

St Raphael's Hospice
Minutes of a Meeting of the Clinical Quality & Governance Committee
Held using Zoom Video Conferencing
At 10:00 on Friday 16th July 2021

Members: Dr Carrie Chill – Board Advisor & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Dr Joy Tweed – Trustee & Committee member (JT)

In attendance: Gail Linehan – Joint CEO (GL) – items 1-6
 Nick Stevens – Joint CEO (NS)
 Alex Rudkin – Quality Development Manager (AR)
 Dr Jenny Strawson – Consultant (JS)
 Rebecca Trower – Clinical Director (BT)
 Anna Machin (Clerk – AM)

Actions arising

Agenda item	Action	Responsible	Timeline	Ref.
5. Clinical Risk Register	Explore option to recruit agency nurse for night shifts	Gail Linehan, Rebecca Trower	October meeting	16.07.21/01
	Share detail on FTE required to bring RGN team to establishment	Alex Rudkin	October meeting	16.07.21/02
	Share update on IT risks	Rebecca Trower	October meeting	16.07.21/03
6. Clinical Quality & Governance Report	Share update on equality & diversity Working Group on patient behaviour towards staff	Rebecca Trower	By October meeting	16.07.21/04
	Encourage IPU staff reflections on time spent in training and working with other colleagues	Rebecca Trower	By October meeting	16.07.21/05
	Consider approach to using Datix to collect examples of excellent practice	Rebecca Trower, Alex Rudkin	By October meeting	16.07.21/06
	Consider further ways to help inform patients of Hospice support compared to other services	Rebecca Trower	By October meeting	16.07.21/07

1. Apologies for absence

Alan Cogbill took the Chair. Committee members were welcomed to the meeting. There were no apologies sent to the meeting.

2. Review of minutes from last meeting

The minutes of the 14th May 2021 meeting were reviewed and approved as an accurate record of proceedings.

3. Action list from previous meetings

Committee members reviewed the matters arising:

- 04/01; 11/01 – the Performance Management policy review has been completed
- 21/02/26-01 – training portal access has been given to Trustees and training log being maintained.
- 21/02/26-02 – outreach materials have been prepared for new Committee members, for review by the Board at the 21st July meeting.
- 21/05/14-01 – the Excellent Practice Register was shared with the Board at the 2nd June meeting
- 21/05/14-02 – the HR Committee undertook a review of the Hospice's position with regards to staff contracts and vaccination.

4. Evidence of Excellent Practice register

The Committee noted the wide-ranging aspects of the Hospice's work outlined in the register. This included the awarding of five stars from a recent environment service inspection, securing new medical equipment and examples of staff going above and beyond to support patients. The Hospice had recently supported a wedding of a patient on-site, and this story had been shared on social media. The Committee echoed that the Hospice should be proud of these examples of strong support for patients and sensitivity to the diversity of patients under the charity's care.

5. Clinical Risk Register

Rebecca Trower updated on the key risk relating to recruitment, particularly for Bank and Band 5 staff members. The Hospice has changed sickness and parental leave policies to enhance the staff offer and adapted recruitment outreach. The Hospice is able to flex the number of beds in line with staffing capacity. Other healthcare organisations are facing similar challenges, and St Raphael's can further emphasise the benefits of working in a Hospice compared to other healthcare settings such as the different patient/ staff ratio.

Committee members and colleagues discussed the potential option to recruit an agency nurse for night shifts, to mitigate against stretch on staff, if dedicated training on end of life care was provided to them. It was agreed that this would be explored, to potentially commence after the completion of the IPU refresh. The FTE required to bring the teams to establishment would also be shared at the next meeting.

Nick Stevens also raised that the Finance Committee had been updated on the pay differential identified for HCA roles between St Raphael's Hospice, compared to other NHS organisations and local Hospices. This relates to different applications of the London outer (up to 5%) vs fringe (up to 15%) weightings and can be up to £1.40 per hour more in the other organisations. An update on IT risk would be shared at the next meeting, following IT testing to be undertaken to coincide with the IPU refresh.

Rebecca Trower shared information on the continued challenges brought by Covid-19, and that the Hospice would apply a more stringent approach compared to the recent changes in public health guidance to ensure patient safety. The Committee shared that this reflected the approach being undertaken in Primary Care settings. The IPU refresh being undertaken over the summer will help to mitigate against some risks. The Hospice will review the approach to frequency of Covid-19 testing, in relation to the use of the NHS Covid-19 app, and safety requirements that will be applied with office-based staff.

6. Clinical Quality & Governance Report

Rebecca Trower updated that demand for the Hospice's services had been the highest for any quarter so far. Teams have worked closely together, and gone above and beyond at any times of stretch in capacity. Weekends are increasingly busy and so a proposal has been shared with the CCG for additional funding to add capacity. Student counsellors are providing valuable support, and Wellbeing programme numbers have been gradually increasing. The third Consultant, Dr Naomi Collins, has started in post and received a full induction and initial meetings with colleagues.

The Equality, Diversity & Inclusion training days have been well received by staff and have brought together colleagues from different departments. The training days had identified that some staff members had experienced prejudicial behaviour from patients. An internal Working Group would be set up to consider this matter further, and Dr Carrie Chill would contribute to this.

Three staff recently undertook the European Certificate in Essential Palliative Care. The Capacity Tracker continues to be completed by the Hospice, which is time-consuming but has also enriched the data held by the organisation.

The Committee asked for further detail on the increase in the number of Drug Control incidents. It was confirmed that this primarily related to patches being distributed to patients, and internal feedback and control measures have been put in place. The Hospice generally scores well in this area when audits are undertaken.

The Hospice ward has no patients in preparation for the IPU refresh and so contractors may be able to commence work early. Some of the Hospice's HCAs have offered to work at St Christopher's which is an example of collaborative working. IPU staff will use the time to take annual leave, undergo training and work with the Community team. The Committee encouraged IPU colleagues to share reflections on the benefits to the time they have spent working in other ways during the refresh, and that this could be included in the Excellent Practice Register.

Alex Rudkin updated on the proactive engagement from the Medical team in audit and data collection work. This also helps to build evidence for staff revalidation and appraisals. The Committee noted the comprehensive range of audits underway. Submissions to regulators have provided further depth of information on the Hospice's vision, led by the Joint CEOs, and plans for delivery and development in key areas such as bereavement counselling. The Hospice's self-assessment will be kept up-to-date, and CQC has recently recommenced one-day inspections.

The Datix system will be implemented during the summer ready for roll out in September. It was recognised that the system could be used to collect examples of excellent practice, as well as incidents or near misses. This would be given further consideration by the team.

The Committee noted the Complaints report, and continued work to ensure clear communication from the Hospice on supported offered by the organisation, and the relation to those offered by other services. The Committee suggested developing the approach to use of Information Sheets, or newly developed videos, and noted that the meaning of the term 'Hospice at Home' differed between Hospices, which can be confusing for those using our services.

7. Clinical Action Plan 2021/22

Implementation of Schwartz rounds would be delayed until later in the year due to current workload. The team are working to ensure consistency in use of Outcome Assessment and Complexity Collaborative (OACC) terminology, which will be used to help triage and prioritise patient visits and contact. Embedding this approach is a long-run project.

Community activities and collaborating with other local services continues to be a priority, and in many ways the Covid-19 crisis has facilitated greater joint working.

8. Minutes of meetings and other documents

The recent Clinical Heads of Department meeting featured an in-depth review of the Clinical Action Plan. Information was shared with the Committee on the Care of patients at the end of life audit and the reasons for the relatively low scoring in Hydration options for patients at home, as drips are not offered for home-based patients.

9. Any Other Business and Dates of future meetings

The Coordinate my Care contract would be re-procured across London and Hospice colleagues were invited to contribute key points to inform panel discussion.

There were no further items raised under Any Other Business. The date of the next meeting of 29th October 2021 was noted by the Committee.

The meeting ended at 11.45pm.

Approved..... Date.....

ITEM 04 ACTION LIST

SAINT RAPHAEL'S HOSPICE CLINICAL QUALITY & GOVERNANCE SUB-COMMITTEE ACTION LIST FOR OCTOBER 2021 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
04/01;11/01	GL	Performance Management	May 2021	Complete. HR26 People Performance Management Policy and HR 27 Capability Policy have been reviewed and revised by GL and KC (Human Resources).
21/02/26-01	AM	Share Trustee training details & start training log	May 2021	
21/02/26-06	AM	Take forward outreach process for new Committee members	May-2021	
21/05/14-01	AM	Share Excellent Practice Register extract with Board	June 2021	
21/05/14-02	GL/AM	Ensure HR Committee consider position on staff contracts and vaccination	Next HR Cttee	Discussed at HR committee. There is now an inclusion in all new staff contracts that the hospice recommends/expects staff to have all the required vaccinations to ensure safe working.
21/07/16 - 01	GL/RT	Explore option to recruit agency nurse for night shifts	October 2021	Two agency RGN positions in place for IPU from October 2021
21/07/16 - 02	AR	Share detail on FTE required to bring RGN team to establishment	October 2021	Item on October Agenda under Safe Staffing Levels - RT
21/07/16-03	RT	Share update on IT risks	October 2021	OOH arrangements in place for consultancy cover.

ITEM 04 ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
21/07/16-04	RT	Share update on equality & diversity Working Group on patient behaviour towards staff	October 2021	Not yet commenced – for discussion
21/07/16-05	RT	Encourage IPU staff reflections on time spent in training and working with other colleagues	October 2021	Senior IPU staff are planning feedback day in November 2021
21/07/16-06	RT/AR	Consider approach to using Datix to collect examples of excellent practice	October 2021	Excellent Practice Register in place. Signposting with DATIX feedback module when implemented in 2021.
21/07/16-07	RT	Consider further ways to help inform patients of Hospice support compared to other services	October 2021	Hospice Information Booklet for re-print in November 2021.

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
1.	Workforce: Registered General Nurses Recruitment of appropriately qualified nurses to support the delivery of care on the In-Patient unit.	Night duty cover remains problematic . If RGN cover on night duty not sufficient, the number of patients that can be safely supported will be affected as safe staffing is across 24hours. Increasing difficulty in recruiting Band 5 nurses for day duty - staff undertaking extra shifts to cover requirement risk burnout. Managing unexpectd sick/compassionate leave can put pressure on the staff cover.	Current qualified nursing staff levels are adequate to support 8/10 IPU beds on day duty with full current complement of staff. Signifiacnt current deficit on night duty. COVID is impacting staffing levels due to requirement to self isolate. Active recruitment of Band 5 nurses to fill permanent and Bank to support core team at times of AL/SL or increased high dependency. Requirement for continued review of night RGN cover for safety assurance. Staff flexibility from day duty to night duty- Consultation is complete and rotation has commenced.. On the job training, mentoring and educational support to obtain required qualifications e.g. Support of the TNA programme for HCAs	4	4	20	In situations where staffing levels are adversely affected there would be a managed reduction of avialable 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 policy and maternity leave October 2021 - Two new regular agency registered nursing staff implemented October 2021 - payscale review and implementation of AfC alligned rates to remove the financial disincentive in recruitment	4	4	20
2.	IT PAS System Failure	Inability to access contemporaneous clinical records.	Contactable team OOH (not formal contract). Back up resource - outsourced at times of AL. Back up to PAS system facilitating access to the PAS. Risk is that recent recording may not be captured.	5	2	15	Daily back up of PAS. Risk Assessment undertaken related to IT risk to PAS. Highlighting gaps. Access to OOH IT Consultant response in place.	4	2	12
3.	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. As per government guidance clinical staff that can work from home are facilitated to do so. Community service provision has changed from face to face to telephone contact or virtual contact via skype.	3	2	9	Corona Virus Policy constructed to address all operational issues. PPE supplies checked. Contingency planning clarified for any identified case within the Hospice - as per govermemnt guidance. Single room nursing. Reduced face to face visiting dictated by urgency. Increased telephone contact. Introduction of virtual assessment. february.21, FFP3 mask testing. Deep clean of IPU. Refresher PPE training and advive and support from PHE. Weekly PCR & LFD testing for all staff. Independent review of infection control undertaken in October 2021.	3	2	9
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 clinal care Heirarchy of investigation Outputs- Learning informs improved proceeedures and processes Regular review of incidents 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 reflection and sharing learning and outcomes. Feedback to complainants regarding change in practice. Encourage an environment of comprehensive reporting to support learning and quality improvement. Introduction of Datix in Q3 2021 will support reporting and monitoring.	4	1	8
5.	Sustainable and relevent service provision	Reticience of some staff to embrace change to working practice as outlined in Clinical Action Plan (CAP).	Proactive leadeship to communicate and support change in working practice in line with CAP with Managers and key staff.	3	2	9	CAP to be communicated to all staff to clarify the vision and direction of hospice clinical service provision. Concerns will be listened to and addressed. Monitoring of change and recognition of the improvements will be comunicated to all staff on an ongoing basis through team meetings and education sessions.	3	1	6
6.	Staff Resilience negatively impacted during long pandemic	1. Inability to continue delivering service to the desired standard. 2. Consequential impact on EVE	1. Peer Support implemented for managers- aim to equip staff effectively. 2. HR proactive and avaialbale to hear and escalate issues 3. HR Mental Health Helpline. 4. Regular and open communication from Senior Team. 5. Weekly testing for staff. 6. Vaccine roll out to most staff	3	2	9	1. Continue to provide some other welfare benefits to acknowledge difficulties i.e. social meal cost contribution. 2. Supportive communication across teams. 3.Access to vaccinations improved. Increase in use of LFTs. 4.Increased infection control measures in view of rise in community infection. 5. Re-implementation of staff survey (Nov 8th 2021)	3	1	6

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurrence	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
8.	Complaints	Rumours Local press coverage Potential for public concern Elements of public expectation not being met Loss of confidence in the service Reputational damage	All complaints both verbal and written treated with the same level of scrutiny Complaints procedure in policy for staff to follow- escalation process Complaints documented and reported via Quality Manager Reported at Clinical Quality Improvement and Clinical Quality and Governance meetings Complainants (both verbal and written) are offered the opportunity to meet and discuss concerns with Director of Care All complaints discussed at hospice team meetings for awareness and learning across the organisation Bi-annual review by EXEC Required action taken to address concerns with staff members where individuals have been identified by the complainant File notes kept of discussions by HR	3	2	9	Use of root cause analysis for significant incidents. Feedback to complainants regarding change/improvement in practice. Scoping to establish all clinical staffs access to communication skills training Training on care delivery Information shared re: Duty of Candour and scope of the policy Reporting of any concerns- no blame but responsibility	3	1	6
9.	Breaches of confidentiality involving person identifiable data (PID), including data loss	If low risk breach- dealt with locally as per policy- CUI reporting More serious breach - RCA may be required- may have wider implications if data not encrypted If serious IG breach may be media coverage Potential loss of public confidence to keep PID safe	All staff paid and unpaid trained on IG on induction and annual mandatory training. Policy communicated to whole organisation Clinical staff have nhs emails (encrypted) Regular organisational sweeps in all departments	3	2	9	IT monitoring and oversight of PID in received and sent emails. Monitoring includes audit and test phishing emails via IT Dept. Intermittent checking in areas such as photocopier/clear desks. Established link with Capsticks solicitor who provides ad hoc advice on data access issues	3	1	6
12.	Corona Virus	Staff Anxiety re: CV	Staff advised to undertake weekly PCR & LFD testing and vaccination. EAP accessible by all staff for wellbeing support. Working from home supported where possible. Review in line with government guidance.	3	2	9	Monthly HoDS to include any COVID issues and regular EXEC emails providing update and reassurance.	3	1	6
13.	Corona Virus	Staff safety at work	IPU - wearing face masks at all times as difficult to maintain social distancing in environment. Full PPE as appropriate. CPCT - social distancing in place in offices. Admin Corridor : staff using available office space to meet social distancing. Psychosocial and other teams working from home where possible and service delivery can be maintained.. Face coverings worn in all public areas. Offices have signage stating masks to be worn when more than one person is in the office.	3	2	9	Office reorganisation to make best use of space and required occupation. Regular infection control meetings and review of guidance. Staff confidence increased in social distancing regulations October 2021 - FFP3 mask use for community team being explored. October 2021 - Fit mask testing extended to Housekeeping.	3	1	6
7.	Lone working	Staff/volunteers work singularly in the community within referred patients homes. Risk of accident/incident in a patients home and individual risk to staff member. Risk in travel to and from home visits	Policy and procedure in place to support community working (SOP). Supplied with a mobile phone for contact with the hospice or other healthcare professionals. ACC informed of access and egress. Lone worker alert devices in place.	3	1	6	Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. Clarification and supported training on use of safety devices. EXEC OOH on call in place for contact and advice on further action.	3	1	6
10.	Brexit - Risk of medication shortages via suppliers	Required medication (opioids, neuropathic agents, anti seizure etc.) not available in specified dose ranges to support symptom management. Impact on patients.	Liaison with clinical pharmacy Ashtons - Reassurance that adequate supplies in stock.	2	2	6	Regular updates from clinical pharmacist. Communication with wider CCG pharmacy colleagues.	2	2	6
11.	Corona Virus	Infection brought in on clothing	Staff instructed not to wear uniform into work. Change in work, at beginning and end of shift. Scrubs and coveralls supplied.	2	2	6	Wash bags provided to all staff in which to place uniform for transporting home. Advised wash uniform in bag at 60 degrees. CPCT supplied with uniforms to facilitate essential community visits as well as all PPE	2	2	6

ITEM 08

Clinical Quality and Governance Report

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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

Update on Organisational Response to the Covid 19 Pandemic

Our staff have gradually returned to the Hospice over the summer months whilst ensuring that a balance is maintained between time working in the hospice building and working from home so that safety is observed.

The clinical team meet regularly to review our Managing Covid-19 policy, making certain that we are in line with current guidance.

Our visiting restrictions have remained the same for the past few months, allowing a small number of family and friends to visit patients on the IPU. However, we remain vigilant in terms of infection prevention and control procedures to keep everyone as safe as possible.

Numbers are once again rising locally, and we have seen a small increase in staff testing positive to Covid but we continue to encourage staff to test regularly with LFD and PCR tests. The overwhelming majority of clinical staff have had both vaccines, and many have also now had their booster. The flu jab is beginning to be taken up.

Staffing levels have not been unduly affected by Covid over the summer months but we are aware that the picture may change as we move later in the year. As always, our staff have provided a consistent service to patients, families and fellow healthcare professionals, despite an unrelenting demand for support across the week. We remain extremely proud of their expertise and commitment during such an unprecedented time.

We continue to work closely with SWL CCG and our local hospices and palliative care providers to ensure that we are reaching as many people as possible who need our support and expertise.

Our Practice Educators have continued as a valuable resource in terms of ensuring staff and volunteers are up to date with infection control protocols, providing refresher and training updates. We have also been independently audited to gauge our standard of infection control and to ensure that we are in line with current policy. The detailed results are yet to be shared but the overall score was 92% compliance. All areas for attention look to be achievable fairly easily. HoDs continues on a monthly basis to ensure that information is shared and communication is effective.

Clinical Services

Our **Psychological Support Team** remains extremely busy and with the student placements, we no longer have a waiting for bereavement support which is a fantastic achievement. Steve Molyneux (Psychological Support Lead) and Sr Anne have been working together to transition the bereavement group into a more formal model and this support group will be running fortnightly for a period of eight sessions from the Autumn.

Our **Wellbeing** Living Well programme is now on it's second cycle – the first cycle was well received. The WB Team have been visiting the Hospital Palliative Care teams and Acute Trusts in our catchment area to provide short talks on what we are able to offer, and we have seen an increase

in referrals in response to this. The team provide a varied programme across the three days and now run a regular young persons' group.

The **IPU** was closed for a number of weeks during the summer in order to allow the refresh project to be completed. The staff took the opportunity to increase their learning by visiting other healthcare settings and to undertake educational activities, as well as taking well deserved annual leave. Some of the staff also spent time with the Community Palliative Care Team (CPCT), supporting with calls as well as observing the way in which the community services work. There is a planned feedback morning where staff will share their learning and experiences with their colleagues.

During the IPU closure, some of our patients requiring admission were supported by fellow hospices, and we are hugely grateful to them for their support.

The new space reopened on 31st August and now has a much more contemporary feel. The IPU is lighter and brighter with a welcoming reception area and updated technology.

Staffing remains stretched at times and bed capacity continues to depend on staffing numbers available. We are actively recruiting where we can and have reviewed our pay structure in order to try and attract new staff. In the meantime, we have two registered agency nurses who have started to work with us and we hope that this will assist in opening more beds over time.

The **CPCT's** new model of three locality teams appears to be working well with positive feedback from both staff and patients. A formal review will be undertaken at the end of the year. There were some staff vacancies during the summer but the team is now at full establishment. Referrals remain high and activity is busy across seven days, with the CPCT supporting patients both under our clinical care and the care of other services at weekends when other support is not available. A number of staff are also completing professional studies which add to their skill set such as Non Medical Prescribing, Advanced Physical Assessment and the European Certificate in Essential Palliative Care.

Recruitment

In July, Fiona Chappell joined our IPU as a Bank Staff Nurse, and in August, Naomi Stammers (a paramedic) and Malin Sorrell joined the CPCT as a Band 7 and Band 6 CNS development post respectively.

In September, Barbara Morgan joined our IPU as a Bank Staff Nurse, Carley Lightfoot as a Health Care Assistant and Pam Narcisse as a Bank Health Care Assistant.

Nora Khan left her CNS post to return to Ireland, and Staff Nurse Laila Coote left the IPU to take a post in a child immunisation clinic

Medical Team

Our three Medical Consultants have now taken on lead roles in the following areas:

Dr Jenny Strawson – Lead Consultant/ Dr Gaby Tamura-Rose – Quality and Research/ Dr Naomi Collins - Education

During the IPU closure, the Medical team provided training for the nursing staff on the Outcomes Assessment & Complexities Collaborative (OACC) and SIM Training (medical simulation training using our mannequin) as well as recommencing the Palliative Care Masterclass for external healthcare professionals in our catchment area. They have also been undertaking a number of

audits as well as providing medical advice and support to the CPCT and community patients and their families.

We also have a Paediatric Palliative Medicine Trainee on placement one day a week for the next eighteen months. This is new for us and will help support our knowledge when patients are transitioning from adolescent to adult hospice care. We continue to support a Specialist Registrar and GP VTS as well as medical students.

Education/Training

Our Practice Educators have continued to provide training across the summer months, producing a bespoke training programme for the IPU staff to ensure that training gaps are both identified and addressed. They have also worked with the medical team to provide SIM training as well as planning educational programmes for later in the year. Equality and Diversity Study Days have continued. Much of their time has been spent overseeing the Infection Control needs of the organisation and ensuring that we are in line with current guidance.

Capacity Tracker

We continue to contribute our inputs into the NHS capacity Tracker which is aligned to the HUK grant from Treasury.

Governance meetings

The Hospice's 'Governance' meetings feed into the work of all the Hospice Sub-committees.

Presently, there are 8 clinically focused forums that currently feed into the CQ&G Sub.

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

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

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Jun'21	Jun'21	Nov'21
Clinical HoDs	Sep'21	Aug'21	Nov'21
Medical Business	Oct'21	Oct'21	Nov'21
Drugs & Therapeutics	Jul'21	Jul'21	Nov'21
Falls	Apr'21	Apr'21	Dec'21
Outcome Measurement Group	Sep'21	Sep'21	Nov'21
Infection Control	Feb'21	Feb'21	Nov'21
Prescribers	Mar'21	Mar'21	Oct'21
Quality Improvement	Dec'20	Jun'20	Dec'21

Incidents / Accidents / Near Misses

- All incidents are reviewed by the respective Head of Department and in turn the Clinical Director and 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.
- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are ongoing with the latest submission provided in October 2021. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.
- All falls are reviewed at meetings of the Falls Group. Its last meeting took place in April 2021 and its next meeting is scheduled for December 2021. The Falls Policy was last reviewed and re-published in October 2020.
- Use of electronic incident reports via Datix is to commence in October 2021. A second module to capture complaints and feedback will be launched before the end of the year.

Clinical Audit, Monitoring and Research

Proactive audit of the prescription charts remains a weekly undertaking for our clinical Pharmacist and results are routinely shared via the Live Care system and reported to the D&TC. Our Ashton's Clinical Pharmacist Margaret Gibbs, our long-standing Clinical Pharmacist from Ashton's Pharmacy has retired and Ebun Lufadeju has taken over.

Review of progress with the clinical audit program and opportunity to feedback results will be provided by the Clinical Audit and Activity Data forum (CAAD) that is next to meet in November 2021.

The Audit/Research Programme 2021/2022 with timeline is set out on page 8. It itemises 29 projects spanning, clinical audit, quality improvement and data monitoring. Ownership is delegated across the clinical team and Quality support and the medical team projects now have Dr Tamura-Rose as audit overseer.

4 reports for 2020/21 remain with myself for writing up.

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 presented and communicated to the clinical team is held and includes such items as:-

Report Reference	Title	Lead	Created	Function	Primary Aud.	Exec / CCG Interest	Freq.	Resp.	Is Data Presented?	Presentation Tool / Depository
20/001	CMC Monitoring	BG	Jan-20	To improve CMC data capture	CPCT	Yes	Weekly	AR	Yes	N:\CrossCare\Data Analysis\Community Team\CMC.xlsx
20/002	NoK Details	SM	Jan-20	To improve NoK data capture	Psy / Qual / Donor Support	No	Monthly	AR	Yes	N:\CrossCare\Data Analysis\Next of Kin\NoK Details Monitoring.xlsx
20/003	Community Team Visit Responsiveness	LB	Jan-20	To support responsiveness evidence	CPCT	Yes	Quarterly	AR	Yes	N:\CrossCare\Data Analysis\Community Team\Community Team - Type of Review Data (AR) December 2019 +.xlsx
20/004	Sharing Information Consent	TC	2018	To monitor and improve Sharing Information Consent data capture	CPCT	No	Monthly	AR	Yes	N:\CrossCare\Data Analysis\Community Team\Information Sharing.xlsx
20/005	Safeguarding Monitoring	RW	Feb-20	To highlight patients with safeguarding concerns and track follow up	CPCT	No	Monthly	JL	No	N:\Clinical\Weekly Crosscare Reports
20/006	Referrals Monitoring	JO'G	Mar-20	To monitor and improve Referrals data capture	CPCT	No	Monthly	AR	Yes	N:\CrossCare\Data Analysis\Community Team\Referrals.xlsx
20/007	Referral to RIP Monitoring	JO'G	Mar-20	To monitor time between referral and death	CPCT	No	Monthly	AR	Yes	N:\CrossCare\Data Analysis\Community Team\Referral and RIP.xlsx
20/008	Active Caseloads	NS/GL	May-20	To monitor active caseload levels	Exec	Yes	Weekly	AR	Yes	N:\CrossCare\Data Analysis\Active Caseloads\Active Caseloads as at 22-10-2020.xlsx
20/009	Daily Activity Data - capacity tracker support	NS/GL	May-20	To monitor activity recorded on Crosscare	Exec	Yes	Daily	AR	Yes	N:\CrossCare\Data Analysis\Hospice UK COVID-19 Data Submission\Activity Data for Hospice UK COVID 19 Daily Report.xlsx
20/010	Referrals by Postcode	DN	Jun-20	To monitor referrals by postcode	Fundraising & Exec	Yes	Monthly	AR	Yes	N:\CrossCare\Data Analysis\Postcodes\Referrals 2019-20 by Postcode wip (AR).xlsx
21/001	PPoD vs Actual PoD Monitoring	RT	April 2021	To monitor PPoD achievement rates	Exec	Yes	Quarterly	AR	Yes	N:\CrossCare\Data Analysis\PPoD & RIPs\Deaths & PPD.xlsx

Report Reference	Title	Lead	Created	Function	Primary Aud.	Exec / CCG Interest	Freq.	Resp.	Is Data Presented?	Presentation Tool / Depository
21/002	Community Risk Assessment Monitoring	TC	To create	To monitor completion of the community RA	CPCT	Yes	Monthly	AR	It will be	TBA
21/003	DoLs Monitoring	TBA	To create	To monitor DoLs applications and follow up	Exec	Yes	Weekly	AR	No	TBA
21/004	Wandsworth Activity Profiling	RT	To create		Exec	Yes	Quarterly	AR	It will be	TBA

Quality Account

The Hospice last submitted its **Quality Account** for 2020/2021 to the NHS Choices web site in June 2021 and is available on the Hospice's website at

<https://www.straphaels.org.uk/Handlers/Download.ashx?IDMF=a1a6bf91-8067-44e8-b3e1-aaeca9a274b6lt.->

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.

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

The CQC have published Temporary Monitoring Arrangement KLOEs that underpin their support calls that are expected more frequently than previously as part of their relationship building and assessment program. Last submission to support the latest telephone monitoring call was on 23rd February 2021 and was included in the papers for the February CQ&G Sub-committee meeting.

The self-assessment against the KLOEs will support our preparation for an inspection. We understand now that the CQC have abandoned the requirement for completion of a Provider Information Return with inspection methodology expected to embrace unannounced inspection. Allied to the workings of this group has been the creation of a depository for evidence of excellence that is included as an Agenda item for the CQ&G Sub. We aim to incorporate sign-posting within our KLOE self-assessment as it is populated. We hope our KLOE work will support our evidence base to achieve an 'Outstanding' rating at our next inspection and maintain it in the future.

Transfer of registered manager arrangements from Gail to Becca are on-going and, once completed by the CQC, will likely trigger an inspection.

Audit/Research 2021/22

Overview in October 2021

29 projects scheduled in 2021/2022 :

2021/22 Listing

Project Ref.	Title	Lead	Status	Report Link	Results
2021/22-01	Community - Carer & relative questionnaires for the Hospice @ Home Service	H@H Quality Office	Ongoing		
2021/22-02	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	Clinical HoDs Quality Office	Ongoing	Latest VOICES 2019/20 published in May 2021	Oct '21 - Draft 2020 Rpt under review
2021/22-03	IPU - Patient Satisfaction	TY/Volunteers Quality Office	Re-start November 2021 subject to Survey content being agreed		
2021/22-04	IPU – Infection Control : Environment & Hand-washing Audit	IPU - S Dunmall Community - J Smith Quality Office	Ongoing	Jan – Jun - Graphical presentations	
2021/22-05	IPU - Medicines Management Audit	Ashton's Clinical Pharmacist	Ongoing		
2021/22-06	Non-pharmacological intervention Audit (ISR Recs 2-5) - prevalence / effectiveness monitoring	IPU based : TC/TY/JS	Not yet started		
2021/22-08	IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Dr Busi Da Silva	Not yet started		

Project Ref.	Title	Lead	Status	Report Link	Results
2021/22-09	Controlled Drugs Annual Audit	R Trower	Ongoing		
2021/22-10	IPU - Re-audit of Discharge letter to include medication recording on Discharge from IPU corroboration with the EPR 'Medication Module'	Dr AA	Not yet started		
2021/22-12	OACC measures (Step 1 - Phase of Illness + Karnofsky performance status; Phase 2 - iPOS)	OACC Task & Finish Group JS - IPU GT-R - Community	Policy Published. Training delivered Aug / Sep 2021 Into Practice Oct 21		
2021/22-13	IPU : Patient Handling / Pressure Areas / Mouthcare	IPU - TY tbc	Aug / Sep ' 21 Audit Data Gathered Oct'21 Database design and entry Nov'21 Rpt		
2021/22-14	IPU - Use of the After Death window	Dr AA Dr JS	Not yet started		

Project Ref.	Title	Lead	Status	Report Link	Results
2021/22-15	Discharge Planning	Med Team Dr JS	Published	N:\Clinical\Clinical Governance\Clinical Audit\Audit Report Library\2021\Discharge Planning Audit Presentation.pptx	<p>April to May 2021</p> <p>These results show that the standards for assessing for and initiating discharge conversations are currently being met. Most patients had discharge discussions less than 72 hours into their stay in line with standard 2.1.2.</p> <p>The tentative dates (of 7-10 days post admission) suggested in 2.1.2 were met in only half of the discharges. These dates were not recorded in the electronic record for any of the patients as the policy states, so this could be a contributing factor to why they were not met. Discharge planning is started in appropriate patients with only a small percentage having to be stopped due to deterioration, and the patients who were discharged also survived on average for a month afterwards, with no failed discharges. Most patients were stable at discharge, with suitable reasoning for discharging the unstable patients, which must contribute to the success of discharges.</p> <p>The commonest discharge destination was home, and commonest place of death was the hospice. PPD was successfully met in 89% of cases, showing the strength of advanced care planning in the hospice.</p> <p>In half of the completed discharges, patients experienced delays to their leaving. The main cause of these were patient illness, then followed by administrative issues including medications not being ready, transport not being ordered in time, and care not being in place.</p> <p>In just over a third of patients where discharge was discussed there was patient or relative distress recorded. 3 of these complaints were about relatives not being properly informed about changes to discharge which is a failure to meet standard 2.1.13 on these occasions. Patients who experienced distress/ concerns were associated with longer hospice stays than the rest of the patients. This may be because patients get used to a certain level of care, which is suggested by the fact that 3 of the concerns were about the patient not wanting to leave the care of St Raphael's and worried about coping.</p> <p>Concerns were only raised on one occasion that was associated with early mention of discharge, despite the majority of patients having these discussions early. This indicates that early discussion of discharge is unlikely to be a major cause of additional patient/ relative distress.</p> <p>Consider explicitly documenting that the patient has been assessed for discharge suitability in the Crosscare notes, and if suitable then recording the tentative dates in line with the discharge policy.</p> <p>Reiterate the importance of informing relatives to staff, as was the greatest cause of relative distress during discharge, and be aware that for patients with longer admissions discharge is associated with more patient distress so these discharges may require more time and support.</p>

Project Ref.	Title	Lead	Status	Report Link	Results
2021/22-16	Referral to PS triggers	Psychological services SM	Not yet started		
2021/22-17	Bereavement Questionnaire	Psychological services SM	Not yet started		
2021/22-18	Non-medical Prescribing Activity Comparative : FP10.	Community KH	Not yet started		
2021/22-19	Advance Care Planning -(timelines)	Community TC	Data Collection Phase		
2021/22-20	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	Quality Office+ CAAD	Ongoing		

Project Ref.	Title	Lead	Status	Report Link	Results
2021/22-21	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	Quality Office + CAAD	Ongoing		
2021/22-22	Incidents	Quality Office + Incident Review Mtg	Ongoing		
2021/22-23	Falls	Quality Office + Falls Mtg	Ongoing		
2021/22-24	Complaints	Quality Office + Exec	Ongoing		
2021/22-25	IV & Paracentesis	Jenny & Jovy	Project Planned		
2021/22-26	Safeguarding Documentation	Rebecca Wallis	Octo 21 - Report drafted by AR - with Audit Lead for review		
2021/22-27	Admissions Clerking	Jovy Giles	Data Collection Phase		
2021/22-28	Mortality & Morbidity	Ambreen Akhtar	Data Collection Phase		
2021/22-29	Adjuvant Methadone	J Strawson	Audit tool sourced		

Clinical Risk Management

Clinical Unexpected Incidents

Overview of incident data for January – December 2021 is shown below:-

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021	2020	2019	2018	2017
Admissions to IPU	9	10	17	21	12	12	2	1	13				97	195	212	211	214
Beds	6	6	6	8	8	8	8	8	6								
Bed Occupied Days	154	85	164	175	185	203	71	1	149								
Bed Available Days	186	168	186	240	248	240	248	248	180								
Bed Occupancy (variable beds)	82.80%	50.60%	88.17%	72.92%	74.60%	84.58%	28.63%	0.40%	82.78%								
Bed Occupancy (10 beds)	49.68%	29.31%	52.90%	58.33%	59.68%	67.67%	22.90%	0.32%	49.67%								
CD Medication Incident			3	3	13	6		1	3				29	15	23	27	18
CD Medication Near Miss			1						1				2	1	1	3	7
Adverse Reaction (Opioid Toxicity)													0	0	1	10	8
Adverse Reaction													0	0	0	1	2
Non-CD Medication Incident	1			2									3	4	12	22	27
Non-CD Medication Near Miss													0	0	1	5	12
Pressure Sore on Admission	2	1			2	3			1				9	19	16	20	23
Pressure Sore during Admission						1	1		2				4	4	3	8	4
Sharps													0	0	0	2	0
Infection													0	0	0	0	2

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2021	2020	2019	2018	2017
Readm <7days													0	0	1	4	1
Unexpected Transfer													0	0	0	2	
Near Miss(non-medication & non-IG)					1								1	1	1	2	1
PE													0	0	0	3	4
Staffing													0	0	1	1	
IG						1	1						2	3	0	7	12
IG near miss				2	1	1							4	1	0	1	4
Manual Handling				1					1				2	1	5	10	2
Slips, trips, falls			2		1	1	1		10				15	20	21	29	18
Verbal Violence													0	1	0	0	1
Bump													0	0	0	0	2
Other - Admin/property/Documentation/Clinical		1	1		3								5	14	12	18	15
* Incidents reported to Community – non-SRH									2				0	8	12	25	24
Total 2021 *excluded	3	2	7	8	21	13	3	1	18	0	0	0	76				
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		
Total 2018 *excluded	21	14	11	10	18	24	15	8	13	16	17	9				176	
Total 2017	13	11	19	15	15	17	12	2	16	16	15	12					163

Rise in reported cd medication incidents in 2021 partly understood by spike in May 2021 that saw a single calculation error for morphine sulphate repeated by 5 staff members. Monthly spikes in reporting seen in July and September 2021. September's spike understood by one patient who had repeated incidents of falls – all either low or no harm.

Incident Key

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

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

<i>Clinical Significance</i>	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2021	2020	2019	2018	2017
Admissions to IPU	9	10	17	36	21	12	12	45	2	1	13	16				0	97	193	212	211	214
Bed Occupied Days	154	85	164		175	185	203		71	1	149										
Bed Available Days	186	168	186		240	248	240		248	248	180										
Bed Occupancy	82.80%	50.60%	88.17%		72.92%	74.60%	84.58%		28.63%	0.40%	82.78%										
Fall No Harm			1	1			1	1	1		6	7				0	9	14	15	21	
Fall Low Harm			1	1		1		1			4	4				0	6	6	6	10	
Fall Moderate Harm				0				0				0				0	0	0	0	1	
Med Level 0			3	3	3	3	1	7			3	3				0	13	9	13	6	
Med Level 1	1		1	2	2	9	3	14		1	1	2				0	18	10	21	37	
Med Level 2				0				0				0				0	0	0	3	10	
Med Level 3				0				0				0				0	0	0	0	3	
Minor			1	1	2	5	4	11	1		1	2				0	14	15	19	38	
Moderate		1		1	1	1		2				0				0	3	6	2	21	
Serious				0				0				0				0	0	1	1	3	
Pressure Sores	2	1		3		2	4	6	1		3	4				0	13	23	19	27	
Totals 2021	3	2	7	12	8	21	13	42	3	1	18	22				0	76				
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		
Total 2018	21	14	11	46	10	18	24	52	15	8	13	36	16	17	9	42				176	
Total 2017	13	11	19	43	15	15	17	47	12	2	16	30	16	15	12	43					163

Clinical Complaints

- There have been 4 clinical complaints received since last report. Details are below.

ID	TYPE	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE	STATUS
2021/08	SURVEY	Daughter	09/07/2021	Daughter expected more home contacts leading to a Poor rating in her VOICES survey return.	Community Care	<p>Followed up by Community Manager who drew out the timeline of interactions by the Community Team during the pandemic and concluded that there had been continuity of staff involvement. Follow up phone call made by Clinical Director to daughter Call to daughter in response to VOICES questionnaire. Daughter was happy to talk and declined the offer to come in and discuss her concerns.</p> <p>She wanted to make it clear that when staff from SRH visited they were extremely helpful and she found them supportive. But when her mum's condition was reasonably stable, she found the regular telephone calls frustrating as she was 'always asked the same questions' and felt it was a 'tick box exercise' for our staff. 'I think they just wanted to know if she had passed or not.'</p> <p>There were times when her mum was less well and she would have liked face to face visits but acknowledged that it was during COVID and explained that all the healthcare professionals she contacted were slow to visit.</p> <p>One of the daughter's biggest difficulties is coming to terms with the cause of her mum's death. There was never a confirmed cancer diagnosis and the post mortem confirmed the cause of death as a pulmonary embolus. Daughter was instructed by a doctor (unclear whether hospital or GP) to stop her mum's fragmin injections 5 days prior to her mum's death and so she questions whether had she continued with the fragmin, her mum might still be alive.</p> <p>Discussed bereavement support and the daughter had received the letter from our PS service explaining that we are under pressure and therefore to actively contact us should she require support. She explained that she has done this and spoke to a man but has heard nothing since. Clinical Director apologised but explained that it might be that there were others also needing support and our service is limited. Daughter was very understanding of this – she has also accessed support through a work-based employee scheme but has heard nothing from them yet.</p> <p>Daughter said she is fine for the time being and Clinical Director will follow up with the team to see if they can make contact soon – the funeral was delayed for 5 months due to the PM and so the funeral was only in June.</p> <p>Clinical Director apologised on behalf of SRH that she feels as though she didn't receive support when she felt she needed it – we aim to meet the needs of our patients and their families as best we can but we have a limited resource. She said she completely understood and that talking had helped – she felt 'listened to.'</p>	In part	Closed

ID	TYPE	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE	STATUS
2021/09	WRITTEN	Volunteer	11/08/2021	<p>Background.</p> <p>The complainant EH had attended a taster session as a volunteer in the Wellbeing Centre as a Pets for Therapy handler with her dog on July 29th 2021.</p> <p>Incident leading to complaint: Staff in the Wellbeing Centre((WBC) expressed concern related to an overheard conversation between EH and 3 patients attending the Younger persons day, who appeared upset and later reported they had found the comments by EH upsetting.</p> <p>The Volunteer Services Lead for the Hospice (GT) was informed and attended the WBC to meet with EH. EH had already left. GT undertook a telephone conversation with EH on the 30th July to explore and discuss the issues raised by the staff and patients in the WBC.</p> <p>The telephone call was followed up by GT with a letter dated 4th August. A formal complaint was received on the 11th August. The letter expressed umbrage at the tone and content of GTs letter. Issues highlighted were:</p> <ul style="list-style-type: none"> • no specific training or induction received • all policies were only in email format – no hard copies provided • no clear understanding of what was expected of her • in her opinion the organisation is badly organised <p>Complainant acknowledges in the letter that her skills are not well matched to hospice requirements. Clearly stated that she did not require/expect a reply.</p> <p>Action: GT informed GL on 11.08.2021 of receipt of the letter. Content and context of the complaint discussed with GT for clarity on the same day.</p> <p>Outcome: No further action. No reply to be sent as per letter.</p>	Vol. Comms	<p>Action: GT informed GL on 11.08.2021 of receipt of the letter. Content and context of the complaint discussed with GT for clarity on the same day.</p> <p>Outcome: No further action. No reply to be sent as per letter.</p>	Not Upheld	Closed

ID	TYPE	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE	STATUS
2021/10	SURVEY	Daughter	15/09/2021	VOICES survey returned by daughter in which she regarded the overall experience of the Hospice service as Poor detailing having to chase up professionals whose focus was pain/symptom control when the family needed more support and respite/end of life bed wasn't available to give her mother a break. Patient RIP in Hospital in March 2021.	CPCT Care / Comms	<p>Investigated by Community Team Manager who stated that there were regular visits (monthly) responding to need and also regular support with triage and review calls . Most calls if not all were to a different daughter . Clinical Director telephoned the daughter and apologised if we had raised expectations that we were unable to meet and explained that we have a limited number of beds for our community caseload and therefore are unfortunately not able to offer respite. Daughter understood but said that she felt that she had to write down her feelings anyway. Also talked about the impact of Covid and how this meant that Day Hospice could not offer a F2F service. Explained that the Hospice neighbours service is being developed with a future transition to Compassionate neighbours. Daughter said that she felt this was positive and although it hadn't helped the situation with her parents, she felt it was a positive move to being able to offer support to people struggling and living at home. CD mentioned bereavement support but daughter feels that she and her family are currently experiencing 'normal' grief - she will however, be in touch should she feel they need any extra support. She thanked SRH for the help and support that they had offered her parents, despite her father dying in hospital.</p> <p>Sadly the patient was taken in to hospital as he had sustained a fracture . The CPCT were aware. The post bereavement call to the daughter with whom there had been primary contact states the death was "good" and a relief and SRH were thanked.</p>	In part	Closed

ID	TYPE	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE	STATUS
2021/11	WRITTEN	Wife	10/09/2021	Letter received from wife of patient who died at home in July 2021, by and large appreciating the care and support that the Hospice had provided her husband and in particular the H@H input at he end of life but critical of a video link consultation that her husband had experienced during COVID and earlier in his care undertaken by community team members that she felt had not been a suitable platform of engagement due to her husband's compromised capacities to interact.	CPCT Comms	Letter of response sent by Clinical Director acknowledging the challenges that had been faced during the pandemic and how the video link form of consultation had not met the needs on this occasion. Acknowledged the times that the Hospice did provide the support that she and her husband needed and further extended access to bereavement support as had been offered and appreciated by our PS service.	Upheld	Closed

Complaints Overview

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

Records – Access Requests

- In 2021, there have been 5 access to health records request : 1 x wife (January), 1 x partner (April), 1 x Solicitor (May), 1 x solicitor (September), 1 x son (October))
- In 2021, there have been 4 sharing requests : 2 x SWL LeDeR (January, February), 1 x bereavement services link group (March), 1 x Coroner (October)

	DSARs	Access To Health Records	Sharing
2021	0	5	4
2020	0	3	4
2019	1	4	0

Notifications

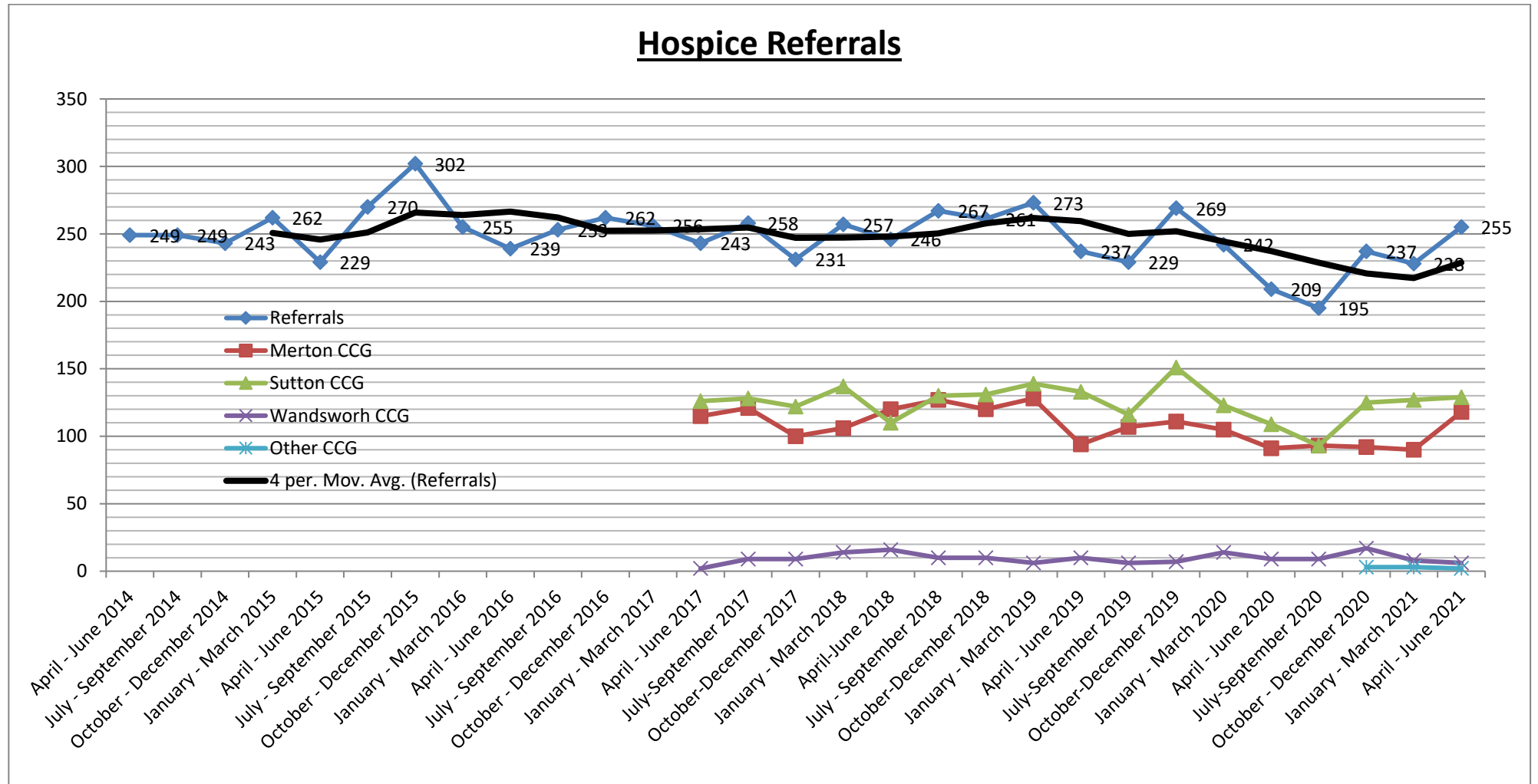
There were 4 serious injury notifications made to the CQC between January and September 2021 all concerning pressure sores grade 3 or above.

There were 15 safeguarding notifications made to the CQC between January and September 2021: 14 concerning individuals and 1 care home. All 15 were reported to the local safeguarding teams.

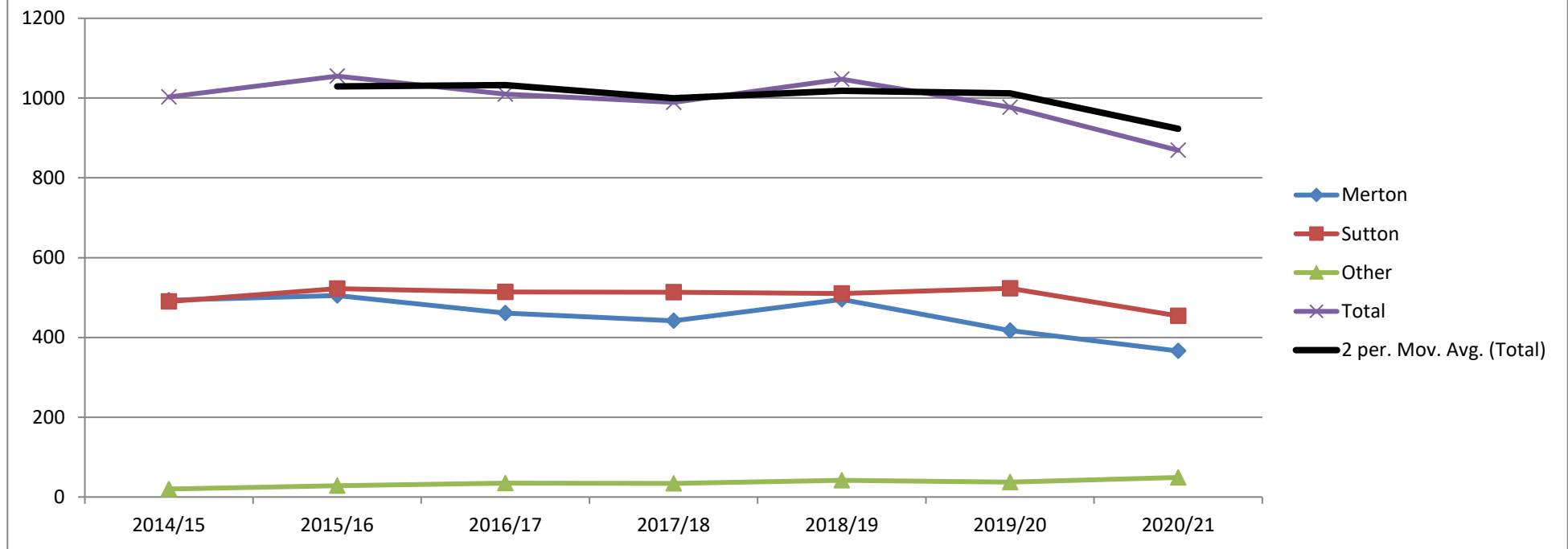
Clinical Commissioning Group (CCG) Data

Submission of Activity data for the preceding quarterly period is routinely supplied to the SWL CCG prior to our contract review meetings. The latest data period Q1 (April-June 2021) was submitted in September 2021. Next submission (Q2, July-September 2021) is due before our meeting in November 2021. A selection of graphical representations for some of the data items produced for the Homecare Service presenting data up to end of June 2021 is included with papers.

Hospice Referrals



Hospice Annual Referrals



The authors of this paper are Mrs R Trower, Clinical Director and Mr A Rudkin, Head of Quality and Improvement/ISO

Change to Clinical Pay Scale

Following Board approval in September 2021 to align with Agenda for Change (AfC) pay scales for clinical staff, a letter was sent on 24th September, sharing this news with them and informing that they would receive another letter which was sent on 12th October, outlining their respective banding, associated pay including Outer London Weighting (OLW) and rates for Out of Hours (OOH) payment.

Inadvertently the pay scales used to calculate the salary were based on the 2021 pay scales before the inclusion of the 3% increase. This was an unconscious error and caused upset particularly to the staff members in the community team. The error in the figures used to calculate the salaries was acknowledged quickly and staff were informed that it would be addressed appropriately. An amended letter was sent to staff on 20th October which included an apology from us for the error, followed by an email on 21st October to all involved staff inviting them to a series of 4 staff meetings scheduled across the week, offering the opportunity to ask any questions they may have.

Some staff have been very vocal in their upset as they perceived their basic pay based on years of experience (Banding) to be a pay cut, even though actual take home pay with OLW payments will increase markedly in most cases. For the five staff that did not show an increase we said we would continue to honour the pre-existing pay until the AfC rates were above it and then revert. There is the possibility that some staff may consult the RCN and also inform the CQC.

Nick met with CPCT team who were very concerned and explained how the mistake around the 3% had occurred, but as they had seen that the websites had been updated there was a feeling that we were trying to hoodwink them, which could not be further from the truth.

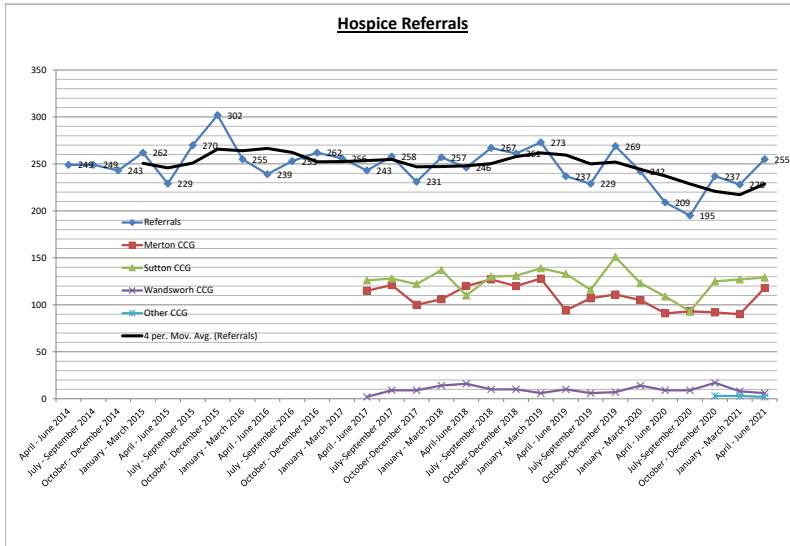
In the letter staff have been asked to sign and return a copy if they agree to the change.

The staff on the IPU appear to be content with the new rates of pay and have returned the requested signed copy of the new pay scale to HR.

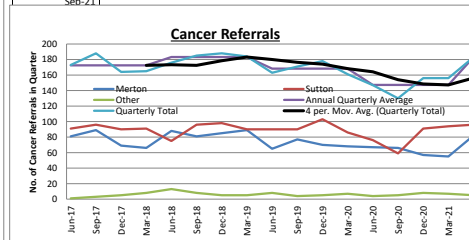
We have consulted legal to clarify:

1. Should we have consulted legally? We felt this was a pay increase and would not be something we consult on as a rule – although from a comms perspective it would have been beneficial.
2. We are actually using the AfC as a benchmark which we will use to clearly set our pay (we are not NHS) and so could we still call the “basic + Outer London” our “pay” (in order to avoid e.g. impact on mortgage applications), surely that is up to us?
3. We have talked about “adopting” or “aligning to” the AfC which in essence means we are paying what the NHS would pay (other T&Cs remain unchanged) – is that wording a problem?
4. We have asked them to sign and return a copy...but is this actually a contractual change that requires this – or is it just a pay rise?

Gail Linehan and Nick Stevens

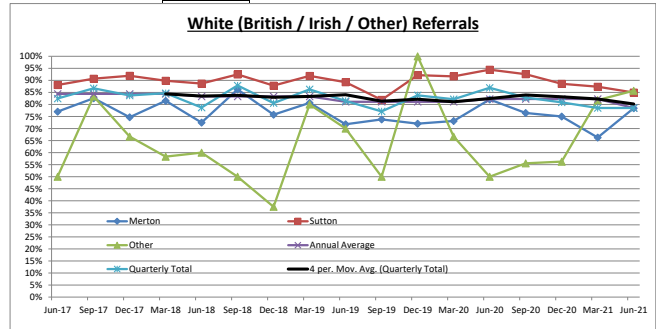
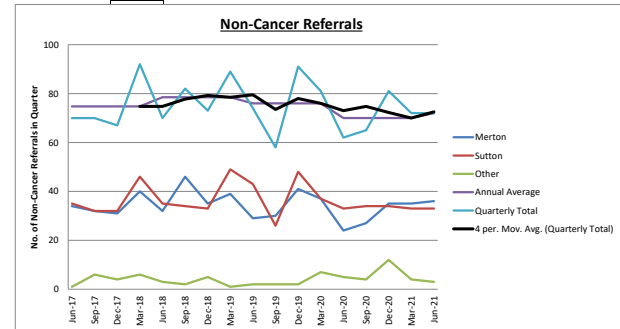


Community Team					
Cancer Referrals					
	Merton	Sutton	Other	Annual Quarterly Av	Quarterly Total
Jun-17	81	91	1	172.5	173
Sep-17	89	96	3	172.5	188
Dec-17	69	90	5	172.5	164
Mar-18	66	91	8	172.5	165
Jun-18	88	75	13	183.25	176
Sep-18	81	96	8	183.25	185
Dec-18	85	98	5	183.25	188
Mar-19	89	90	5	183.25	184
Jun-19	65	90	8	168.25	163
Sep-19	77	90	4	168.25	171
Dec-19	70	103	5	168.25	178
Mar-20	68	86	7	168.25	161
Jun-20	67	76	4	147.25	147
Sep-20	66	59	5	147.25	130
Dec-20	57	91	8	147.25	156
Mar-21	55	94	7	147.25	156
Jun-21	82	96	5	183.00	183



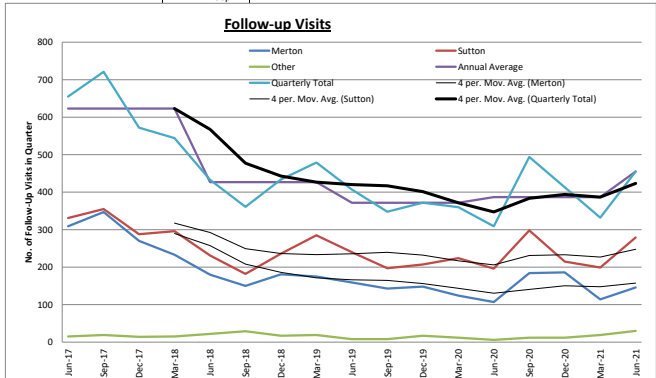
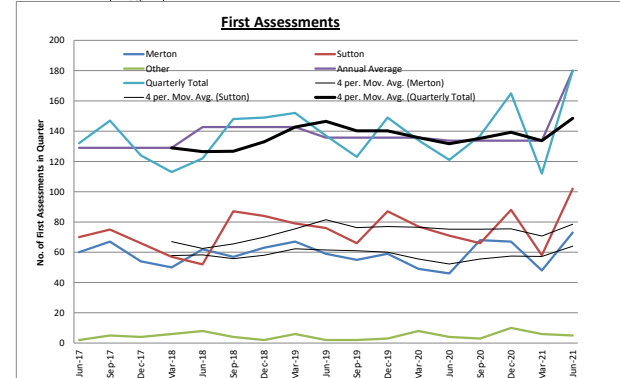
Community Team					
Non-Cancer Referrals					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	34	35	1	74.75	70
Sep-17	32	32	6	74.75	70
Dec-17	31	32	4	74.75	67
Mar-18	40	46	6	74.75	92
Jun-18	32	35	3	78.5	70
Sep-18	46	34	2	78.5	82
Dec-18	35	33	5	78.5	73
Mar-19	39	49	1	78.5	89
Jun-19	29	43	2	76.00	74
Sep-19	30	26	2	76.00	58
Dec-19	41	48	2	76.00	91
Mar-20	37	37	7	76.00	81
Jun-20	24	33	5	70.00	62
Sep-20	27	34	4	70.00	65
Dec-20	35	34	12	70.00	81
Mar-21	35	33	4	70.00	72
Jun-21	36	33	3	72.00	72
Sep-21					

Community Team					
White Referrals (British / Irish / Other) excluding Ethnicity Not Stated					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	77%	88%	50%	84%	82%
Sep-17	83%	91%	83%	84%	87%
Dec-17	75%	92%	67%	84%	84%
Mar-18	82%	90%	58%	84%	85%
Jun-18	72%	89%	60%	83%	79%
Sep-18	86%	92%	50%	83%	88%
Dec-18	76%	88%	38%	83%	81%
Mar-19	81%	92%	80%	83%	86%
Jun-19	72%	89%	70%	81%	81%
Sep-19	74%	82%	50%	81%	77%
Dec-19	72%	92%	100%	81%	84%
Mar-20	73%	92%	67%	81%	82%
Jun-20	82%	94%	50%	82%	87%
Sep-20	76%	93%	56%	82%	83%
Dec-20	75%	89%	56%	82%	81%
Mar-21	66%	87%	82%	82%	79%
Jun-21	78%	85%	86%	79%	79%
Sep-21					



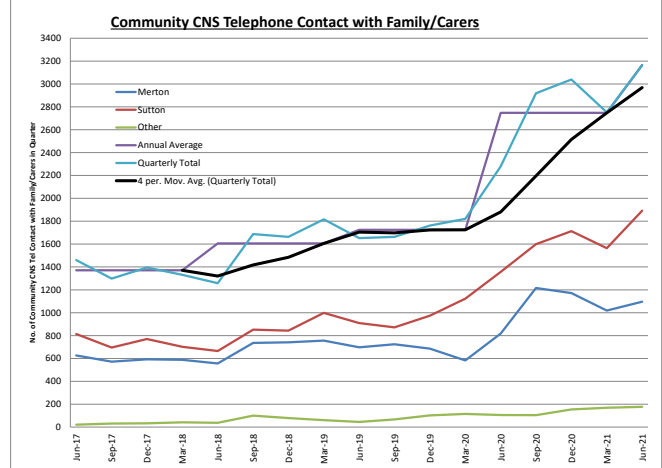
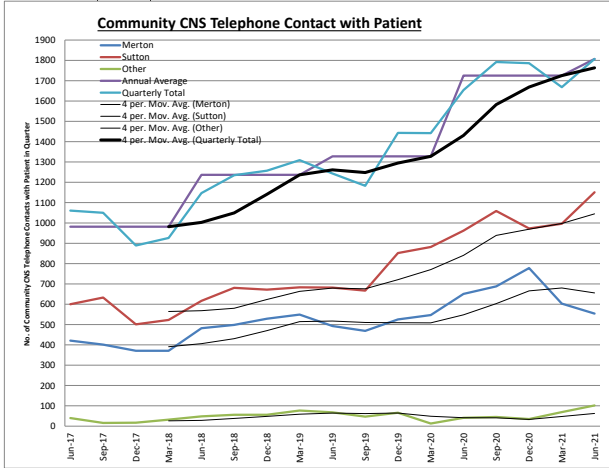
Community Team					
First Assessments					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	60	70	2	129	132
Sep-17	67	75	5	129	147
Dec-17	54	66	4	129	124
Mar-18	50	57	6	129	113
Jun-18	62	52	8	143	122
Sep-18	57	87	4	143	148
Dec-18	63	84	2	143	149
Mar-19	67	79	6	143	152
Jun-19	59	76	2	136	137
Sep-19	55	66	2	136	123
Dec-19	59	87	3	136	149
Mar-20	49	77	8	136	134
Jun-20	46	71	4	134	121
Sep-20	68	66	3	134	137
Dec-20	67	88	10	134	165
Mar-21	48	58	6	134	112
Jun-21	73	102	5	180	180
Sep-21					

Community Team					
Follow Up Visits					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	309	331	15	623	655
Sep-17	347	355	19	623	721
Dec-17	270	288	14	623	572
Mar-18	233	296	15	623	544
Jun-18	180	231	22	426.75	433
Sep-18	150	182	28	426.75	361
Dec-18	181	236	17	426.75	434
Mar-19	175	285	19	426.75	479
Jun-19	159	240	8	372	407
Sep-19	143	197	8	372	348
Dec-19	148	207	17	372	372
Mar-20	124	224	12	372	360
Jun-20	107	196	6	387	309
Sep-20	184	298	12	387	494
Dec-20	186	215	12	387	413
Mar-21	114	199	19	387	332
Jun-21	146	279	30	455	455
Sep-21					



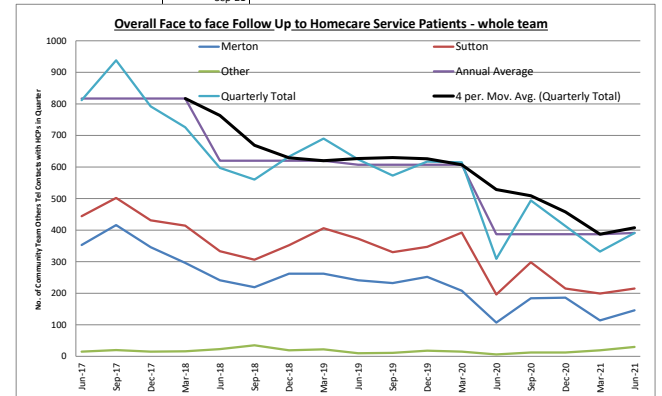
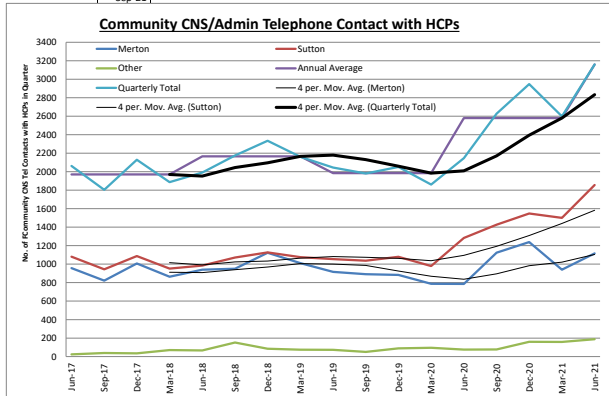
Community Team					
Community CNS Telephone Contact with Patient					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	421	600	40	982	1061
Sep-17	401	633	16	982	1050
Dec-17	371	501	17	982	889
Mar-18	371	523	31	982	925
Jun-18	483	617	48	1237	1147
Sep-18	498	681	56	1237	1235
Dec-18	529	672	56	1237	1257
Mar-19	549	683	77	1237	1309
Jun-19	493	682	68	1328	1243
Sep-19	469	667	47	1328	1183
Dec-19	525	852	66	1328	1443
Mar-20	547	882	13	1328	1442
Jun-20	651	962	41	1725	1654
Sep-20	688	1059	45	1725	1792
Dec-20	778	973	35	1725	1786
Mar-21	603	996	69	1725	1668
Jun-21	554	1151	102	1807	1807
Sep-21					

Community Team					
Community CNS Telephone Contact with Family/Carers					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	626	813	21	1371	1460
Sep-17	572	695	31	1371	1298
Dec-17	592	770	33	1371	1395
Mar-18	588	702	41	1371	1331
Jun-18	556	665	37	1606	1258
Sep-18	736	852	100	1606	1688
Dec-18	741	843	79	1606	1663
Mar-19	756	999	61	1606	1816
Jun-19	698	909	45	1725	1652
Sep-19	724	872	67	1725	1663
Dec-19	686	974	102	1725	1762
Mar-20	583	1123	115	1725	1821
Jun-20	818	1357	105	2748	2280
Sep-20	1216	1599	104	2748	2919
Dec-20	1172	1713	154	2748	3039
Mar-21	1019	1564	169	2748	2752
Jun-21	1096	1892	177	3165	3165
Sep-21					

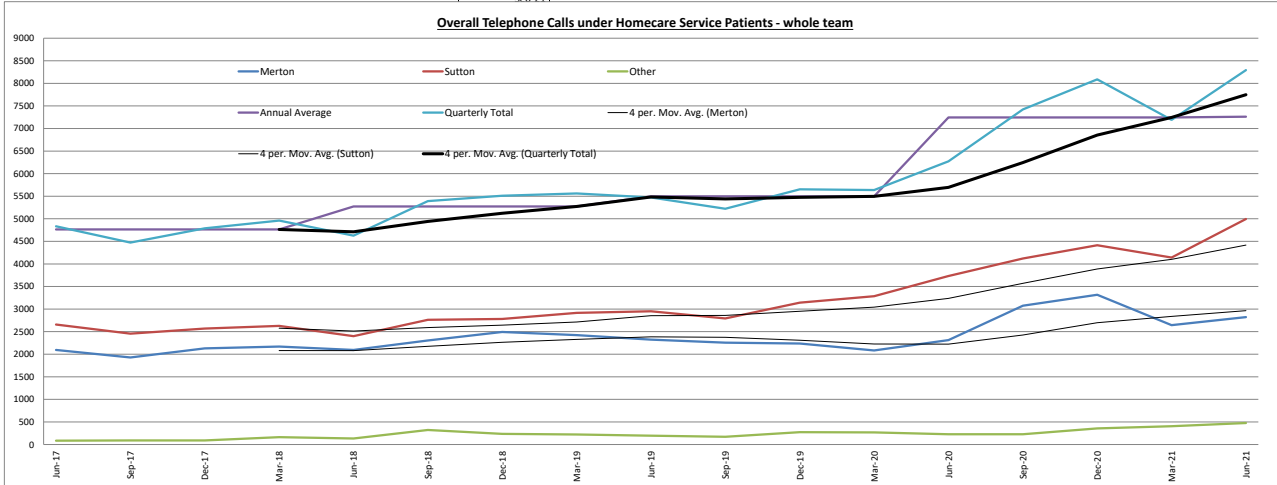


Community Team					
Community CNS/Admin Telephone Contact with HCPs					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	957	1081	24	1970.5	2062
Sep-17	821	944	39	1970.5	1804
Dec-17	1007	1087	35	1970.5	2129
Mar-18	864	952	71	1970.5	1887
Jun-18	940	985	66	2165.5	1991
Sep-18	951	1072	152	2165.5	2175
Dec-18	1123	1127	85	2165.5	2335
Mar-19	1011	1076	74	2165.5	2161
Jun-19	917	1055	73	1985	2045
Sep-19	891	1038	51	1985	1980
Dec-19	883	1080	89	1985	2052
Mar-20	787	979	95	1985	1861
Jun-20	786	1284	76	2580	2146
Sep-20	1124	1427	77	2580	2628
Dec-20	1239	1548	160	2580	2947
Mar-21	940	1500	159	2580	2599
Jun-21	1116	1856	188	3160	3160
Sep-21					

Homecare Service					
Overall Face to Face Follow Up to Homecare Patients - whole team					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	353	444	15	817	812
Sep-17	416	502	20	817	938
Dec-17	346	431	15	817	792
Mar-18	296	414	16	817	726
Jun-18	241	333	23	620	597
Sep-18	219	306	35	620	560
Dec-18	262	352	19	620	633
Mar-19	262	406	22	620	690
Jun-19	241	373	10	607	624
Sep-19	232	330	11	607	573
Dec-19	252	347	18	607	617
Mar-20	208	392	15	607	615
Jun-20	107	196	6	387	309
Sep-20	184	298	12	387	494
Dec-20	186	215	12	387	413
Mar-21	114	199	19	387	332
Jun-21	146	215	30	391	391
Sep-21					

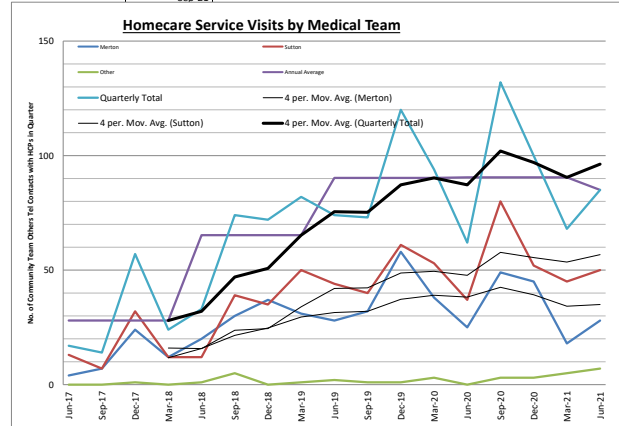
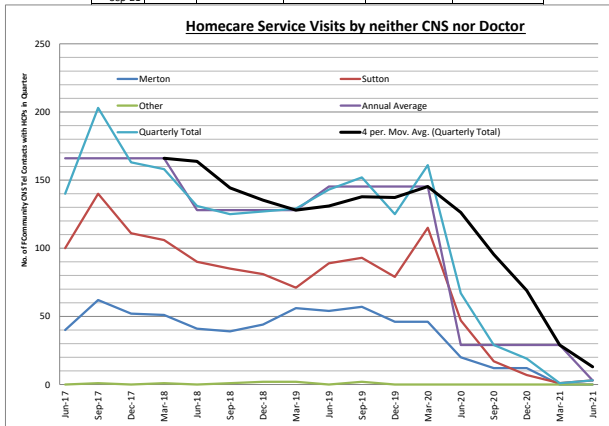


Homecare Service					
Overall Telephone Calls under Homecare Service - whole team					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	2094	2656	85	4764	4835
Sep-17	1928	2456	89	4764	4473
Dec-17	2129	2569	90	4764	4788
Mar-18	2169	2627	164	4764	4960
Jun-18	2093	2400	133	5272	4626
Sep-18	2305	2763	323	5272	5391
Dec-18	2493	2782	235	5272	5510
Mar-19	2423	2915	223	5272	5561
Jun-19	2324	2952	195	5495	5471
Sep-19	2257	2792	172	5495	5221
Dec-19	2238	3141	273	5495	5652
Mar-20	2083	3285	269	5495	5637
Jun-20	2313	3733	227	7244	6273
Sep-20	3074	4120	228	7244	7422
Dec-20	3317	4413	358	7244	8088
Mar-21	2645	4142	404	7244	7191
Jun-21	2822	4995	476	7261	8293
Sep-21					



Homecare Service					
Visits by neither CNS nor Doctor					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	40	100	0	166	140
Sep-17	62	140	1	166	203
Dec-17	52	111	0	166	163
Mar-18	51	106	1	166	158
Jun-18	41	90	0	128	131
Sep-18	39	85	1	128	125
Dec-18	44	81	2	128	127
Mar-19	56	71	2	128	129
Jun-19	54	89	0	145	143
Sep-19	57	93	2	145	152
Dec-19	46	79	0	145	125
Mar-20	46	115	0	145	161
Jun-20	20	47	0	29	67
Sep-20	12	17	0	29	29
Dec-20	12	7	0	29	19
Mar-21	0	1	0	29	1
Jun-21	0	3	0	3	3
Sep-21					

Homecare Service					
Medical Team Face to Face Follow Ups					
	Merton	Sutton	Other	Annual Average	Quarterly Total
Jun-17	4	13	0	28	17
Sep-17	7	7	0	28	14
Dec-17	24	32	1	28	57
Mar-18	12	12	0	28	24
Jun-18	20	12	1	65	33
Sep-18	30	39	5	65	74
Dec-18	37	35	0	65	72
Mar-19	31	50	1	65	82
Jun-19	28	44	2	90	74
Sep-19	32	40	1	90	73
Dec-19	58	61	1	90	120
Mar-20	38	53	3	90	94
Jun-20	25	37	0	91	62
Sep-20	49	80	3	91	132
Dec-20	45	52	3	91	100
Mar-21	18	45	5	91	68
Jun-21	28	50	7	85	85
Sep-21					



Clinical Action Plan 2021-2022

Introduction

The Hospice aims to support innovation and excellence across all the clinical services delivered by its teams. This approach embodies the Hospice strategic plan, EVE (Excellence, Visibility and Engagement).


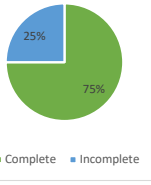

The Hospice deploys a Multidisciplinary Team (MDT) model to the delivery of its clinical services to achieve excellence. This necessitates all levels of clinical staff embracing an inclusive, proactive approach where responsibility and accountability are enabled and supported. Every voice and contribution has value.

The Clinical Action Plan aims to provide a consistency of approach across teams, acknowledging the sharing of resource and advocating collaboration in its achievement. Robust processes and systems support and enable all the teams to work safely and effectively.

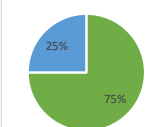
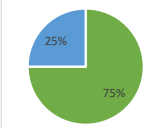

High importance is placed on the well-being of staff, recognising that staff are the Hospice's most valuable resource. The organisation actively supports education and training opportunities for people at all levels to learn and develop to achieve their full potential. This further supports our aim to be a centre of excellence.

Over the next 12 months we aim to further embed the MDT approach as part of our one team vision, recognising that every member of staff has a unique skill set which contributes to and supports the expert services we provide.

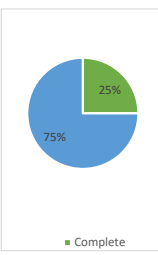
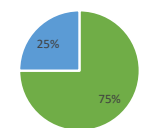
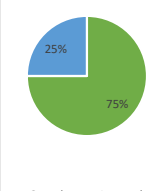
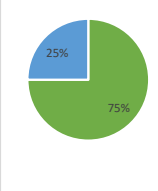
The Clinical Action Plan is operationally overseen and routinely reviewed by the Clinical Heads of Department Meeting.

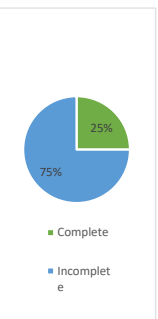
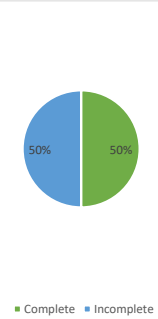
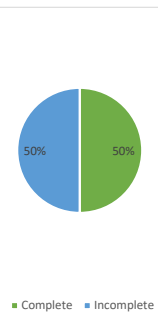
UPDATE OVERVIEW					
DATE					
	Complete	Complete Incomplete	Complete Incomplete	Complete Incomplete	Complete Incomplete
23-Mar-21	0	4	3	2	11
23-Apr-21	0	4	4	2	10
09-Jul-21	0	6	3	7	4
13-Jul-21	0	6	5	7	2
22-Oct-21	3	5	6	4	2

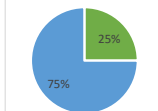

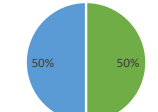
Clinical Action Plan

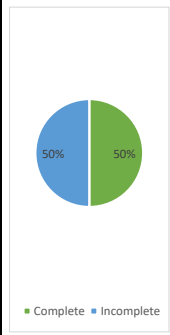
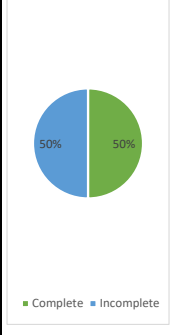
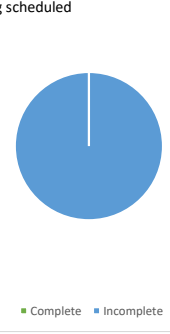
Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status						
CAP01	Review suitability of staff support / clinical supervision/reflection mechanisms : consideration of Schwartz rounds	<p>To facilitate and enable clinical discussion relative to the care of dying patients and their families.</p> <p>To provide a safe forum to support emotions and stresses.</p> <p>To enhance understanding of the professional environment in order to support practice development.</p> <p>To develop the IPU's skill set in undertaking level 1 psycho-social support for patients and families.</p> <p>To reduce silo-working and facilitate inclusivity of all staff in shared learning</p> <p>Provide opportunity to rotate to Community Team for further</p>	<p>Staff protected time</p> <p>External facilitation</p> <p>Psychological Services lead training time</p> <p>Employment contract updates</p>	<p>Engagement isn't compulsory</p> <p>Staff will leave</p> <p>Potential for variability in skills and abilities across days and nights.</p>	<p>Staff and facilitator time</p> <p>Schwartz training and set up.</p>	<p>Caring</p> <p>Effective</p> <p>Well-led</p> <p>Responsive</p> <p>Safe</p>	<p>Clinical supervision for all staff remains ongoing.</p> <p>100% compliance against plans affected by COVID</p> <p>SLT Peer Support being delivered regularly</p> <p>Psycho-social training to up-skill IPU team to deliver level 1 psycho-social support. Pended post COVID.</p> <p>Educational Updates</p> <p>Schwartz rounds to be prepped for</p>	 <table border="1"> <tr> <th>Category</th> <th>Percentage</th> </tr> <tr> <td>Complete</td> <td>75%</td> </tr> <tr> <td>Incomplete</td> <td>25%</td> </tr> </table>	Category	Percentage	Complete	75%	Incomplete	25%
Category	Percentage													
Complete	75%													
Incomplete	25%													
CAP02	Rotation of IPU staff across 24 hours Provide adequate competent staffing across days and nights	<p>To ensure consistency of approach and delivery to service provision across 24 hours.</p> <p>Assurance of clinical competence via night staff coming on to days for 1 week every 4 months and accessing education, development and competency assessment.</p> <p>To break down cultural barriers between day and night teams.</p> <p>All newly recruited staff will have internal rotation across days and nights built into contract.</p> <p>To support the one team approach.</p> <p>To ensure that staff across all shifts are accessing education and associated competencies.</p> <p>To ensure that staff across all shifts are accessing education and associated competencies.</p> <p>To ensure all staff are being developed and feel part of the wider team.</p> <p>New community team member induction includes IPU working for up to 1 month</p>	<p>Consultation time for existing staff across day and nights with HR and Clinical Director</p>	<p>Staff will not engage with the process.</p> <p>Staff retention / recruitment</p>	<p>Current Staff Costs</p> <p>Possible requirement for identified external training</p>	<p>Caring</p> <p>Effective</p> <p>Well-led</p> <p>Responsive</p> <p>Safe</p>	<p>Consultation complete</p> <p>Implementation commenced January 2021</p> <p>Rotation days to nights in place. Nights to days on hold impacted by staffing shortages</p> <p>Aim to rotate nursing staff from the IPU into community 'for experience' from date tbc (on hold due to staffing shortages)</p> <p>Incorporated into new recruitment contracts</p> <p>Implementation happening for both days and nights.</p> <p>Affected by COVID re staff sickness</p> <p>New community team induction that includes IPU working implemented.</p>	 <table border="1"> <tr> <th>Category</th> <th>Percentage</th> </tr> <tr> <td>Complete</td> <td>75%</td> </tr> <tr> <td>Incomplete</td> <td>25%</td> </tr> </table>	Category	Percentage	Complete	75%	Incomplete	25%
Category	Percentage													
Complete	75%													
Incomplete	25%													
CAP03	Increase counselling support for post bereavement care from 6 student counsellors to 8	<p>To improve responsive access</p>	<p>Volunteer student counsellor recruitment and supervision</p>	<p>Reduced counselling provision by the Psychological Support Lead</p>	<p>N/A</p>	<p>Caring</p> <p>Effective</p> <p>Well-led</p> <p>Responsive</p>	<p>August – September 2021</p> <p>July 2021 - recruiting for bereavement volunteers to provide telephone support</p> <p>October 2021 - Steve & Sr Ann hosting a bereavement support group in the Wellbeing Centre every 2 weeks</p>	 <table border="1"> <tr> <th>Category</th> <th>Percentage</th> </tr> <tr> <td>Complete</td> <td>100%</td> </tr> </table>	Category	Percentage	Complete	100%		
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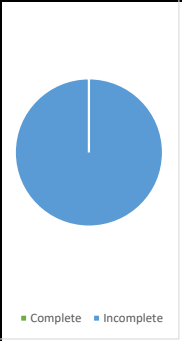
Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP04	Increase establishment of Band 5 nurses on the IPU to facilitate secondment to other clinical departments to support staff development and a 'One Team' approach.	<p>To develop team of nurses with assurance of palliative care clinical skills.</p> <p>Increasing the establishment to allow flexibility to open more beds routinely in the longer term.</p> <p>Opportunity of secondment to other clinical services to enhance understanding of the wider palliative care practice</p>	<p>HR</p> <p>Recruitment</p> <p>Training</p> <p>Development</p>	<p>Difficulty in recruiting.</p> <p>Loss of momentum subject to recruitment</p>	Cost of Band 5 nurse recruitment	<p>Caring</p> <p>Effective</p> <p>Well-led</p> <p>Responsive</p>	<p>Advert for Band 5s and Band 6s in place for current vacancies.</p> <p>May 2021 - advert updated</p> <p>July 2021 - social media advertising in place</p> <p>October 2021 - adverts in place and pay reviewed in alignment with AFC to improve recruitment</p>	<p>25% Complete</p> <p>75% Incomplete</p>
CAP05	To maintain CNS Development posts	<p>For succession planning.</p> <p>To ensure we have replacements for future retirees or those leaving through natural attrition.</p> <p>To ensure the service can operate in the future.</p> <p>To ensure competencies and training allows for development nurses to progress to CNS level and work within all departments</p>	<p>HR</p> <p>Recruitment</p>	<p>Cost to organisation in terms of care delivery if not planned. This could be mitigated by Trust application funding.</p>	Salary costs	<p>Safe</p> <p>Effective</p> <p>Responsive</p>	<p>3 positions : band 7 & 2 band 6s filled for 2021</p> <p>Introduced European Certificate in Essential Palliative Care for all RGNs for professional development</p>	<p>100% Complete</p>
CAP06	To include the audit of clinical risk assessment that supports individualised care planning in the clinical audit program	<p>To ensure our planning is individualised and documentation is supportive.</p> <p>Individualised care planning and risk assessment that is comprehensive</p>	<p>Time to train</p> <p>Staff engagement</p>	<p>Sub-standard communication and documentation that supports care delivered / planned.</p> <p>Lack of engagement</p>	None	<p>Caring</p> <p>Effective</p> <p>Well-led</p> <p>Responsive</p> <p>Safe</p>	<p>Audit of risk assessment planned for 2021/22 audit program.</p>	<p>50% Complete</p> <p>50% Incomplete</p>

Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP07	Implementation, training and embedding of Outcome Assessment and Complexity Collaborative (OACC)	To measure outcomes and gain feedback and consider KPIs through its use. All departments using the Australian-modified Karnofsky Performance Status scale & Phase of Illness. To integrate aspects of the suite of measures into practice, documentation, training and audit.	Time Audit Multi-disciplinary education Collaboration with clinical teams to embed and integrate into daily practice	Becoming target driven in our care delivery – must remain mindful of patients and interrogate outcomes accordingly.	OACC education courses – facilitating key staff comprehension and practical application. Project management – team time	Caring Effective Well-led Responsive Safe	Key staff attendance at OACC training in February 2020 (TC,TV&JF). Project implementation task and finish group first met in December 2020 Draft Pol / Karnofsky March / April 2021 Phase and Karnofsky for 2021/22 audit program 2021/22 : Phase & Karnofsky 2022/23 : iPOS - IPU 2022/23 : iPOS - Community	
CAP08	Incorporation of basic and advanced communication skills training for clinical staff into the mandatory training programme and delivering it	To support expert communication with patients, families and colleagues. To develop less experienced staff in having difficult conversations To refresh and support clinicians on the topic.	Time Planning Facilitation	Increased complaints Staff burn out	Training Facilitation	Caring Effective Well-led Responsive Safe	Practice educators liaising with Steve M re IPU / H@H study day in March 2021 - complete 2021/22 program to include basic and advanced communication skills training in September / October 2021 - complete Training delivered to IPU and CPCT colleagues to enhance communication skills. Consideration of how / if Sage & Thyme may be accessed / implemented in 2021	
CAP09	Implementation of Datix to manage Incident/complaint/complements	To facilitate ongoing review of Incident/complaint/complement	Time – (project leads for Datix implementation) HoDs – Testing and Training Time – Training on new system	None – adequate manual reporting system in place. Time/resource	Cost of implementation of Datix	Safe Effective Responsive	Testing: September - December 2020 Training Videos: April 2021 / August 2021 Policy amendments : April 2021 / August 2021 Full implementation for incidents – October 2021 Implementation for Complaints / Complements - November 2021	
CAP10	To ensure there is participation in the planning and auditing of clinical practice across all clinical teams (IPU / Medical / Community / Psychological Support) in line with the Hospice's Clinical Audit program.	To support the assessment of practice against standards	Time Staff Training	Deficient assurance evidence	Resource	Caring Effective Well-led Responsive Safe	As per clinical audit program for 2021/22 Evidenced in CQ& G report and Quality report for SWL CCGs	

Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP11	To complete VOED (Verification of Expected Death) documentation in the Community	To ensure clinical staff are competent to undertake conversation and completion of documentation to support VOED in the community.	Education Competency Assessment	Provision of a less than optimal end of life care service.	Resource Cost Time	Caring Effective Well-led Responsive Safe	December 2021 for all Band 6 & 7 staff to be assessed as competent.	 <p>75% Complete, 25% Incomplete</p>
CAP12	Review of the CPCT service model	To ensure optimum use of resources in relation to demand	Time for consultation Engagement by medical and nursing teams	Disengagement by staff Negative impact on responsiveness Impact on external communications Staff retention / recruitment	Staff time	Well-led Responsive Effective	April 2021 initial discussion May/June Planning and Implementation Sep-21 Substantive Model in place Oct - Dec 21 Initial review	 <p>50% Complete, 50% Incomplete</p>
CAP13	Successful embedding of the new wellbeing model	Expand reach to different client group	Staff establishment increase to 1.6 WTE Ad hoc speciality support	Comprehension of the non-clinical offer Underwhelming or overwhelming take up	Staffing Travel	Responsive Well-led Effective	12 months + Service launched - May 2021	 <p>50% Complete, 50% Incomplete</p>

Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP14	To increase community profile - GSFs - Nursing Home MDTs - GP Master Class - Foundation in Palliative Care for Community Nurses - Specialist OPD (Heart failure/ COPD/ Renal) To integrate Hospice into Acute Sector Site Specific Clinics to support fellow HCPs with appropriate referral to Hospice Services	To support a holistic approach to service delivery To encourage earlier referral to the Hospice services	Consultant and CNS time Education input / time : Media production	Capacity to provide Raised expectations Increased pressure on clinical teams	Time	Responsive Well-led Effective	01/01/2023 July 2021 : Prison visits, GP masterclass, representation at PCN meetings, attendance at heart failure clinics (Doc and CNS), Consultants support hubs, collaborative work with Challenging behaviour team	 <p>75% Complete, 25% Incomplete</p>
CAP15	Identification and allocation of clinical lead for the Medical Team Designated areas of responsibility clarified for Consultants	Strategic approach to consultant development To clarify delegated responsibilities	Consultant Time	Decreased satisfaction with roles	Nil	Well-led Effective Safe	Apr-21 : 18-24 month rotation (DR J Strawson initially) Jul-21 : Specific areas of responsibility to be clarified when 3rd Consultant has joined the Team. Oct-21: Complete	 <p>100% Complete</p>
CAP16	To demonstrate the impact of the Physician Associate position	To support future appointments and share experience with other Hospices	Medical time	Missed opportunity to service the rationale	Time	Responsive Well-led Effective	01/12/2021 July 2021 - Poster developed for Hospice UK. October 2021 - Oral presentation at Hospice UK in November 2021	 <p>50% Complete, 50% Incomplete</p>

Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP17	To review the palliative intervention offer (Paracentesis) - Bladder scanner use - Ultrasound course access	Reduce unnecessary Hospital admissions	Clinical time / training Manequin (Kevin / Kerry)	High / low demand	Time / Training	Safe Responsive	01/03/2022 May-21 : Bladder scanning training July -21 : Scoping other Hospices / costings / audit	 <p>50% Complete 50% Incomplete</p>
CAP18	To increase SRH collaborations with other Hospices	Shared learning Enhance relationships Improved work/life balance	Planning / negotiation time Training	Intensity of workload at times Familiarity with other EPRs	Time	Well-led Effective Safe Responsive	01/09/2021 SWL Exec Hospice Mtg Sharing Practice Advanced Comms On-call medical collaboration with PAH & Kingston Hospital Clinical supervision collaboration initiative with PAH Research and ethics collaboration with PAH Exploring collaboration with RTH for Infection Control	 <p>50% Complete 50% Incomplete</p>
CAP19	To review the reach and delivery of services provided by the Hospice @ Home service	To demonstrate effectiveness of service and ensure provision meets demand	Time	Staff sickness may undermine evaluation of full service provision	Time	Well-led Caring Effective Safe Responsive	26th October 2021 - H@H service review meeting scheduled	 <p>100% Complete</p>

Ref	Goal	Rationale	Resource	Risks	Cost	KLOE	Timeline / Progress	Completion Status
CAP20	To increase identification of carers needs and provision of support	Tom meet the needs of carers	Staff time / training Knowledge of local resource sign-posting	Unfulfilled raised expectation Potential duplication of service offer	Time	Caring Responsive Well-led Effective	Mar-22	

Meeting: Falls Meeting			
Date: 13/04/2021		Time: 11.30	
Present: Alex Rudkin (AR- Chair), Jenny Strawson (JS), Steve Cresswell(SC), Ginny Toubal(GT), Maura Flint(MF), Helen Agboola (HA), Becca Trower (RT)			
Apologies: Gwynne Hawden (GH), Sue Davies-Evans (SD_E)			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes	Meeting held 11/06/2020- agreed.		
Matters Arising	SC investigated falls incident at Carshalton Shop. Slabs issue still remains to be addressed. AR advised that reference to bed rail assessment was incorporated into the Falls Policy re-published in October 2020.	SC	
Topic			
Patients Falls Statistics	AR presented falls data upto March 2020. Non-clinical falls remain very low. The IPU fall rate per 1000 occupied bed days has dropped significantly in Q4 2019/20 to 1.68 in context of an annual rate of 5.48 and a peak quarter of 9.82 (Q3). Individual incidents were reviewed form October 2019 – March 2020. Patient incidents showed independence being a causative factor.		
Feedback from Teams	JS queried door closure on the IPU and connectivity with patient falls. She highlighted the potential for doors with viewing windows built-in. RT stated that this can be a consideration in the IPU refurb project and required works that are required for replacement of the fire doors. She confirmed that patient room lighting was part of the refurb plans. HA reflected that there were occasions when the bed sensor didn't alarm. AR advised that if the connectivity is checked and shows fault then that should be reported to Facilities. HA stated that daily checking of bed sensors had been in operation for over 4 months now. SC will liaise with IT if there is any functional compromise of the equipment to alarm. She advised that the low low beds were really helpful in managing high risk patients. JS highlighted medication changes such as use of laxatives can increase falls risk. Having a visitor often reduces the likelihood of falls.	RT SC	

Training and staff development	FtF MH training has been pended. MF shared that training is running a little behind but will include volunteers. Manual Handling trainers are being explored (Train the Trainer) but are unlikely to be in place before September Manual Handling Training is part of the mandatory provision under the PAH Learning Zone.	MF/LB	
AOB	RT highlighted Dementia Awareness training that is mandatory HA will identify as the falls risk lead on the IPU.		

Date next meeting: TBA

Meeting: Clinical HODs Meeting			
Date: 10 August 2021		Time: 14.00-15.30hrs	
Chair : Rebecca Trower		Minutes: Lynn Jackson	
Present: Alex R, Tracy C, Dr Gaby TR, Dr Jenny S, Laura B, Julie F, Penny J			
Apologies: Maura Flint, Naomi Collins, Steve M, Tracy Y			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes	Accuracy		
Matters Arising	<ul style="list-style-type: none"> Trinity alfentanil policy TENs – IPU to locate SOP Monitoring number of patients for potential paracentesis (ongoing) Awaiting approval from Drugs and Therapeutics re: Kepra in community FP10 SOP – update re: medics on call 	<p>TC emailed Trinity Hospice, shared SRH Kepra SOP & EOL flowchart</p> <p>RT/AR to amend medical management SOP to include a statement of use.</p> <p>DR JS/GTR to enquire as to cost of ultra sound machine from Woking hospice.</p> <p>AR to ratify & publish @ next D&T meeting</p> <p>FP10's to stay located in CPCT safe. Safe code to be given to Dr's on call via electronic handover.</p>	<p>ongoing</p> <p>Dec 21</p> <p>Sept. 21</p> <p>Ongoing</p> <p>October 21</p>

	<ul style="list-style-type: none"> • IPU Discharge window • IPU Refresh • IPU refresh -Referral capture • Medical On call Collaboration and SOP to be shared with Nursing Teams once finalised 	<p>TY to meet with John G to continue way forward.</p> <p>On target to reopen as planned to admissions on 31.08.21. IPU staff continue to take A/L & participate in education programme.</p> <p>CT/LJ to contact PCT's weekly as to no. of our catchment referrals made to other hospice's whilst refresh ongoing</p> <p>Work continues on SOP</p>	<p>Ongoing</p> <p>31.08.21</p> <p>September 21</p> <p>October 21</p>
Topic			
Infection Prevention	<ul style="list-style-type: none"> • Peer review and cross organisational Infection control responsibilities going forward. • IPU – Tracey Young lead & Julie F & Cathy F are IPU link nurses. • Jill S is CPCT link nurse <p>Long sleeved gloves are required for AGP visits of which there is a small supply</p> <p>Details of Medical grade face masks with clear windows to be sourced from Audiology Depts ? with view to purchase for use with SRH deaf/hard of hearing patients.</p>	<p>RT/TY Work continues to look at how this is moving forward.</p> <p>TC to inform CPCT</p> <p>CT/LJ/RT</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

<p>Medicine Management</p>	<p>Incidents – 8 CD incidents for Q1.</p> <ul style="list-style-type: none"> • 3 x CSCI (Disconnected/not running to time/omission due to lack of prescription) • 2 x omission of sevredol/MST • 3 x patch incident (incorrect application/ patch fell off/ patch on but not prescribed) <p>Change in Pharmacist</p> <p>Coroners letter – patients own drugs disposal – this is a request that patients own drugs no longer need to be stored for 7 days after death. Letter to be sent and then WTH</p> <p>TTO Pharmacy Electronic Ordering form – wider distribution</p> <p>Drugs and Therapeutics committee:</p> <ul style="list-style-type: none"> • Membership • Chairs – to be med consultants from now on 	<p>AR informed CHOD's there is a hard copy delay re incidents however DATIX will allow real time capture</p> <p>RT informed CHOD's Margaret Gibbs is retiring & successor unknown at present.</p> <p>RT continues to deal with this subject.</p> <p>Now finalised and Margaret Gibbs will be sharing with other pharmacists as a training tool</p> <p>Membership to this committee is to be reviewed. RT/JS/TY/TC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>December 2021</p>
<p>Incidents & Accidents/RCA's</p>	<p>Clinical Issues – Discussion</p> <p>It was agreed that this meeting is to move forward with meetings on Monday afternoon 13:30-17:00 every 6 weeks. This will allow for specific topics to be discussed in more depth, which will then lead to decision making & enable cascade for learning at team meetings. Should a CHOD be unable to attend a team representative should attend in their place.</p>	<p>LJ to set up new meeting dates with zoom details & distribute to CHODS</p>	<p>Review in January 2022</p>
<p>Complaints</p>	<p>VOICES x 2 – TC emailed Medical team & CPCT. Also discussed at CPCT MDT meetings.</p> <p>AR wanted to commend RT & Tc for their response to complaints & team reflections & learning.</p> <p>Julie F requested refresh training on Voices for IPU</p>	<p>AR/LB/MF</p>	<p>January 22</p>

	IPU questionnaire is currently being updated	AR/TY	Ongoing
Health & Safety			
New Policies/ Guidelines	Ashlie to arrange meeting for Community SOP to review	AJ/RT/TC	Ongoing
Documentation/ Crosscare			
Audit/Research	Audit update	AR to discuss at future meeting	Ongoing
Education/Training Reflective Forums	<ul style="list-style-type: none"> • Guildford Course • Hospice UK Conference – SRH to give oral presentation on Physician Associate role • European Certificate in Essential Palliative Care - Rebecca L & Marnie passed course recently • Mandatory Training now online & available 	<p>TY/AA/Jovi/Kevin</p> <p>Dr JS/Dr GTR/ Nick S/Kelly C + 1</p> <p>Jane G/Abi/Christina to attend next course</p> <p>All staff LB to email staff</p>	<p>September 21</p> <p>March 22</p> <p>November 21</p>
Recruitment/ Staffing	<ul style="list-style-type: none"> • Interviews undertaken for CPCT 09/08/21 – band 6 training post (1.0WTE) and band 7 CNS (0.8WTE) • Interviews undertaken for IPU last week and 10/08/21 and 12/08/21 – HCAs, SN band 5 and 6, NAs • Medical team – GPVTS • Psychological Support team update – SM continues to WFH. Capacity stretched due to demand Elisa has been very supportive & has supported CPCT/IPU enormously. 	<p>Band 6 training post accepted Band 7 CNS</p> <p>1x HCA offered</p> <p>Poppy to begin 3 month placement from SHH – Dr JS/TC</p>	<p>November 21</p> <p>September 21</p>

	Rebecca W also to be commended for Safeguarding input		
CQC/PIR	2 day inspections now being undertaken across the country. Possible deep dives on a couple of domains		
AOB			
AR	<p>Meetings to look at Keylines of enquiry to recommence</p> <ul style="list-style-type: none"> RCA training – enquiries & costings are being sought Safeguarding level 3 Autumn Programme being finalised <p>Dr Simon Woods – Paediatric Palliative care to undertake placement in September</p> <p>Requested Compliment box be added to agenda & minutes</p> <p>Attended Merton EOL meeting – reported back from meeting re clinical incident of patient discharged from hospital to NH with Syringe Driver. Pathway to be drafted. TC reported back to meeting issues of referrals/EOLC/CPCT & SRH GP Masterclasses</p>	AR	October 21
LB		LB/MF	Ongoing January 21
		LB/MF	December 21
Dr JS		Dr JS	December 21
Dr GTR		RT/LJ	Dec 21
TC			

Date next meeting:

**MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 13th July 2021
in Training Room / Zoom**

Attending

(RT) Rebecca Trower – Clinical Director / Chair	(HT) Hai To - Sutton CCG Care Home Pharmacist
(Dr JS) Dr Jenny Strawson, Hospice Palliative Care Consultant	(TY) Tracey Young - IPU Manager
(Dr GT-R) Dr Gaby Tamura-Rose, Hospice Palliative Care Consultant	(MG) M Gibbs - Ashton's Pharmacist
(AR) Alex Rudkin – Head of Quality and Improvement / Mins / Chair	(JS) Jill Smith -CNS, NMP

ITEM 1: Welcome

- 1.1 AR extended welcome

ITEM 2: Apologies for Absence

(BG) Bernadette Griffin -CNS, NMP, (KH) Kevin Hobson - CNS NMP, (NC) Dr Naomi Collins - Hospice Palliative Care Consultant, (HH) Heather Howell - Advisory Committee Member, (LB) Laura Briant – Practice Educator, (TC) Tracy Christmas – Community Services Manager NMP, (GL) Gail Linehan – Joint CEO

ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 7th April 2021 were agreed.

ITEM 4: Matters Arising

- a) PRN administration in the community by carers was agreed to be removed from the agenda.
- b) Review of the Hospice's [Diabetic Guidelines](#) last reviewed in November 2018 has been taken up by JS and is nearing completion. There was some discussion regarding the hypo kit and access to sugar. TY will email JS. JS
TY
- c) HT has provided the SWL Alliance Quick reference Guidelines for GPS and Primary Care Clinicians for 'The Identification, Treatment and Management of Malnutrition in Adults, Including the appropriate prescription of Oral Nutritional Supplements' which has been circulated to the clinical team.
- d) JS to develop local guidance on methadone use based on PAH guidance and will explore a shared audit with PAH. JS
- e) No further action regarding nutritional supplement training that was delivered last year. MG recommended keeping a small supply of nutritional supplement stock on the IPU.

- f) HT has highlighted the query raised regarding budgets and oxygen prescribing in the community to Sarah Taylor and advised that there has been no prescribing of oxygen attributed to SRH's budget. Oxygen prescribing is captured at a regional level rather than practice level and HT suspects that its prescribing has no impact on SRH budget.
- g) Further tweaks are required to CLIN57 / CLIN57a and MG will provide comment also. GT-R / MG
- h) Mx and Tx of infection guidance provided by HT has been circulated.
- i) Guidance on Keppra via CSCI draft is under construction. AR will circulate electronic draft for comment. GT-R / AR
- j) Production of a leaflet on 'Just in Case' medications will be picked up in the Information Material meeting AR
- k) Minor amendment required for [CLINSOP09 Safe and Secure Management of NHS Prescription Stationery issued on 25-05-2021.pdf](#) TC

ITEM 5: Pharmacy Update

MG gave an overview of the medicine management audits and fed back her admiration to the clinical team for their medicine management. She stated that she set St Raphael's as a leading example for others.

CD prescribing remotely is rare but OOH is permissible.

The Live View auto generated feedback on responses to the auditor comments is in error and MG has no issue with response to points raised nor overview made of comments by SRH management and teams.

MG offered Ashton's availability to provide training as required such as Diabetes at the end of life and advised that we are entitled to 3 training sessions per annum as part of our contract. She will circulate list of training topics available. MG

MG showed the prescribing trends / medications ordering (ABI report June 2021) with nil to note other than the SRH use of Abstral is a little higher than in other units. No concerns. AR to circulate. AR

Medication ordering seems to have settled with TY confirming use of secure email communications via NHS Net and JS's advice that there has been improvement.

ITEM 6: Update on medication policy review

- 6.1 [CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life](#) and [CLIN57a Flow Chart for Community prescribing at the end of life](#) was published on 4th May 2021 and a further update is required for the Flow Chart. Once completed and published the material will also be made available on the Hospice website. JS/GT-R
AR

- 6.2 There have been 5 published updates/revisions to medication policy / guidance

since the last meeting between April and June 2021:-

CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life [N:\Policy Manual\CLIN\CLIN57 Community Guidance on Injectable Medications for Symptom Control at the End of Life.pdf](#) v4 issued 04-05-2021 (**revised version of Appendix 1 from CLIN29**)

CLIN57a Flow Chart for Community prescribing at the end of life [N:\Policy Manual\CLIN\CLIN57a Flow Chart for Community prescribing at the end of life.pdf](#) v1 issued 04-05-2021 (**NEW**)

CLIN33 Non-medical Prescribers' Policy [N:\Policy Manual\CLIN\CLIN33 Non-medical Prescribers' Policy.pdf](#) v5.0 issued 31/03/2021 (**minor adjustments throughout**)

CLINSOP09 Safe and Secure Management of NHS Prescription Stationery [CLINSOP09 Safe and Secure Management of NHS Prescription Stationery](#) v1.0 issued 25-05-2021 (**NEW**)

CLINSOP10 Emergency transfer of medicines between Princess Alice Hospice and St Raphael's Hospice [N:\Policy Manual\CLINSOP\CLINSOP10 Emergency transfer of medicines between Princess Alice Hospice and St Raphael's Hospice.pdf](#) v1.0 issued 14/06/2021 (**NEW**)

6.3 Medication policy / guidance overdue for review are:-

CLIN18 Syringe Driver Policy (McKinley T34) IV Administration – T Young lead

CLIN26 Generic Drugs – M Flint Lead

TY
MF

ITEM 7: Serious Medication Incidents

7.1 There have been no serious medication incidents for review.

7.2 There was brief discussion over multiple minor incidents that were repeated by staff concerning calculation checks that led to individual reflections.

7.3 Conducting full body checks for patches was also discussed. MG expressed how patch issues weren't uncommon.

ITEM 8: Update on CAS/MHRA Alerts

8.1 All CAS/MHRA alerts are logged on our register at [N:\Governance\Central Alerting System\Register of Alerts](#).

8.2 There have been no alerts relevant.

ITEM 9: Any other business

9.1 None

ITEM 10: Future Dates

10.1 Dates of future meetings in 2021

Date	Event	Venue/Time
Wed, 17 th November 2021	Drugs and Therapeutic Committee	St Bede's 13.30

SAINT RAPHAEL'S HOSPICE

MINUTES OF THE MEDICAL BUSINESS MEETING

Held on 6th October 2021

In attendance:	Ambreen Akhtar	Specialty Doctor
	Gaby Tamura-Rose	Consultant (Chair)
	Naomi Collins	Consultant
	Rachel Clingan	SpR
	Jovy Giles	Physician Associate
	Ellie	Medical student
	Pascale Evans	Clinical Admin (minutes)

ITEM 1: Apologies for Absence

- 1.1 Jenny Strawson; Busi Da Silva; Poppy Allen

ITEM 2: Minutes of the Last Meeting

- 2.1 Approved.

ITEM 3: Rota / staffing for the next three months

- 3.1 Welcome to Rachel who is replacing Sabrina. An induction timetable including meetings with various members of staff has been prepared for the next few days. Rachel will work on the IPU for the time being.
- 3.2 Ambreen is now working Mondays and Fridays 9-5 in the community. SPA on Thursdays am and half-day off in the afternoon.
- 3.3 Simon Woods (Paediatrician trainee) works 1 day a week on Fridays.
- 3.4 The possibility of a permanent designated desk space for Ambreen and Busi in the community office is still being discussed and Jenny will follow up on her return from annual leave.
- 3.5 Gaby reported the problem with spiders in the consultants' office.

Jenny

ITEM 4: Clinical Challenges

- 4.1 A meeting with Ashtons pharmacist is being set up to discuss TTO's medicines and the possibility of using a local pharmacist. Naomi to resolve matter before the end of December when she switches to CPCT.
- 4.2 Jovy asked whether her role could involve being a medicine 2nd checker. An education day for HCAs to train as 2nd checkers is being organized by the education team and Jovy and Jenny will follow up.

Naomi

Jovy/Jenny

ITEM 5: Infection Control

- 5.1 Weekly PCR and LFT testing is on-going. Unfortunately the last batch of PCR tests expired on 6.10.2021 and can no longer be used. A new order has been placed.
- 5.2 Laura Briant confirmed that scrubs still have to be worn on the IPU. Gaby will advise St Helier consultants who visit on Thursday mornings.
- 5.3 Staff are requested to inform HR when they have received their COVID booster and flu jabs.

Gaby

ITEM 6: Education

- 6.1 Jovy will attend the Advanced Communications course on 21 & 22 October.
- 6.2 Gaby and Naomi will attend Equality & Diversity training on Monday 11th October.
- 6.3 MDT Journal Club will take place on Tuesday 19th October 9.15-10am.
- 6.4 Ambreen and Jovy will present the next journal club on 13th October.
- 6.5 Mandatory training completion is required by 25th November.

Ambreen/
Jovy
All

ITEM 7: Audit and Governance

- 7.1 Gaby is the Research Lead for the medical team. She will meet with Alex Rudkin on 7th October to discuss the way audits are conducted.
- 7.2 CQC last inspection took place at the end of 2019 and a new inspection is to be expected some time soon. Guidance for staff will be arranged.

Gaby

ITEM 8: Any other business:

- 8.1 Joint on call shifts with Princess Alice are starting on 6th October evening and the rota has been circulated.
- 8.2 Ambreen, Busi and Jovy have been facilitating teaching sessions for the Living Well Programme. As they are time consuming it was suggested to involve nurses and CNSs to share the burden.
- 8.3 Only Ambreen and Busi need to appear on the Community Crosscare roster. Previous doctors can be archived. Pascale will action.
- 8.4 Dates of future meetings:

Jenny

Ambreen/
Busi/Jovy

Pascale

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

**MINUTES OF THE
OUTCOME MEASUREMENT GROUP**

**Held on 8th September 2021
at St Bede's Conference Centre and via Zoom**

Attendance		
	(AR) Alex Rudkin - Chair	(RT) R Trower – Clinical Director
	(TC) T Christmas – Community Team Manager	(TY) T Young – IPU Manager
	(LB) M Flint – Practice Development Rep	(JS) Medical Consultant Rep

Apologies	None
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ITEM 1: Terms of Reference

- 1.1 Terms of Reference reviewed and revised. Agreed. Publish to the Policy Manual.

Action
AR

ITEM 2: Minutes of the last meeting

- 2.1 N/A

ITEM 3: Training

- 3.1 JS delivered OACC education to the clinical team during July & August 2021
- 3.2 Further drop in and Zoom facilitated sessions to be delivered in October post CNS study day on 28 September

ITEM 4: Matters Arising

- 4.1 Crosscare – Review Topics needs to exact PoI and AKPS. Check and liaise with JG.
- 4.2 JS’s teaching handout to be laminated by Education and copies provided to clinical teams. JS to send electronic copy to AR to append to [CLINSOP08](#).
- 4.3 Monday 4th October – wholesome launch of practical use of PoI and AKPS across IPU and Community teams.

AR
JS/MF
JS/AR
JS/MF
JS/AR

ITEM 5: CLINSOP08 Using Phase of Illness and the Australian Karnofsky Performance Scale – integrating OACC step 1

- 5.1 CLINSOP08 reviewed and amendments incorporated. TC and JS to discuss with JG re HPoC and include required edit.

TC/JS

ITEM 6: Any Other Business

6.1 Nil

ITEM 7: Future Dates

7.1 Dates of future meetings:

Date	Event	Venue/Time
23 November 2021	OMG Meeting	St Bedes + Zoom / 13.30

Ref No.	Recorded By	Date	EXAMPLES OF EXCELLENT PRACTICE - Description	Link to evidence	PT Id	KLOE	Key Staff	Related System
2021/40	TY	21/07/2021	PDP was asked to source duvet covers for the IPU for reopening after refurb and after many sleepless nights and searching had not settled for anything but the recommended criteria given to her. Also both Paula and Kerry from catering have been phenomenal in supporting the IPU team with clearing the ward for refurb and reorganising a lot of stock that was no longer needed to the donation station.				paula di palma, kerry	
2021/41	GTR	27/07/2021	Drs Ambreen and Busi continue to display excellent teamwork - they are so incredibly flexible in their support of the hospice on call rota, volunteering to help cover shifts last minute due to sickness, swapping to help accommodate leave etc. Without their support (as well as coordination from the wonderful Pascale) continuity of on call provision would have greatly suffered during recent months - so a big thank you from the consultant team!				Medical Team	
2021/42	AR/EN	29/07/2021	Emma has recently struck up a relationship with a local lady (K) who has started her own balloon and event business. The relationship began when Emma sent out a message on social media asking for balloons for the Nurses Day in St Bede's. K came back and said she would be happy to give us a balloon arch for free. When K officially left her job to start up her new business, Emma sent her a card to say congratulations as well as keeping in contact with emails and messages. Emma met with K again today to talk about what she could provide for our upcoming Corporate Awards Night. Emma was very willing to pay her after all she has already done. However, K said that there was no way she would ever allow St Raphael's to pay for anything ever! This was all because out of everyone she knows, including friends and family, Emma was the only person who sent her a congratulations card.		n/a	C.W	Emma Burns	
2021/43	TC	09/08/2021	The patient was identified as deteriorating on Sunday and weekend support was given. He was discussed further in MDT on Monday morning and agreed that due to reduce swallow and unable to take his oral anti-convulsant an urgent syringe pump and diabetic management was required. Dr Gaby provided the MAAAR chart for the Insulin and syringe pump. Provision of this chart by our medical team provided accuracy and effective timing as it reduced the need for the GP to provide. The charts were emailed to the DN's however they did not have capacity to set up the syringe pump till the afternoon due to staff shortages. To facilitate the best symptom control and support a distressed family Heather agreed to visit the patient with Malin that morning so they could set up the syringe pump. Heather already had a full visiting diary so Becca Wallis agreed to visit Heather's new patient to facilitate the extra visit required. Heather and Malin set the syringe pump up, supported the family and that afternoon the patient died peacefully.		15953 TQ	R, C, S	GT-R, HS, MS, RW	
2021/44	CT	03/09/2021	I received a telephone call on Friday from patient's GP. He wanted to express his thanks to all the team that had looked after the patient, he said we all do a fantastic job and had patient been with us on the inpatient unit a little longer, he would have popped into see him. He finished the conversation with 'Keep up the good work' we do here.		17223		community team, doctors IPU staff	
2021/45	TC	16/09/2021	An urgent referral was made by the GP on Friday 10th Sept and our Hospice Point of Contact requested SC PRN meds and MAAAR chart via the GP which was provided. A CMC record was created and the CNS on call visited on Saturday 11/09/2021 as the patient was deteriorating very quickly. Further discussion at our Mortality and Morbidity meeting this week highlighted that the daughter informed us at post bereavement call that she had to wait 14 hours for a GP to verify the death. The GP arrived at 03.00 hours in the morning following the death at 11/09/2021 at midday. Understandably the daughter was distressed by this situation. The CNS on call was advised the DNs could not verify the death as there was no "expected death" form in the house despite the death being anticipated and expected. Within the Merton area no expected death form is required and as supported by the RCN - VOED documentation the Nurse, if competent, can VOED with the exclusion of death in suspicious circumstance. Sutton CCG / Community Nursing have agreed to change practice.		17521	R, C	CPCT / Dr Strawson	
2021/46	JG	24/09/2021	Patient had significant shoulder pain despite hospice input. Plan for Denosumab therapy was discussed with pt's oncologist and was originally going to happen in person at a double appointment where pt could be reviewed & Denosumab given. However, due to nursing shortage, no escort was available to offer pt PRNs during the outing; pt preference was also to remain here as journey would have been taxing on the pt where they were also unable to sit out for more than an hour at a time. We co-ordinated with the oncologists to have the Denosumab prescribed by hospital and sent to the hospice for our skilled nurses to deliver SC and pt having a telephone appt in conjunction with this. By doing this we worked well with the oncologists, hospital pharmacists, hospice IPU, saved the manpower from coordinating the physical appt, freed up an appt slot, reduced pressure on the ambulance service as well as reducing the environmental impact of the emissions produced from return trips, and focusing on the patient's comfort, convenience and ability for family to visit. Overall an excellent example of patient centred care.					
2021/47	NC	27/09/2021	Medical student feedback following placement - "PHENOMENAL EXPERIENCE"	N:\Clinical\Care Quality	n/a	W, E		Clinical

**15th Meeting of the Clinical Quality and Governance Sub Committee
To be held remotely via Zoom**

at 10.00am on 29th October 2021

Agenda

Chair : JT

Item	Description	Purpose ¹	Lead
1.	Welcome to Dr Eva Kalmus & Introductions	I	AM
2.	Apologies for absence		AM
3.	Minutes of the last meeting held on 16th July 2021	S	Chair
4.	Action List from previous meetings	I	Chair
5.	Safe Staffing Levels - IPU	I	RT
6.	Evidence of Excellent Practice Register	I	GL/RT/AR
7.	Clinical Risk Register	S	RT
8.	Clinical Quality & Governance Report <ul style="list-style-type: none"> • 2021 October Change to Clinical Pay Scale • 2021-10-29\2021-09-10 Homecare Service Data Dashboard April 2017 - June 2021 	I	RT/AR
9.	CAP 2021/22	I	GL/RT/AR
10.	Minutes of Meetings & Other Documents Uploaded (links) <ul style="list-style-type: none"> • Falls Meeting - April 2021 • Clinical HoDs – August 2021 • Drugs & Therapeutics Committee – July 2021 • Medical Business Meeting – October 2021 • Outcome Measurement Group - September 2021 	I	GL/RT/ AR
11.	Any Other Business	I	Chair
12.	Dates of Future meetings <ul style="list-style-type: none"> • 14th January 2022, 10am-12 – virtual • 1st April 2022, 10am-12 – in person in St Bedes Rm B • 1st July 2022, 10am-12 – virtual • 7th October 2022 - in person in St Bedes Rm B 	I	Chair

¹ Purpose: PIDS - Policy/ Information/ Decision/ Signoff