SAINT RAPHAEL'S HOSPICE

MINUTES OF THE WEEKLY MEDICAL TEAM MEETING

Held on 03.06.2020
in St Bede's Conference Centre Room B

In Attendance:	Name	Role
	Andrew Hoy AH	Chair/Part time Consultant
	Ambreen Akhtar AA	Specialty Doctor
	Busi Da Silva BDS	Part time Specialty Doctor
	Jan Hallstrom JAN	Locum Consultant
	Joe Hawkins JOE	Interim Lead
	Annelise Matthews AM	Locum Consultant
	Gail Linehan GL	CEO
	Martine Meyer MM	Consultant St Helier
	Pascale Evans PE	Secretary (minutes)

ITEM 1: Apologies for Absence

Laura Yalley-Ogunro; Rina Patel

ITEM 2: Minutes of the Last Meeting

2.1 Minutes approved.

ITEM 3: Rota/staffing changes

3.1 As well as an informal chat, it would be useful to have a handover sheet before on call shift especially for doctors who have not been in on the day. Pascale/Carol Thompson will email latest patient data sheet via NHS mail on Friday night to both doctors on call. — AH / PE

3.2 Medical team to confirm their annual leave for the July and August rotas.

3.3 Joe will arrange for Andrew to use MobilePass and Citrix remote for easier access to Crosscare from home. — Joe/AH

3.4 Joe and Jan will swap teams every other month. Joe is covering IPU in June and Jan Community.

ITEM 4: Clinical challenges

4.1 There are no suspected/positive COVID cases but any admission is treated as positive and measures remain in place.

4.2 PPE is delivered weekly by Greenwich & Bexley (Repository) and stock is adequate.

4.3 Admissions are slowing down and less pressure is expected from St Helier and George's.

4.4 Regarding cancer patients not having access to their chemo treatment, Martine explained that we need to balance the information as a large amount of patients have declined investigations and treatments. However cancer referrals are now going up.

4.5 Joe presented a paper from SWL CCG on "Transferring hospital recorded DNAR to the community".
Supporting documents\Transfer of Hospital DNACPR to Community Acute Comms v2 May2020.docx
Transfer is acceptable for the time being as GPs are not able to visit patients so much. DNAR should be on CMC record but it is not always possible. A tick box could be added to the discharge letter if DNAR is in place. St Helier team will share best solution to assess location of form.

4.6 There are 2 to 3 CCGs beds at the moment. Some patients could possibly be cared for in another setting, one of the other challenges being to make sure the patients are discharged to appropriate care.

4.7 It has been very positive to have more beds occupied as a busier ward is easier to accommodate.

ITEM 5: Infection control

5.1 PPE supply is good.

5.2 We must work with the assumption that COVID-19 situation will remain for months and we must be prepared for a 2nd wave.

5.3 Care homes Sutton teams have been offered antibodies tests and Gail will ask SWL CCG for tests for the Hospice.

5.4 The issue of Track & Trace has been raised with the CCGs as it is unclear how we would incorporate into our practice.

ITEM 6: Achievements

6.1 The Medical team have coped very well with a full ward and the IPU has become a vibrant and interesting practice.

6.2 The Hospice has forged stronger bonds with the CCGs and other health authorities and this has opened possibilities of further cooperation.

6.3 The new Consultants meetings with external consultants have brought real benefits.

ITEM 7: Education

7.1 Lakshmi (GPVTS) is settling in very well

7.2 Joe took part in a Sutton webinar on End of life medications. The webinar was well received. https://tinyurl.com/covid-19EOLC

7.3 The Medical team will contribute to the personalisation of the new e-learning system (Princess Alice Learningzone). Martine pointed out that the team need to be aware of the differences in practice between the 2 hospices.

ITEM 8: Audit and governance

8.1 Jan reported that his audit on NICE guidance for the care of the dying is going well and he will meet with Annelise and Busi to discuss next steps. This will be useful to compare end of

life in IPU and in the Community as care should be the same everywhere.

8.2 Documentation on care of the dying needs to be improved on Crosscare and a new section will be added once the audit is complete.

ITEM 9: **Any other business**

9.1 Next Drugs & Therapeutics meeting will take place on Thursday 11 June with Andrew.

9.2 There is a shortage of Glycopyrronium in the community at present and the team agreed "what is in the house" should be used instead.

9.3 Next meeting will take place on Wednesday 1st July at 1pm.

St Raphaels' Hospice

Prescribers Meeting Minutes

Wed 4th March 2020

Present. -
Kevin Hobson CNS / NMP
Tracy Christmas CNS / NMP
Dr. John Hallstrom - Palliative Care consultant
Dr. Annelise Mathews - locum Palliative Care consultant
Dr. Busi Da Silva - Palliative care Dr
Dr. Ambreen Ahktar - Palliative care Dr.

Apologies - Dr. Raveney, Jill Smith, Bernadette Griffin, Margaret Gibbs

Item 1: **Minutes of last meeting discussed and agreed**

Patient advice leaflets

- Annelise will now recruit volunteers / allocate subjects to members of staff to produce info leaflets and keep register of who is doing what.
- Members reminded we do not have to reinvent the wheel. Info leaflets from other centres / sources can be used and adapted for St. Raphs (Margaret Gibbs may be able to help with this)
- Once info leaflets are produced we could use patients attending Well Being Centre to review (user group involvement) before being taken to DTC meeting.
- Tracy will write up Syringe Driver info leaflet

1 Lead ECG's

- Policy almost complete. Annelise will discuss with Margaret re drawing up list of 'at risk' drugs then will liaise with Cathy Foster.
- Team acknowledged likely to be small population of patients needing ECG but policy would be useful prompt to consider other drugs when prescribing

Furosemide CSCI guidelines

- See Tracy's previous email re Heart Failure team in Merton taking lead in managing this in the community.

Item 2: **Coronavirus Update**

Tracy, Maura and Nick have been busily producing guidelines and disseminating to all staff. SMT are aware of things changing daily and will update all hospice staff as needed. The outbreak is likely to have an impact on our service and staffing levels.

- Team reminded about strict hand washing and screening patients who have potentially been in contact with the virus.

Item 3: **Injectable guidelines for EOL**

Thank you to all who gave feedback re changes to guidelines.
We have all finally agreed that Glycopyrronium will be our 1st line anti-secretory with Hyoscine ButylBromide being 2nd line.

- Kevin will update policy and email Alex re final draft.

Item 4: **Competency Framework for all prescribers**

The NMC and RCN have now adopted the Royal Pharmaceutical Society's competency framework as their standards of competency for prescribing practice.

- Kevin will review document and formulate plan for hospice to adopt framework - will feedback at next meeting.

Item 5: **Medicines Alerts**

Current system seems to be working well. Alex Rudkin kindly sends out emails / alerts which are reviewed by team and disseminated as needed.
Some alerts are not relevant in our practice but useful to be aware of.

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- Annelise informed team that patient on ward has been commenced on Syringe Driver containing NSAID (Paracoxcib? mixed in N Saline) with good results. The team agreed this is a positive move for us to manage difficult bone pain, however there may be implications for prescribing in the community. Annelise / ward Dr.s to discuss at next DTC meeting.

- List of Pharmacies supplying EOL drugs needs updating - **?** Margaret able to contact local pharmacies for updated list?

Next meeting in April 2020 to be confirmed

9th Meeting of the Clinical Quality and Governance Sub Committee
To be held remotely via Zoom

at 10.00am on 12th June 2020

Agenda

Chair : AC

Item	Description	Purpose[1]	Lead
1.	Apologies for absence	I	AR
2.	Minutes of the last meeting held on 12th March 2020	S	Chair
3.	Action List from previous meetings	I	Chair
4.	CQC Inspection 11-12 November 2019	I	GL
5.	Clinical Risk Register	S	GL
6.	HR03 Raising Concerns – Freedom to Speak Up Policy	S	GL/AR
7.	Clinical Quality & Governance Report	I	GL/AR
8.	Minutes of Meetings (att) • Clinical HODs Meeting: June 2020 • Prescribers Meeting : March 2020 • Drugs & Therapeutics Committee : February 2020 • Consultant Meeting : June 2020	I	AR/GL
9.	Dates of Future meetings in 2020: 10am Friday 21st August 2020 10am Friday 30th October 2020	I	Chair

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

SAINT RAPHAEL'S HOSPICE

MINUTES OF THE
8th CLINICAL QUALITY AND GOVERNANCE SUB-COMMITTEE

Held on 12th March 2020
in GL's office, 759

	Non-executive	Executive
Members:	Dr Caroline Chill(CC)	Gail Linehan (GL)- Director of Care
	Dr Joy Tweed (JT)	Alex Rudkin (AR) – Quality Development Manager

Chair: Dr Joy Tweed (JT)
Minutes Alex Rudkin (AR)
In Attendance: Dr Jan Hallstrom

ITEM 1: Apologies for Absence

Alan Cogbill (AC)

ITEM 2: Minutes of the last meeting held on 22nd November 2019

2.1 Approved

ITEM 3: Action List / Matters Arising

Ref	Action	
03/01 (AR)	Application of required universal statements for all the Terms of Reference for the sub-committees and Advisory Committee has been effected by the CEO. Each Sub has been requested to sign off its revised ToR. CQ&G ToR reviewed at 2020-03-12 meeting. Minor changes agreed. AR to revise and publish.	
03/06 (GL)	Dr S Hyer is the Responsible Officer for SHH and is the Hospice's RO. He is also the re-validation officer for Dr Hallstrom. All medical team appraisals have been undertaken. On February 11th a visit by the Higher London Revalidation Officer took place in accordance with the Framework of Quality Assurance and the Quality review process. The meeting was attended by three representatives from the London Team, Dr Steve Hyer, RO for SHH and the Hospice and Laura Neal Revalidation Officer at SHH. Hospice representatives were Gail Linehan and Jacky Crawley SRH HR. The team were happy with the supporting paper work they had been provided with and prior to the report being sent recommendations are that we require a Medical Revalidation Policy and a Chaperone Policy, both of which	08/01(GL)

	are under construction. The appraisal process is currently considered now adequate. Agreed as complete.	
04/01	CC commented on the Hospice's new People Performance Management Policy and felt it read more like a procedure than policy. GL agreed to liaise with KC in making adjustment and provide revised draft to CC & JT. CC also felt that the CQ&G should see sight of the Hospice Disciplinary and Grievance Procedures alongside the Performance Management Policy.	
04/08	Quantitative review be undertaken that shows the use of Hospice beds for symptom or terminal care on admission, identifies the referral source and shows the Hospice's facility to service requests for admission. Hospital to Hospice Audit extended to include Community Admissions in December 2019. Draft expected in April 2020.	
07/01	ISR update to RCoP scheduled for April 2020. GL will circulate draft to CC & JT before sending. It was agreed that it would be the last update submission.	
07/02	Clinical risk register review undertaken at March 2020 meeting.	
07/03	CQ&G Management Plan considered at March 2020 meeting	

ITEM 4: CQC Inspection 11-12 November 2019

4.1 No news on the expected report as yet. Sr VH remains as nominated individual.

ITEM 5: CQ&G Sub-committee Terms of Reference

5.1 The CQ&G ToR was reviewed and changes agreed. AR to effect. 03/01 AR

5.2 It was agreed that this committee wants to recruit an additional external clinician. The process for recruitment of Sub-committee 'Advisors' needs to be drafted and will be taken to the HR Sub-committee. 08/02(GL)

ITEM 6: Clinical Risk Register

6.1 The clinical risk register was reviewed. Organisational response to Corona virus dominated discussion. GL advised that Hospices aren't being provided with any PPE by the NHS and don't have sufficient stock of PPE at present. She will contact PHE. 08/03(GL)

An isolation room has been set up to manage a case of COVID-19 on the IPU and proactive management of risk is being applied by the Community prior to visiting.

If the pandemic progressed to the 'DELAY' stage then the Wellbeing Centre will

close.

SMT COVID-19 planning is scheduled for next week and staff will receive regular communication to keep them up to speed with this developing area.

CC & JT expressed they felt reassured by the Hospice approach to this outbreak.

6.2 It was felt that item 6 of the clinical risk register 'Inadequate Senior Clinician Cover' could be downgraded given the recent appointment from Monday of another locum specialist palliative care consultant – Dr Joseph Hawkins. 08/04(GL)

ITEM 7: CQ&G Report

7.1 The Clinical Quality and Governance Report was reviewed.

7.2 The consultant roles are out to recruitment. There have been enquiries but no applications received to date. A locum specialist palliative care consultant has been appointed to cover April 2020 – October 2020 to provide cover for the StR position that will be vacated by Dr Sam Raveney until appointment of next StR in October 2020. The advert for recruiting to the Clinical Director role has been extended for a further 8 weeks.

7.3 Pressure and stress on the Community Team Clinical Nurse Specialists fluctuates. The EPR has now been changed to facilitate the documentation required of their roles. JH expressed that the documentation is better.

7.4 An additional internal appointment for a 27 hour per week role has been made to support Education/Practice development and work alongside Maura Flint.

7.5 Lead Physiotherapist for the Wellbeing Centre interviews are scheduled for mid-March 2020.

7.6 Recruitment to the 8b Assistant post to the Clinical Director has been pended until the Clinical Director has been recruited.

7.7 Steve Molyneux is making great strides in developing the working practices of the Psycho-social team and caseloads have already been rationalised.

7.8 Later in the year, the Hospice will be changing from Skills for Health e-learning to a bespoke system developed by Princess Alice Hospice that we will tailor to our own needs. CC suggested exploring accessibility of the new system by staff/volunteers through the Hospice web-site. GL to discuss with IT. 08/05(GL)

7.9 There has been good feedback received from the staff, volunteers and patients in the Wellbeing Centre since its relocation to St Bedes. The Art Therapist has been given a 12 month contract following a successful 3 month trial period.

7.10 From the 25 million gifted by the Prime Minister to support Hospice sustainability and palliative care, Merton received £85, 000 from this fund and asked for bids to

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deliver projects which were in line with the 5 year SWL plan. GL submitted two bids 1. For training staff in care homes utilising the SRH APP and some face to face training 2. Pilot project to train Volunteers to undertake conversations about Advanced Care Planning . SRH attracted £50,000 funding from Merton CCG to deliver these two projects, which were noted as being innovative in approach. Now that we have the money we will have to carefully consider the feasibility of delivery as set out in bid.

Sutton were very slow to inform us about what funding they received. As it turns out, the £86,000 they received has been put towards the construct of their End of Life Care Co-ordination Hub. GL has communicated the Hospice's disappointment to both Deputy Director Michelle Rahmin and Director of Sutton CCG Lucy Waters. No reply or acknowledgment has been received.

7.11 The Community Team is expected to move offices to the vacated Jubilee Centre by the end of March 2020.

7.12 The update report on the ISR for the RCoP is expected in April 2020. Copy will be supplied to CQ&G members before sending. 07/01(GL)

7.13 A system for booking out use of the pool care that was recently donated is to be established. Insurance was also supplied with the car for two years. The generous donation has been publicised in the Hospice newsletter – the Raphaelite – and in the donating company's newsletter.

7.14 The clinical audit section of the CQ&G report will in future include results and how practice has changed, improved or been endorsed. Published reports will be selected for circulation with papers for future meetings. 08/06(AR)

7.15 Reported incident figures were reflected upon to the end of December 2019. Clinical incident numbers are reduced on 2018 by 44% with significant reductions across slips/trips/falls, manual handling, information governance, non-CD medication errors, adverse reactions (opioid toxicity) and pressure sores during admission in particular. JH expressed how there is a supportive no blame culture to incident reporting.

7.16 CC highlighted the Hospice's collection of data asserting the patient has a CMC record in place. The reported figure for the CCGs is based on patient deaths which produces lower figures than if the calculation were based on active patients. AR advised that it is the active patient figure that is currently under proactive monitoring and feedback to the Community Team and that he will include that figure in future CCG activity reporting. 08/07(AR)

ITEM 8: CQ&G extract from Management Plan

The CQ&G Management Plan 2019/20 was accepted to inform 2020/21's plan accordingly. GL and AR to produce draft for CQ&G to endorse at next meeting. 08/08(GL& AR)

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ITEM 9: Minutes of Meetings

9.1 Minutes of the meetings were accepted:-

- Clinical HODs : February 2020
- Prescribers : January 2020
- Drugs & Therapeutics : October 2019
- Quality Improvement Committee : December 2019
- Clinical Audit and Activity Data Committee : October 2019 & January 2020
- Infection Control : November 2019
- Falls Meeting : December 2019
- Consultant Meetings : November 2019 & February 2020

GL remarked how the newly established Consultant meetings had been well-attended.

ITEM 10: Any Other Business

10.1 JT advised that she had sat in on the Community MDT on 31-December-2019.

10.2 It was agreed that the next meeting scheduled for 17 April 2020 be cancelled and the June meeting be brought forward to 12th June 2020. AR

ITEM 11: Dates of future meetings

Date	Venue/Time	Chair	Apologies
Friday 12th June 2020	10-12noon	Dr C Chill	
Friday 21st August 2020	10-12nooon	Dr J Tweed	AC (likely)
Friday 30th October 2020	10-12noon	Mr A Cogbill	

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ITEM 03 ACTION LIST

SAINT RAPHAEL'S HOSPICE
CLINICAL QUALITY & GOVERNANCE SUB-COMMITTEE ACTION LIST
FOR JUNE 2020 MEETING

Reference	Lead	Description	Target Date for Completion	Comments
03/01	AR	CQ&G ToR reviewed and revised.	April 2020	Revised ToRs are with respective Subs for sign off. ToR for CQ&G Sub ToR reviewed at 2020-03-12 meeting. Minor changes agreed. AR to revise and publish.
04/01	GL/AR	Performance Management	Aug-2020	HR27 People Performance Management Policy was published in December 2019. GL to liaise with KC to adjust to distinguish policy from procedure. Revised draft alongside Disciplinary and Grievance Procedures to be brought back to the CQ&G Sub.
04/08	JO'G/AR	Quantitative review be undertaken over May – July 2019 that shows the use of Hospice beds for symptom or terminal care on admission, identifies the referral source and shows the Hospice's facility to service requests for admission i.e. time from request to admission.	Jun 2020	Hospital to Hospice Audit led by J O'Grady (HPoC), supported by AR : audit extended to incorporate community admissions in January 2020. Audit period Jan – Jun 2019. Report expected in June 2020.
07/01	GL	ISR Update to RCoP draft to be sent to JT and CC before sending	Apr-2020	
08/01	GL	Medical Revalidation Policy and Chaperone Policy to construct	Sep 2020	Medical Revalidation Policy is in first draft. Chaperone Policy wip.

ITEM 03 ACTION LIST

Reference	Lead	Description	Target Date for Completion	Comments
08/02	GL	The process for recruitment of Sub-committee 'Advisors' needs to be drafted and will be taken to the HR Sub-committee.	Jul 2020	Referred to the HR Sub-committee
08/03	GL	Contact PHE to ensure sufficient supplies of PPE are received.	Mar 2020	Supplies of PPE routinely received from Greenwich & Bexley Community Hospice
08/04	GL	Downgrade item 6 of clinical risk register following recent appointment of another specialist palliative care consultant.	Mar 2020	Residual score reduced to 6.
08/05	GL	Explore feasibility of facilitating access to the new e-learning system via the Hospice's web site.	Aug 2020	GL to discuss with IT.
08/06	AR	To include clinical audit results in the CQ&G report and show how practice has changed, improved or been endorsed.	Jun 2020	Complete
08/07	AR	To insert active patient CMC data into the CCG activity data report.	May 2020	Data as at 28-05-2020 = 78.01% of all active patients are on CMCs
08/08	GL/AR	To produce draft CQ&G Management Plan for 2020/21 for endorsement by CQ&G Members	Jul 2020	

ITEM 06
Clinical Quality and Governance Report

Contents

Aim

To update the non-executive members of the Clinical Quality and Governance Sub-committee on a selection of key areas that are integral to the Hospice's clinical quality and governance agendas.

Recommendation

The report be noted.

Report

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

Governance Meeting - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Jan 20	Jan'20	tba
Clinical HoDs	Mar'20	Feb'20	Jun'20
Drugs & Therapeutics	Feb'20	Oct'19	Jun'20
Falls	Dec'19	Dec'19	Jun'20
Incidents	Mar'20	Mar'19	tba
Infection Control	Nov19	Nov'19	Jun'20
Prescribers	Mar'20	Jan'20	tba
Quality Improvement	Dec'19	Dec'19	tba

Clinical Update

1. Organisational Response to the Covid 19 Pandemic

Since early March the Hospice has been coping with the impact of the Covid 19 (CV)Pandemic. This has significantly impacted the way in which all services have been delivered. The organisational response has been to put in place processes and procedures in an attempt to ensure the safety of everyone across the hospice in order to maintain services and support the patients under our care. The response to the pandemic has been outside the experience of most clinicians and managers and has exercised a huge amount of time and energy.

Merton and Sutton CCG commissioned 6 CCG beds to support the local acute trust in discharging patients to create capacity in the hospital. Agency staff were provided to support the extra capacity. This has enabled all 14 beds to be opened. The IPU team have done an excellent job in training and supporting these staff to accommodate the care of patients requiring expert palliative and end of life care.

In line with government guidance we took the decision early in the crisis that staff who could work from home and continue to provide a service should do so. The Psychosocial and the Hospice Point of Contact teams have been working from home since mid March: As have various members of the fundraising team (The Director of Income Regeneration will cover this in the Fundraising Report).(Furloughing of staff will be covered by HR and Finance).

The age profile as directed by government guidance necessitated that the majority of hospice volunteers be stood down from their roles. This impacted on many services across the hospice and required a nimble approach to enable some services to be delivered in an alternative way. For example, Hospice Neighbours changing from home visiting to being delivered by regular telephone contact.

As a hospice we were challenged by the prospect of having to provide care to a mix of CV positive and non CV patients. Initial steps taken were to erect signs outlining the countries affected by CV and informing that if anyone had been in those countries in the previous 14 days entry to the hospice would not be permitted. A temperature station was set up in the main foyer staffed from 08.00 – 18.00 (after this time IPU staff attended anyone who rang the bell to gain entrance), to take the temperature of anyone who entered the hospice and direct them to wash their hands for the required 20 seconds before being allowed to enter the main body of the hospice. All hospice staff are requested to report to the temp station at the start of their working day to check their temperature. Access to the main IPU/hospice building was restricted to essential staff only to

reduce non essential footfall. Hand sanitizers were placed on the walls at the entry to all areas across the main hospice and annex buildings.
The symptoms to be aware of are a temperature of 37.8 or above, a new persistent cough, loss of taste or smell, breathing difficulty – increased shortness of breath. If anyone had any of these symptoms they were to remain at home, notify their manager and self isolate for 7 days. Members of their household would have to self isolate for 14 days. Initially testing of staff was not available. In the early stages of the pandemic there was a high staff self isolation rate across all teams, which was difficult to manage. The first opportunity for staff to access booked testing from designated testing sites was in May. This was weeks after it would have been helpful and facilitate CV negative staff to return to work.
In March the stocks of Personal Protective Equipment (PPE) were sparse; we had to rely on what we had in stock. Naturally this caused huge anxiety amongst the patient facing staff on the IPU. We are in a fortunate position that we have single rooms and are able to isolate patients. Accessing PPE initially took up a great deal of time. Hospices were not included in the essential front line supply. Fortunately we were able to access supplies via the SWL Procurement Partnership, and subsequently from a pallet push to supply Hospices. Greenwich and Bexley Hospice are the Hub which now supplies us weekly. Deliveries are supported by their volunteer drivers.
Generous donations from our community of PPE, mainly gloves, visors, aprons and masks have been greatly appreciated.
Standard operating procedures were developed to support all aspects of barrier nursing of CV patients and all staff clinical and housekeeping were trained in the use of PPE.
A Managing Covid Policy (Clin52) was written covering all aspects of hospice service. This is currently reviewed monthly to remain current and inclusive of all government and clinical guidance.
Face to face visiting by the Community Palliative Care Team (CPCT) was curtailed so only essential visits, with patients being supported remotely by telephone and Skype assessments. Hospice at Home (H@H) visits were stopped, the rational being that long visits would make social distancing difficult and the CV status of patients was unknown. There have been a number of face to face visits undertaken by the CNS and medical team with full PPE.
The CPCT flexed their hours to cover 08.00 – 20.00 Monday to Friday with an increase to 2 CNSs working at the weekends. Staff willingness to work flexibly has been appreciated and has significantly supported access to the service for patients and other healthcare professionals.
The CPCT office move into the Jubilee Centre has facilitated improved working conditions and supported essential social distancing.
The Wellbeing Centre was closed in March and staff redeployed within the hospice. We are in the process of trying to support remote (Zoom) sessions of relaxation, men's den and quizzes.
The weekly CV19 meetings of Heads of Department to discuss and inform actions to support safe service delivery have been changed to fortnightly as of the beginning May. The meetings are held at 08.30 for half an hour with remote staff joining via Microsoft Teams.
The IPU have supported a number of patients known/or highly suspected to have CV19 admitted from hospital. Visiting for patients was restricted to 1 person a day between 09.00 – 17.00. In line with Guidance from NHS issued on May 13th this has now been increased to 2 visitors with the second visitor being able to visit between 14.00 to 17.00. When patients are dying staff exercise judgement and will do all they can to support families at this very distressing time. Staff have adhered to guidance and despite heightened anxiety have continued to deliver professional, compassionate care to all patients.
In the initial phase, to reduce the number of people entering a CV positive patients room, the nursing team were also undertaking the daily cleaning of patients rooms. This is now reverted to the housekeeping team. Additional precautions for safety are that cleaning staff change into scrubs prior to undertaking the task with associated PPE and on completion change back into their

uniforms. Nursing staff follow the same procedure when undertaking care after death. Scrubs are then placed in bags and washed in the Hospice washing machine.
Staff are not permitted to wear their uniform to and from work and have to change at the beginning and end of their shift. Washable bags have been provided to transport uniforms home for laundering.
As of May 13th all IPU staff have been instructed to wear face masks at all time as social distancing in corridors and offices is not always possible to maintain, in line with government guidance re: safety in the workplace. Staff working in offices where the 2 meter social distancing is not possible have been reallocated to offices where it can be facilitated.
At a local and strategic level the hospice has actively participated in the weekly Merton, Sutton and SWL Covid meetings, where area response and provision of services have been discussed.
At the request of Merton and Sutton CCGs the hospice has supported the development of educational videos on taking a nasal swab, setting up a syringe pump and verification of expected death for care homes and other community staff.
On Thursday May 7th swab testing was undertaken for all in-patients and all nursing/medical and CPCT staff on duty. This gave a baseline of the hospice status related to CV19. All the tests came back negative, which demonstrates that the measures we have put in place are being effective. Thanks and acknowledgment to all the staff who have supported the Hospice at this very difficult time.
Following the government easing in people meeting in small groups in late May, we have reviewed our visiting guidance to the IPU. As of Friday May 5th the following applies until further review:

- On admission the patient will inform staff of their immediate family who will be able to visit them throughout the duration of their admission (ideally from the same household but it doesn't have to be)
- Still no under 16's
- The visiting hours will now be extended to 0900-2000 – this primary visitor can leave to take a break ONCE during this period – otherwise they will stay in the room as before and use the call bell to alert staff
- The second visitor can join the primary visitor between 1000 – 1500 and the third visitor between 1500 – 2000 – this will mean no more than two visitors are in the patient room at any one time to allow them to maintain safe social distancing
- Volunteer Services Manager is looking to get the volunteer receptionists to work until 2000 to support with escorting the visitors through to the IPU, checking temperatures etc
- The reception staff will provide the visitors with a leaflet detailing the visiting policy. Copies of these leaflets will also be put on the IPU
- The reception staff can support visitors to download video calling apps onto their personal devices to help facilitate communication with others who are not able to visit
- When patients are felt to be in their last hours of life, one visitor will be able to stay in the patient room overnight. The other 2 named visitors can also visit together for ONE HOUR only (i.e. all three named visitors can be present together for one hour) – this gives the visitors an opportunity to say their goodbyes.
- The guidance on wearing PPE remains unchanged- must be worn at all times.
- The aim is for the above to become effective from **Friday 5th June.**

The policy will be reviewed on the next change in government advice (or if it becomes apparent in the meanwhile it isn't working

2. Recruitment

A successful interview was held on June 3rd with the appointment of Dr Jenny Strawson as a 0.6 FTE Consultant. She will commence in post on September 7th. It has been discussed that for a period of

3-4 months she work 0.8 FTE to integrate into the hospice teams and familiarise her self with all departments. This is being considered. Dr Catherine McGowan Lead Consultant at SGH has agreed to Mentor Dr Strawson.

The remaining two Consultant posts are being reframed to 0.8 FTE. This will hopefully appeal to a wider audience and will also equalise the hours within the new consultant team. One of the posts will be an NHS Trust post as supported by SHH, the other a Hospice contract with NHS T&Cs. All jobs are advertised on the Hospice website and NHS jobs.

The Clinical Director advert closed on June 1st. There were 3 applicants, however 2 did not meet the required person spec. The third is being held in abeyance.

Interviews for Band 5 nurse roles and HCA vacancies scheduled for the week commencing 18/05/2020 in St Bede's recruited a Nursing associate post. The advert remains live as further Band 5s are still required to replace vacant posts.

Recruitment to the Physiotherapy role to be the clinical lead in the Wellbeing Centre has been put on hold due to the closure of the centre.

Laura Briant a CNS from the community Team started in her new role as an Education Facilitator on May 2nd.

Nora Khan Band 7 CNS (0.8FTE) commenced in post in May. She is currently shielding but is working from home, remotely attending the daily MDT meeting, undertaking mandatory training, policy review and familiarising with Cross care.

3. **Education/Training.**

The Mandatory Training IT provider is being changed from Skills for Health to the Princess Alice Mandatory Training platform which is focused on the Hospice sector. There was a meeting on Wednesday 13th May to discuss implementation of the new system which will be slightly delayed from the July date due to the impact of the CV19 on the required preparation to align modules with the SRH profile.

The education team have undertaken the making of education videos with help from Emily and Diamond in the Fundraising team, who have supported filming and editing.

Training and competency assessment for the agency nurses has been supported by Maura Flint.

Induction was postponed in May due to the CV19.

The Education committee continues to support application for external courses to support staff development.

4. **Visit by NHS REVALIDATION-LONDON (NHS ENGLAND & NHS IMPROVEMENT**

Report and action plan included in the papers.

5. **Capacity Tracker**

Following the negotiation of the government grant by Hospice UK in March there was an expectation that all hospices participate in the NHS Capacity Tracker, which tracks capacity in the system. The target of capacity set for all hospices by NHSE was 82,000 contacts per day and each hospice was allocated an individual target depending on their size, population density and number of CCGs serviced. The target was based on patients on a caseload receiving 3 contacts per day. SRH capacity has been set at 600 contacts per day.

We have calculated our daily capacity based on a rationale of a third of the patients on the caseload of 300 requiring more intensive support. In patient bed capacity is 14 with the benefit of CCG commissioning and staffing of 6 beds and calculation of daily capacity of community contacts extracted from the cross-care record is 150 per day. There has been discussion with other hospices across London to review how they are calculating their designated capacity. In most areas it aligns with the calculations we have made, however their methodology in increasing contacts does not align with how we are evidencing our capacity. As outlined in the fortnightly update the grant payment is being clearly linked to the performance against target and hence there is a need to complete the documents comprehensively and accurately with evidence that could be scrutinised in the event of an audit. We will due diligence our X-Care records with added manual records for one week and clarify with Hospice UK on what should and should not be included in arriving at the total. We should be in a position in one week to amend the returns if that is correct to do.

6. **Staff Wellbeing**

The SMT are aware of the pressures on staff during this CV19 pandemic. Working practices have altered significantly and the previously accepted way of doing things across all services no longer applies.

There are a number of teams and individual staff members working remotely as well as staff furloughed. Aligned to this there is the associated anxiety of working on the front line with patients who are CV 19 positive. The psychosocial team report that the number of people they are supporting has intensified and that many of the people they are speaking with are in a “pre post traumatic stress” state. They report that this has impacted them with the intensity of support they are having to provide, absorbing the stress and distress of those they are interacting with. The team continue to receive monthly supervision, but the Team Lead has suggested that this may, going forward need to be more regular.

An associated problem is that of remote team members feeling isolated and disassociated from the hospice and their colleagues. It is a job of work in itself for team managers/HR to keep in regular contact with team members working remotely and furloughed to reassure them that they are and continue to be valuable members of the hospice team and our service delivery.

Front line staff were initially very frightened and apprehensive and daily reassurance was required for their assurance that as an organisation their safety and wellbeing was of prime importance to us, particularly over Easter when the first peak in contagion was expected. The positive impact of good communication from the SMT and Team Leaders and the provision of adequate supplies of PPE has over the past few weeks reduced the initial levels of high anxiety and fear.

Regular weekly, then fortnightly updates have kept teams abreast of what is happening across the Hospice, as have the fortnightly HoDs meetings. There is, I believe, a feeling that we are all in this together.

Resources to support relaxation and wellbeing from a number of sources have been shared with all staff. The CPCT undertake twice weekly relaxation and mindfulness sessions for 15 minutes at the start of the day.

The number of staff currently self isolating has reduced to nil as of Friday June 5th.

Nick and I would like to acknowledge the dedication, expertise and courage of all our team colleagues (CPCT, IPU, medical and housekeeping) who have day after day on the front line supported the compassionate care of all the patients under our care, not forgetting the ingenuity and hard work of our fundraising team and all staff ensuring the delivery of every aspect of the hospice service. We sincerely thank them.

7. **Track and Trace**

The recently introduce government Track and Trace operation is a potential risk to the safe operation of the hospice. Staff could be instructed to self isolate for 14 days if named as a contact to a person who has tested positive to Covid 19. This could in effect happen multiple times. The government has not issued guidance to inform how staff caring for patients on the front line could be exempt from this to enable the safe delivery services.

Incidents / Accidents / Near Misses

- All incidents are reviewed at the Hospice's Incident Review Meeting (AR, GL, JH, MF, TY). Those that are non-clinical are further 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 for the financial year beginning 2017/18 and are on-going with the latest submission provided in May 2020. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

- Hospice UK collects a mini-MDS dataset from participating Hospices annually; to which we made submission for 2018/19 data in October 2019 following their request.

- All falls are reviewed at bespoke meetings of the Falls Group; its last meeting took place in December 2019 and its next meeting is scheduled for June 2020. The Falls Policy was last reviewed in October 2017.

- Datix is the market leader for Patient Safety and Risk Management software with over 80% of the NHS as customers. It is recognised as a gold standard amongst commissioners and providers alike. It is highly flexible and configurable and general operational efficiencies will include more accurate information capture, improved information sharing and more rapid corrective actions. The system was purchased in 2019 to primarily support the incident reporting, management and review process. A second module covering the capture of complaints will be utilised to facilitate capture of all 'feedback' including suggestions, concerns and compliments. The third and final module that provides for the capture of organisational risk registers has been explored to determine its practical potential for being a one stop resource for all risk assessments but it is not designed to service that function. An alternative in-house electronic RA form remains the Hospice's data collection mode for risk assessments, eventually updating previously hard copy risk assessments. Risk assessment refresher training was delivered to key staff by Hettle Andrews (our insurers and health & safety advisers) on 30-31 July 2019 and is kept under review at our Health & Safety Committee.

- Administrator training for Datix has been delivered to a small group of Hospice staff. User Testing was delayed owing initially to technical issues with Datix and latterly due to competing demand on IT resources. Our testing commenced again in March 2020 but was rapidly overtaken by work to support service delivery during the COVID outbreak. System roll out is unlikely within present timescales until late Summer although we will be back to testing at the end of May and into June. Whilst implementation of the new system has been delayed, it has not been considered an issue owing to the acceptability of the long established manual reporting system.

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 is Margaret Gibbs.

A dedicated forum (CAAD) established in October 2019 reviews progress with the Hospice's Clinical Audit program and provides opportunity to review Activity Data that will feed into data dashboards. The meeting is held every 2 months and alternates between review of clinical audit and activity data respectively. It has been well-received by the MDT and has made in-roads into understanding how supportive a process the audit process can be and how by improving data ownership there is better connectivity between data input and output. A clinical audit training day was externally facilitated in February 2020 and received very positive feedback.

The Audit/Research Programme with timeline is set out on page 11 Audit/Research 2019/20. The Audit Program was effectively suspended in mid March with the onset of the outbreak. From 18th May participation of the medical team is re-commencing and we aim to complete and start a number of projects included in our plan.

Data Dashboards

Work continues on the development of clinical data dashboards that will inform the service areas of the IPU, Well-being Centre, Community and Psycho-Social teams. The CAAD meeting reviews progress. An index of tracked data that is presented and regularly communicated to the clinical team is held and includes such items as

Report Reference	Title	Lead	Created	Function	Primary Aud.	SMT / 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

Report Reference	Title	Lead	Created	Function	Primary Aud.	SMT / CCG Interest	Freq.	Resp.	Is Data Presented ?	Presentation Tool / Depository
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	SMT	Yes	Weekly	AR	Yes	N:\CrossCare\Data Analysis\Active Caseloads\Active Caseloads from 07-05-2020.xlsx
20/009	Daily Activity Data - capacity tracker support	NS/GL	May-20	To monitor activity recorded on Crosscare	SMT	Yes	Daily	AR	Yes	N:\CrossCare\Data Analysis\Hospice UK COVID-19 Data Submission\Activity Data for Hospice UK COVID 19 Daily Report.xlsx

Quality Account

The Hospice submitted its **Quality Account** for 2018/2019 to the NHS Choices web site in June 2019:- https://www.nhs.uk/using-the-nhs/about-the-nhs/quality-accounts/quality-account-documents/

It should also be available on the Hospice's website at:- https://www.straphaels.org.uk/quality-accounts

Copy of 2018/19 submission was reviewed at the CQ&G Sub meeting in July 2019.

Deadline for submission of the Quality Account for 2019/2020 has been extended to 15 October 2020.

Audit/Research 2019/20

Overview in March 2020

18 projects underway in 2020/2021 : as at 18-05-2020, 8 are reported/ongoing complete, 3 have data collection completed and AR is working on their reports, 4 are in their data collection periods, 2 are in design and 1 is pended.

Engagement with the audit process has been encouraging upto the COVID outbreak and there has been a positivity in undertaking audit and it being taken further forward into 2020/21. Affording the time to input into projects remains the singularly largest challenge for clinical engagement but this is the most common issue with clinical audit and has been ever so. Mandating the completion of clinical audit project plans has been a development in 2019/20 and supports the project and staff involved. Our forum, CAAD, is a very positive forum that facilitates our reflection and overview of progress and results. Expanding the number of staff involved in audit projects is an ambition for 2020/21 and will not only support individual CPD but also improve staff understanding of the connection between input and output. This will require managerial planning and allocation of time to facilitate engagement.

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
1	Medication Audit (ISR Recs 2-5) : staged approach to medication initiation / evidence of optimisation before change / blood results prior to initiation / ECGs when initiating medications known to affect QTC interval	Report under draft			May-20	
2	Non-pharmacological intervention Audit (ISR Recs 2-5) - prevalence / effectiveness monitoring	Audit Planning / Design			Oct-20	
3	Community patient follow-up within 48-72 hrs when titrating medications	Report under draft			May-20	
4	LANSS tool audit - use	Audit Planning / Design			July-20	

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
5	Community - Carer & relative questionnaires for the Hospice @ Home Service	Reported/Ongoing	Sep-19	Yes	Aug-20	1. There is a clear indication of the overwhelming benefits experienced by patients and their relatives/carers who have used the service. To a great extent, any success attached to a service is heavily influenced by the skills and dedication of the team of staff providing it. As returns indicate; in the main, they are to be commended. 2) It remains interesting that the returns indicated that during all audit periods, the H@H service was introduced most often by non-Hospice staff. It would suggest there is a well-communicated awareness of the service amongst referral sources though the referral is often actually made by the CPCT. 3) Although numbers should be treated with caution, the H@H service was usually introduced to the patient by hospital staff - 38% in 2018 (c.f. 37% in 2017 and 23% in 2016) 4) In 2018 a higher proportion of returns - 26 (90%) of the 29 who recorded an answer - indicated that they felt the timing of introduction to the H@H service was “about right” (c.f. 79% in 2017 and 97% in 2016). 5) There is a high degree of satisfaction with how easy it was to contact the H@H team (either complete or to a large extent) although it is down on previous audit periods – 90% in 2018 (c.f. 100% in 2017 and 97% in 2016). 6) 24 (77%) of returns indicate that the patient died at home and 22 (92%) of these reported that this was where they wanted to be. In total, 27 (87%) of the 31 respondents who recorded an answer indicated that the patient had died in their preferred place of death (c.f. 91% in 2017 and 85% in 2016). 7) 28 (97%) of the 29 respondents who recorded an

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
						answer indicated that they would recommend the H@H service (c.f. 100% in 2017 and 100% in 2016). This reflects well on the service overall. 8) Respondees are encouraged to add general comments on H@H at the end of the questionnaire, and all but one of the written comments in this section were positive and the critique that a telephone call rang for 8 times before being answered was unable to be traced to the individual. OOH telephone answering service has since been effected in 2019. 9) The survey affirms that value and skill of the service and staff involved . Looking forward the plan is to truly integrate the H@H team with CPCT to widen the scope of service and promote a collaborative service . H@H now have scope for a responsive visit in their working day to increase the responsiveness of the service for those patients rapidly deteriorating.
6	Community – Referrals Audit – timeline from request to admission (by source)	Data Collection Period			Aug-20	

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
7	IPU - Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Data Collection Period			Sep-20	
8	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	Reported/Ongoing	Aug-19	Yes	May-20	Extensive and very positive report highlighting areas for development in NoK recording, working with GPs, raising the awareness of the Hospice's brand, clinical engagement with data, spiritual support on the IPU, suitability of referral to Psycho-social Service, record of patient/family involvement about care decisions,
9	IPU – Infection Control : Environment & Hand-washing Audit	Reported/Ongoing	Sep-19	Yes	Aug-20	Environmental items for improvement are planned to be addressed in 2020's IPU re-fresh project.
10	IPU - Medicines Management Audit	Reported/Ongoing	Jan-20	Yes	Jul-20	Reminder for all queries/interventions to be duly acknowledged via Liveview.
11	IPU - Audit of Medication recording : EPR vs Prescription Charts	Data Collection Period			Jun-20	
12	IPU - Audit of medication charts to review the number of PRNs given in a 12hour period.	Report under draft			May-20	
13	IPU – Hospital to Hospice Admissions Audit	Data Collection Period			Aug-20	
14	IPU & Community - Data Dashboards Development to include:-	Reported/Ongoing	n/a	n/a	n/a	Index as at 18-05-2020 includes topics: 1. CMC, 2. NoK, 3. Community Team Responsiveness, 4. Consent to Sharing Information, 5. Safeguarding, 6. Referrals, 7. Referrals to RIP, 8. Active Caseloads, 9. Daily Activity Data – COVID Capacity Tracker Support
15	- OACC measures (iPOS, Phase of Illness, Karnofsky performance status)	2021/22 project	n/a	n/a	n/a	

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
16	- Activity Data	Reported/Ongoing	n/a	n/a	n/a	Graphical monitoring covers 1. Referrals, 2. IPU Admissions, 3. IPU Occupancy, 4. IPU Discharges, 5. IPU Deaths, 6. IPU LoS ; Referral Ethnicity; 7. Community First Assessments, 8. Community Visits, 9. Community Telephone Contacts split Patient, HCPs, Family/Carers, 10. Community Medical Team Visits, 11. H@H Referrals, 12. H@H Visits,
18	IPU - Audit of Discharge Documentation	Reported	Feb-20	Yes	Sep-20	Following SIGN discharge document template well. Actions: Discharge letter template to be changed: 1. Add section/heading in the discharge letter on the Action required by the GP; 2. Add section on Advanced Care Planning when discussing resuscitation/CMC; 3. Medication Changes section should be divided into two further headings: Started and Stopped.
19	IPU - Patient Satisfaction	Reported/Ongoing	Dec-19	Yes	Mar -21	1. Overall satisfaction is an impressive 96.09% 2) Feedback around care and treatment has been excellent. 3) The structure and detail for some of the questions is too complex and the form needs to be amended towards a more qualitative format for some. Some patients were unable to differentiate the staff groups and so those questions became generalised around professionalism and other staff group questions. Some saw all staff clinical and non-clinical as one team, which in itself is a good piece of feedback and they just wanted to talk in general terms about their stay. 4) Some patients found the lickert scale approach a little clunky so this should be considered in the form's re-design. 5) Interview methodology allowed for direct feedback by the interviewer to the IPU team on shift. Overall satisfaction is an impressive 96.09%

Project Ref.	Title	Status	Report Date	Re-Audit	Report Due Date	Results
						ACTIONS effected:- 1) Questionnaire re-designed to implement all recommendations. 2) Training delivered to ward volunteers suited to delivering the survey.

Clinical Risk Management

Clinical Unexpected Incidents

Overview of incident data for January – March 2020 is shown below.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020	2019	2018	2017	2016	2015	2014
Admissions to IPU	21	21	15										57	212	211	214	236	335	350
Bed Occupied Days	213	188	195																
Bed Available Days	248	232	248																
Bed Occupancy	85.89%	81.03%	78.63%																
CD Medication Incident	1	2	1	0	0	0	0	0	0	0	0	0	4	23	27	18	110	74	31
CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	7			
Adverse Reaction (Opioid Toxicity)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	10	8	1		
Adverse Reaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1		
Non-CD Medication Incident	0	1	0	0	0	0	0	0	0	0	0	0	1	12	22	27	24		
Non-CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5	12			
Pressure Sore on Admission	1	2	2	0	0	0	0	0	0	0	0	0	5	16	20	23	20	19	15
Pressure Sore during Admission	0	0	2	0	0	0	0	0	0	0	0	0	2	3	8	4	12	9	6
Sharps	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0		
Infection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	2
Readm <7days	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	1			
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2				
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	1	1	0

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020	2019	2018	2017	2016	2015	2014
PE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4			
Staffing	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1				
IG	0	0	1	0	0	0	0	0	0	0	0	0	1	0	7	12	19	0	0
IG near miss	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4			
Manual Handling	0	0	0	0	0	0	0	0	0	0	0	0	0	5	10	2			
Slips, trips, falls	2	0	0	0	0	0	0	0	0	0	0	0	2	21	29	18			
Verbal Violence	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1			
Bump	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2			
Other - Admin/property/Documentation/Clinical	2	1	1	0	0	0	0	0	0	0	0	0	4	12	18	15	14	11	4
* Incidents reported to Community – non-SRH	2	0	0	0	0	0	0	0	0	0	0	0	2	12	25	24			
Total 2020 *excluded	7	6	7	0	0	0	0	0	0	0	0	0	20						
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			
Total 2016	14	28	11	18(5)	12(5)	9(1)	14(2)	6	10(3)	17(2)	15(3)	23(3)					177(24)		
Total 2015	15	12	14	8	6	14	9	4	7	12	13	2						116	
Total 2014	5	2	6	4	8	6	1	2	6	7	6	5							58
* NOTE : Incidents reported to Community – non-SRH are excluded from the Annual Totals																			
() Near Misses included in Totals for 2016																			

Reported clinical incidents in January to March 2020 are reduced comparatively to previous years but in keeping with the decrease in reported numbers in 2019. The number of admissions to IPU in January – March are slightly higher than most recent years and will continue to rise during the next quarter with the additional capacity provided to the NHS..

Incident Key

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

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

Clinical Significance	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	'20	'19	'18	'17	'16	'15	'14
Admissions to IPU	**21**	**21**	**15**	57				0				0				0	**57**	**212**	**211**	**214**	**236**	**335**	**350**
Bed Occupied Days	**213**	**188**	**195**																				
Bed Available Days	**248**	**232**	**248**																				
Bed Occupancy	**85.89 %**	**81.03 %**	**78.63 %**																				
Fall No Harm				0				0				0				0	**0**	**15**	**21**				
Fall Low Harm	2			2				0				0				0	**2**	**6**	**10**				
Fall Moderate Harm				0				0				0				0	**0**	**0**	**1**				
Med Level 0		2	1	3				0				0				0	**3**	**13**	**6**				
Med Level 1	1	1		2				0				0				0	**2**	**21**	**37**				
Med Level 2				0				0				0				0	**0**	**3**	**10**				
Med Level 3				0				0				0				0	**0**	**0**	**3**				
Minor	3	1	1	5				0				0				0	**5**	**19**	**38**				
Moderate			1	1				0				0				0	**1**	**2**	**21**				
Serious				0				0				0				0	**0**	**1**	**3**				
Unavoidable Pressure Sore	1	2	4	7				0				0				0	**7**	**19**	**27**				
Totals	**7**	**6**	**7**	**20**				**0**				**0**				**0**	**20**						
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**			
Total 2016	**14**	**28**	**11**	**53**	**18(5)**	**12(5)**	**9(1)**	**39(11)**	**14(2)**	**6**	**10(3)**	**30(5)**	**17(2)**	**15(3)**	**23(3)**	**55(8)**					**177 (24)**		
Total 2015	**15**	**12**	**14**	**41**	**8**	**6**	**14**	**28**	**9**	**4**	**7**	**20**	**12**	**13**	**2**	**27**						**116**	
Total 2014	**5**	**2**	**6**	**13**	**4**	**8**	**6**	**18**	**1**	**2**	**6**	**9**	**7**	**6**	**5**	**18**							**58**

*** NOTE : Incidents reported to Community – non-SRH are excluded from the clinical significance data**

() Near Misses included in Totals for 2016

Clinical Complaints

- There have been 2 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
2020/04	WRITTEN	Daughter	30/03/2020	Daughter wrote to express how the care her mother received had been of the highest standard during her final days as a Hospice inpatient. However, she wished also to relay her concern that within the first 5 days of the admission the subject of discharge had been raised on four occasions with inference that unless her mother's condition deteriorated she would need to be moved from the Hospice. She referred to her mother saying to her on day four that she wasn't dying quickly enough which revealed the distress her mother was enduring at the prospect of perhaps having to be moved again so soon after admission to the Hospice.	IPU Comms	GL replied by email and letter expressing apology for the anxiety the conversations regarding possible discharge had had. She explained that such conversations were never designed to create or add to patient or family anxiety at such a difficult time and re-affirmed the importance that clear and unambiguous conversations have in establishing and explaining the parameters of care and expectations. She acknowledged that there are lessons to be learnt in our communication that she has since discussed with both the nursing and medical teams. Daughter responded to GL's letter thanking her for her review and reaffirmed her family's continuing support for SRH as they valued the care that had been provided.	Upheld	Closed

ID	TYPE	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE	STATUS
2020/05	ORAL	Mother	19/02/2020	Mother called to discuss the post mortem that she had been advised would happen following referral to the Coroner. Ward manager explained that her desire and reasons for no post mortem had been submitted by the Hospice but the inquest followed the care at SHH. She expressed the fantastic care that her son had received in the 4 days he had been at SRH prior to his death but felt that her son had suffered so much with pain at the end of his life. She felt his pain management hadn't been maximised quick enough. She requested a meeting and was advised that her concerns would be discussed with the Director of Care. Director of Care arranged meeting for 18 March 2020 which has been suspended owing to the COVID pandemic as the complainant is in the vulnerable age group.	IPU Pain Management	Meeting to be arranged once lock-down / social distancing measures are relaxed sufficiently.	Pending	Open

Complaints Overview

2020 - Complaints	CPCT Care	CPCT Comms	CPCT Care & Comms	H@H Comms	Jubilee Comms	IPU Discharge	IPU Care	IPU Comms	IPU Care & Comms	OPD Comms	Bereavement Comms	External- Provider Care / Comms	Fundraising /Shop Comms	HR	Total
January	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
February	0	0	0	0	0	0	1	2	0	0	0	0	1	0	**4**
March	0	0	0	0	0	0	0	1	0	0	0	0	0	0	**1**
April															**0**
May															**0**
June															**0**
July															**0**
August															**0**
September															**0**
October															**0**
November															**0**
December															**0**
2020	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**3**	**0**	**0**	**0**	**0**	**1**	**0**	**5**
2019	0	0	0	1	1	0	3	3	0	0	1	1	2	2	14
2018	2	5	1	0	0	1	10	4	1	1	0	1	1	0	27

	Comms			Dignity	Clin. Tx / Care	Other	Policy		Fundraising / Shops		
2017	12			0	5	1	2		2		22
2016	6			2	5	0	0		0		13

Notifications

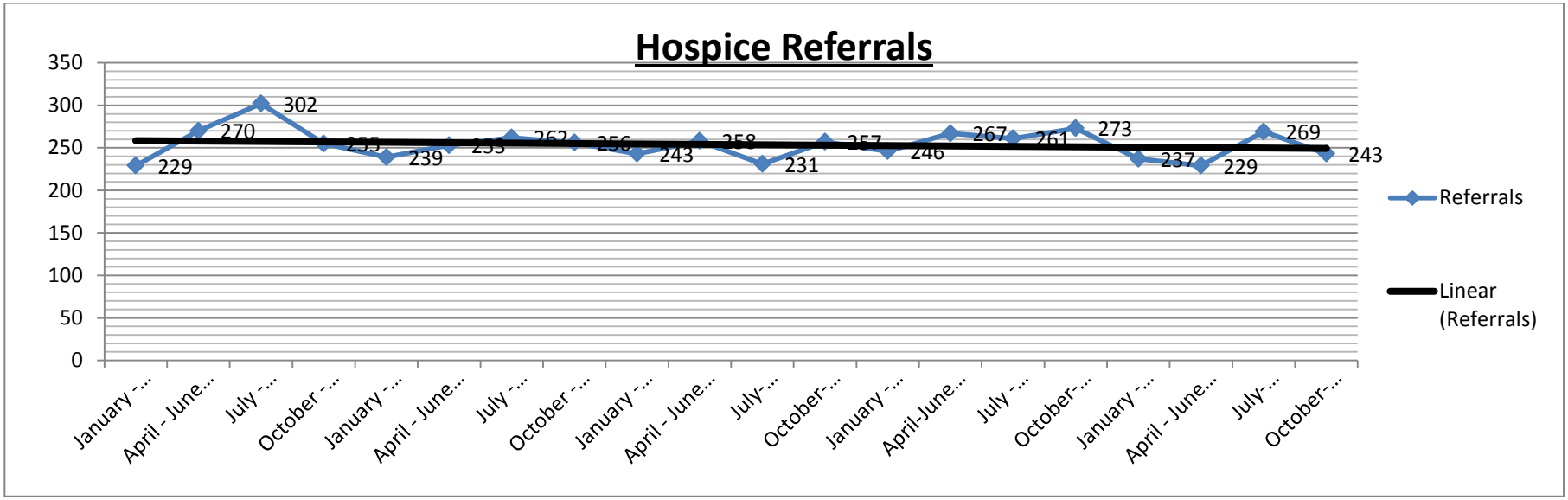
There were 3 serious injury notifications made to the CQC between January and March 2020 all concerning pressure sores grade 3 or above.

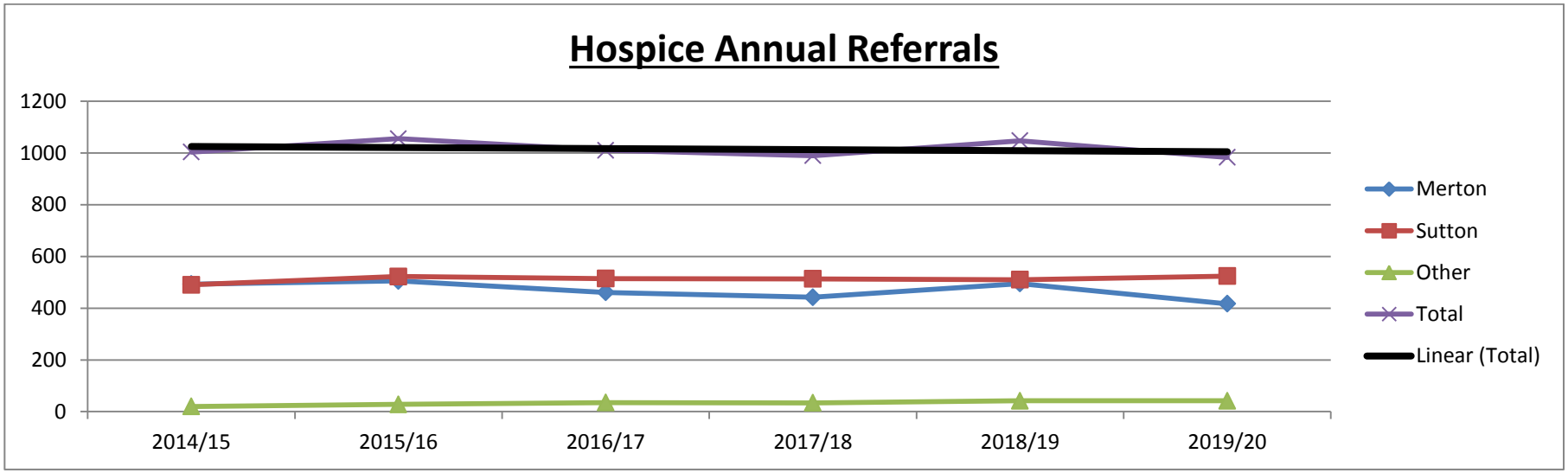
There have been 4 safeguarding notifications made to the CQC between January and May 2020: 3 concerning individuals and 1 care agency. All 4 were reported to the local safeguarding teams.

Clinical Commissioning Group (CCG) Data

Submission of Activity data for the preceding quarterly period is routinely supplied to the CCGs prior to their review meetings. October - December 2019 (Q3) data was supplied in March 2020 and January – March 2020 (Q4) data was supplied in May 2020.

Hospice Referrals





Annual figures for Hospice activity are shown on the following pages.

Hospice Activity Data

Annual data from April 2016 to March 2020 was included in a separate paper for Advisory Committee in May 2020.

A selection of data items will be extracted for graphical representation in future report.

The authors of this paper are Mrs G Linehan, Director of Care and Strategy Development and Mr A Rudkin, Quality Development Manager/ISO.

Meeting: **Clinical HODs Meeting**			
Date: 04/06/2020		Time: 11.30-1pm	
Present: Tracy Christmas Dr Joe Hawkins Maura Flint Remote Laura Briant Alex Rudkin Steve Molyneux			
Apologies: Tracey Young Gail Linehan			
Agenda item	**Discussion**	**Actions & by whom**	**Anticipated date for completion**
Review of previous minutes	None Available		
Matters Arising	**CPCT – TC -** Visiting: the triggers for visits remain unchanged however more visits have been required. TC discussed constraints of visiting – time limiting in patients home / no public toilet faculties, uniform changing prior arrival and after. Requested uniforms in form of hospice Polo – awaiting agreement from Nick / Gail H@H – agreed for 1 hour essential visits – need has been variable. Continue to support IPU Rota - staff have been very flexible . Personal circumstances now changing with schools and partners returning to work therefore less flexibility. Staff very fatigued. **The service will take calls until 6pm from JULY** Staff wellbeing - TC perceives that staffs are emotionally fatigued and the mood of the team is low at present. The team aware they have access to telephone support via NHS / Marie Curie and employers scheme . TC would like team clinical supervision to restart Shielding staff – TC express concern and agreed by other how to integrate staff who are shielding back to the service. Agreed that government guidance maybe produced later this month **JH _ medical team** Remote working JH feedback that they have had one Dr working remotely however it was felt unsuccessful in this case Discussed constraints with IT – everyone recognised some of this is user capability. concerns if a large quantity of staff have to self isolate with Tack and Trace	Uniform awaiting agreement from Nick / Gail Supervision TC to contact Gail and Barbara Bradbury	

	SM – PST Staff wellbeing Anxiety for dept and they have reached maximum capacity – some very complex cases. Staff fatigue evident. SM is frustrated with constraints that covid has bought and the delay on service improvements he had Referral Criteria SM proposes a simple referral criteria that can educated to other depts. .TC suggested they look at documentation on EPR as may need additional text box etc as a promt		
Topic			
Infection Prevention	Meeting to restart June 2020 Covid continues - JH - appendix re: remote working added to Clin 52 for– acknowledging the challenges / virtual assessment , triggers for face to face		
Medical Devices	Nil		
Medicine Management	**AR** – ? prescribers meeting to resume D+T next week – JH requested invite **JH** IPU – variable use of medication module on IPU **-**	TC will email Kevin Hobson to organise JH – to F/up	
Incidents & Accidents/RCA's	**AR** Introduction of Datix will resume once John Groom returns to work. Relevant staff will require a refresher **TC** fed back the CPCT had a recent reflection on a serious incident and it was well engaged. Tracy will be drafting recommendations to the Clin SOPs – community from the action agreed	TC – community sops draft – medicines follow up	
Complaints	**None discussed**		
Health & Safety			
New Policies/ Guidelines	**SM** : Suicide policy – draft awaiting publishing then training will be rolled out for RA **JH** fedback that the meeting and outcome regarding visiting to the IPU was positive.**TC** expressed her concern that the IPU	Visiting IPU: GL to confirm outcome to AR which will be	

	manager was on AL when this took place. **JH** medical staff appraisal and validation – policy drafted by JH and now with GL	added to appropriate policy	
Documentation/ Crosscare			
Audit/Research	**AR :** Clinical data and audit meeting to be set soon Clinical Audit programme pushed backed due to Covid . Currently 3 projects sit with Alex for reporting AR thanked the medical team for Audit engagement. Medical team continue to audit EOLC guidance Data dashboard – AR updating During covid outbreak daily activity has been measured through EPR Quality account report – NHS choices – Annual submission – deadline extended Information governance toolkit met on time **JH** Medical team are engaged with audit JH encouraging other teams and medical team are happy to support	AR	
Education/Training Reflective Forums	**Education MF/ LB** Awaiting PAH pack to go forward with MT – SM expressed concern about the constraints for Elise Lunn inputting the safeguarding section TC advised that Rebecca Wallis was also supporting this section Guildford symptom control – 4 places for the price of 3 – Heather Sydall , Mirijam Veldhuisen , Jan Hallstrom and Zara Hickling Enquiry for an elective student placement for 9 weeks from the end of June. Concerned expressed that due to Ft members of staff leaving and education priority will be completing MT document then unlikely to be able to safely facilitate. Competency Doc – Nursing Assoc – LB is completing CSCI video has been finalised and will be available soon. Nasal swab video has been viewed many times TC thanked LB for all her input and support with Nora Khan who joined the team and is working remotely. TC acknowledged this was a challenge and LB has been able to		

	assess her clinical skills and knowledge **JH** Took part in Sutton webinar – will forward to all HODS for distribution JH with Dr Craig Gannon and Jenny Palfrey and working on a paper regarding remote working : practical and ethical challenges . The paper will be forwarded to publishers		
Recruitment/ Staffing	TC – will clarify with GL regarding CPCT vacancies	TC- to GL	
CQC/PIR	.		
AOB			

Date next meeting: Alex will liaise with Pascale regarding invites

St Raphael's Hospice Clinical Risk Register

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurance	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
1	Culture Change	Reticience of some staff to embrace change to working practice as outlined in Clinical Action Plan (CAP) and current change in leadership.	Proactive leadeship to communicate and support change in working practice in line with CAP with Managers and key staff.	3	3	12	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	2	9
2.	Workforce: Community Clinical Nurse Specialist Ability to recruit suitably qualified Clinical Nurse Specialists to support the demands of referral for community support	Decrease in service delivery to support the demand in the community. Requirement to review service provision - modify the current offer	Succession Planning- Supporting CNS Development posts Comparible Salaries to NHS AfC Good working Environment Flexible Working Hours Introducing a skill mix of staff into the community service	4	3	16	Advertise for CNS or development posts and over recruit in the short term to reduce risk of not having the required staff. Team are working effectively with recently recruited development CNSs. To ensure service delivery.	4	2	12
3.	Workforce: Registered General Nurses Recruitment of appropriately qualified nurses to support the delivery of care on the In-Patient unit.	Night duty cover can be problematic . If RGN cover on night duty not suffcient the number of patients that can be safely supported will be affected as safe staffing is across 24hours. Increasing difficulty in recruiting Band 5 nurses for day duty - staff undertaking extra shifts to cover requirement risk burnout. Managing unexpectd sick 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. Active recruitment of Band 5 nurses to fill permenant 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. Encouraging Staff flexibility from day duty to night duty is encouraged. Offer of on the job training and mentoring and educatuional support to obtain required qualifications e.g. Support of the TNA programme for HCAs	4	3	16	In situations where staffing levels are adversely affected there would be a managed reduction of avialablel beds.Engaging with local and national training schemes to demonstrte the attractiveness of the hospice as an employer. Review sickness policy and maternity leave	4	2	12
4	Medication incidents related to controlled drugs	Potential for adverse side effects Complaints from patients relatives	Open culture of reporting of incidents to learn from mistakes/errors Review and monitoring of individal patient to mitigate harm or unsatisfactory symptom relief. Staff actively informing patients/families about medications and rationale for use to ensure understanding and gaining consent.	3	2	9	Continued vigilance Optimum patient monitoring Introduction of Checking CDs twice in 24hrs at 09.00 and 02.00 Spot checks on orders of CDs against invoice and incorporation into CD book Drugs likely to be misused (DLM) recorded in a separate register for monioring against amount ordered and usage.	5	1	10
5.	Allergy	Risk of harm to staff member and related impact on staff and patients.	Staff member on night duty with severe nut and pet allergy. Mitigation staff made aware of the allergy- requested not to bring in food containing nuts to TCC and staff room. Patient pets will be risk assessed prior to admission.Staff member to have Epipen on their person at all times and take personal responsibility for their own health as well as relience on staff support. Anaphalxis kit in the Clean Supply room on IPU. Notices informing where the kit is stored are displayed around hospice as an aid de memoir for staff.	5	2	15	Staff member has been referred and seen by OH related to the risks and unpredicability of the allergic response. Staff member has been advised that transfer to day duty would be a safer working environment for herself/staff collegues and patients.	5	1	10
6.	Inadequate Senior Clinician Cover	Impact on medical cover across departments. Impact on 2nd on call cover to support 1st on call doctors. Impact on admissions to the IPU.	6 month Agency Locum Consulatnt cover in place 3 days per week- continuing to November 2020. 12 month Agency Locum Consultant cover in place for 4 days per week -c ontinuing to March 2021. 1 FTE locum Consultant contracted to March 2021. Additional ongoing contracts have been put in place to support two consultants providing 2nd on call cover 2 nights per week and 1-2 weekends a month each.	2	2	6	Active review of senior medical cover across hospice - completed. JDs for 2 x 0.8 FTE Specialist Palliative Medicine Consultant and 1 x 0.6 FTE Specialist Palliative Medicine Consultant approved by RCP. 1 x 0.6 FTE Specialist Medicne Consultant recruited June 2020. Expected start in September 2020. Vacant positions out to advert Feb 2020. Deanery informed of upcoming posts to alert potential applicants.	2	2	6
7	Staff Well being	Staff sickness Low staff morale. COVID Impact	Staff well being is seen as a priority in the organisation Staff Consultative Group to facilitate staff involvement across the hospice Occupational Health Nurse on site one day a week Regular annual leave encouraged Flexible work patterns to support work life balance Training internal and external Competencies	4	2	12	Clinical Supervision offered to all levels of clinical staff Reflective fora to support staff following difficult cases Mentoring in practice Under review is space to facilitate staff having ability to take time out during the working day to destress. COVID : Staff provided with list of resources to suppport well-being and resilience. Garden tables and chairs provided for outdoor relaxation away from main Hospice building.	4	1	8
8.	Clinical Incidents	Risk of compaints from patients/families Patient safety Requirement to report outside the organsiation to CQC Prempt a CQC Inspection Reputational damage	Reporting of all incidents related to clinial care Heiracrchy of investigation Outputs- Learning informs improved proceedures and processes Regular review of incidents Report to SMT, Cliniacl 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. Encourage an environment of comprehensive reporting to support learning and quality improvement. Introduction of Datix in June/July2020 will support reporting and monitoring.	4	1	8

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurance	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
9.	Patient Safety- risk of falls	Patient sustaines an injury Patient requires transfer to acute centre for treatment Report to CQC- RIDDOR Negative impact on patients condition Potential for complaint from patient/family	Floor surfaces smooth - non carpeted Movement sensor on each bed Chair sensors accessible (6) for more mobile patients- verbal consent obtained for use from patient/family- documented in EPR Patients discussed and identified as falls risk at the commencement of each shift Patients identified as falls risk on white board Mobility aids provided Clinical teams alacrity to respond to monitors Clinical vigilance Assessment and consent for the appropriate use of cot sides	4	2	12	Frailty of the patient group increases the risk despite mitigation Promoting self determination increases risk Patients right to make unwise decsions where they have capacity increases risk Improve lighting to patient room patio area	4	1	8
10	Lone working	Staff members work singularly in the community within referred patients homes. Risk of accident/incident in a patients home and individual risk to staff member. Risk in travel to and from home visits	Policy and proceedure in place to support community working. Sign in and out. Supplied with a mobile phone for conatct with the hospice or other healthcare professionals. Lone worker alert devices introduced on 11/09/2019.	4	2	12	Lone Worker Policy informing steps to follow if a colleague does not return to base at expected time. Clarification and supported training on newly introduced safety devices. SMT OOH on call in place tfor contact and advice on further action.	4	1	8
11.	Inadequate Senior Nursing Clinician Cover	Loss of Operational Lead across clinical settings due to resignation of Matron. Resulting in loss of support for direct reports.	Director of Care and Strategy to fulfill role requirement in the interim. New Community Services manager role in place alongside IPU Mangaer. Clinical Action Plan for service development agreed and being progressed. Job Specification has been constructed for a new Clinical Lead Nurse role with responsibilty for Clinical Govenance to incorporate Matron and MD responsibilities Pended until recruitment of Clinical Director.	4	2	12	Director of Care Services (DCS) to manage all clinical teams including Medical team in interim. JD underview- Plan to go out to advert October 2019. Awareness this role may take some time to fill. Impact on work load. Clear lines of delegation to be implemented and monitored to ensure it is actively engaged with in order to prevent work oveoad on DCS.	4	1	8
12.	Complaints	Rumours Local press coverage Potential for public concern Elements of public expecation not being met Loss of confidence in the service Reputational damage	All complaints both verbal and written treated with the same level of scrutiny Complaints proceedure in policy for staff to follow- escalation process Complaints documented and reported via Quality Manager Reported at 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 SMT Required action taken to address concerns with staff members where individuals have been identified by the complainant	4	2	12	Use of root cause analysis for significant incidents 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
13	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 Policy communicated to whole organsiation Clinical staff have nhs emials (encrypted) Regular organisational sweeps in all departments	3	2	9	IT monitoring and oversight of PID in received and sent emails	3	1	6
14	Brexit - Risk of medication shortages via suppliers	Required medication(opiods, neuropathic agents, anti seizure etc.) not available in in specified dose ranges to support symptom management. Impact on patients.	Liaison with clinical pharmacy shtone - Reassurance that adequate supplies in stcck.	2	4	10	Regular updates from clinical pharmaist. Communication with wider CCG pharmacy colleagues.	2	4	10
15	Recruitment of Clinical Director	Insufficient clinical leadership, management and support	Role out to advert with closing date 1st June 2020. Role currently being provided by Joint CEO (GL).	5	5	30	Review job description. Re-advertised in June/July - closing date tba. Plan to place recruitment of CD role with an external recruitment agency in June/July 2020.	4	2	12
16	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.	5	2	15	Corona Virus Policy constructed to address all operational issues. PPE supplies checked. Contingency planning clarified for any identfied case within the Hospice - as per governemnt guidance. Barrier (Cohort) Nursing.	4	2	12
17	Corona Virus	Infection spread within hospice	Temperature station set up in main foyer to take the temps of all visitors and staff entering main Hospice building. Set script provided to staff to clarify visitors' health status and recent travel to known infected countries.	5	2	15	Introduction of reduced visitor numbers to one per patient per day between 09.00 - 18.00. As of 14-05-20 as per guidance, visitor number increased to two per day per patient (2nd vistor 2pm-5pm).	3	2	9
18	Corona Virus	Process to reduce infection risk	Staff instructed not to wear uniform into work. Change in work , at beginning and end of shift.	5	2	15	Wash bags provided to all staff in which to place uniform for transporting home Advised wash uniform in bag at 60 degrees.	4	2	12
19	Corona Virus	Staff Anxiety re: CV	Acting CD interface with Clinical Teams . Regular checks on adequate PPE for assurance.	5	2	15	CPCT supplied with uniforms for community visits. Adequate PPE to undertake duties within safe parameters.	4	2	12
20	Corona Virus	Inadequate supply of PPE	Increased order for PPE and cleaning supplies via usual supply routes	4	4	20	Difficulty in accessing adequate supplies of PPE hightlighted at SWL Covid Meetings. Access via emergency procurement supply route at SHH provided initial supplies. Subsequently weekly supplies via pallet push for Hospices providing PPE (gloves, IIR masks, aprons).Donations of visors and googles from the general public and schools.	3	2	9
21	Corona Virus	Change of service delivery model : Suspension of H@H , Wellbeing, Hospice Neighbours services. Psycho-social team remote delivery only.	As per government guidance clinical staff that can work from home have been faciltated to do so. Community service provision has changed from face to face to telephone contact or virtual contact via skype.	3	2	9	Reducedface to face visiting dictated by urgency. Increased telephone contact. Introduction of virtual assessment	3	2	9

Serial	Cause of Risk	Description of Principle Risk to Charity	Current Controls to prevent occurance	Current Impact	Current Probability	Raw Score	Additional Controls	Residual Impact	Residual Probability	Residual Score
22	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 (Jubilee & old CPCT office). Admin Corridor : staff using available office space to meet social distancing. Psychosocial working from home.	3	2	9	ACC office moved to bigger space (previosuly occupied by HPOC). HPOC team working from home.	3	2	9
23	Corona Virus	NHS Track & Trace	For discussion	5	2	15	For discussion	5	2	15

MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE

Held on 6th February 2020
in St Bede's Conference Centre

Attending

(AR) Alex Rudkin - Quality & Chair & Mins
(JS) Jill Smith - CNS NMP
(HH) Heather Howell - Advisory Committee Member
(TC) Tracy Christmas – Community Services Manager NMP
(AM) Dr Annelise Matthews - Hospice Consultant
(JH) Dr Jan Hallstrom- Hospice Consultant
(MG) M Gibbs - Ashton's Pharmacist
(TY) Tracey Young - IPU Manager
(SR) Dr Sam Raveney - Hospice Registrar
(HT) Hai To - Sutton CCG Care Home Pharmacist
(BDS) Dr Busi Da Silva – Hospice Doctor *(Item 5.3 onward)*

ITEM 1: Welcome

1.1 AR extended welcome

ITEM 2: Apologies for Absence

(GL) Gail Linehan – Director of Care, (AA) Dr Ambreen Akhtar - Hospice Doctor, (BG) Bernadette Griffin -CNS, NMP, P,(PH) Philomena Hutchinson- Night Team Leader, , (PM) Pauline Morris – IPU Sister, (MF) Maura Flint – Practice Development, (KH) Kevin Hobson - CNS NMP

ITEM 3: Minutes of the Last Meeting

Minutes of the last meeting held on 31 October 2019 were agreed.

ITEM 4: Matters Arising

a) Dr AA has completed an audit of discharge letters using a small cohort of patients. The audit showed that practise is following the SIGN discharge document template well. Actions effected were: Discharge letter template to be changed: 1. Add section/heading in the discharge letter on the Action required by the GP; 2. Add section on Advanced Care Planning when discussing resuscitation/CMC; 3. Medication Changes section should be divided into two further headings: Started and Stopped.

b) AR advised that GL had considered the 20 point prescribing plan that had been drafted previously by Dr Joseph but not included in any policy nor agreed with the MDT and stated that it should be disregarded.

c) AM advised that the threshold for deciding upon when medication chart 'crossings out' effected a new chart being written was not considered an issue.

d) AM advised that the documenting of indicators for use of PRN drugs has been effected.

e) TC has investigated and could find no supportive reference for "8.1 - Gabapentoids should not be used with Tricyclic antidepressants as the QTC interval is affected which can negatively impact" (Minute D&TC 13-06-2019).

f) Prescriber feedback on use of Midazolam vs oral Keppra was encapsulated by AM who expressed that it wasn't an active issue at SRH.

g) AM advised that following her review of the IPU medication stock list, she had concluded that there was a lot of stock that didn't need to be stocked and are then wasted. Review of stock and the required stock listing will be discussed further with MG as it is entirely SRH's decision as to what is stocked. AM/TY/MG

h) Use of Abstral is an item for discussion at the Prescribers' meeting. Abstral use peaked in June 2019. KH

i) PRN administration in the community and review of St Barnabas policy is an item still for the Prescribers meeting. KH/TC

j) TY advised that the decision has been taken not to lock the CSCI boxes in use on the IPU.

k) Policy for undertaking ECG for QTC prolongation is being led by Cathy Foster and Tracy Christmas. It is about 90% complete but involves training delivery and competency assessment. It was understood that no other Hospice was doing this. So far liaison has been with the SWL Mental Health Team who use Kardia that detects the cardiac sinus rhythm and AF then uses the calculation to get the QTC interval. The kit uses mobile technology to undertake the test and submit the information for result via NHS net. The number of patients for whom this test is likely to be appropriate for at SRH is likely to be very small. CF,TC, MF

AM commented on the impressive piece of work and relayed congratulations to CF and TC. She suggested the work was worthy of publication or abstract for poster presentation. CF & TC will meet with the medical team to review. CF & TC

If the patient refuses the test then that should be noted on their record.

Training is planned to be rolled out in March 2020.

JH remarked that he was unable to source any guidance on this on line.

l) AM is still to review the Diabetic Guidelines reflect desired changes. She will due so in due course and let AR know once complete. AM

ITEM 5: Pharmacy Update

5.1 MG stated that medication spending was in usual range and there was nothing to remark upon. £4.5k pcm average spend.

5.2 No concern on incidents with the Hospice having the second lowest error rate amongst the care providers supported by Ashtons. *[BD-S joined meeting]*

5.3 MG highlighted a Coroners' warning that was not relevant to specialist palliative care on the use of Oxycodone and Amitryptilline prescribed for mental health reasons usually at larger doses than would be used in palliative medicine.

ITEM 6: Immediate Release Fentanyl

6.1 GP specific guidance is in place. Used more so for patients on high dose opioid. SRH is prescribing less of it and is never prescribed by the NMPs. GPs continue to prescribe under our direction.

ITEM 7: Prescribing in the Community

7.1 HT advised that a new stock list for community pharmacists that stock anticipatory medicines will be published very soon for all SWL CCGs.

ITEM 8: CSCI Furosemide

8.1 The Guidance for the Prescribing and administration of Subcutaneous Furosemide that was developed by SGH and CLCH in liaison with Dr Joseph (previously the Medical Director at SRH) in May 2018 has not been approved by the D&TC and has had no consultation with any of the Hospice's clinical team. It does not have a consensus of support. TC has held a very positive review meeting with the heart failure CNS who worked with Dr Anderson (Heart Failure Consultant) at SGH and Kim Smith (EoL CNS, Merton CLCH) co-authors of the guidance to relay the Hospice's concerns such as CSCI resources, leadership and responsibilities. It was agreed that SGH will initiate the CSCI and undertake review every 1-2 weeks. All that was agreed has been tied up in an email from TC and circulated to the clinical team. The heart failure CNS had expressed that she was happy to come in on any education days. SGH will undertake re-write of the Guidance. SRH will not be initiating Furosemide for use in the Community.

ITEM 9: IV Therapies

9.1 The Hospice does not offer a blood transfusion service. The provision of IV therapies has been a topic under discussion, balancing the logistics of competency against demand and the overwhelming imperative of respecting patient safety. Work is underway in increasing the RGN competency for IV administration on the IPU but further discussion is required outside the meeting of the role the medical team can play in IV therapy delivery and maintenance. AM expressed that we cannot assume that Doctors have IV competency. GL & Medical Team

ITEM 10: End of Life Prescribing

10.1 CLIN29 Preparing and Administering Injectable Medications Guidelines remains for sign off by the clinical team before Appendix 1 Community Guidance is signed off by KH

the local MMC.

ITEM 11: Update on Medication Policy review

11.1 There have been no published updates to medication policy / guidance since the last meeting between November 2019 and January 2020.

11.2 Policy on CLIN27 IV Administration Guidelines is due for review this month.

ITEM 12: Serious Medication Incidents

12.1 Nil to report.

ITEM 13: Update on CAS/MHRA Alerts

13.1 All CAS/MHRA alerts are logged on our register at N:\Governance\Central Alerting System\Register of Alerts.

13.2 There have been 3 alerts relevant as listed.

Ref	Title	Date	Action
EL (19)A/32	Paracetamol 500mg Tablets, 1 x 1000 5-11-2019	05/11/2019	The community staff can remain vigilant to the below if this drug is encountered on visits. We would advise the patient to return the drug to the pharmacy + update GP accordingly so an alternative can be provided. None of these in ward stock – ward staff made aware
SDA/2019/005(U)	Ranitidine - all formulations – Supply Disruption Alert – Update 27-11-2019	27/11/2019	Community services team updated and an alternative medication can be considered if needed. Currently have two boxes or Ranitidine tablets on the ward- these are formulations which have not been recalled. MHRA information posted in ward office to make staff aware of alternative medications to use.
Ref	Title	Date	Action
SDA/2019/010	Emerade ® 150 microgram, 300 microgram and 500 microgram adrenaline 29-11-2019	29/11/2019	Spoke to Ashton's pharmacy. The issue is a very small number of pens have failed to inject but at present they have no supplies to replace them. We have four pens and they felt that in the unlikely event of one failing, we can use another one. Currently that is their advice to community patients – make sure you have more than one pen. They can give us ampules of adrenaline but advised that in the time the dose had been drawn up, you could have just used another pen and as

			anaphylaxis is time sensitive this would be the better option.

ITEM 14: Any other business

14.1 HT advised that lidocaine patches are not to be initiated in the Community.

14.2 HT advised that Kingston, Croydon, Merton, Wandsworth, Sutton, Richmond will all merge into one SWL CCG from 1st April 2020.

14.3 HT will ask the food supplement specialist nurse, Michelle Philpott, to liaise with MF to arrange any required education. HT

ITEM 15: Future Dates

15.1 Dates of future meetings in 2020:

Date	Event	Venue/Time
11th June 2020	Drugs and Therapeutic Committee	St Bede's 14.30
15th October 2020	Drugs and Therapeutic Committee	St Bede's 14.30

HR03 Raising Concerns - Freedom to Speak Up Policy

Contents

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1.0 Introduction

This document sets out our procedure in relation to ensuring staff and volunteers at St Raphael's Hospice are confident to raise any matters of genuine concern without fear of reprisal and in the knowledge that they will be taken seriously and matters investigated appropriately.

2.0 Key points

2.1 St Raphael's Hospice encourages staff and volunteers to report concerns or issues that could harm:

- The people we help
- Our staff and volunteers
- The services we provide
- Our assets
- Our reputation

2.2 St Raphael's Hospice has undertaken to encourage and support everyone working in the Hospice to raise any concerns about risks, malpractice or wrongdoing affecting patients, the public, staff, volunteers or the Hospice. It is important to raise your concern at the earliest opportunity.

2.3 Concerns will be dealt with in an open, honest, non-judgmental and blame free manner and support will be offered to those raising concerns.

2.4 Confidentiality requests will be respected.

2.5 Where appropriate, the results of any investigation or resulting action will be shared, and the learning disseminated within the Hospice

2.6 There will be no retaliation for those raising a concern that is genuinely held.

2.7 Advice about raising concerns can be sought from the Freedom To Speak Up Guardian, or from the whistleblowing charity Protect.

2.8 Concerns can be raised externally but we encourage staff and volunteers to explore internal options first.

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3.0 Purpose

3.1 St Raphael's Hospice is committed to good governance and encourages a culture of integrity, honesty and openness in which staff and volunteers understand their responsibilities and management can demonstrate their accountability.

3.2 The aim of this policy and its associated procedures is to ensure that staff and volunteers are confident they can raise any matters of genuine concern without fear of reprisal, in the knowledge that they will be taken seriously and that a proper and independent investigation will be undertaken.

At St Raphael's Hospice 'raising a concern' is the terminology that we generally use. You may also know of, or use, the term 'Whistleblowing'.

3.3 We encourage staff and volunteers to raise their concerns under this policy in the first instance.

3.4 Staff and volunteers raising a genuine concern will not suffer a detriment or any form of retribution.

3.5 At St Raphael's Hospice we understand that people raise a genuine concern in good faith. If you have any genuine concerns related to suspected wrong-doing or danger affecting any of our activities you should report it under this policy.

3.6 If a member of staff or volunteer is in any doubt as to the ethics or legality of an activity, they are encouraged to discuss their concerns as soon as possible with their line manager.

3.7 Other members of staff that you can speak to (see Appendix A):

- The St Raphael's Hospice Freedom to Speak Up Guardian.
- The Head of HR.

3.8 You can also raise concerns to a designated St Raphael's Hospice Trustee.

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4.0 Scope

4.1 This policy applies to all individuals working at all levels of the organisation, including Directors, senior managers, employees, consultants, contractors, casual workers, agency staff and volunteers.

4.2 This policy does not form part of any employee's contract of employment and may be changed at any time.

5.0 What this Policy includes

5.1 This policy covers the reporting or disclosure of information, which a member of staff or volunteer raises, which shows one or more of the following matters is either happening now, took place in the past, or is likely to happen in the future:

- A criminal offence.
- The breach of a legal obligation.
- A miscarriage of justice.
- A danger to the health or safety of any individual.
- Damage to the environment.
- Bribery.
- Deliberate covering up of information tending to show any of the above.

5.2 This policy and procedure might be used, for example, to report:

- The physical or emotional abuse of patients
- Unsafe patient care/clinical practice.
- Medical/clinical negligence.
- Breach of organisational or statutory codes of practice.
- Financial crime such as fraud, theft, money-laundering, deception, etc.
- Abuse of position or business contacts for personal gain.
- Misuse of St Raphael's Hospice property for personal use.
- Unauthorised use of Hospice funds.
- Harassment, bullying or intimidation of a colleague.
- Bullying culture, (across a team or organisation, rather than individual).
- Disclosure of St Raphael's Hospice information or data to unauthorised individuals.
- Concerns regarding St Raphael's Hospice's fundraising practice.
- Inadequate induction or training for staff.
- Threats to individuals' health and safety.
- Inadequate response to a reported safety incident.

5.3 Any attempt to cover up an act or omission in relation to the above.

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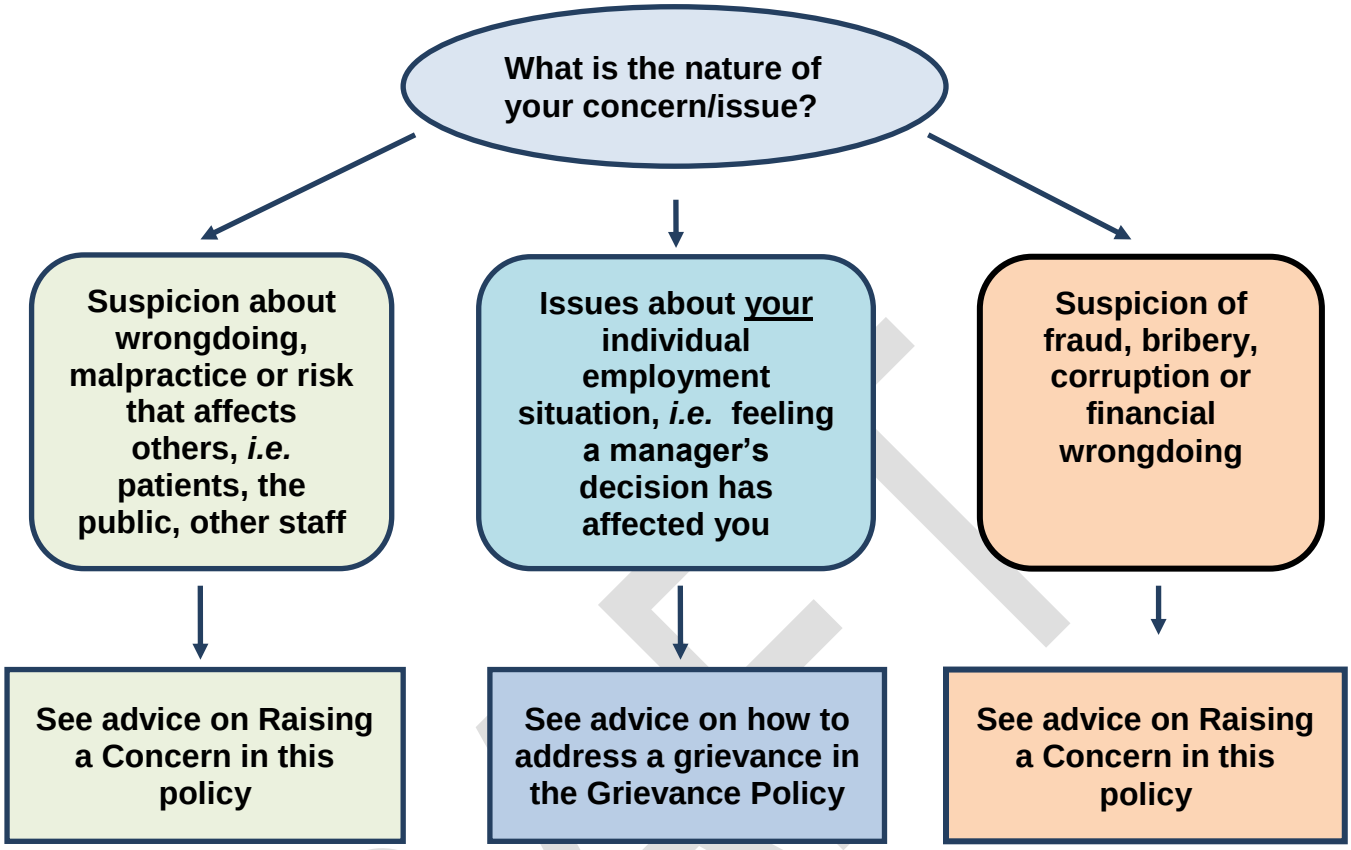

6.0 What this Policy does not include

6.1 This policy typically does not cover personal concerns regarding terms and conditions of employment, which should be addressed using the Grievance Procedure.

6.2 However, where someone genuinely fears reprisals in response to raising a grievance about one of the matters outlined above, this Policy may be an appropriate alternative.

6.3 If you are uncertain whether something is in the scope of this policy you should seek advice from the Head of HR or the Freedom To Speak Up Guardian. Their contact details are at the end of this policy in Appendix A.

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7.0 Relevant Legislation

7.1 The Public Interest Disclosure Act 1998 provides protection for people who raise legitimate concerns about specified matters. These disclosures must be made in good faith by an individual who has a reasonable belief that one of the following is being, has been or is likely to be committed or concealed:

- A criminal offence, including safeguarding concerns.
- A miscarriage of justice.
- An act creating risk to health and safety.
- An act causing damage to the environment.
- A breach of any other legal obligation.
- …or concealment of any of the above.

7.2 It is not necessary for the person to have proof that such an act is being, has been, or is likely to be, committed - a reasonable belief is sufficient. The person has no responsibility for investigating the matter - it is the organisation's responsibility to ensure that an investigation takes place.

7.3 Someone who makes a disclosure has the right not to be dismissed, subjected to any other detriment, or victimised, because he/she has made a disclosure unless it is found that the disclosure has been made maliciously.

8.0 Definitions

8.1 Raising Concerns: The process of alerting others to possible risks, malpractice or wrongdoing affecting patients, the public, staff or the Hospice. **This is also sometimes referred to as whistleblowing or speaking up.**

8.2 Freedom to Speak Up: Providing a framework to encourage people to raise a concern with confidence, understand the process and ensure the concern is managed in a proportionate, fair, open, honest and blame free manner.

8.3 Freedom To Speak Up Guardian: The individual appointed by St Raphael's Hospice to ensure that concerns raised are investigated according to the Hospice's policy and to provide feedback and support to those raising concerns.

8.4 The Freedom To Speak Up Guardian is an independent, senior member of staff with overall responsibility for this policy (see Appendices A & B).

8.5 The Freedom To Speak Up Guardian has been trained in how to receive concerns and will give you information about where you can go for more support.

8.6 At St Raphael's Hospice, the Freedom To Speak Up Guardian is the Head of Quality and Improvement – Mr Alex Rudkin.

8.7 Designated Whistleblowing Officer: Another term that you may hear used. At St Raphael's Hospice the responsibilities are the same as for the Freedom To Speak Up Guardian.

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9.0 Responsibilities

The Freedom to Speak Up Guardian

9.1 This is the Head of Quality and Improvement, and with support from the Head of HR and the designated Trustee, the Freedom To Speak Up Guardian is responsible for the implementation of this policy and for reporting relevant information to the Board via the HR Sub-committee.

Managers / Heads of Department

9.2 Managers are expected to take decisions, using their own judgment and acting reasonably and fairly, in order to resolve issues promptly and constructively.

Staff and Volunteers

9.3 The responsibilities of staff and volunteers are

- To adhere to their professional code of conduct to raise concerns
- To promote the values of openness and integrity and to support others to do the same.
- To ensure due care is taken of Hospice property and data.
- To report matters of concern promptly and appropriately.
- To co-operate with investigations.
- Not to victimise or intimidate colleagues who make allegations.

HR Sub-committee

9.4 Undertakes a high-level monitoring role on behalf of the Board (AB). To ensure the policy is appropriately implemented, and to report and escalate significant matters as necessary including reporting the matter to any appropriate government department or regulatory agency.

Human Resources department

9.5 The responsibilities of the HR department are

- To advise on the application of this policy to individual situations.
- To provide communication and training to reinforce this policy.
- To support the Freedom To Speak Up Guardian in instigating appropriate investigations.
- To assist in dealing with the outcome of investigations including, for example, training, communication, disciplinary action, etc.
- Guiding Principles

9.6 St Raphael's Hospice will support people who raise a concern and protect them from reprisals or victimisation. If a member of staff or a volunteer comes forward with a concern that is genuinely held, it will not adversely affect their job security, position or career. This approach will also apply if a concern is raised in good faith which later turns out not to have been justified.

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9.7 Confidentiality will be respected where possible in all cases.

9.8 St Raphael's Hospice will be fair to all parties involved and investigate carefully and thoroughly both sides of the issue.

9.9 If an employee or volunteer tries to discourage a member of staff or volunteer from coming forward to express a legitimate concern of a level of gravity that makes it suitable for whistleblowing, this may be treated as a disciplinary offence. Anyone who criticises or victimises a member of staff or volunteer after voicing a legitimate concern may be treated as committing a disciplinary offence.

9.10 Persons who deliberately abuse this process by raising allegations that they know are untrue may be subject to disciplinary action.

9.11 Members of staff or volunteers must raise concerns with their Line Manager, the Head of HR or the Freedom To Speak Up Guardian if they consider the interests of a patient / client are being damaged, and/or are aware of unlawful conduct or financial malpractice.

10.0 What will St Raphael's Hospice do?

10.1 St Raphael's Hospice will take your concern seriously and investigate in a fair, non-judgemental, independent and blame free manner. Individuals addressing concerns will receive appropriate training.

10.2 St Raphael's Hospice will provide support to those raising concerns via our Freedom To Speak Up Guardian.

10.3 The initial investigation will depend on the nature of the concern. Some concerns can be dealt with quickly within the local team but more complex or serious concerns may need independent/external review.

10.4 St Raphael's Hospice will produce a report that focuses on identifying the issues and how to rectify them and will act on the findings of the investigation and learn lessons.

10.5 St Raphael's Hospice will feedback to the person raising the concern to keep them informed of the progress and subsequent outcome of any investigation.

10.6 Anyone found to have knowingly raised a malicious and untrue concern will be subject to disciplinary action.

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11.0 Advice and Support

11.1 We recognise that raising a concern can be a difficult experience, if you are unsure or worried about raising a concern, you can seek advice from the following sources.

- ST RAPHAEL'S HOSPICE - How to raise a concern – the Freedom To Speak Up Guardian, can advise you on the process of raising a concern.

- INDEPENDENT ADVICE - You can seek independent advice from the National Whistleblowing Helpline, Protect, your professional body or Trade Union. Protect can provide a confidential route to raise or discuss you concern with us, if you wish.

- LOCAL SUPPORT - Local support can involve your professional body, a trade union or a colleague who may accompany you to meetings, if you wish.

- EMPLOYEE ASSISTANCE PROGRAMME -www.healthassuredeap.com

Username: St Raphael
Password: Hospice

12.0 What will we learn from Your Concern

12.1 The focus of any investigation in to a concern that is raised will be on improving the care St Raphael's Hospice provide for patients, their loved ones and staff and ensuring the Hospice has safety as a priority.

12.2 Where improvements that can be made are identified, St Raphael's Hospice will track them to make sure necessary changes are carried through and work effectively. Lessons will be shared with teams within the organisation or more widely, via staff briefings, Hospice communications, etc.

13.0 Related Policies and Procedures

- HR07 Harassment and Bullying Policy and Procedure
- HR06 Grievance Procedure
- OP16 Health & Safety Policy
- HR06 Grievance Procedure
- OP05 Complaints Policy

14.0 Board Oversight

14.1 The Board (AB) will be given high level information about all concerns raised by staff through this policy and what actions are being taken to address any problems.

14.2 St Raphael's Hospice will review the effectiveness of this policy and local processes on an annual basis by monitoring the number and nature of

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concerns raised, including Raising Concerns in our Staff Surveys and reporting on the outcomes from investigations into concerns.

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15.0 Raising Awareness / Implementation / Training

15.1 The policy will be highlighted in the Staff Updates informing the appointment of the Freedom To Speak Up Guardian and at the launch of the policy.

15.2 There will be regular communication on Induction/education days, and posters.

15.3 The policy will be incorporated into staff induction.

15.4 Actions and learning following a concern raised will be communicated to relevant staff (respecting confidentiality) and success will be celebrated.

15.5 The Freedom to Speak Up Guardian will undertake relevant training to include how to effectively encourage and support staff, the legal aspects of raising a concern (public interest disclosure act 1998) as well as understanding HR issues, the policy, principles and mechanisms used for raising and addressing concerns.

15.6 Training will demonstrate best practice in investigating a concern and supporting the individual raising the concern through the process. It will highlight the importance of being fair, honest, non-judgemental and constructive and of reaching a solution that is implemented and shared with the person raising the concern and the wider hospice if appropriate.

15.7 The Freedom To Speak Up Guardian and other members of staff, as appropriate, will be trained in investigating issues, and may contribute to following up concerns raised.

16.0 Monitoring Compliance

16.1 Compliance will be monitored via the staff survey to ensure improvement around understanding and experience of the process of raising concerns.

16.2 The process will be documented to allow regular audit to gauge compliance with the processes (timing, support, feedback, resolution, and dissemination of learning) and to look at themes and trends.

16.3 Concerns raised under this Policy will be reviewed by the HR Sub-committee and summarily reported within the Hospice's Corporate Governance Report that is routinely received by the Hospice's Board of Trustees and be reviewed by the .

16.4 Those raising concerns may be asked to feed back about their experience. This will be by use of an anonymous feedback questionnaire.

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17.0 Breach of Policy

17.1 Any deviation in practice from the above policy and procedure will be deemed a breach of policy.

17.2 Any breach of this policy by St Raphael's Hospice employees may lead to formal disciplinary action.

17.3 Any breach of this policy by St Raphael's Hospice volunteers may lead to formal action under the OP39 Volunteer Policy.

18.0 Raising A Concern / Freedom To Speak Up Procedures

18.1 How should I report my concern?

- **The easiest way to raise your concern would be to raise it with your line manager.**
- If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact the Freedom To Speak Up Guardian or the Head of HR or designated Trustee.(See Appendix A).
- You can raise your concern verbally in person, by phone or in writing by letter or e-mail.
- You need to be ready to explain as fully as you can the information and circumstances that gave rise to your concern. Try to be specific about dates and times, what happened and who was involved and whether there were any witnesses.
- Managers who receive a concern and have addressed this should record this on the Hospice's Incident Reporting System and inform the Freedom To Speak Up Guardian of the nature of the concern and how it was resolved, so that this can be reported to the Board.
- If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies.

18.2 What Happens Next?

18.2.1 Your line manager, (or if you have not spoken to them, the Freedom To Speak Up Guardian or Head of HR) will respond within five working days, providing formal written confirmation of the nature of the disclosure and acknowledging receipt of it.

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18.2.2 We will arrange a meeting with you as soon as possible to discuss your concern. You may bring a workplace colleague or union representative to any meetings under this policy. Your companion must respect the confidentiality of your disclosure and any subsequent investigation.

18.2.3 We will take down a written summary of your concern and provide you with a copy after the meeting. We will also aim to give you an indication of how we propose to deal with the matter.

18.2.4 We hope that staff/volunteers will feel able to voice concerns openly under this policy. However if you want to raise your concern confidentially, we will make every effort to keep your identity secret. If it is necessary for anyone investigating your concern to know your identity, we will discuss this with you.

18.2.5 We do not encourage staff to make disclosures anonymously. Proper investigation may be more difficult or impossible if we cannot obtain further information from you.

18.2.6 It is also more difficult to establish whether any allegations are credible and have been made in good faith. People who raise a concern who are concerned about possible reprisals if their identity is revealed should come forward to their manager, Head of HR or the Freedom To Speak Up Guardian and appropriate measures can then be taken to preserve confidentiality.

18.2.7 If you are in any doubt you can seek advice from Protect, the independent whistleblowing charity, who offer a confidential helpline. Their contact details are at the end of this policy.

18.2.8 Protection against recrimination for staff worried about disclosing their identity is discussed later in the section entitled *Feel Safe to raise your concern.*

18.3 <u>External Disclosure / Raising your concern with an outside body</u>

18.3.1 The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrong-doing in the workplace. In most cases you should not find it necessary to alert anyone externally.

18.3.2 St Raphael's Hospice hopes that you would feel comfortable with raising your concerns internally. However, we recognise that there may be circumstances where you can report a concern to an outside body.

18.3.3 The matter may be of an exceptionally serious nature that it warrants being raised externally, prior to the opportunity for any internal consideration. You may have raised the concern with St Raphael's Hospice and are not satisfied that the matter has been properly dealt with.

18.3.4 You may also be worried about raising the concern internally.

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18.3.5 The law recognises that in some circumstances it may be appropriate for you to report your concerns to an external body such as a regulator.

18.3.6 We strongly encourage you to seek advice before reporting a concern to anyone external.

18.3.7 See Appendix B for more information on raising a concern with an outside body. Please consider speaking to the St Raphael's Hospice Freedom To Speak Up Guardian beforehand.

18.3.8 The independent whistleblowing charity, Protect, operates a confidential helpline. They also have a list of prescribed regulators for reporting certain types of concern. Their contact details are at the end of this policy.

18.3.9 Regardless of the process chosen, the employee must act in good faith and must not act for personal gain.

18.3.10 For Fundraising Issues: An individual member of staff can escalate concerns about our fundraising practice to the Fundraising Regulator in the event that internal consideration is not possible. Contact the Fundraising regulator on 0300 999 3407, or by email: enquiries@fundraisingregulator.org.uk

18.4 Feel safe to raise your concern

18.4.1 When raising a genuine concern under this procedure, you will not be at risk of retaliation or losing your job, nor should you suffer any form of reprisal as a result.

18.4.2 St Raphael's Hospice will not tolerate harassment or victimisation of anyone raising a concern and would act on any attempt to bully you into not raising your concern. Such behaviour is a breach of our values and, if upheld after investigation, would result in disciplinary action.

18.4.3 Staff who raise genuinely-held concerns in good faith under this policy will not be dismissed or subjected to any detriment as a result of doing so. This includes where the allegations are not confirmed by subsequent investigation. (Detriment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern).

18.4.4 It does not matter if it later transpires that you were mistaken or if there is an innocent explanation. All that matters is that you believed the concern at the time.

18.4.5 It is understandable that people who raise a concern are sometimes worried about possible repercussions. We aim to encourage openness and will support staff who raise genuine concerns in good faith under this policy, even if they turn out to be mistaken.

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18.4.6 If you believe you have suffered such treatment, you should inform the Freedom To Speak Up Guardian or Head of HR immediately. If the matter is not remedied you should raise it formally using our Grievance Procedure.

18.4.7 Staff who believe they or a colleague are being victimised as a result of making a disclosure under this policy should report it promptly to the Freedom To Speak Up Guardian or Head of HR.

18.4.8 Victimisation of an employee who raises a genuine concern will be treated as a disciplinary matter.

18.5 Confidentiality

18.5.1 St Raphael's Hospice hopes that you would feel comfortable raising your concerns openly, but appreciates that you may want to do this in confidence. This means that, if you do not wish your identity to be disclosed, St Raphael's Hospice will do their utmost to respect this so that your identity is known only to the person to whom you report the concern.

18.5.2 St Raphael's Hospice will make every effort to keep the identity of the employee/volunteer making the allegations confidential, at least until a formal investigation is underway. A similar degree of confidentiality is expected in return from the employee/volunteer. There may, however, be circumstances where keeping the person's identity confidential is not possible. A request for anonymity may also prevent a proper investigation being carried out.

18.5.3 You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential or where it is required by law. In such cases, we will discuss with you whether and how the matter can best proceed. The organisation cannot guarantee anonymity in the following situations:

- Where there is a legal obligation to disclose the employee's identity.
- Where the information is already in the public domain.
- On a strictly confidential basis for the purpose of obtaining advice from a professional adviser such as a lawyer or accountant.
- Where required by the police or under anti-money-laundering arrangements.

18.5.4 If there are other situations where the organisation is required to reveal the employee/volunteer's identity, for example in relation to disciplinary or legal proceedings, this will be discussed first with the employee/volunteer.

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18.6 Raising a Concern Anonymously

18.6.1 If you feel unable to come forward openly or confidentially, you can raise your concern anonymously. These concerns will be taken seriously and investigated as St Raphael's Hospice would any concern.

18.6.2 However, with an anonymous concern we cannot come back to clarify things with you which may make it more difficult to investigate. We will not be able to protect your position or provide feedback on the progress of the investigation or its outcome. Accordingly, you should not assume we can provide the assurances we offer in the same way if you report a concern anonymously.

18.7 Investigations and Reporting

18.7.1 St Raphael's Hospice is committed to investigating concerns as fully and quickly as circumstances allow. The length and scope of the investigation will depend on the subject matter of the disclosure.

18.7.2 Once a concern is received, the Freedom To Speak Up Guardian will acknowledge that the allegation has been made within the remit of this Policy and will carry out an initial assessment of the allegation to determine whether there are grounds for a more in-depth investigation or whether the disclosure is based on erroneous information.

18.8 If a more detailed investigation is considered necessary

18.8.1 The Freedom To Speak Up Guardian will appoint an investigator or an investigative team. This may include using a suitably qualified external consultant where it is difficult to identify an available in-house resource. The investigation may involve the worker and other individuals involved giving a written statement.

18.8.2 The investigator(s) will produce a report and submit it to an appropriately constituted Review Panel that will include, as a minimum, The Freedom To Speak Up Guardian, Head of HR and the designated Trustee. In the event that any of these individuals is implicated in the allegations, a suitable alternative will be identified by the CEO.

18.8.3 A relevant specialist may also be asked to join this panel if the subject matter demands it.

18.8.4 The role of the Review Panel is to review the evidence and establish whether any remedial action is required in relation to the alleged failure or breach. This might include disciplinary action against specific individuals, further training, and changes to organisational policy or procedure, or internal communications. The Review Panel will report its findings and recommendations to the HR Sub-committee for approval and implementation.

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18.8.5 The Freedom To Speak Up Guardian will keep the person who raised the concern informed of the progress of the investigation. On conclusion of any investigation, the individual will be told the outcome of the investigation and what the Review Panel has done, or proposes to do, about it. If no action is to be taken, the reason for this will be explained.

18.8.6 If the Review Panel concludes that an individual has made false allegations maliciously, in bad faith or with a view to personal gain, the person will be subject to disciplinary action.

18.8.7 There is no right of appeal against the findings of the Review Panel.

18.8.8 If on conclusion of any investigation the employee/volunteer reasonably believes that the appropriate action has not been taken, he/she should report the matter to the proper authority. The legislation sets out a number of bodies to which qualifying disclosures may be made. These include, but may not be limited to:

- HM Revenue & Customs.
- The Financial Conduct Authority (formerly the Financial Services Authority).
- The Competition and Markets Authority.
- The Health and Safety Executive.
- The Environment Agency.
- The Independent Police Complaints Commission.
- The Serious Fraud Office.
- The Charities Commission.
- The Information Commissioner.
- The Fundraising Regulator.

Other possibilities include:

- If the problem involves a very senior member of staff of the organisation, contact the Chairman of Trustees or other Trustee Committee Chair.
- In the case of a criminal offence, the Police.
- The Care Quality Commission.
- Appropriate Regulatory Body (GMC/NMC)
- The Office of Fair Trading.
- The Environment Agency.

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19.0 References

- Sir Robert Francis QC (2013) Report of the Mid Staffordshire NHS Foundation Hospice Public Inquiry https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

- Sir Robert Francis QC (2015) Freedom to Speak Up – A review of whistleblowing in the NHS https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

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- Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health and Social Care http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf

- NHS Improvement (2016) Freedom to speak up: raising concerns (whistleblowing) policy for the NHS

  https://improvement.nhs.uk/uploads/documents/whistleblowing_policy_30march.pdf

- Frimley Health NHS Foundation Trust Raising Concerns at Work Policy – January 2018

- The Freedom to Speak Up Policy for the NHS, (2016) www.improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs

- Raising concerns at work, Whistleblowing Helpline 2014 (Page 29) http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf

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APPENDIX A – WITH WHOM SHOULD I RAISE MY CONCERN?

Ideally your line manager or supervisor

We recognise this may be difficult for you, and if it is, you should speak to our Freedom To Speak Up Guardian for confidential advice and support.

Freedom to Speak Up Guardian	Alex Rudkin- Head of Quality and Improvement 0208 099 7777 alexrudkin@straphaels.org.uk
Head of HR	Kelly Channer 0208 099 7777 kellychanner@straphaels.org.uk
Protect	**Telephone -** Protect Advice Line: 020 3117 2520, General enquiries: 020 3117 2520 **Fax** - 020 7403 8823 **Email** - Protect Advice line: whistle@protect-advice.org.uk **Address** - CAN Mezzanine, 7 - 14 Great Dover Street, London SE1 4YR

You can also raise a concern with the St Raphael's Hospice designated Trustee.

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APPENDIX B - LIST OF OUTSIDE BODIES WITH WHOM CONCERNS CAN BE RAISED

For a full list see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510962/BIS-16-79-blowing-the-whistle-to-a-prescribed-person.pdf

The following are the most relevant to the health and care sectors:

Care Quality Commission for quality and safety concerns	03000 616 161 http://www.cqc.org.uk
NHS England for concerns about: • primary medical services (general practice) • primary dental services • primary ophthalmic services	https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/

Professional Bodies – to report concerns regarding professional standards or practice

General Medical Council (GMC) regulator for medical doctors throughout the UK in all healthcare sectors	0161 923 6602 http://www.gmc-uk.org
Nursing and Midwifery Council (NMC)	020 7637 7181 https://www.nmc.org.uk/
General Dental Council (GDC)	http://www.gdc-uk.org/Pages/default.aspx
Health and Care Professions Council (HCPC) regulator for the allied health professions	0845 300 6184 http://www.hpc-uk.org/
General Optical Council (GOC)	http://www.optical.org/
General Pharmaceutical Council (GPhC)	http://pharmacyregulation.org/
Chartered society of Physiotherapists	http://www.csp.org.uk/
College of Occupational Therapists	https://www.cot.co.uk/
Royal College of Speech and Language Therapists	https://www.rcslt.org/

Organisations with specialist interests

Children's Commissioner	020 7783 8330 https://www.childrenscommissioner.gov.uk
Health and Safety Executive	0300 003 1747 http://www.hse.gov.uk
Information Commissioner	http://www.ico.org.uk
Whistleblowing	https://www.gov.uk/whistleblowing

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Financial Regulators – to report suspected financial maladministration or fraud

Charity Commissioners for England and Wales	http://www.charitycommission.gov.uk
Pensions	http://www.thepensionsregulator.gov.uk
Comptroller and Auditor General /	020 7798 7000 https://www.nao.org.uk/
National Audit Office	**020 7798 7999** https://www.nao.org.uk/
Serious Fraud Office	https://www.sfo.gov.uk/
NHS Protect - Fraud and corruption help line to report suspected fraud	0800 028 4060 https://www.reportnhsfraud.nhs.uk/

Other organisations to which you can raise concerns include:

Department of Health (England)

020 7210 4850 http://www.dh.gov.uk

Professional Standards Authority for Health and Social Care

020 7389 8030 http://www.professionalstandards.org.uk

For advice on raising a concern outside the organisation, you may contact

- The Whistleblowing Helpline for NHS and Social Care (0800 0724 725)
- Protect www.pcaw.org.uk (020 3117 2520 or whistle@protect-advice.org.uk)
- A legal representative.

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