM TO CONFIRM THAT MY MUM WOULD NEED TO MOVE ON TO A CARE HOME. THE PROCESS WAS EXPLAINED WELL.
12	I GOT ALL THE HELP I NEEDED
15	HAD A GOOD DISCUSSION ABOUT NURSING HOMES WHICH WAS VERY HELPFUL.

Three were critical:

ID	Discharge planning comment
2	GRANDDAUGHTER - IT COULD HAVE BEEN A LITTLE BIT MORE JOINED UP. IT WAS DISCUSSED WITH NAN AND ONLY COMMUNICATED TO ME A LITTLE LATER. THEN WE HAD RUN THROUGH DRUG CHARTS AND THEN WERE ASKED TO DO THE SAME AGAIN.
5	CLARIFICATION RE PLANS
14	ONGOING DISCUSSIONS. THE FAMILY WERE INFORMED THAT NURSING HOMES WERE AVAILABLE BUT THEY WERE NOT GIVEN THE NAMES OF THE HOMES FOR THEIR OWN RESEARCH. VERY FEARFUL OF PATIENT BEING SENT HOME WITH ONLY ELDERLY HUSBAND TO CARE FOR HER.

11. Please add any suggestions about how we might improve the experience for you or your visitors.

Twelve respondents left written comments. Two had suggestions for areas they considered in need of improvement.

ID	Suggestions for improvement
2	JUST A MOVEABLE COMFY CHAIR FOR LONGER VISITS.
19	MORE DISABLED PARKING?

Ten had only compliments to give.

ID	Suggestions for improvement
4	SO FAR NONE AT ALL. EXCEEDED ALL EXPECTATION.
5	NO. ABSOLUTELY TOTALLY ADEQUATE. GOES BEYOND. IF ONLY ALL HEALTH SETTINGS COULD BE THE SAME.
7	KEEP DOING WHAT YOU DO.
9	CAN'T REALLY THINK OF ANYTHING THAT WOULD IMPROVE AN ALREADY FIRST CLASS SERVICE/ATTENDANTS. WONDERFUL.
10	NONE. HE HAD A GREAT EXPERIENCE.
11	NONE! ALL GOOD.
12	NONE NEEDED
15	ALL OK AND NO PROBLEMS
18	NO CHANGES NEEDED, WE COULDN'T ASK FOR ANY MORE. ALL STAFF ARE WONDERFUL, RESPECTFUL, KIND AND CARING TO OUR MUM.
23	CANNOT THINK OF ANY

12. As a patient is there anything else you would like to share with us? We welcome all feedback – positive or negative. Please feel free to add any comments

Eight respondents left written comments. Two were either ambiguous or mixed criticism with praise.

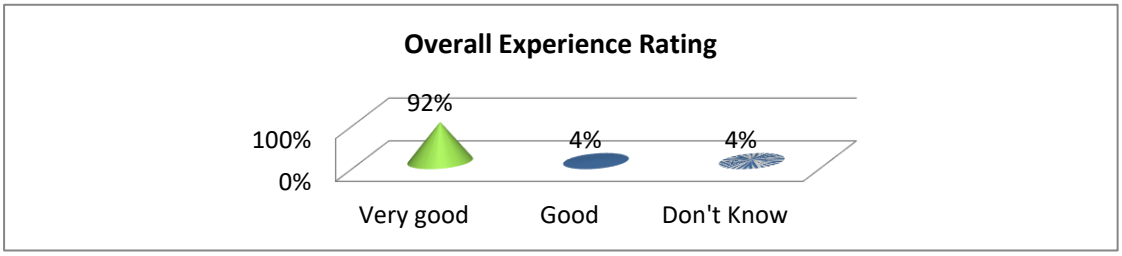
ID	More feedback
2	SOMETIMES A LITTLE TOO STRICT WHEN YOU ARE FEELING VERY SICK AND HAVING TO WAIT FOR NEXT TABLETS. THE WHOLE SPIRIT OF THE PLACE IS DELIGHTFUL.
22	THE ODD DRINK WITH DINNER

Six were entirely complimentary.

ID	More feedback
1	THE NURSES HERE ARE EXCELLENT. THEY HAVE MADE A WORLD OF DIFFERENCE TO MY FATHER.
4	ALL POSITIVE.

10	HE CAN'T THINK OF ANY. HE IS VERY HAPPY WITH THE SERVICE.
11	THANK YOU TO EVERYONE FOR CARING SO WELL FOR MUM AND THE FAMILY TOO.
15	ALL OK
18	MUM IS VERY HAPPY WITH ALL HER CARE AND NEEDS. THEY REALLY HAVE BEEN WONDERFUL WITH MUM.

13. **Thinking about the service we provide on the inpatient unit, overall, how was your experience?**



22 (92%) rated their overall experience as 'Very good,' 1 (4%) rated it as 'Good' and 1 (4%) did not know what rating to give. 1 did not record an answer

Can you tell us why you gave that response?

ID	Overall	Overall experience comment
1	VERY GOOD	I CAN'T FAULT THE LEVEL OF CARE GIVEN.
2	VERY GOOD	SUPPORTED THROUGHOUT, YOU REALLY FEEL LIKE THE NURSES CARE WHEN THEY ARE WITH PATIENT.
4	VERY GOOD	STAFF WERE ANGELS! COULD NOT ASK FOR MORE - VERY POSITIVE.
6	VERY GOOD	ALL THE FAMILY WERE HAPPY WITH THE CARE PATIENT RECEIVED WHILE HERE
7	VERY GOOD	NOTHING HAS BEEN TOO MUCH TROUBLE, AND I HAVE FELT THAT, DESPITE BEING A FRIGHTENING SITUATION, THE STAFF HAVE UNDERSTOOD AND BEEN VERY LOVING AND SUPPORTIVE.
10	VERY GOOD	MAINLY BECAUSE EVERYONE WAS VERY KIND, CARING, COURTEOUS AND THE FACILITIES WERE VERY EXCELLENT - BETTER THAN HE EXPECTED.
16	VERY GOOD	ALL THE STAFF ARE ABSOLUTELY GOLD STAR. COULDN'T ASK FOR MORE.
17	VERY GOOD	ALL STAFF VERY CARING AND SUPPORTIVE TO BOTH PATIENT AND PARTNER.
18	VERY GOOD	OUR EXPERIENCE HAS BEEN AMAZING AT SUCH A SAD AND HEARTBREAKING TIME. MY MUM IS SO HAPPY HERE AND ALSO WE KNOW OUR MUM IS CARED FOR AND LOOKED AFTER SO WELL. WE CAN'T THANK YOU ALL ENOUGH.
19	VERY GOOD	CALM ENVIRONMENT WITH FRIENDLY AND SUPPORTIVE STAFF. LOVELY ROOMS AND GROUNDS.

14. **Is there anything you might want us to do that would improve your visit to the Hospice?**

One respondent (#15) had a suggestion for improvement.

ID	What could improve visits to Hospice?
4	NOTHING COMES TO MIND.
6	NO I THINK YOU DO EVERYTHING POSSIBLE TO HELP VISITORS.
7	NO I'M BORED OF FILLING OUT FORMS NOW! GOD BLESS YOU ALL!
15	TO BE ABLE TO SHARE A CIGARETTE WITH RELATIVES WHEN THEY VISIT WHEN THE PATIENT IS SMOKING.
18	NO WE CAN'T THINK OF ANYTHING THAT COULD IMPROVE OUR VISIT.

15. **As a relative/ friend is there anything else you would like to share with us?**

All written comments were complimentary.

ID	Relative / friend feedback
1	YOU ARE ALL ANGELS. I WILL NEVER FORGET YOUR KINDNESS.
2	GRANDDAUGHTER - JUST GENUINE THANKS FOR EVERYTHING YOU HAVE DONE TO SUPPORT MY NAN AND US AS A FAMILY THROUGHOUT HER STAY. WALKING IN YOU FEEL LIKE A BIG FAMILY AND THE SENSE OF CARE CAN REALLY BE FELT. THANK YOU.
3	STAFF GREAT; HELPFUL AND CARING. A WONDERFUL PLACE OF PEACE AND CARING.
4	PLEASE KEEP UP THE VERY GOOD WORK.
6	I WANT TO SAY THANK YOU TO ALL THE STAFF. THEY DO A WONDERFUL JOB, THEY LOOK AFTER PATIENTS AND VISITORS VERY WELL. I AM VERY THANKFUL TO ALL FOR THE CARE MY HUSBAND RECEIVED WHILE UNDER YOUR CARE HERE. A BIG THANK YOU TO ALL.
9	NOT REALLY. ONLY TO SAY WE HAVE ALL BEEN TREATED WITH COMPASSION AND LOVE. ALWAYS AVAILABLE TO TALK TO.
11	ONLY POSITIVE COMMENTS
16	PATIENT FEELS VERY WELL LOOKED AFTER AND HE FEELS SAFE IN HERE. ALL THE STAFF GO ABOVE AND BEYOND THEIR EXPECTED CARE.
18	NOPE NOTHING, OUR MUM'S TREATMENT AND CARE HAS BEEN AMAZING.

OVERALL SATISFACTION 2022: 98.93% - Based on 21 questions

Conclusions

1) Overall satisfaction is an extremely satisfying and impressive 98.93%. Staff should be immensely proud of the work they do in supporting the inpatients and those important to them.

2) The survey participation rate (13%) across patients who were either discharged from or died on the IPU is disappointing. This is compounded given the number of discharges (65) in the year.

3) Given the very high levels of satisfaction, countered by the low number of representative sample in 2022, it is still important to examine any areas of potential development or improvement reflected in the survey. This does not undermine the high level of attained satisfaction with the inpatient service. In summary, the following areas should receive reflection and comment:-

    a. Plan to increase the participation rate
    b. Review provision of visitor seating in patient rooms for comfort
    c. Review adequacy of disability parking bays
    d. Consider how to better promote use of the Orangery to visitors during the day

4) Feedback around care and treatment has been excellent.

RECOMMENDATIONS

1) Utilising an interview methodology for this survey remains the methodology of choice.

2) Ensure volunteer ward companions have the necessary training to facilitate this valuable form of information capture.

3) Question five has been reworked in the revised survey proposed at Appendix A. There are now three options with tick boxes: "Yes," "No," and "Did not need this support."

4) Feedback at the Audit and QI feedback forum in June 2023.

5) Routinely ensure that every patient fit for discharge has been provided with an opportunity to complete a questionnaire.

6) Liaise with IT to explore the feasibility of introducing an iPAD-based digital feedback form to facilitate participation in completing the survey.

IPU Sister Take-Away / Action Points

It is great to have such positive feedback from the patients however it is difficult to make any generalisations given the low response rate. Further work is needed to ensure we are reaching all patients.

After discussion with the team we will now give out questionnaires each Monday to those who have arrived in the prior 7 days and ask volunteers to support patient in completing them.

It is great to see 8 complimentary responses around discharge.

We have now started to set up routine family meetings 7 days post admission which should again aid communication.

It is difficult to facilitate further seating for relatives due to space constraints however movable chairs are generally always accessible and can be brought into the rooms when needed. Overnight relatives have the camp beds or the recliner chairs to rest in.

It is important that those important to the patient are more aware of the Orangery and the Chapel. Further signposting on the IPU may prove useful with this and needs to be further explored.

Clinical Director Take-Away / Action Points

Overall a positive message for the IPU. It's difficult to make too many assumptions about the responses being truly reflective of the IPU experience due to the low uptake/small sample but

the data adds value nevertheless. The suggestions for improvement are generally easy to address other than the comment related to question 14 (#15)'_TO BE ABLE TO SHARE A CIGARETTE WITH RELATIVES WHEN THEY VISIT WHEN THE PATIENT IS SMOKING'. This would entail the patient sitting outside on the patio area (not good when weather is inclement) and relatives are discouraged from smoking on the Hospice premises.

Adding an iPAD might encourage an increased uptake in responses.

Appendix A – N:\Clinical\Clinical Governance\Clinical Audit\Audits - project folders\2023-24\Surveys\Master\Inpatient Questionnaire version 22-06-2023.pdf

CARER /RELATIVE

QUESTIONNAIRE
ON
HOSPICE @ HOME SERVICE

2022

INTRODUCTION

The staff and volunteers of St Raphael's Hospice place great value on the views and experiences of their patients, their relatives and carers. They wish to ensure that the care that they give is as helpful as possible for the patients and the people close to them. To do this, they need comments and ideas to indicate how they can improve the way they care and support people. The questionnaire used in this survey asks what relatives / carers think about the service provided by Hospice @ Home (H@H) at St Raphael's.

St Raphael's H @ H service was established in May 2009. It was developed in accordance with the aims as set out under "The End of Life Care National Strategy" (EOLC 2008) to promote patient choice at the end of life. The Service aims to allow the Hospice to extend the high-quality care that it provides to further meet the wishes of patients who choose to live out their last few days in their own homes and helps demonstrate the commitment of both Sutton's and Merton's Clinical Commissioning Groups to their own End of Life Care Strategy: *A Good End to Life* constituted under NHS Sutton and Merton.

AIMS

1. To assess carer/relative opinion.
2. To highlight areas for improvement.
3. To appraise the questionnaire design and methodology.

METHODOLOGY

The questionnaire used in this survey was developed locally. Given to the main carer / relative by a member of the Hospice @ Home team, instructions make it clear that participation is entirely voluntary. Returns are facilitated by the provision of a freepost envelope.

RESULTS

In 2022, the number of completed questionnaires returned was 33 (c.f. 33 in 2021 and 26 in 2020).

1. Who introduced the Hospice @ Home Service to you?

	2022	2021	2020
Hospital Staff	**11 (31%**)**	**14 (32%**)**	**10 (38%**)**
GP	**3**	**4**	**6**
District Nurse	**4**	**6**	**3**
Community Macmillan Nurse	**2**	**3**	**2**
Other	**2**	**2**	**3**
Social Services/ Social Worker	**0**	**0**	**1**
St Raphael's Community Nurse / Hospice staff	**10 (29%***)**	**12 (27%***)**	**5 (16%***)**
Don't Know	**3**	**3**	**1**
OVERALL	**35***	**44***	**31***

*Incorporates multiple answers ; **%based on answered returns ; ***%based on answered overall numbers

- In 2022, 71% indicated that non-Hospice staff introduced the H@H service to the carer/relative (c.f. 73% in 2021 and 84% in 2020).

2. Do you think the introduction to the H@H service was at the right time?

YEAR	Too Soon	About Right	Useful sooner	N/R
2022 n=33	1	24	6	2
2021 n=33	0	27	6	0
2020 n=26	0	23	3	0

- Of the 6 returns (19%) that remarked that the introduction would have been useful sooner, one had been introduced by the district nurse, one was introduced by hospice staff, one was introduced by "other," two were introduced by their GP and one did not know the answer.
- The 1 return (3%) who remarked that the introduction was too soon had been introduced by St Raphael's Community Nursing Staff.
- 77% regarded the timing of their introduction as 'about right' (c.f. 82% in 2021 and 88% in 2020)

Comments

No.	2INTRO AT RIGHT TIME	2aRIGHT TIME COMMENT
2	WOULD HAVE BEEN USEFUL SOONER	I STRUGGLED ALONE FOR TOO LONG WITHOUT ANY EMOTIONAL SUPPORT.
6	ABOUT RIGHT	SHE WAS BEING NURSED AT HOME BY ME.
7	WOULD HAVE BEEN USEFUL SOONER	HOSPITAL WAS HOPELESS. WE WERE SENT HOME UNPREPARED. I CONTACTED THE HOSPICE MYSELF AS I WAS ALONE.
8	ABOUT RIGHT	MUM MADE CONTACT AND ASKED FOR HELP.
11	ABOUT RIGHT	NAMED STAFF MEMBER ARRIVED WITHIN 12 HOURS OF MY BROTHER COMING HOME. SHE WAS VERY REASSURING AND EXPLAINED WHAT HAPPENED NEXT.
20	TOO SOON	IN HINDSIGHT TOO SOON, BUT NO ONE COULD FORETELL HOW STRONG WILLED HE WAS.
21	WOULD HAVE BEEN USEFUL SOONER	EARLIER WOULD HAVE BEEN BETTER, BUT THE ISSUES WERE WITH THE GP AND NOT THE HOSPICE.
23	ABOUT RIGHT	THE EARLIER THE BETTER.
26	ABOUT RIGHT	YES
28	WOULD HAVE BEEN USEFUL SOONER	GREAT SERVICE, WOULD HAVE BEEN GREAT EARLIER.
30	RECORDED NOT	DID NOT GO INTO HOSPICE.

3. How did you expect the H@H service to help?

(multiple answers acceptable)	2022	As %	2021	As %	2020	As %
By providing comfort measures	**19**	*18*	**25**	*18*	**17**	*14*
By providing advice	**26**	*24*	**25**	*18*	**21**	*17*
By providing emotional support	**17**	*16*	**23**	*17*	**19**	*16*
By providing access to 24 hour telephone support	**13**	*12*	**21**	*15*	**18**	*15*
To allow you time out from caring (respite support)	**5**	*5*	**13**	*9*	**15**	*12*
To enable your relative to remain at home	**21**	*19*	**27**	*20*	**21**	*17*
To be available only in crisis situations	**2**	*2*	**1**	*1*	**9**	*7*
No expectations	**4**	*4*	**2**	*1*	**2**	*2*
Other expectation	**1**	*1*	**0**	*0*	**0**	*0*
OVERALL	**108**	*100*	**137**	*100*	**122**	*100*

• Returns indicate clearly across all audit periods that the most common expectations of how the H@H service would help are :-

- By enabling the relative to remain at home
- By providing comfort measures
- By providing advice

4. Did you receive a clear explanation of what the service provided?

	YES	NO	CAN'T REMEMBER	N/R
2022	**24**	**1***	**7**	**1**
2021	**28**	**1**	**3**	**1**
2020	**24**	**2**	**0**	**0**

***Study Number 15**

• Returns show that clear explanations of what the service provided were received by 24 (96%) (c.f. 97% in 2021 & 92% in 2020).

- The respondent who answered "No" was introduced to the Hospice by Hospital Staff.

5. How satisfied were you, or your family members, with the ease of contacting the H@H team?

	2022	2021	2020
Completely	**29**	**29**	**23**
To a large extent	**2**	**2**	**2**
To some extent	**0**	**2**	**0**
Not at all	**1***	**0**	**0**
Not Recorded	***1***	***0***	***1***

*Study Number 15 – See St Raphael's Follow Up Action (Page 13)

• Returns show that 29 (91%) of the 33 respondents who recorded an answer were completely satisfied in being able to contact the H@H team. (c.f. 88% in 2021 and 92% in 2020).

6. How helpful was the service provided by the H@H team to your relative?

How helpful	Very			A little			Not at all			*Very %*			*A little %*			*Not at all %*		
Year	***22***	***21***	***20***	***22***	***21***	***20***	***22***	***21***	***20***	***22***	***21***	***20***	***22***	***21***	***20***	***22***	***21***	***20***
Comfort measures	22	29	18	1	2	4	0	0	1	***96***	***94***	*95*	*4*	*6*	*0*	*0*	*0*	*5*
Emotional support	24	25	19	0	2	4	0	0	0	***100***	***93***	*83*	*0*	*7*	*17*	*0*	*0*	*0*
Face to face advice	22	27	19	4	2	2	0	0	0	***85***	***93***	*90*	*15*	*7*	*10*	*0*	*0*	*0*
Telephone advice (day)	19	24	18	1	3	1	0	0	0	***95***	***89***	*95*	*5*	*11*	*5*	*0*	*0*	*0*
Telephone advice (night)	8	6	7	2	4	0	0	0	0	***80***	***60***	*100*	*20*	*40*	*0*	*0*	*0*	*0*
Respite sits	9	12	18	1	0	1	1	0	1	***82***	***100***	*90*	*9*	*0*	*5*	*9*	*0*	*5*
Enable patient to stay at home	23	30	22	2	2	0	0	0	0	***92***	***94***	*100*	*8*	*6*	*0*	*0*	*0*	*0*
Dealing with crisis	15	16	11	1	2	2	0	0	0	***94***	***89***	*85*	*6*	*11*	*15*	*0*	*0*	*0*
Total	**142**	**169**	**132**	**12**	**17**	**10**	**1**	**0**	**2**	***92***	***91***	***92***	***8***	***9***	***7***	***1***	***0***	***1***

• Returns in 2022 show that the most common areas of how the service was very helpful were:-

- By providing emotional support (100%)
- By providing comfort measures (96%)
- By providing daytime telephone advice (95%)
- By dealing with crisis (94%)
- By enabling the patient to stay at home (92%)

Comments 2022:

No.	6. COMMENT
1	OVERNIGHT COVERAGE WAS PROVIDED BY THE HOME CARE BUT WE COULD NOT HAVE MANAGED WITHOUT THE SERVICES OF THE HOSPICE.
3	EXCELLENT, BY FAR THE MOST HELPFUL SERVICE THROUGHOUT EVERYTHING THAT HAPPENED.
7	THE HOSPICE STAFF HAD TO HELP THE DISTRICT NURSE, WHEN SHE WAS UNPREPARED FOR MY MOTHER'S CATHETER CARE NEEDS.
8	NAMED STAFF MEMBER WAS AMAZING.
11	RESPITE SITS WERE ORGANISED BUT THEN THEY WERE NOT REQUIRED.
18	THE AT HOME TEAM COULDN'T HAVE BEEN MORE AVAILABLE, COMFORTING AND UNDERSTANDING.
20	WE COULDN'T HAVE ASKED FOR MORE SUPPORT THAN WHAT WE GOT FROM DOCTORS AND STAFF. THEY WERE FANTASTIC.
21	I FIND IT HARD FILLING IN THE TICK BOX LIST ABOVE AS IT WAS SUCH A SHORT TIME AND SHE WAS SO ILL. I WOULD TICK ALL OF THE ABOVE "VERY" IF IT RELATED TO THE SUPPORT OF THE FAMILY.
22	THANK YOU FOR YOUR SUPPORT AT A VERY DIFFICULT TIME.
31	A WONDERFUL, PROFESSIONAL AND CARING SERVICE.

7. Where did your relative die?

	2022	2021	2020
At Home	**27**	**28**	**24**
In Hospital	**2**	**0**	**0**
In the Hospice	**3**	**5**	**1**
Nursing Home / Residential Home	**0**	**0**	**1**

• Of the 33 patients whose relatives returned a questionnaire in 2022, one did not record an answer and of the 32 who recorded an answer, 84% died at home (c.f. 85% in 2021 and 92% in 2020).

8. Is this where they wanted to be?

	2022	Yes	Unsure	No	*2021*	Yes	Unsure	No	*2020*	Yes	Unsure	No	n/r
At Home	***27***	**25**	**2**	**0**	***28***	**27**	**1**	**0**	***24***	**23**	**0**	**0**	**1**
In the Hospital	***2***	**0**	**1**	**1**	***0***	**0**	**0**	**0**	***0***	**0**	**0**	**0**	**0**
In the Hospice	***3***	**3**	**0**	**0**	***5***	**4**	**1**	**0**	***1***	**1**	**0**	**0**	**0**
Nursing Home / Residential Home	***0***	**0**	**0**	**0**	***0***	**0**	**0**	**0**	***1***	**0**	**1**	**0**	**0**

• Returns show that in every audit period, the place of death for the majority was "At home" and that in 2022, all but four patients (for whom an answer was recorded) definitely died in their preferred place of death.

9. Thinking back to the last few days of your relative's care, is there any additional care and support the H@H service could have provided to help you?

	YES	NO	NOT RECORDED
2022	**3***	**29**	**1**
2021	**3**	**29**	**1**
2020	**4**	**20**	**2**

*Study number 4, 6, 15

• Returns show that in 2022, 3 (9%) of the 32 respondents who answered the question considered that the H@H service could possibly have done something more to help them (c.f. 9% in 2021 and 17% in 2020).

2022 Comments:

No.	9a. ADDITIONAL CARE COMMENT
6*	COVID MEASURES GAVE ME ONLY ONE HOUR PER WEEK RESPITE.
11	THEY WENT ABOVE AND BEYOND.
21	YOU WERE AMAZING AND WENT ABOVE AND BEYOND.
22	WE HAD A NIGHT TIME AND DAY CARERS. THANK YOU FOR THE SUPPORT YOU PROVIDED.

*Responded 'yes' the H@H service could possibly have done something more to help the patient.

10. What things however small did not go well?

2022 Comments:

No.	10. DID NOT GO WELL
4	NO SUPPORT AMBULANCE WAS AVAILABLE TO TRANSPORT PATIENT FOR HOURS . OUT OF AREA (BROMLEY) HAD TO DO IT.
6	ALL WENT WELL CONSIDERING THE CIRCUMSTANCES.
7	HOSPITAL REFERAL DID NOT HAPPEN. DISCHARGE WAS HOPELESS. HOSPICE GREAT THOUGH.
11	NOTHING. WE HAD ISSUES WITH THE CARERS THE HOSPITAL ORGANISED, WHO WERE BRUTAL. ST RAPHAEL'S WERE ABLE TO PROVIDE EMOTIONAL AND PHYSICAL SUPPORT.
15*	POOR ATTENDANCE, LONG DELAYS WHEN NEEDED
17	EMERGENCY CALLOUT
18	NOTHING - ALL SUPPORT WAS GIVEN AT HOME. THIS INCLUDED ADVICE RE MEDICATION/ PAIN RELIEF.
21	THE RESPITE SITS. WE HAD TWO VISITS WHICH FOR SOME PEOPLE MIGHT HAVE BEEN NEEDED, BUT THERE WERE ENOUGH OF US TO BE WITH MUM THAT WE DIDN'T NEED A BREAK.
22*	NO CHEMO WAS GIVEN IN THE END. THE EQUIPMENT DID NOT GET COLLECTED AFTER THE RIP. DATE OF COLLECTION IS 1/10/2022. DATE OF RIP IS 20/5/2022
23*	THE DISTRICT NURSES TOLD ME TO GIVE MUM ORAL MORPHINE AND THE CARE MANAGER STOPPED THIS AND INSISTED THE DN COME OUT.
25	MY HUSBAND'S REFUSAL TO ACCEPT THAT WE WERE ONLY TRYING TO HELP HIM.
31	NOTHING I CAN RECALL.

*See St Raphael's Follow Up Action Section (page 13)

11. What things - however small - went better than expected?

No.	11. BETTER THAN EXPECTED
1	I DO NOT THINK YOU COULD HAVE DONE BETTER.
2	HAVING A NURSE LISTEN TO ME, OFFERING SUPPORT BEING WITH ME ON THE DAY THAT MY UNCLE DIED.
3	THE REGULATORY OF VISITS FROM THE TEAM AND THE AVAILABILITY OF THE NURSING STAFF
6	UNABLE TO ANSWER. HAVING A CARE WORKER WAS SO HELPFUL.
7	HONEST CONVERSATIONS ABOUT TIMESCALES, THE ONLY PEOPLE WHO HANDLED IT BOTH HONESTLY AND SENSITIVELY.
8	WITH THE INTERVENTION OF A NAMED STAFF MEMBER MUM GOT THE AIDS SHE NEEDED SO QUICKLY AND SHE GOT THE GP TO TAKE NOTICE.
9	TWO NAMED STAFF MEMBERS GAVE ME THE HELP TO COPE.
11	I DON'T THINK I HAD ANY EXPECTATIONS, BUT I WAS BLOWN AWAY WITH ALL THE SUPPORT PROVIDED.
13	AVAILABILITY AND RESPONSE TIMES WERE EXCELLENT
17	COMFORT FOR THE PATIENT
18	THE OVERWHELMING GRATITUDE THAT THE PATIENT COULD BE AT HOME. AS A FAMILY WE WERE NERVOUS BUT REASSURED AT EVERY HURDLE.
20	VERY HAPPY WITH SUPPORT FROM EVERYONE FROM THE HOSPICE
21	THE AVAILABILITY OF STAFF FOR ALL THE SUPPORT WE NEEDED AS A FAMILY AND THE SUPPORT THEY GAVE THE COMMUNITY NURSES. AMAZING TEAM.
22	PHONE SUPPORT WAS BRILLIANT. HE PASSED AWAY AT HOME. THIS WAS BRILLIANT. STUFF WAS EXCELLENT AND WELL INFORMED AND ACCESSIBLE. VERY PLEASED WITH HOSPICE STAFF.
23	MUM DIED AT HOME VERY PEACEFULLY AND ST RAPHAEL'S ARRIVED AND HELPED TO WASH MUM.
16	EXCEPTIONAL STAFF WHO VISITED WERE EXTRA HELPFUL IN SORTING OUT PROBLEMS WITH OTHER COMMUNITY SERVICES.
24	I DIDN'T EXPECT SUCH WARMTH.
25	NOTHING - IT WENT BETTER THAN EXPECTED. I KNEW THAT MY HUSBAND WOULD BE DIFFICULT WHATEVER WAS ADVISED FOR HIM.
26	HOME VISITS FROM THREE MEMBERS OF STAFF.
27	WHEN INFORMED OF MY HUSBAND'S DEATH, THE HOSPICE NURSE AND DOCTOR CAME VERY QUICKLY TO DO WHAT THEY HAD TO DO.
28	24 HOUR CARE - AMAZING
30	WHEN THE NURSE CAME SHE SAT WITH ME AND EXPLAINED THINGS TO ME SO CLEARLY
31	THE ALMOST DAILY VISITS FROM AT HOME STAFF.

12. Thinking back to your experience of the H@H service, how satisfied were you with the care and support?

	2022	2021	2020
Completely	**28**	**30**	**22**
To a large extent	**3**	**3**	**2**
To some extent	**0**	**0**	**1**
Not at all	**1***	**0**	**0**
N/R	*1*	*0*	*1*

• In 2022, there was 88% complete satisfaction with the H@H service (c.f. 91% in 2021 and 88% in 2020).

13. If you wanted to make a complaint, would you feel able to do so?

	YES	UNSURE	NO	N/R
2022	**24**	**4**	**0**	**5**
2021	**25**	**5**	**3**	**0**
2020	**22**	**3**	**1**	**0**

• In 2022, 86% of respondents who recorded an answer felt that they would have been able to make a complaint if they had wished to (c.f. 76% in 2021 and 85% in 2020).

14. Would you recommend our service to someone else?

	YES	NO	N/R
2022	**31**	**1***	**1**
2021	**33**	**0**	**0**
2020	**26**	**0**	**0**

*No.15 – See St Raphael's Follow Up Action (page 13)

• In 2022, 97% of respondents would recommend the Hospice @ Home service to someone else (c.f. 100% in 2021 and 100% in 2020).

15. Please feel free to offer any additional comments on any aspect of the H@H service.

Comments of Appreciation:

No.	15. ADDITIONAL COMMENTS
1	WE WILL ALWAYS BE GRATEFUL FOR THE CARE AND HELP WE RECEIVED FROM ALL WITH WHOM WE CAME INTO CONTACT, PARTICULARLY HELPFUL WERE THE REGULAR HOME VISITS BY NAMED STAFF MEMBERS WHICH GREATLY EASED WHAT COULD ONLY BE A VERY DIFFICULT TIME. WE SHALL ALWAYS BE INDEBTED TO THE HOSPICE AND ITS STAFF, WHO WERE UNFAILINGLY HELPFUL AND SUPPORTIVE.
2	I AM SO THANKFUL FOR THE EMOTIONAL SUPPORT I RECEIVED FROM THE NURSES, MY UNCLE HAD SEVERE VASCULAR DEMENTIA AND I WAS HIS SOLE CARER UNTIL THE LAST FEW WEEKS OF LIFE, SO I HAD BEEN STRUGGLING ALONE BUT THE NURSES WERE ALWAYS AVAILABLE TO OFFER ADVICE AND TO LISTEN WHEN I REALLY NEEDED SOMEONE TO TALK TO WHO UNDERSTOOD JUST HOW HARD IT WAS CARING FOR A PERSON WITH DEMENTIA.
3	ONLY TO SAY THAT I CAN'T THANK THE TEAM ENOUGH FOR THE SUPPORT THAT THEY GAVE TO MY MUM AND TO MYSELF.
5	I WAS VERY SATISFIED WITH THE CARE, HELP AND ADVICE.
6	THE TIMING AND DEGREE OF INVOLVEMENT OF THE HOME SERVICE WAS COMPLICATED BY MY WIFE'S WISH FOR INDEPENDENCE. BUT THE CONTACTS WERE VERY OBSERVANT AND RECOGNISED THE VERY SUDDEN COLLAPSE IN HER CONDITION AND STEPPED UP THE HOSPICE'S INVOLVEMENT.
7	THE HOSPICE TEAM ARE AMAZING. THE ADVICE AND SUPPORT WHILE I CARED FOR MY MOTHER AT HOME WAS INVALUABLE. I HAVE ALSO HAD PREVIOUS CONTACT WITH THE HOSPICE. MY HUSBAND WAS AN INPATIENT DURING THE LAST DAYS OF HIS LIFE. YOUR SERVICE IS OUTSTANDING AND I THINK I CAN SAY ON THESE TWO OCCASIONS YOU HAVE SAVED MY LIFE TOO. INVALUABLE SUPPORT.
8	THE CALLS OF THE NAMED STAFF MEMBER HELPED MUM AND SHE FELT LISTENED TO AND CARED FOR - UNLIKE THE GP FROM WHOM THERE WAS A LACK OF CONTACT. THE STAFF MEMBER ALSO GOT THE AIDS AND ADAPTATIONS SORTED OUT AND GOT THE DISTRICT NURSE TO ATTEND. MUM FELT SECURE WITH ST RAPHAEL'S STAFF TO SERVICE AND SAID THEY WERE HER "ANGELS." THANK YOU SO MUCH FOR YOUR HELP AND SUPPORT FOR OUR MUM.
9	THE CARE GIVEN TO MUM WAS EXCEPTIONAL, SHE LOOKED FORWARD TO SEEING THE NAMED STAFF MEMBERS. I AM ALSO GRATEFUL FOR THE SUPPORT I RECEIVED BOTH AT HOME AND ON THE PHONE. YOUR HELP ENABLED MUM TO STAY AT HOME WHERE SHE WANTED TO BE. THANK YOU.
11	THE ST RAPHAEL'S NURSES WORKED SEAMLESSLY WITH THE DISTRICT NURSES, THE LEVEL OF REASSURANCE, SUPPORT AND ADVICE WAS SECOND TO NONE. THIS WAS THE FIRST TIME I HAD EXPERIENCED THIS KIND OF SITUATION, IT WAS EMOTIONALLY/ PHYSICALLY TAXING BUT THEY HELPED ME, I FOUND MYSELF MORE CAPABLE OF HELPING MY BROTHER ON HIS FINAL JOURNEY. I COULDN'T HAVE DONE IT WITHOUT THEM.
14	SORRY AM NOT SURE WHAT THE DIFFERENCES WERE BETWEEN THE HOSPICE AT HOME AND THE RAPHAEL'S COMMUNITY NURSES. ALL I KNOW IS THAT EVERYONE FROM ST RAPHAEL'S WHO VISITED AND HELPED MUM AT HOME WAS GREAT, PARTICULARLY THE NAMED STAFF MEMBER WHO WAS FANTASTIC. WE FELT WE COULD CALL ANY TIME AND NO QUESTION WAS IGNORED. MUM DID WANT TO DIE AT HOME BUT AS THINGS PROGRESSED SHE REALISED SHE NEEDED MORE HELP. SHE WAS HAPPY TO GO INTO ST RAPHAEL'S WHEN THE TIME CAME. ALL THE STAFF WERE BRILLIANT. I WOULD LIKE TO ESPECIALLY THANK THE LOVELY LIVELY WELSH NURSE. SHE LIFTED MY MUM'S SPIRITS WHEN SHE WAS DOWN. I CANNOT THANK YOU ENOUGH!
16	I WOULD LIKE TO THANK YOU FOR EVERYTHING THE HOSPICE DID TO HELP DURING THE PATIENT'S LAST FEW WEEKS AT HOME. NAMED STAFF MEMBER WAS EXCELLENT THROUGHOUT TOGETHER WITH ALL HOME VISIT STAFF ATTENDING NOT ONLY FOR THE PATIENT BUT MYSELF. EXCEPTIONAL SERVICE PROVIDED. THANK YOU.
19	MUM RECEIVED EXCELLENT CARE AND WE ARE ALL GRATEFUL
22	THANK YOU FOR YOUR SUPPORT DURING THE MOST DIFFICULT TIME.
23	THE HOSPICE AT HOME WERE AN ANSWER TO PRAYER FOR ME. WE HAD NEVER EXPERIENCED CANCER IN THE FAMILY AND WE DIDN'T KNOW WHAT TO EXPECT. I SO APPRECIATED THE TIME THEY GAVE ME OVER THE TELEPHONE AND HOW THEY WOULD CHECK UP AND GIVE BRILLIANT MEDICAL ADVICE AND SUPPORT. I COULDN'T HAVE GOT THROUGH THESE DIFFICULT MONTHS WITHOUT THEM. THANK YOU.
24	I FOUND ST RAPHAEL'S STAFF TO BE VERY WARM AND HUMAN. MY HUSBAND LIKED THEM AND SEEMED TO UNDERSTAND THEM. NAMED STAFF MEMBER WAS WONDERFUL AND PROVIDED ME WITH GOOD ADVICE. WHEN IT SEEMED I WAS UNABLE TO ACT ON IT SHE GOT ANOTHER FAMILY MEMBER. WE ARE EXPLORING THIS LIFE CHANGING ISSUE.

No.	15. ADDITIONAL COMMENTS
25	MY HUSBAND HAD PEOPLE VISITING TO CHANGE HIS INCONTINENCE PADS AND WOULD OFTEN REFUSE TO LET THEM DO THIS AND WAS VERY AGGRESSIVE TOWARDS THEM. WHENEVER THIS HAPPENED, WHEN ONE OF YOUR STAFF WERE PRESENT, ONE OF YOUR LADIES WOULD MAKE HIM A CUP OF TEA AND PERSUADE HIM TO CHANGE HIS PADS AND BE CLEANED. IF I TRIED TO DO THIS HE WOULD JUST GET VERY AGGRESSIVE AND WAVE HIS FISTS AT ME AND THE OTHER CARERS HE HAD PRESENT.
26	VERY HELPFUL IN THE SHORT TIME WE HAD. THANK YOU SO MUCH.
27	MY HUSBAND CAME HOME FROM BEING IN ST HELIER HOSPITAL FOR FOUR MONTHS. HE WAS AT HOME FOR TWO AND A HALF WEEKS WHEN HE DIED. SO I AM SURE THE HOSPICE WOULD HAVE DONE EVEN MORE FOR HIM HAD HE LIVED LONGER. I HAVE ONLY GOOD THINGS TO SAY ABOUT THE HOSPICE STAFF AND NURSES. I AM JUST SORRY THE HOSPITAL DID NOT GIVE US ANY IDEA THAT MY HUSBAND WAS SO CLOSE TO DYING. WE WERE LED TO BELIEVE HE WOULD GET BETTER. AFTER BEING AT HOME FOR TEN DAYS, THE HOSPICE DOCTOR AND NURSE CAME TO SEE US AND TOLD US HE WOULD NOT GET BETTER. THAT INFORMATION MUST HAVE COME FROM ST HELIER.
30	SERVICE WAS OUT OF THIS WORLD. CARERS WERE SO GREAT.
33	WE HAVE NOTHING BUT PRAISE FOR YOUR HOSPICE AT HOME TEAM. MANY, MANY THANKS FOR EVERYTHING.

Areas for Improvement

No.	15. ADDITIONAL COMMENTS
21*	WHEN THE LADIES VISITED IT FELT RUDE IF I WERE TO ASK THEM TO LEAVE, SO THEY STAYED. I DID SAY WE WERE OK AS WE AS A FAMILY WERE GIVING EACH OTHER BREAKS. THEY STAYED ANYWAY. THIS WOULD HAVE BEEN FINE, BUT THEY CHATTED ABOUT OTHERS WHO HAD DIED AND I DIDN'T FEEL THEIR CONVERSATIONS WERE HELPFUL OR UPLIFTING. I APOLOGISED TO MY MUM AFTER THEY HAD LEFT AS I FELT I SHOULD HAVE ASKED THEM TO LEAVE. SORRY, I DON'T WANT TO BE NEGATIVE, BUT THIS IS THE ONLY THING I WOULD HAVE CHANGED. I JUST WISH I WAS A BIT STRONGER IN SAYING "THANK YOU, BUT NO THANK YOU." IF YOU NEED ANY FURTHER INFORMATION FROM ME, I AM VERY WILLING TO CHAT. SORRY IT'S TAKEN ME THIS LONG TO GET THIS BACK TO YOU.

*See St Raphael's Follow Up Action (page 13)

Neutral Comment

No.	15. ADDITIONAL COMMENTS
17	WE GOT ALL THE HELP NEEDED, PARTICULARLY AT THAT STAGE. EXCEPT ONCE AT AN EMERGENCY (CRISIS SITUATION)

St Raphael's Follow Up Action

No.	16 ACTION TAKEN
15	The referral to St Raphael's was first made on Thursday 24th March and the record reads as follows: On 23rd March the patient was discharged from St Helier Hospital with carer support coming in four times daily and lots of family popping in and out. No concerns at present. Hospice at Home visits agreed to start on Monday 28th. On Monday 28th, the Hospice at Home team visited and continued to visit on a daily basis, as well as providing telephone support, until patient RIP on 3rd April 2022. Conclusion - The Hospice at Home team responded in a timely fashion as and when required.
21	Community Manager & H@H Lead discussed with the staff involved and asked them for feedback. Discussed with Clinical Director and H@H lead contacted the relative and discussed her feedback. Relative was very clear she didn't want to make a complaint and felt she had used the questionnaire as a tool to highlight a learning point. Lead explained what we have done so far: • Spoken to HCAs involved and asked them to reflect on what happened (what has gone well, what has not gone so well and what have you learned) • Once reflections are received we will further explore during a team meeting. Relative was very thankful for the input from the whole team and grateful for my call back.

CONCLUSIONS

1) This is the thirteenth survey report associated with the H@H service provided by St Raphael's since it was established in 2009. Survey returns in 2022 are 33 in total, the same number as the 2021 audit period.

2) There is a clear indication of the overwhelming benefits experienced by patients and their relatives/carers who have used the service. To a great extent, any success attached to a service is heavily influenced by the skills and dedication of the team of staff providing it. As returns indicate; in the main, they are very much to be commended.

3) Although numbers should be treated with caution, in 2022, the H@H service was introduced to the patient by a higher proportion of Hospice personnel comparatively to previous years – 29% in 2022 (c.f. 27% in 2021 and 16% in 2020). Conversely the number of introductions by Hospital personnel has decreased in 2022 to 31% proportionately (c.f. 32% in 2021 and 38% in 2020).

4) In 2022, a lower number of returns (77%) characterised the timing of introduction to the H@H service as "about right" (c.f. 82% in 2021 and 88% in 2020).

5) Expectation of the help that the H@H service provides maintains a similar distribution across the years in so far as the service provides comfort measures, advice, emotional support, access to 24 hour telephone support, allow patients to remain at home and allows carers time out from caring.

6) Complete satisfaction with how easy it was to contact the H@H team has increased in 2022 to 91% (c.f. 88% in 2021 and 92% in 2020).

7) There has been a very slight increase in 'very' helpful responses regarding how helpful the service has been across a range of criteria that includes comfort measures, emotional support, face to face advice, telephone advice during the day and night, respite sits, enabling the patient to stay at home and dealing with a crisis – 92% in 2022 (c.f. 91% in 2021 and 92% in 2020).

8) 27 (84%) of the 32 returns who recorded an answer indicate that the patient died at home and all of these who recorded an answer reported that this was where they wanted to be. In total, 28 (88%) of the 32 respondents who recorded an answer indicated that the patient had died in their preferred place of death (c.f. 94% in 2021 and 96% in 2020).

9) 31 (97%) the 32 respondents who recorded an answer indicated that they would recommend the H@H service (c.f. 100% in 2021 and 100% in 2020). This reflects well on the service overall.

10) Respondents are encouraged to add general comments on H@H at the end of the questionnaire, and to write about any problems experienced in question 10. The majority of written comments in both sections were very positive. Across all audit periods, the problems alluded to in the critical comments are generally for services that are not under St Raphael's direct control (District Nurses, GPs, hospitals and care agencies etc.) and circumstances outside St Raphael's control (e.g. the Pandemic). However, in 2022 there were two critical comments directed at the Hospice and these were investigated appropriately by the clinical team.

11) The survey affirms the value and skill of the service and staff involved. Looking forward the plan is to increase the numbers referred and contacts made into and by the H@H service in supporting the widened scope of the Community service and its promotion of collaboration.

H@H have scope for responsive visiting in their working day to increase the responsiveness of the service for those patients rapidly deteriorating.

ACTIONS

1) To keep separate from the VOICES questionnaire and continue as a bespoke survey.
2) To identify and implement measures that would increase referrals into the H@H service from external sources such as Hospitals / GPs / DNs subject to capacity feasibility.
3) H@H staff should ensure they use the current version of the survey located at N:\Hospice @ Home\Forms\H@H Carer Relative Questionnaire 121015.pdf.
4) Review content/design of questionnaire following CSNAT analysis in 2023.
5) To capture denominator numbers (ie numbers of questionnaires given out by the H@H team) in 2023 and thereafter.

HOSPICE @ HOME CNS LEAD COMMENTS on 2022 report

Needless to say, I am very happy with and proud of all the received comments. The team has been very much enjoying the shift from respite sits of about 2-hours to shorter, more frequent visits but also allowing when needed longer visits. Over the last couple of years, the team has also been liaising more with the community team and frequently contact the nurses via a facetime call when issues arise. They have more and more become eyes and ears of the CPCT team which has been very useful.

COMMUNITY SERVICES MANAGER COMMENTS on 2022 report

The results from the survey are really positive and encouraging. The service has worked hard throughout the last year trying to reach more patients by doing shorter sits more frequently and being more responsive. They often face crisis situations and its clear from the feedback that their presence offers reassurance. I am encouraged that the implementation of CSNAT will have a positive impact of future feedback. Mirjam and her team should be very proud of their commitment to the service they provide.

To increase referrals into H@H we are working closely with MEOLCT and Sutton Hub to identify potential referrals whilst also closely scrutinising referrals we may decline and pass to them . I am meeting with Mirjam approx. every 6 weeks to review her caseload.

CLINICAL DIRECTOR COMMENTS on 2022 report

This is an excellent review of the service and really encouraging to see how well received it is.
A small team but a big impact – and interesting that emotional support is the most favoured purpose.

MINUTES OF THE
INFECTION CONTROL COMMITTEE

Held at 1pm on 14th March 2023
at St Bede's Conference Centre and via MS Teams

Attendance	
(RW) R Wallis, IPU Sister	(MF) M Flint – Palliative Care Educator
(SL) S Leech – IPU IC Link HCA	(SC) S Cresswell – Facilities
(TC) T Christmas – Community Team Manager	(JS) J Smith – CNS – Community IC Link CNS
(Dr GT-R) Dr G Tamura-Rose, Consultant in Palliative Medicine	(AR) A Rudkin – Quality (Minutes)

Apologies	(Dr JS) Dr J Stephenson, Consultant Microbiologist -ESTH, SSAH (Chair), (RT) R Trower – Clinical Director, (CF) C Foster - IPU IC Link RN, (PK) Prodine Kubalalika – ESTH, Director of Nursing/Deputy DIPC, (SN) Sharon Njanike-Nyadzo – ESTH, Head of Nursing, IPC, (SM) Shobha Mclean – ESTH, Matron, IPC, (PD-P) P Di-Palma – Housekeeping, (Dr JS) – Consultant in Palliative Medicine

Action

ITEM 1: Welcome

AR extended welcome to all present. Likely remote access issue so unfortunately ESTH representation at this meeting was compromised.

ITEM 2: Apologies for Absence

Apologies as listed above.

ITEM 3: Minutes of the last meeting held on 13 September 2022

3.1 These were accepted.

ITEM 4: Matters Arising

4.1 **Pathology/Microbiology service review**. RT will be undertaking review. JS has advised that John Clarke, ESTH, Pathology Services would be best contact at ESTH to discuss potential service. — RT

4.2 **Review of OH Service.** It was noted that face to face physical review is potentially a difficulty owing to the location of the outsourced OH service but virtual review is accommodated. In servicing any infection control consideration the service was considered acceptable.

4.3 **ESTH Audit.** Status of 2022's ESTH audit was unknown. To be picked up at the next meeting. — ESTH, IPC

4.4 **ESTH IPC-led education for nursing team.** To be picked up at the next meeting. — ESTH, IPC

4.5 **IPC Reporting.** Template understood to have been received. Deferred for IPC lead appointee once recruited. — ESTH IPC, PK

4.6 **Infection Control Policy.** ESTH inputs gratefully received. v5.0 published 31-01-2023

ITEM 5: COVID-19 Update

Testing : LFD testing for all admissions and if symptomatic. No changes. Admissions from Hospital should have had PCR test.

Staffing : Currently minimal impact. Community COVID seems to be increasing.

PPE : No supply issues. Stock levels are good. Fit -testing to be reviewed once every 2 years. Junior doctors only need to bring their own FFP3 masks if SRH using a different type to that which have been fit-tested. Dr GT-R to liaise with MF and PAH. Fit-testing led by SHH will be rolled out again next week with missing staff being picked up by Education Team. — Dr GT-R

POLICY : CLIN52 Managing Covid v34 issued on 01-03-2023

ITEM 6: ESTH Baseline Audit Action

6.1 Sink in clean supply noted as needing to be HTM standard compliant is a 'Works' item that is being progressed by Facilities.

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

7.1 1 Dog bite (Dec 2022), 1 Sharps (March 2023) and 1 COVID outbreak (Feb 2023) since last report on the IPU. Summarised:-

ID	Description	Outcome/Update	Lessons Learned
578	Multiple COVID positive cases on the ward. 3 staff testing positive 4 patients testing positive (two on admission and two during admission)	Ward closed to admissions IPC in SHH and public health England informed and advice sort All staff working the period before multiple patients became positive asked to test Masks being worn Reduced footfall to and from ward	Appropriate action taken when multiple staff members and patients tested positive for covid Advice from IPC team followed and daily contact with them was maintained
589	Nurse went to administer insulin to a patient. As she removed the needle after administering this, it slipped from her fingers and accidentally inserted the needle into the top of her thumb.	Thumb bled under water until it stopped. A senior member of staff was informed, who then followed sharps injury protocol. Signed documents and consent form to have blood samples taken and sent off. Bloods were taken. Appropriate action taken and policy followed. OH due to inform staff member directly of result	Ward clerk to look into whether we can source one use retractable needles to reduce the risk of this happening again. Staff reminded about using sharp bins to remove needles

ID	Description	Outcome/Update	Lessons Learned
513	Whilst visiting this patient, their dog ran out when they went to get something from another room. The dog approached nurse and appeared friendly so she went to stroke him and he bit her hand. She did not notice until after she came out that the bite had broken the skin and it was bleeding a little.	Alert added to EPR and added to risk assessment Checked NHS guidance on dog bites Contacted GP to confirm tetanus injection had in last 5yrs GP issued prophylactic antibiotics for 3 days Appropriate action taken by member of staff Dog to be locked away during visits	RA - further information added regarding unpredictable behaviour of a pet N:\Health & Safety\Risk Assessments\Risk Assessments by Department\CPCT\General\General Risk Assessment for CPCT V 3 Oct22.docx Fed back in Jan staff meeting

ITEM 8: Alert Organisms Surveillance

8.1 Deferred.

ITEM 9: Water Assessment and testing

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

9.2 Non-pneumophila Legionella positive reading in February 2023 reported through routine test of staff kitchenette between Reception and IPU. Result was very low level (20 cfu). Re-tested following flushing. Reported to Dr Stephenson, ESTH. Chlorine dioxide dosing system have had new pumps fitted and calibrated.

ITEM 10: Any Other Business

10.1 CLINSOP11 Aerosol Generated Procedures – Visiting Patients in the Community requires review. TC

10.2 Standing reminder that there is an Infection Control folder on the network drive at N:\Infection Control

ITEM 11: Future Dates

11.1 Dates of future meetings:

Date	Event	Venue/Time
6th June 2023	**ICC Meeting**	2pm St Bedes + MS Teams

St Raphael's Hospice

Meeting of the Clinical Quality & Governance Committee

To be held virtually

At 10:00am on Friday, 30th June 2023 09am-11am

Members:	Dr Carrie Chill – Board Advisor & Committee member (CC)
	Alan Cogbill – Trustee & Committee member (AC)
	Dr Eva Kalmus – Co-opted Committee member (EK)
	Bernard Marley – Trustee & Committee member (BM)
	Norman McWhinney – Board Chair & Committee member (NM)
In attendance:	Nick Stevens – CEO (NS)
	Alex Rudkin – Director of Quality and Governance (AR)
	Dr Naomi Collins – Consultant (GTR)
	Rebecca Trower – Clinical Director (BT)
	Anna Machin (Governance – AM)

Item	Time	Description	Purpose	Lead
1.	10.00 – 10.05	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	10.05 – 10.15	Review of minutes from Clinical Quality & Governance Committee meeting held on 28th April 2023	Approval	Chair
		Actions List and update on matters arising	Discussion	
3.	10.15 – 10.45	Presentation and discussion on local palliative care landscape and hubs	Discussion	RT, EK
4.	10.45 – 11.00	Evidence of Excellent Practice Register	Discussion	RT
5.	11.00 – 11.15	Clinical Risk Register	Discussion	RT
6.	11.15 – 11.40	Clinical Quality & Governance Report inc. Clinical Action Plan (CAP) & 'SMART' targets	Discussion	RT, AR, NC
7.	11.40 - 11.45	Research – Patient 'label' research project approval	Sign off	NC
8.	11.45 – 11.50	Quality Account	Information	AR
9.	11.50 – 11.55	Minutes of internal meetings	Discussion	AR
10.	11.55 – 12.00	Any Other Business & Date of next meeting	Discussion	Chair

Dates of future meetings:

- Friday 6th October 2023 10.00-12.00