

St Raphael's Hospice
Meeting of the Clinical Quality & Governance Committee
Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call
access
At 10:00 on Friday 12th July 2024

Members: Dr Carrie Chill – Trustee & Committee member (CC – Chair for meeting)
Alan Cogbill – Trustee & Committee member (AC)
Bernard Marley - Trustee & Committee member (BM - apologies)
Norman McWhinney – Board Chair & Committee member (NM - apologies)

In attendance: Dr Naomi Collins – Consultant (NC)
Rebecca Trower – Clinical Director (BT)
Anna Machin (Governance – AM)

1. Welcome, apologies for absence and declarations of interest

The Chair welcomed Committee members to the meeting, which had been convened as a shorter meeting, during this period of changes in staffing structure, to raise key points on the usual set of papers alongside receiving an update on consultation on changes to the clinical structure. Norman McWhinney and Bernard Marley shared apologies to the meeting. Becca Trower and Naomi Collins attended on behalf of the Executive, and the Committee accepted apologies from Nick Stevens and Alex Rudkin. The meeting was confirmed as quorate.

2. Review of minutes from 19th April and 17th June 2024 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising

The minutes of the previous meetings were approved as an accurate record of proceedings, and the progress on actions was noted.

3. Overview of Committee papers

In relation to the core meeting paper pack, the Committee noted that the Risk Register was live and updated, there were no new complaints that the Committee felt should be subject to further discussion at this stage, and no concerns arising from the data. This was confirmed by Executive colleagues present. The Committee noted a one-day challenge with EMIS access which was swiftly resolved.

4. Update on changes to Hospice structure

The Committee then turned focus to receiving an update from Becca Trower and Naomi Collins on the changes to structure.

Becca Trower confirmed that the consultation launched, as planned, on 2nd July. The wider staff team had not been aware of the financial challenges faced around the extent of rising cost pressures, alongside ICB income not increasing in line with that which had been hoped. This led to some colleagues asking questions around why actions had not been taken previously, such as a recruitment freeze. However, in mid-July, colleagues will receive the information on the cross-organisational changes to structure, and not only their departments, which will extend the depth of information that they will be aware of.

100+ staff joined the initial consultation meeting, letters were then shared and almost all first-round consultation meetings have been held, aside from a small number who had annual leave booked. The second round of consultation meetings will then be held in mid-July. There was an extension from five days, to two weeks, for the timeline for colleagues to take voluntary redundancy, and a low number of applications has been received so far.

Becca Trower gave a headline update on discussions with each individual team. The Wellbeing team has had some uptake on voluntary redundancy and reduction in hours, and consultation meetings have been used to agree a pattern of work for facilitators which will give good cover including for the ambassador role. Almost all members of the clinical administration team have so far agreed to working reduced hours, and they will move to a shift system with a shortened day each, which will allow for better cover.

The Physician Associate is considering voluntary redundancy, and it is expected that across the Medical team, a 0.4 FTE reduction will be achieved including by Naomi Collins reducing by 0.2 FTE. Both colleagues in the Education team will be retained by reducing the FTE hours. The Community administration team move to 0.8 FTE is agreed, and discussions are ongoing with the ward administrators.

The Hospice at Home team all agreed to take voluntary redundancy relatively quickly and therefore have mostly left St Raphael's, given the planned closure of this element of the hospice's service.

The Community team discussions have been very difficult, as anticipated, given the depth of reduction to staffing in this team. Whilst there is recognition of why staffing in IPU is not reduced to the same level, linking to maintaining staff staffing levels for the number of beds needed to fulfil agreements with the ICB, it is difficult emotionally. There is more flexibility in relation to the contract with the ICB around the level of provision through the Community team. There have been no applications to date for voluntary redundancy, including from those who are closer to retirement age.

The head of the Community team has played an important part in supporting the team whilst also sharing the reason for the changes. A selection matrix and criteria is being developed currently for the next phase of consultation, which will capture both team members' qualifications and also core skills. In cases where job-share roles across IPU and Community are possible, this will be pursued, and one colleague may express interest in the IPU Clinical Lead role.

In relation to proposals around the Orangery team, the counter-proposals shared of a hybrid model with a vending machine and shorter opening hours will be considered, given the care and support that can be given to families through this space.

The outcome is not yet known around the move from 1 to 0.8 FTE in Supporter Care and Finance which meetings being held currently and the move of the Commercial Director to 0.8 FTE is confirmed. The changes to the Executive team will be shared alongside the overall new organisational chart, which will also be linked to a press release and stakeholder and donor communications. Initial information has already been shared with local GPs, district nurses, acute and end of life care services, including how this will impact the team's capacity for patient support.

There has been a communication from the ICB in relation to the timeframe for decisions on St Raphael's staffing, which was noted as being the end of October (the timeframe for consultation and the new structure being closed and fully in place), rather than July. Clear communications on timelines had been shared to leaders in the ICB and a next meeting is being held on 24th July.

The Committee thanked Becca Trower for an update, and asked about leadership and team wellbeing, recognising the difficult decisions and communications being made. Becca Trower echoed the hard decisions being made, and impact on colleagues within the organisation. What has come across is the staff team's dedication to St Raphael's, and their wish to stay working in the organisation.

There has been clarity on the robust process being followed, and that the Board had hoped to agree higher levels of ICB funding, particularly as St Raphael's is underfunded compared to other local Hospices. However, the funding challenges and cuts within the ICB are known. The Head of Communications has provided valued support.

In relation to the potential risk around negative comments on social media, Becca Trower confirmed that staff had been reminded during meetings on the potential concerns that might be raised by patients' families, should they take negative comments to mean that there are not sufficient colleagues in place to keep their family members safe, which is not the case. Staff have expressed their understanding around this.

In terms of questioning from staff on the rationale and timing for changes, this does link into colleagues' perception on whether Executive decision-making is effective. The Committee shared that the Executive had been clear with the Board on funding projections including the need to raise fundraised income and engage with the ICB to request more funding. The Executive are now clear in turn with colleagues on the reason for changes. The decision was made only once possible avenues for more NHS funding had been exhausted, and in the face of significant cost pressures, in the hope that this level of cuts would not need to be made. It is understood that this is not an easy time.

The Committee noted potential to use beds in the IPU for high-needs patients, and that a business case could be developed to model potential further funding for this area of care.

The Committee received assurance that there were not current or foreseeable risks to patient care arising from the change in structure. Whilst it is noted on the Clinical Risk Register that some further team members may leave due to the unsettling nature of the change in structure, it is not now expected that this will happen, based on how conversations have evolved. There is also some awareness that these cuts are being made to move the Hospice to a more sustainable cost base, but that this also does rely on fundraising targets being achieved by summer 2025. It was agreed that the risks around potential attrition should be maintained, and a higher likelihood score added.

The Committee and those present recognised the leadership shown by Becca Trower, the HR team and Executive in communicating these challenging changes, and the Committee offered that they are available to speak to the Executive to offer support and listen during this time.

5. Any Other Business and Dates of future meetings

There were no further items of business raised. The Committee thanked the team for the quality of reports provided.

The date of the next meeting was confirmed as Friday 11th October 2024 from 10am-12pm.

The meeting ended at 11.25am

Approved.....

Date.....

Excellence Register

09/07/2024	<p>Email sent to GT on Volunteer leaving her admin role Dear Ginny, I hope this email finds you well. I am writing to inform you of my resignation from my position as Volunteer Administrator at Volunteer Services Section of St Raphael's Hospice, effective 9th July 2024. I apologize for the short notice. Due to personal plan and reasons, it is time for me to make some changes. I have truly enjoyed my time at Volunteer Services Section and am grateful for the opportunities and experiences I have had here. I will return my Staff ID card to you tomorrow. Thank you very much for your guidance, support, and opportunities during my time here. I look forward to staying in touch.</p> <p>Yours sincerely, Cheung Kwan Chan (Rebecca)</p>
18/07/2024	<p>Thank you email from Merton College for providing placements for their student this academic year 2023/24. Our term has now finished at Merton College 😊 and I wanted to thank you all for working with our students this academic year, either by providing work experience, employability workshops, CV workshops, volunteering or just confirming that one of our students worked with you. It means a lot to us as a college to have such a large cohort of employers. I will no doubt be in touch from September. Once again, thank you and have a lovely Summer – the sun has to come out soon!!!</p>
22/07/2024	<p><u>MEDEX feedback April 2024:-</u> No care concerns x 10 SRH were brilliant Very happy with St Raphael's SRH - couldn't have asked for anything better, outstanding, brilliant</p>
22/07/2024	<p><u>MEDEX feedback May 2024:-</u> No care concerns x 14 SRH - faultless Fantastic care from St Raphael's St Raphael's were exemplary - couldn't ask for more St Raphael's - wonderful</p>
22/07/2024	<p><u>MEDEX feedback June 2024:-</u> No care concerns x 11 Care at St Raphael's was exemplary - 2nd to none Good care at St Raphael's St Raphael's were amazing</p>
26/07/2024	<p>Thank you card from Melanie Versloot , Volunteer on leaving 2 of her roles as Ward Companion and Bereavement Support and email 'Thank you Ginny. The last five years have been a journey, made precious by you and the team xx</p>

04/08/2024	Weekend working - excellent demonstration of collaborative working -. Patient rapidly ,deteriorated . Weekend CNS reviewed and 2nd weekend CNS was able to prescribe and provide MAAR charts , for DN's to administer EOLC s/c meds and syringe pump . This allowed seamless care which was effective , well led, caring and responsive supporting PPD and a complex situation
10/08/2024	Weekend working excellent demonstration of collaborative working with external HCP . Family sign posted to NHS 111 - GP due to ? Infection . OOH GP visited + provided EOLC s/c meds as these were not in the home . LAS were called overnight - telephoned IPU for support to administer S/C morphine . Oncall CNS visited the following morning - administered s/c EOLC meds and patient transferred to SRH IPU
05/09/2024	Thank you card and sweet treats for Volunteer Team from a widow of one of our patients who died on IPU recently. ' We are incredibly grateful for the care, kindness and support you've shown to our loved one and family . Your dedication and compassion have touched our hearts and made a world of difference'
05/09/2024	Dear Ginny, First of all thank you so much for the beautiful flowers, it was a lovely surprise. And secondly thank you for your support. I was sad to leave, but I know the experience will stay with me forever. I will always be an advocate for St Raphaels and the amazing work you all do. I wish you all the very best and I hope that the work you all do is recognised and in the future receive the funding you rightly reserve.
23/09/2024	EMIS: 1792:We discussed the death of a community patient in the CPCT morning MDT, CNS Beverley McDermott had identified that the patient was in the last days of his life and helped facilitate the urgent transfer of his son who was in the army on duty in Cyprus, by liaising with the MOD . His son arrived an hour and a half before he died, allowing for a peaceful death at home with his family around him.

ITEM 04

Clinical Quality and Governance Report

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Aim

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

Recommendation

The report be noted.

Report

Clinical Services

Psychological Support Services

- Ali Lutz has seamlessly integrated into the team, showcasing her effectiveness in both therapeutic roles and collaboration.
- The bereavement counselling waiting list has also seen substantial reductions. We are pleased to welcome five new students on placement—Petra, Karen, Erika, Katie, and Adele - who will cover both daytime and evening slots. We are sad to say goodbye to the following students and volunteers who are leaving their placements: Barry, Kellie, and Amanda, with Kelly scheduled to depart in November.
- Additionally, the team have implemented a more efficient system for assessing clients via telephone, utilising a new bereavement counselling assessment form on EMIS. The policies and procedures for the bereavement service are currently being written up.
- Diana will continue to oversee the prison project, which was temporarily paused to address procedural policies and safety considerations; we anticipate its restart in the next quarter.
- Cecilie resigned from her position at the end of August and is set to conclude her role on November 26, 2024. Changes to the team mean that Diana will become PSS Clinical Lead. Ali Lutz will increase her counselling hours in order to take up some of the counselling hours from Cecilie's caseload.
- We are currently advertising for a two-day role of Supervisor/Facilitator to appoint and manage the student counsellors. This will all remain in the same financial envelope for PSS.

Social Work

Social work team remains busy – appears to be an increase in younger patients with more complex social needs, experiencing financial hardship and limited support networks.

Their work continues with:

- Supporting with End-of-life planning to enable their wishes to be put in place.
- Supporting younger patients with young children, how to manage the difficult conversations in an age-appropriate way
- Legacy letters, memory making and memory boxes
- Supporting parent with children and liaising with schools
- Continued joint working with other SW professionals - re a lone Patient with young children – very limited support network or family in UK – family member identified - plan in place for the children's future - Patient RIP
- Supporting patients to get their affairs in order – e.g. getting the other partner upskilled re paying bills – in some cases ensuring they can access finances post bereavement

- Ensuring patients and families have access to financial benefits they are entitled too, also end of life grants which make a lot of difference for families at end of life - referring to specialist agencies and charities when relevant.
- Getting their affairs in order, include Wills and End of life planning
- Supporting families with debt built up whilst unwell e.g. Supported family going through the repossession process
- Support re visas and immigration issues
- Burial costs supporting families to access grants/benefits to cover funeral costs – seeing an increase in families not being able to afford funeral costs

Wellbeing Services

- Roisin has left her role as team lead. Her responsibilities from a team management / HR point of view have been taken over by Barry Angel.
- Simon and Maureen have reduced their days from 3 each to 2. Lizzie remains at 3 days. Karen continues in her admin role albeit reduced to 3 half days. Karen is supported by a volunteer, Jayne.
- There has therefore been a significant reduction in staffing. However, the team remains committed to not only maintain the existing level and quality of service but to improve it.

Wellbeing Centre

- The centre remains very busy on the three days that it is open each week. All morning and afternoon sessions remain popular. Art and music in particular have expanded. The team are committed to reaching out to the community in the Living Well programme and have expanded it to cover spiritual wellbeing with visits from local faith groups. Other external speakers have included the local Neighbourhood watch, police, CAB and Merton / Sutton Uplift.
- They have used a grant from Toyota well in developing a very popular garden (growing tomatoes, courgettes and slugs) and have used a much-appreciated grant from their time as the Mayor of Sutton's charity to invest in umbrellas for the garden. They have also got a new larger TV which is very welcome in the music sessions.
- In light of recent developments, the team have subtly increased their focus on fundraising in the WBC running craft sales, book sales and pushing the lottery.

Compassionate Neighbours

- Notwithstanding Roisin's departure the team remain fully committed to this project.
- They have used the team re-structuring to undertake a rigorous review of the list of volunteers and people supported. The short-term effect of this might appear to be a slight decline in numbers. The numbers are however now extremely robust. They are also streamlining systems (forms and processes) to make better use of the more limited time / resources. A simpler more effective core service targeting priority community members is the objective.
- They continue to recruit and train volunteers and whilst incoming referrals of community members has been paused, they anticipate resuming it soon.

Community Engagement

The team is keen to raise the profile of the WBC, CN and the hospice in general within Sutton and Merton. The objective is to attract service users but also to highlight the value of the work done in order to have a positive impact on fundraising. Recent engagement includes with:

- Sutton Seniors
- Merton dementia carers
- Together for Sutton
- Wimbledon Guild
- Healthwatch Sutton
- MND Assoc at St Georges
- St Helier's
- Wallington INT
- Sutton INT

Inpatient Unit

- The IPU Clinical Lead post has been advertised – we have several strong applicants and are interviewing the week beginning 7th October.
- SSN Julie Ford and SSN Penny James are jointly leading the IPU as senior band 6s and have really flourished over the past few months – they are confident and cohesive, bringing a sense of security and reassurance to the IPU.
- The IPU budget has been showing an overspend during 2023-2024 and so there has been a strong focus on scrutinising staffing levels and adhering to budget. There is a demonstrable improvement in this, and the focus continues.
- We continue to support a number of nursing students and medical trainees whose interest in palliative care is always encouraging and feedback from them is consistently positive.
- We are finding that we are more frequently caring for longer stay patients with complex needs – requiring more intensive care although not always specialist. To this end we have been making more applications for CHC fast track funding and to date have received about £60k in additional funds.
- Three staff members have left the IPU over recent months – Jovy our PA and Lucy, one of our Ward Clerks left us as part of the cost saving exercise – we were sad to see them go and wish them well for the future. Sam, our HCA was also a huge loss to the staff – Sam was our IPC link and worked closely with the IPC lead – Sam has left due to relocating and she will also be very much missed.

Community Palliative Care Team (CPCT)

- Due to the staffing changes as part of the cost saving exercise, we said goodbye to 4 of our Community Team as well as disbanding the H@H team – we are therefore looking at visiting capacity and how to manage this as safely and responsively as possible.
- The morale in the team has been understandably low but the team have endeavoured to pull together and the standard and quality of work remain high.
- Staff are rotating into HPOC to gain experience as this requires a specific set of skills.
- Response visits have been added in order to prioritise the more urgent patients.
- Compliance in Mandatory training has been excellent.

- The team continue to work closely with their community colleagues such as Merton EOLC team and Sutton Palliative Care Coordination hub.

Education/Training

- In June, the team hosted a study day for Non-Medical Prescribers. This was attended by four of our own staff and six external candidates. Kevin Hobson, our NMP lead, Lorraine Jeffreys CNS and the medical team provided teaching sessions. The feedback was excellent, and we plan to offer this annually.
- In July, Maura was invited to Roehampton University to give a talk on palliative care to third year nursing students. This was well received, and another invitation has been extended for January 2025.
- Two staff members are currently in training – Nurse Associate and Registered Nurse – the education team supported these staff members with their application process and once enrolled, by attending meetings with their personal tutors.
- Learn@Lunch and MDT Journal Club continue on alternate months with participation encouraged from different departments across the hospice. Training in basic life support and equality, diversity and inclusion was also provided by external providers.
- Karen returned to work at the end of July following a period of sick leave.

Medical Team

Changes to medical team.

- Following the consultation period in July the Physician Associate role has ceased and we said goodbye to Jovy Giles in August 2024. The proposed reductions in staff grade and consultant hours (reducing by 2 PAs for each) have not happened to date. The reason for this is that the specialist registrar provision is reducing from October 2024 from 1 WTE to 0.6 WTE as our new SpR is part time. Dr Tamura-Rose is currently providing 2 PAs to Epsom Hospital Palliative Care team due to a temporary reduction in their consultant provision (from May 2024 to January 2025). Dr Jenny Strawson has handed in her notice (last day 22nd November 2024) as she has accepted a job at Woking Hospice, and we are out to advert for her role currently. We are managing to maintain service provision with the current workforce but will obviously be monitoring the situation going forward.
- Psychiatry trainees – Our two trainees are coming to the end of their placement with us, and we hope to attract future trainees to replace them as have found their input really valuable (poster presentation submitted to RCP study day)

Research

- We have completed recruitment of 20 patients to the CHELseall study into hydration at the end of life. Recruitment to the POST survey (into opinion about terminology) remains open and ongoing.

Education Delivered

- Palliative Care Masterclass held 24th September. Ongoing placement of medical students (4 per month from St George's) and requests for elective placements.

Education Attended

- Dr Da Silva, Dr Strawson and Dr Ainley attended the Guildford Palliative Care update (2 day) in September. Dr Tamura Rose is due to attend Hospice UK in November (3 day). Dr Collins has commenced a Masters in Medical Leadership, City of London University.

Office Space

- The consultants will move from their current office space to facilitate provision of an outpatient room, allowing more efficient use of medical and community team capacity. They will move either into current junior doctor's office or to the vacated Hospice at Home office space.

CQC and Organisational Assurance

The CQC last inspected the Hospice in [November 2019](#) and awarded a Good rating. The report is available via the Hospice website.

Much has changed since our last inspection, and we are keen to showcase all the developments we have made.

Some Hospices are now being inspected under the new Single Assessment Framework and those with lower ratings or where concerns have been raised, are being inspected first.

A depository for evidence of excellence is included as an Agenda item for the CQ&G Sub.

We expect our KLOE work will support our evidence base to demonstrate compliance and will undertake work this year to make any alignment with the Single Assessment Framework that became effective from April 2023. Achieving an 'Outstanding' rating at our next inspection and maintaining it in the future remains our ambition.

Governance Meetings

The Hospice's 'Governance' meetings feed into the work of all the sub-committees of the Hospice's Board of Trustees. Presently, there are 6 clinically focused forums that currently feed into the CQ&G Committee.

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

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

Governance Meetings - Clinical	Date last held	Date of Last Minutes Reviewed at CQ&G Sub	Next meeting
Clinical Audit and Activity Data	Apr'24	Apr#24	Jul'24
Clinical HODs	Jun'24	Jun'24	Jun'24
Medical Business	Jan'24	Jan'24	Feb'24
Drugs & Therapeutics	Feb'24	Feb'24	Jul'24
Outcome Measurement Group	Dec'22 (no min)	May'22	Pended
Infection Control	Jun'24	Jun'24	TBA
Prescribers	May'24	May'24	Sep'24

Incidents / Accidents / Near Misses

- DATIX incident reporting was implemented in November 2021. Each incident is reviewed by the line manager (HOD) and all incidents receive final approval from a member of the Executive team. Clinical review has been incorporated into the business of the Clinical Heads of Department Meeting that meets every 6 weeks. Those that are non-clinical are reviewed at H&S Committee. Representatives are expected to cascade review information back to their teams and an incident feedback facility is programmed into the DATIX report for the reporter. Data is presented later in this report and remains to note how engagement with the system continues to be healthy, from both clinical and non-clinical departments.
- An annual report for incidents has been included as a future planning priority in 2023/24's Quality Account and is part of the Management Plan objectives for 2024/25 to demonstrate the range of incidents / accidents recorded across the Hospice and to provide a useful reference point for the learning taken.
- Quarterly submission to Hospice UK's Quality Metrics project began in July 2017 and are ongoing with the latest submission made in April 2024 and next due this month. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

The Hospice published its **Quality Account** for 2023/2024 to its website on 4th July 2024 and URL notification sent to the NHS. It is available [here](#) and copy is made available within the Hospice.

EMIS

Implementation of the new EMIS system commenced in May 2023.

The project team includes Clinical Admin (Kelly & Dawn) who provide users with additional practical support, along with John Groom, Dr Jenny Strawson, Heather Siddall and Alex Rudkin.

EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings.

Design and rollout of EMIS mobile has been affected. This provides both connectivity contingency and facilitate community engagement.

Data sharing was also implemented in December 2023 and shared record access is now in place with all GP practices in Sutton & Merton. Engagement of the community hubs remains ongoing and is proving a challenge, but we are hopeful of moving this forward this month (at least for Sutton PCH) with communications with the ESTH IT Manager now established and meeting set with the SWLICB IG team this month.

Clinical Audit, Quality Improvement, Monitoring and Research

Proactive audit of the prescription charts remains a weekly undertaking for our clinical Pharmacist and results are routinely shared via the Live Care system and reported to the D&TC. The management of controlled drugs (CDs) audit is an annual audit undertaken by the Ashton's Pharmacist and our Clinical Director who is our Accountable Officer for CDs.

Review of progress with the clinical audit program and opportunity to feedback results is provided via the Clinical Audit and Activity Data forum (CAAD). Its next meeting is scheduled for July 2024. A Clinical Audit and Quality Improvement Project Presentation Forum that provides platform for project leads to present results of their project to a wider audience was last held in May 2024 with presentations delivered on mouthcare audit, patient satisfaction on the IPU, IPU Risk Assessment Audit and Safeguarding 2023. The forum usually occupies a lunch-time slot and is open to the clinical teams and those with an interest in topic.

Progress of the Audit/Research Programme 2024/25 - spanning clinical audit, quality improvement, research and data monitoring - is set out from page 12. At the start of 2024/25 we have set out 25 projects for pursuit. New topics in 2024/25 include Abstral prescribing on the IPU, Use of CSCIs and Fast Track patients – a review

Ownership is delegated across the clinical team and Quality office and the medical team projects have Dr Strawson as medical audit and research overseer from April 2024 to the end of September 2025.

Data Dashboards

The population of clinical data dashboards that inform the service areas of the IPU, Well-being Centre, Community and Psychological Support Services teams is expected to be re-commenced in 2024/25 subject to priorities highlighted at the CAAD meetings. An index of tracked data that has been periodically presented and communicated to the clinical team is held.

Report Reference	Title	Lead	Created	Function	Primary Aud.	Exec / CCG Interest	Freq
20/001	UCR Monitoring	BG	Jan-20	To improve UCR data capture	CPCT	Yes	Weekly
20/002	NOK Details	SM	Jan-20	To improve NoK data capture	Psy / Qual / Donor Support	No	Monthly
20/003	Community Team Visit Responsiveness	LB	Jan-20	To support responsiveness evidence	CPCT	Yes	Quarterly
20/004	Sharing Information Consent	TC	2018	To monitor and improve Sharing Information Consent data capture	CPCT	No	Monthly
20/005	Safeguarding Monitoring	RW	Feb-20	To highlight patients with safeguarding concerns and track follow up	CPCT	No	Monthly
20/006	Referrals Monitoring	JO'G	Mar-20	To monitor and improve Referrals data capture	CPCT	No	Monthly
20/007	Referral to RIP Monitoring	JO'G	Mar-20	To monitor time between referral and death	CPCT	No	Monthly
20/008	Active Caseloads	NS/GL	May-20	To monitor active caseload levels	Exec	Yes	Weekly
20/009	Daily Activity Data - capacity tracker support	NS/GL	May-20	To monitor activity recorded on Crosscare	Exec	Yes	Daily
20/010	Referrals by Postcode	DN	Jun-20	To monitor referrals by postcode	Fundraising & Exec	Yes	Monthly
21/001	PPoD vs Actual PoD Monitoring	RT	Apr21	To monitor PPoD achievement rates	Exec	Yes	Quarterly
21/002	IPU Waiting Times / Requests for Admission	RT	Feb-22	To demonstrate the servicing of admission requests and profile waiting times for admission	Exec	Yes	Quarterly

Clinical Quality & Governance Management Plan Objectives 2024/25

Summary

DATE	Number	Complete / on-going	Into 25/26	Pended
27-09-2024	28	3 / 24	1	3

Extract of CQ&G G&Os for 2024/2025 have been reviewed and are included in papers.

Goals Completed

Ref	Goal
3.1	<ul style="list-style-type: none">Develop provision for psychiatry trainee support for HospiceDr GTR approached several Psychiatry trainees interested in visiting the Hospice as part of their "special interest"
3.2	Produce and maintain an audit/monitoring/research project schedule 2024/25
3.3	Maintain student bereavement counsellor placements at 8

Audit / QI / Research 2024/25

Overview

26 projects scheduled in 2024/2025

2024/25 Listing

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2024/25-01	IPU & Community - VOICES survey of bereaved next of kin 3-6months post bereavement	• Priority 2 Internal 'must do' audit	Quality Office - J Cope / A Rudkin	Ongoing - Latest Report for Apr - Sep 23 drafted and receiving HOD comment in September 2024
2024/25-02	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	IPU - R Wallis Quality Office - J Cope / A Rudkin	Ongoing - 2023 annual report published March 2024
2024/25-03	IPU – Infection Control: Environment & Hand-washing Audit	Priority 1 External 'must do' audit	IPU - S Leech Community - J Smith Quality Office - J Cope / A Rudkin	Ongoing - Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Environment and Sharps.
2024/25-04	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ashton's Clinical Pharmacist	Ongoing Last published in August 2024
2024/25-05	IPU - Re- Audit against Audit NICE Guidance NG31 Care of Dying Adults at the End of Life	Priority 1 External 'must do' audit	Dr Naomi Collins	Last published in Jan 2024. Next audit covering data from April – June 2024. Data collection commenced in September 2024.

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2024/25-06	IPU: Patient Handling / Pressure Areas	• Priority 2 Internal 'must do' audit	Rebecca Wallis	Last reported in March 2024 and presented in May 2024
2024/25-07	IPU: Mouthcare Audit	• Priority 2 Internal 'must do' audit	Rebecca Wallis	Last reported in January 2024 and presented in May 2024
2024/25-08	Controlled Drugs Annual Audit	Priority 1 External 'must do' audit	R Trower	Ongoing Last published in January 2024
2024/25-09	Fast Track Patients – a review	• Priority 3 Specialty Priority	Dr A Akhtar/J Giles	Published in August 2024
2024/25-10	Project TBA		Dr B Da Silva	TBA in 2024
2024/25 – 11	Prescribing Abstral on the IPU	• Priority 3 Specialty Priority	Dr S Ainley	Published and presented at D&TC in August 2024
2024/25-12	Outcome measures (Step 2- CSNAT)	• Priority 2 Internal 'must do' audit	Implementation Group Dr NC / TC	CPCT 2024 audit pended
2024/25-13	Psychological Support Services Questionnaire	• Priority 4 Clinician interest audit	Psychological services SM	Ongoing 1 st report published in January 2024 2 nd report drafted in September 2024 and awaiting PSS Team comment

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2024/25-14	Activity Monitoring Data UCR NOK CPCT Responsiveness Sharing Information Safeguarding Referrals Referrals to RIP Active Caseloads Daily Activity Data - capacity tracker Referrals by Postcode PPOD	• Priority 3 Specialty Priority	Quality Office+ CAAD	Ongoing
2024/25-15	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	• Priority 2 Internal 'must do' audit	Quality Office + CAAD	Ongoing
2024/25-16	Incidents	• Priority 2 Internal 'must do' audit	Quality Office + CHODs	Ongoing NEW annual report expected by March 2025
2024/25-17	Falls	• Priority 2 Internal 'must do' audit	Quality Office + CHODs Mtg	Ongoing - April 2023 - March 2024 chart last produced in May 2024
2024/25-18	Complaints	• Priority 2 Internal 'must do' audit	Quality Office + Exec	Ongoing – 2023/24 complaints reviewed in June 2024
2024/25-19	Safeguarding Documentation	• Priority 3 Specialty Priority	Rebecca Wallis	2023 annual report published in May 2024 2024 annual report for publication in February 2025

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2024/25-20	Clinical Records Documentation	• Priority 2 Internal 'must do' audit	R Trower	Last Reported in Dec 2022. Re-audit in 2024
2024/25-21	Referral to the IPU Re-Audit	• Priority 3 Specialty Priority	Dr J Strawson	Last reported in May 2024
2024/25-22	Caldicott - IG Sweep	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose	Annual Data collection Last undertaken in January 2023. Tool revised for re-audit in 2024.
2024/25 – 23	Advance Care Planning Re-audit	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose Tracy Christmas	Data collection underway in July 2024
2024/25 - 24	Audit of the use of CSCIs - indication for use, communication, supported via documentation	• Priority 3 Specialty Priority	Dr J Strawson	TBA
2024/25-25	CHELsea II examining hydration at the end of life - led by Surrey University Clinical Trials Unit : cluster randomised trial until Oct 2024	• Priority 3 Specialty Priority	Dr N Collins	Data Collection : 18 patients recruited as at 05-07-2024
2024/25-26	Patient 'label' research project - the PhD project for a Pall Care SpR in Our Ladies Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall Care Consultant at Royal Surrey County Hospital, is UK lead.	• Priority 3 Specialty Priority	Dr N Collins	Data collection started in November 2023 (whole project nationally to recruit 383 patients across 7 sites).

Clinical Risk Management

Clinical Unexpected Incidents

Overview of incident data for January – August /September 2024 is shown below:-

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024	2023	2022	2021	2020
Admissions to IPU	21	16	18	19	19	19	16						128	207	207	138	195
Discharges	4	1	4	3	4	2	0						18				
RIPS on IPU	13	13	13	12	17	14	15						97				
Beds	10	10	10	10	10	10	10	10									
Bed Occupied Days	237	237	229	238	256	247	264	219									
Bed Available Days	310	290	310	300	310	300	310	310	300	310	300	310					
Bed Occupancy (variable beds)	76.45%	81.72%	73.87%	79.33%	82.58%	82.33%	85.16%	70.65%	0.00%	0.00%	0.00%	0.00%					
Bed Occupancy (10 beds)	76.45%	81.72%	73.87%	79.33%	82.58%	82.33%	85.16%	70.65%	0.00%	0.00%	0.00%	0.00%					
CD Medication Incident	3	0	0	3	4	2	1	3	0	0	0	0	16	42	29	35	15
CD Medication Near Miss	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	2	1
Non-CD Medication Incident	1	2	1	0	0	1	0	1	0	0	0	0	6	22	21	7	4
Non-CD Medication Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Pressure Sore on Admission	4	4	1	3	6	3	3	2	0	0	0	0	26	30	22	16	19
Pressure Sore during Admission	3	0	1	0	1	3	5	3	0	0	0	0	16	16	17	6	4
Moisture Associated Skin Damage ON Admission	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
Moisture Associated Skin Damage DURING Admission	0	0	0	0	0	2	0	0	0	0	0	0	2	1	0		
Sharps/Splash	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3		
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3		
Infection	0	0	0	1	0	0	0	0	0	0	0	0	1	3	6		
Unexpected Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		1	1
Staffing	0	0	0	1	0	0	0	0	0	0	0	0	1	0	9		
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024	2023	2022	2021	2020
IG	0	1	0	0	1	1	4	1	0	0	0	0	8	15	16	4	3
IG near miss	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	5	1
Manual Handling	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	1
Slips, trips, falls	2	2	3	4	5	2	4	3	0	0	0	0	25	14	21	19	20
Falls near miss	0	0	0	0	0	0	0	0	0	0	0	0	0	6			
Verbal Violence (Pt)	0	1	0	0	0	0	0	0	0	0	0	0	1	1			1
Verbal Violence Rel)	0	0	0	0	1	0	0	0	0	0	0	0	1				
Physical Violence (Pt)	0	0	0	0	0	0	1	0	0	0	0	0	1	2	3		
Bump	0	0	0	0	0	1	0	0	0	0	0	0	1	0			
Burn/Scald	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1		
Equipment (near miss)	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1		
Doctor On Call	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
EXEC Out of Hours Call	0	0	0	4	2	0	5	0	0	0	0	0	11	5	2		
OTHER - Admin/Property/Documentation/OOH	2	1	2	1	3	0	2	0	0	0	0	0	11	11	12	12	14
MAD Alerts (re SRH)	0	0	0	0	0	0	0	0	0	0	0	0	0	2			
* Incidents reported to Community – non-SRH	3	0	0	0	0	0	0	0	0	0	0	0	3	7	25	2	8
* MAD Alerts (incl. in Community: non-SRH)	0	0	0	0	0	0	0	0	0	0	0	0	0	3	12		
Total 2024 *excluded	16	11	9	18	24	17	25	14	0	0	0	0	134				
Total 2023 *excluded	26	8	31	7	24	12	4	15	20	13	23	9		192			
Total 2022 *excluded	8	12	15	10	15	19	18	16	13	24	16	14			180		
Total 2021 *excluded	3	2	7	8	21	13	3	1	19	9	11	12				109	
Total 2020 *excluded	7	6	7	6	11	15	5	5	4	3	8	8					85

Incident Key

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

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

<i>Clinical Significance</i>	Jan	Feb	Mar	Jan-Mar	Apr	May	Jun	Apr-Jun	Jul	Aug	Sep	Jul-Sep	Oct	Nov	Dec	Oct-Dec	2024	2023	2022	2021	2020
Admissions to IPU	21	16	18	55	19	19	19	38	16	0	0	0	0	0	0	0	128	207	207	138	193
Bed Occupied Days	237	237	229		238	256	247		264	219	0		0	0	0						
Bed Available Days	310	290	310		300	310	300		300	310	300		310	300	310						
Bed Occupancy	76.45%	81.72%	73.87%		79.33%	82.58%	82.33%		85.16%	70.65%	0.00%		0.00%	0.00%	0.00%						
Fall No Harm	2	2	3	7	4	5	1	10	1	2		0				0	20	11	15	12	14
Fall Low Harm	0	0	0	0	0	0	1	1	3	1		0				0	5	3	6	7	6
Fall Moderate Harm	0	0	0	0	0	0	0	0	0	0		0				0	0	0	0	0	0
Med Level 0	0	1	0	1	3	3	0	6	0	0		0				0	7	32	4	20	9
Med Level 1	4	1	1	6	0	2	3	5	1	4		0				0	16	34	49	20	10
Med Level 2	0	0	0	0	0	0	0	0	0	0		0				0	0	0	1	0	0
Med Level 3	0	0	0	0	0	0	0	0	0	0		0				0	0	0	0	0	0
Minor (No Harm or Low Harm)	3	3	3	9	8	7	4	19	12	2		0				0	42	62	65	25	15
Moderate (Moderate Harm)	0	0	0	0	0	0	0	0	0	0		0				0	0	0	0	3	6
Serious (serious Harm)	0	0	0	0	0	0	0	0	0	0		0				0	0	0	0	0	1
Pressure Sores	7	4	2	13	3	7	8	18	8	5		0				0	44	50	40	22	23
Totals 2024	16	11	9	36	18	24	17	59	25	14	0	39	0	0	0	0	134				
Totals 2023	26	8	31	65	7	24	12	43	4	15	20	39	13	23	9	45		192			
Totals 2022	8	12	15	35	10	15	19	44	18	16	13	47	24	16	14	54			180		
Totals 2021	3	2	7	12	8	21	13	42	3	1	19	23	9	11	12	32				109	
Totals 2020	7	6	7	20	6	11	15	32	5	5	4	14	3	8	8	19					85

Clinical Complaints

- There have been 0 clinical complaints received in and between April and August 2024.

Complaints Overview

2024 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	IPU Care	IPU Comms	IPU Care & Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January	1	1	1	1	1	1	1	1	1	1	2	1	1	1	2
February											0				
March								1			1				1
April															
May									2		2				2
June									2		2				2
July									2		2				2
August									2		2				1
September															
October															
November															
December															
2024		1						1	10		12		1		10
2023	1	4	1	4	0	1	1	0	10	0	22	3	9	0	20
2022	3	0	2	3	0	0		0	0	0	8	1	7	0	6
2021	4	5	1	1	1	0		1	0	0	13	6	6	0	12
2020	4	1	2	3	1	1		0	1	2	15	6	6	0	14

Clinical Complaints: April - August 2024

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
			None reported between April and August 2024			

Records – Access Requests

Between January and June 2024, we have had 1 SAR, 1 access to health records request and 2 sharing requests.

	DSARs	Access To Health Records	Sharing	Care Cost Summary
2024	1	1	2	
2023	0	0	3	5
2022	0	5(*2)	1	3(*2 included)
2021	0	5	4	
2020	0	3	4	
2019	1	4	0	

Notifications

Between January and June 2024 there have been 16 serious injury notifications made to the CQC all concerning pressure sores grade 3 or above.

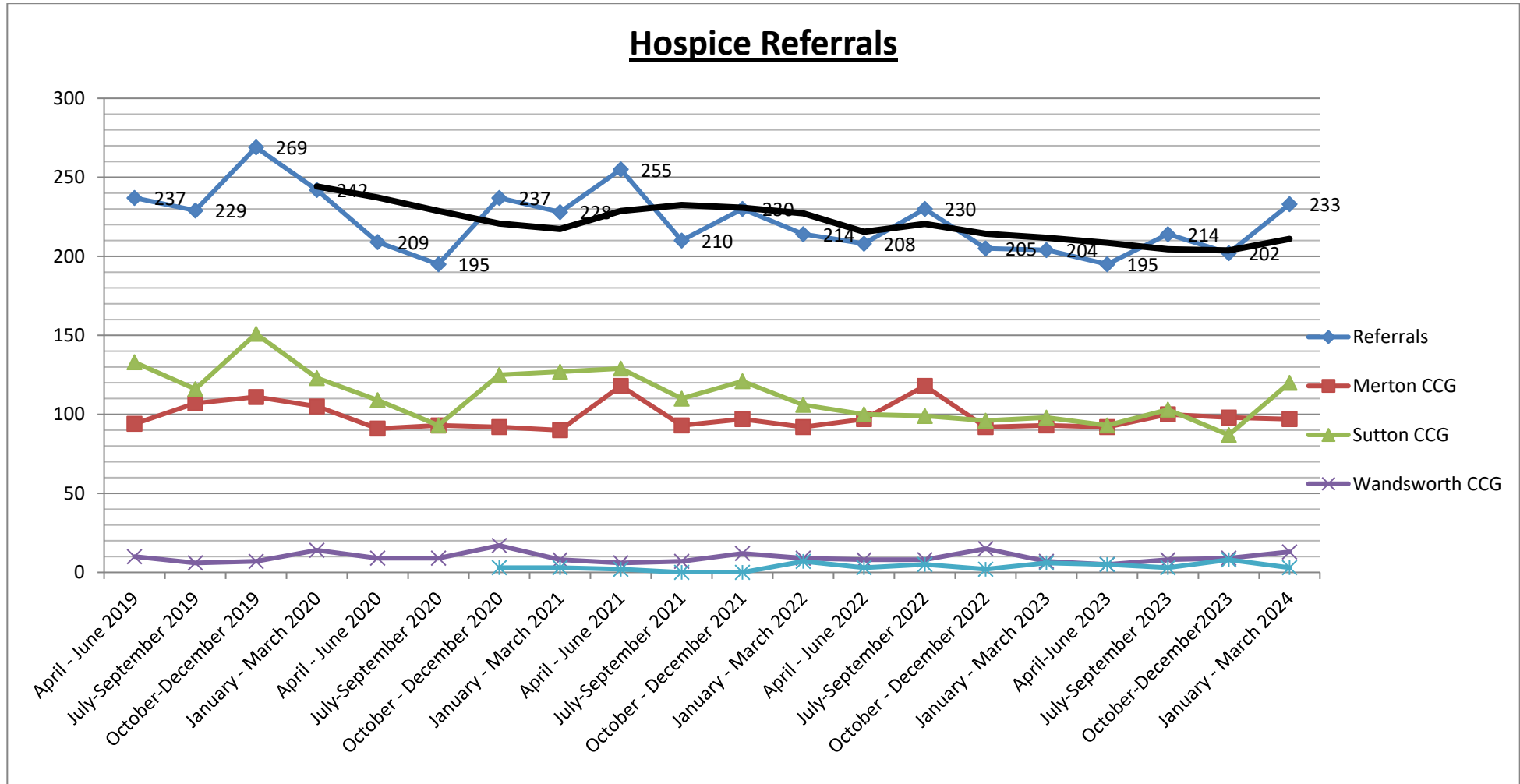
Between January and June 2024 there have been 5 safeguarding notifications made to the CQC: 3 concerning patient self-neglect, 1 concerning financial concern and 1 concerning care provider neglect. All were reported to the local safeguarding teams. Of the 3, 2 have been triggered by report from the Community Team and 1 by the Inpatient Unit Team.

	Serious Injury	Safeguarding
2024	16	5
2023	21	13
2022	9	21
2021	10	19

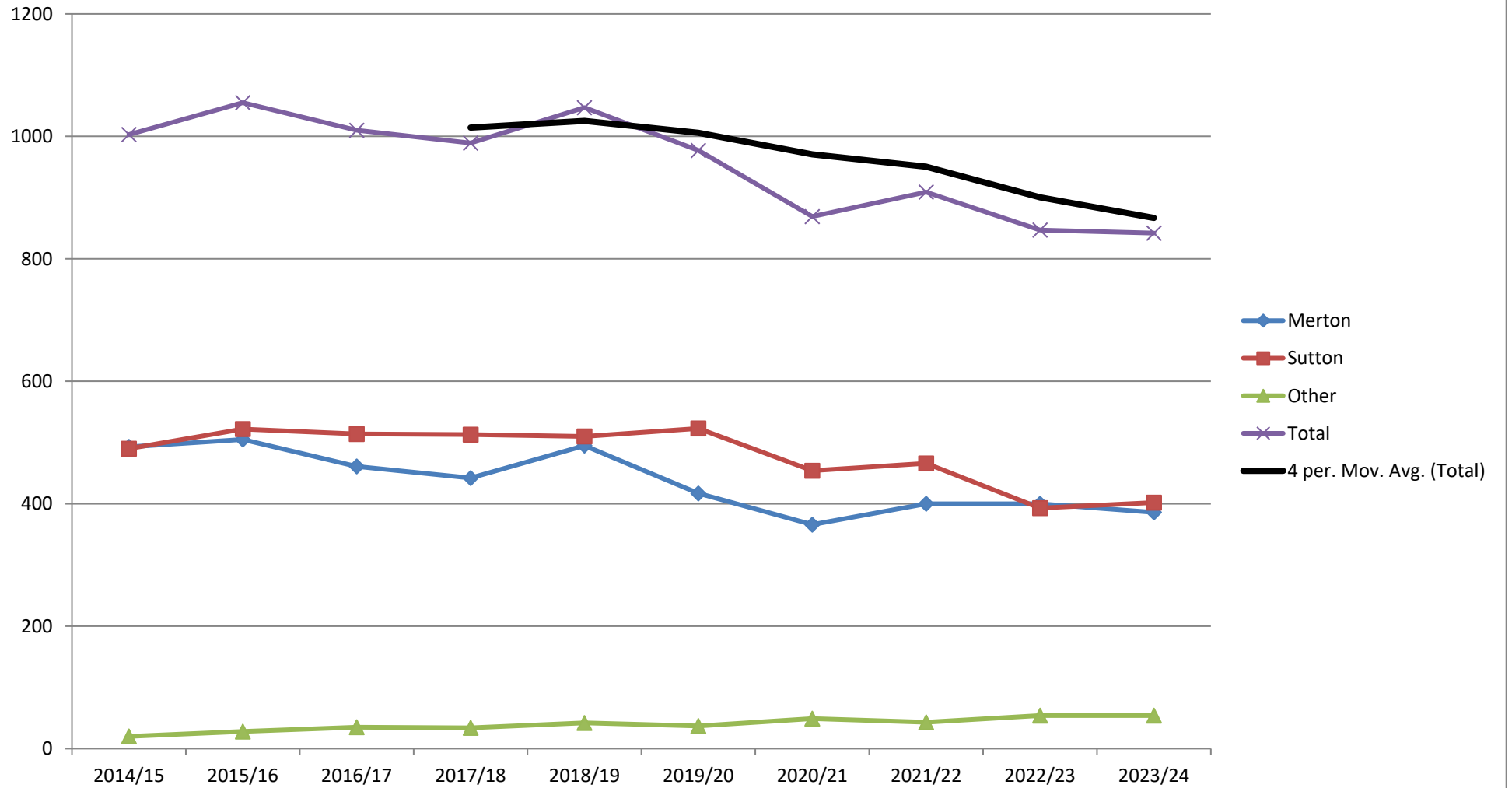
There have been no safeguarding notification raised against St Raphael's in 2024 to date.

Clinical Commissioning Group (CCG) Data

Submission of Activity data for the preceding quarterly period is routinely supplied to the SWL CCG prior to our contract review meetings.



Hospice Annual Referrals



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

St Raphael’s Hospice

2024-25 Management Plan extract of CQ& objectives as at 27-09-2024

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2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

3. Clinical Quality & Governance

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.1	Psychological Support Services	<ul style="list-style-type: none"> Develop provision for psychiatry trainee support for Hospice GTR approach to several Psychiatry trainees interested in visiting the Hospice as part of their “special interest” 	<ul style="list-style-type: none"> Commencement of Psychiatric trainee sessions 	GTR	Apr 2024			<ul style="list-style-type: none"> Commenced April 2024 2 trainees : 1 completed secondment in September and 1 in October secondment and now actively seeking new trainees
3.2	Clinical Audit/Quality Improvement & Research	<ul style="list-style-type: none"> Produce and maintain an audit/monitoring/research project schedule 2024/25 	<ul style="list-style-type: none"> CQ & G Minutes Audit report library Audit progress/results summary report <u>Clinical Audit Program & Timeline</u> 	AR/JS	Jun 2024	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> <u>N:\Clinical\Clinical Governance\Clinical Audit</u>
3.3	Psychological Support Services	Maintain student placements at 8	Continuation of reduced need for counselling by PS Lead. Shorter waiting list	RT/PSS Team	Sep 2024	Well-led Effective Responsive		<ul style="list-style-type: none"> Student numbers currently at 8. Prospective applicants for the next academic year intake already lined up. Waiting times to remain at less than 2 – 4 weeks.
3.4	Psychological Support Services	Maintain delivery of Trauma Specific Work (EMDR).	Activity Data	RT / PSS team	Oct 2024	Well-led Effective Responsive		<ul style="list-style-type: none"> CS and DB qualified to deliver this innovative treatment. CS in the process of collating feedback to inform the service going forwards. Report to be provided by end of Q2 2024-5

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.5 *	Bereavement / Fundraising	<ul style="list-style-type: none"> Develop the Bereavement Pathway Project 	<ul style="list-style-type: none"> Established step by step process spanning pre-death to one-year post death Collateral produced for each step Appointment of a bereavement support administrator Closer working between clinical and non-clinical CQ&G Minutes CHoDs Minutes 	RT KB-W	Oct -2024	Caring Responsive		<ul style="list-style-type: none"> Bereavement support administrator appointed June 2023 Tree of Remembrance in situ in Courtyard – awaiting launch date Book of Remembrance and reflective space in progress
3.6	Community Engagement – Comp Therapy feedback	<ul style="list-style-type: none"> Developing a survey with the Comms Team Asking patients for feedback via email. 	<ul style="list-style-type: none"> Survey report We will be able to demonstrate the response to our service and what actions we have taken to respond to service user need 	AA	Oct-2024	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> In progress
3.7 *	Patient Safety	<ul style="list-style-type: none"> Evaluate the Patient Safety Incident Response Framework and position the Hospice accordingly 	<ul style="list-style-type: none"> Incident management developments CQ&G Minutes Health & Safety Minutes CHoDs Minutes 	AR	Dec 2024	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> Meeting attended with SWL CCG Safety Lead in Oct 2023 Policy and Plan drafted as at Sep 2024 Patient Safety training being sourced via Bluestream Academy

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.8	Electronic Patient Record System – EMIS	<ul style="list-style-type: none"> Support the design, implementation, training, use, integrity and output of the EMIS system Ensure input templates are fit for purpose 	<ul style="list-style-type: none"> EMIS project team CHoDS minutes Data sharing with GPs 	JS IPU Clinical Lead TC PSS Team	Dec 2024	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> All staff and volunteers are trained in use 2 organisations still yet to accept data sharing as at Sep 2024
3.9	IPU staffing	Maintain an establishment that services the safe delivery of care for a 10 bed IPU	<ul style="list-style-type: none"> Remain within the staffing budget Predominantly working to a 10-bed availability 	RT	Dec-2024	Well-led Effective Safe Responsive		<ul style="list-style-type: none"> Reduction of bank and agency use
3.10 *	Infection Control	<p>Maintain a robust approach to Infection Control across clinical and non-clinical services</p> <ul style="list-style-type: none"> IPC link healthcare professionals supported to continue leading on audits Closer working between Facilities, Housekeeping and clinical services 	<ul style="list-style-type: none"> Infection rates remain low across clinical areas and the organisation at large Staff feel confident and competent in managing infection prevention and control in line with mandatory training information and Infection control policies Relevant audits are undertaken in a timely manner and reflect best practice 	SM/RT	Oct 2024	Safe		<ul style="list-style-type: none"> Annual report planned for October 2024

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.11 *	Psychological Support Services	Expand Provision of Bereavement Support Work to High down Prison as well as specialist palliative care psychotherapy to residents end of life.	Grant from the Linden Foundation secured March 2024. Project to go live May 2024. Specialist psychotherapist already recruited. Project evaluation to funder will allow all targets to be evaluated and hopefully met.	NC/ DM / RT / PSS team	Dec 2024	Well-led Effective Responsive		<ul style="list-style-type: none"> • Psychotherapist introduced to prison staff 25.04.24. • Sessions started with clients 3.5.24. Currently delivery on hold but training in progress.
3.12	Clinical Activity Data	<ul style="list-style-type: none"> • Create training video to provide business continuity guidance for activity data extraction from EMIS • Refine and adjust the activity dataset to best portray aspects of Hospice activity following CAAD review meetings 	<ul style="list-style-type: none"> • Circulation of activity • CAAD Minutes 	AR	Mar 2025	Well-led Effective Responsive		<ul style="list-style-type: none"> • Video to be produced once reports production is stabilised • Data extraction supports data integrity process
3.13	Carer Support	<ul style="list-style-type: none"> • Introduce CSNAT to CPCT • Referrals to Wellbeing • Social work input and complementary therapies 	<ul style="list-style-type: none"> • Audit return of CSNAT • VOICES feedback 	NC/EL/AA	Mar 2025	Well-led Effective Responsive		<ul style="list-style-type: none"> • CSNAT project on hold for potential re- launch in 2024/25 subject to community team capacity
3.14	Joint working with SWL ICB Specialist & Generalist Palliative Care Providers (Acute Sector & Hospices)	<ul style="list-style-type: none"> • To maintain the development of joint-working across the clinical areas 	<ul style="list-style-type: none"> • CQ&G Minutes • CHoDs Minutes • Education Initiatives • Multi Hospice collaboration 	RT GT-R TC MF	Mar 2025	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> • NMP education day • GP Masterclass education day • Attendance at SWL meetings representing the hospice • Weekly attendance at STHH MDT (Weds)

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.15	Community Team	Continued development of Locality Team Lead Roles and responsibilities via <ul style="list-style-type: none"> • Job Descriptions review to ensure currency • Education opportunities • Coaching opportunities • Support/ feedback from line manager 	<ul style="list-style-type: none"> • Observation • Appraisal • Reduction in Community Manager responsibilities Regular 1;1 with TC	TC	Mar-2025	Well-led Effective Responsive		<ul style="list-style-type: none"> • JDs reviewed and updated to reflect role responsibilities • Management Training to be part of 2024/25 planning • Clinical supervision provided • Increased operational responsibilities – staffing / rota
3.16	Increase the skillset of nursing team in the community and on the IPU	<ul style="list-style-type: none"> • Development of education programme to include- mandatory and statutory education requirements • Facilitating access to CPD based on individual and service needs • Support the development of extended roles for HCA and registered staff. For example, second checker role and audit. 	<ul style="list-style-type: none"> • Demonstration of competence and training attendance • Development of SRH staff into registered nursing roles. • Ongoing review of service requirements and development needs • Improved patient outcomes, e.g. through the development of nurse led assessment. • Stable and satisfied workforce (HR evidence/staff survey/appraisal) 	RT / MF / KC	Mar-2025	Well-led Effective Safe		<ul style="list-style-type: none"> • Competency documents being completed • Nursing associate accepted onto nursing apprenticeship degree • HCA study days • ECEPC • Competency documents for Pleural Catheters and Enteral Feeding • Tracheostomy competency completed and updated yearly by all registered nurses. Nursing associates now trained on tracheostomy care (emergency situations).

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.17	Community Team	Increase SRH presence in the Merton Borough/Sutton / Wandsworth via appropriate referrals - <ul style="list-style-type: none"> • Collaboration with MEoLCT/ Sutton PCH • Daily referrals meeting • TC to work with HPOC lead maximising opportunity • Continue to encourage self-referral for patients discharged from the Hospice clinical service • Closer working with referrers to improve quality of referral information provided 	<ul style="list-style-type: none"> • Referral data • Staff awareness and confidence • <u>CLIN09 Referral Policy</u> • <u>CLINSOP48 Community</u> • Increased liaison with Merton Palliative and Sutton Hub EoLC services 	TC / Med Team	Mar-2025	Well-led Effective Safe Caring Responsive		<ul style="list-style-type: none"> • Self-referral/ Verbal added to referral policy and in use • Verbal referral Emis template in use • Daily referrals meeting with HPOC and TC or Hospice Consultant • Daily referrals meeting occurring between MEOLT and HPOC • SRH website – referral page updated • Locality leads to further establish relationships with MEOLT / SPCH and WW DN • Medical team providing educational support for MELT & SPCH • EMIS data capturing patients known to SRH and SPCH / MELT • EMIS data capturing data for unregistered patients re provision of specialist advice to community HCPs incorporated into CCG dataset from Apr 2024

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	<i>Area of Development</i>	<i>What will we do?</i>	<i>How will we know?</i>	<i>Lead(s)</i>	<i>Target Date</i>	<i>KLOE</i>	<i>RAG</i>	<i>Notes</i>
3.18	IPU admissions	<ul style="list-style-type: none"> • Sustain provision of a 10 bed IPU including the family suite appropriately staffed • A more responsive and active IPU 	<ul style="list-style-type: none"> • Datix data demonstrates no increase in incidents/accidents that can be related to inadequate staffing numbers • Admissions/ Occupancy – IPU data dashboard 	IPU Lead / Med	Mar-2025	Well-led Effective Safe Responsive		<ul style="list-style-type: none"> • Twice daily admissions meetings • IPU dependency score utilised to help triage admission capacity • New emergency admission request meeting
3.19	IPU senior team development	<ul style="list-style-type: none"> • Developing and supporting band 6's to lead the ward in while there is a IPU clinical lead vacancy • All band 6s to allocated specific roles and responsibilities to support running of the ward • Discussing in-house management course for band 6s with no previous training. • IPU clinical lead vacant post appointed to 	<ul style="list-style-type: none"> • Band 6 nurses leading on specific areas of development and utilizing management skills effectively. • Band 6s to lead the ward in the absence of IPU clinical lead ensuring safe working of the ward and completion of management tasks • New IPU clinical lead appointed and settled into role 	IPU Lead/RT	Mar-2025	Well-led Effective Safe		

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3.20	Compassionate Neighbour Service	<ul style="list-style-type: none"> • Volunteer Training • Volunteer Office Drop-Ins • Increase number of CN Volunteers to support increase in service delivery 	<ul style="list-style-type: none"> • Attendance at courses • Attendance at Office Drop-Ins • Increase in CN volunteers • Response time to referrals • Review at Volunteer Strategy Meetings • Engaging with other organisations to encourage recruitment of CN volunteers such as Spire. 	SO	Mar-2025	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> • Aim to increase number of Volunteer Compassionate Neighbours trained to support patient and community member referrals. Working with Comms Team and social media volunteer on adverts with free volunteer websites and community apps. • Seeking further funding for extension of service to evenings and weekends. (David Morris)

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3.21	Compassionate Communities	<ul style="list-style-type: none"> • Develop the compassionate community's model • Learn from other Hospice organisations that have developed this model • Work in collaboration with the Wellbeing Centre to communicate and inform about CC • Recruit volunteers to support CN • Potential to work collaboratively with other voluntary sector organisations such as Age UK, Sutton/Merton Carer Centres. 	<ul style="list-style-type: none"> • Increase in numbers of Volunteers • Monitor number of referrals for the compassionate neighbours and wellbeing services • Diversification of what volunteers do to support those people referred • Achieving selection for Charity of the Year by the Mayor of Sutton • Collaboration and joint working with local political and religious organisations 	SO	Mar-2025	Caring Responsive		<ul style="list-style-type: none"> • CC will be a service that will grow slowly & take time to embed. It is a long-term project which is hoped will have wide impact and support engagement with SRH. • Achieved Charity of the Year

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3.22	Community Engagement – Increase reach and offer for Complementary Therapy service	<ul style="list-style-type: none"> • Embed our CT services into the Living Well program in order to reach more people. That means taking part into the Pampering sessions every six weeks. • Offer complementary therapies in the Den. • Attend the needs of the IPU by offering 'aromastick' inhalers and short treatments with the assistance of volunteers. For example: develop a "prepare to sleep" program for patients and carers in IPU with the help of a nurse and an HCA champion. • Recruit more volunteer therapists via advert in social media (liaison with Comms) • Liaise with other therapists 	<ul style="list-style-type: none"> • Attendees will understand and utilise the benefits of the approaches we teach and we will receive positive feedback to demonstrate this. • We will have increased therapeutic interventions • We will have a positive response to our advertising campaign • We will have a higher number of volunteer Comp Therapists 	AA	Mar-2025	Effective Well-led Caring Responsive		<ul style="list-style-type: none"> • April 2024 – 2 volunteer complementary therapists in place

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3.23	Community Engagement – Wellbeing Activity	<ul style="list-style-type: none"> • Double our morning and afternoon sessions on Tuesdays, Wednesdays and Thursdays using both The Den and The Wellbeing Centre. • Increase the range of services to include additional art sessions, light exercise classes, tech support, scam awareness and more social sessions (card/bridge/board games/quizzes). • Try to get outside more: regular Walk and Talks, utilising the outside space for sessions when the weather allows and starting regular gardening sessions in raised beds. • Reinstate carers lunches • Continue to run trips to galleries/theatre/museums • Use facilities in The Den to bake biscuits / pizzas / other simple dishes 	<ul style="list-style-type: none"> • A growing trend in WB attendance with a growing number of new service users • Observe the confidence of our service users grow and we will demonstrate this through feedback mediums • Increase in our number of carer attendees and demonstrate the benefit through a variety of feedback mechanisms 	SO/MM/LD	Mar-2025	Effective Well-led Safe Caring Responsive		
3.24 *	Clinical Risk Management	<ul style="list-style-type: none"> • Create an annual incident review report that extracts learning and staff/service development 	<ul style="list-style-type: none"> • Incident Report 	AR	Mar-2025	Well-led Effective Safe Caring Responsive		

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3.25	IPU risk assessments and processes kept up to date and in line with local and national guidance	<ul style="list-style-type: none"> Ensure all the team, especially the senior team, on the IPU are aware of changes in guidance by attending training and free educational sessions such as those offered by OSKA. Training and then implement PURPOSE T tool into the risk assessment on the IPU 	<ul style="list-style-type: none"> PURPOSE T being used by the IPU team as part of the risk assessment process All risk assessments routinely reviewed and updated inline with any new guidance. All staff engage with and attend training sessions 	IPU clinical lead	Mar 2026	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> Pended to 2025/26 unless capacity and viable for 2024/25
3.26	CSNAT on IPU	<ul style="list-style-type: none"> CSNAT link nurse/NA/HCA will be identified to take ownership over project Nurses to have training in CSNAT CSNAT to be give to all carers on the IPU CSNAT to be used as a tool in the discharge process 	<ul style="list-style-type: none"> CSNAT offered to all carers CSNAT being routinely used as part of discharge process Increase in satisfaction during discharge process as evidenced in IPU satisfaction surveys. 	MF/band 6's / IPU clinical lead	Mar 2025	Effective Well-led Safe Caring Responsive		<ul style="list-style-type: none"> On hold for 2025/26
3.27	Supporter Care	<ul style="list-style-type: none"> Develop and substantiate communication links between patient and carer feedback and supporter development 	<ul style="list-style-type: none"> Supporter team feedback on relationship engagement 	AR / TC Supporter Care Lead	Mar 2025	Well-led Effective Responsive		<ul style="list-style-type: none"> Longer term project involving Lucy Ribaud, and Ashley Harper. For development in 2024/25/26

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3.28	Outcome Measures	<ul style="list-style-type: none"> • Implement Step 2 of OACC – iPOS on the IPU and in the Community <ul style="list-style-type: none"> • Policy / Documentation • System / Capture • Education • Implementation • Audit 	<ul style="list-style-type: none"> • OMG Minutes 	OACC T&F Group IPU-Lead ; Comm - TC	Mar-2026	Well-led Effective Responsive		<ul style="list-style-type: none"> • Pended to 2025/26

2024-25 MANAGEMENT PLAN extract of CQ&G objectives as at 27-09-2024

4. Education & Training

To be added once reviewed by MF/KC

MINUTES OF THE
DRUGS & THERAPEUTICS COMMITTEE
Held on 7th August 2024
in St Bedes / Zoom

Attending

(Dr NC) Dr Naomi Collins – Hospice Palliative Care Consultant (Chair) (TC) Tracy Christmas – Community Services Manager, NMP (MM) Mario Manzo – Clinical Pharmacist, Ashtons (items 1-3 only) (JM) Jovan Mahal – Clinical Pharmacist, Ashtons (items 1-3 only)	(RT) Rebecca Trower – Clinical Director (Dr BD-S) Dr Busi Da Silva – Med Team (Dr AA) Dr Ambreen Akhtar – Med Team (Dr CR) Dr Chris Roughley – Med Team (Dr RA) Dr Rayah Ahmed – Med Team (Dr SA) Dr Stephanie Ainley – Med Team (AR) Alex Rudkin – Director of Quality and Improvement / Mins
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ITEM 1: Welcome

1.1 Dr NC extended welcome.

ITEM 2: Apologies for Absence

(PH) Philomena Hutchinson – IPU Senior Nurse, (JS) Jill Smith – CNS NMP, (KH) Kevin Hobson – CNS NMP;
 (Dr GT-R) Dr Gaby Tamura-Rose – Hospice Palliative Care Consultant; (Dr JS) Dr Jenny Strawson – Hospice
 Palliative Care Consultant; (HS) Heather Syddall – CNS, NMP; (HT) Hai To – Sutton CCG Care Home Pharmacist;
 (MF) Maura Flint – Practice Educator; (PJ) Penny James – IPU Senior Nurse

ITEM 3: Pharmacist Update

MM & JM delivered Ashton’s Clinical Pharmacist reports for April – June 2024 that included [Activity report](#), [ABI report](#), [Medicines Management Report](#), [Hospice Benchmarking Q2](#) and [Water for Injection \(July 2023.-June 2024\)](#).

74 prescription charts checked across 11 ward visits demonstrating further improvements

Noted allergy box was often missing the reaction to the medication which was recorded Prescribers

Notes that ice packs have been found in the medication fridge. These are part of the transport packaging and can be thrown away. Reminder to Ward staff. IPU Senior

Review of medication ordering to consider quantities, range and cost will be incorporated into the meeting agenda for Medical Business. Dr NC

Ashtons are requested to check the ordering of non – stock items in order that high price items are clearly understood pre-ordering. Prescribers are also encouraged to Ashtons

check the cost of new non-stock medications either via the BNF or Ashton's on-line Prescribers ordering before prescribing.

Noted that MM hands over to JM as clinical pharmacist for St Raphael's.

ITEM 4: Minutes of the Last Meeting

Minutes of the last meeting held on 7th February 2024 were agreed.

ITEM 5: Use of Abstral on the IPU

An audit of the Use of Abstral on the IPU has been undertaken by Dr SA who presented [report](#). In summary:-

- a) Always using for correct indication on patients already appropriately established on opioids, with prn IR opioid doses prescribed and tried first
 - b) In the majority, abstral titration was appropriately performed by drug administrators
 - c) Not always prescribing by brand- one patient had 'effentora/abstral' prescribed which also led to an incorrect frequency prescribed for abstral '6x per day' (this is correct frequency for effentora)
 - d) Majority of frequencies written were 'QDS'- while from safety perspective this ensures patients not receiving doses <2hrs apart between pain episodes, it could lead to an interpretation of 4hrly or 6hrly minimum dosing
 - e) Discrepancy in how abstral is prescribed and particularly what is entered for frequency, maximum dose, and free text comments that could lead to error
 - f) Think there should be an agreed way to prescribe abstral across the unit, could be discussed in medical meeting +/- drugs and therapeutics committee
 - g) Should be part on induction drug chart for new medical team members
- Suggestions on how to prescribe:-
 - Route: SL
 - Dose: 100micrograms to 200micrograms
 - Frequency: 2hrly
 - Maximum dose: 800 micrograms
 - Indication: breakthrough/incident pain
 - Instructions: Give 100micrograms and if still in pain at 15mins give additional

100micrograms. Max 4 pain episodes/24hrs.

It was agreed that the results would be discussed and action agreed at the medical meeting and discussed with the IPU seniors – JF & PJ

Dr NC

ITEM 6: Matters Arising

- Re-design of the clinic room has been pended
- Naloxone flowchart was re-published in February 2024
- Changes to the flow chart for community prescribing at end of life were agreed - **(Oxycodone added as second line after Hyoscine Butylbromide/Buscopan as anti-secretory medication for high volume vomiting – under Intestinal obstruction on page 3 – Nausea/Vomiting ; under Respiratory Secretions on page 4, choice between Hyoscine Butylbromide (Buscopan) and Glycopyrronium with BNF pricing included)**. Dr NC will liaise with Lyn for communications of above
- Medicines Management education was delivered and NMP study day went well
- Allocation of one day per month for teaching in the Community team

Dr NC

ITEM 7: Supplies of Hyoscine Butylbromide injection and cost

Deferred to when Ashtons and HT are present

ITEM 8: The growing use of Naltrexone in oncology - ? perception and ? difficulties with subsequent pain management

Deferred to when Ashtons and HT are present

ITEM 9: Update on medication policy review

CLIN32 Naloxone administration in the palliative care setting <N:\Policy Manual\CLIN\CLIN32 Naloxone administration in the palliative care setting.pdf> v3 issued 07/02/2024 (**revised throughout**)

CLIN32a Naloxone flowchart <N:\Policy Manual\CLIN\CLIN32a Naloxone flowchart linked in CLIN32 v3 issued 07-02-2024.pdf> v3 issued 07/02/2024 (**NEW**)

CLIN58 Use of the MAAR Chart for subcutaneous and intramuscular medication in the community <N:\Policy Manual\CLIN\CLIN58 Use of the MAAR Chart for subcutaneous and intramuscular medication in the community.pdf> v2.0 issued 08/03/2024 (**main revision sect. 8 Guidance for prescribers with inclusion of 'review of anticipatory prescribing on the MAAR chart' and 'Review of the in-use MAAR chart')**)

CLIN25a Safety and storage of patients' own CDs in the Community <N:\Policy Manual\CLIN\CLIN25a Safety and storage of patients' own CDs in the Community.pdf> v1.0 issued 19/03/2024 (**NEW**)

CLINSOP24 Transport of medication [N:\Policy Manual\CLINSOP\CLINSOP24 Transport of medication.pdf](#) v2.0 issued 08/03/2024 **(revised throughout, new form for returning patient drugs to community pharmacy) incorporated**

CLINSOP24a Returning unused CDs or medication to a community pharmacy from the patient home [N:\Policy Manual\CLINSOP\CLINSOP24a Returning unused CDs or medication to a community pharmacy from the patient home.pdf](#) v1.0 issued 19/03/2024 **(NEW)**

CLIN68 Cannabis based medicinal products policy [N:\Policy Manual\CLIN\CLIN68 Cannabis based medicinal products policy.pdf](#) v1.0 issued 17/04/2024 **(NEW)**

CLIN26 Generic Drugs Policy [N:\Policy Manual\CLIN\CLIN26 Generic Drugs Policy.pdf](#) v 3.4 issued 14/05/2024 **(ref. to CLINSOP24a re returning unused CDs/medication to a community pharmacy from the patient home; Appendix 4 bullet point 7 amended)**

CLIN59 Prescribing Palliative Home Oxygen [N:\Policy Manual\CLIN\CLIN59 Prescribing Palliative Home Oxygen.pdf](#) v2.0 issued 30/07/2024 **(substantive changes throughout – particularly section 4 on who can order home oxygen and things to consider)**

ITEM 10: Serious Medication Incidents

There have been no serious medication incidents reported between 7th February 2024 and 7th August 2024.

ITEM 11: Update on CAS/MHRA Alerts

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

ITEM 12: Any other business

- None

ITEM 13: Future Dates

13.1 Dates for future meetings in 2024 are :-

Date & Time	Event	Venue/Virtual
Wed 9 th October 12.30-2pm	Drugs and Therapeutic Committee	St Bede's & Virtual

DRAFT Minutes Medical Business Meeting			
4th September 2024			
In attendance	Busi Da Silva	Speciality Dr	BDS
	Chris Roughley	Speciality Dr	CR
	Naomi Collins	Consultant	NC
	Rayah Ahmed	GPVTS	RA
	Stephanie Ainley	SpR	SA
Apologies	Gaby Tamura-Rose	Consultant	GTR
	Ambreen Akhtar	Specialty Dr	
	Saskia Bridge	Psychiatry SpR	SB
Minutes of the last meeting	Missing! NC apologised that the handwritten minutes of the last MBM (07.08.24) have been lost		
Team wellbeing	Went round the group and all shared, thank you 😊		
Rota / staffing	<p>AA and BDS have swapped this week – BDS now in community and AA on the IPU.</p> <p>Rota for next week looked at – tight on certain days. BDS to take her SPA day on Wednesday 11th rather than Tuesday 10th due to staffing.</p> <p>NC said that SPA may have to be taken on site going forward.</p>		
Clinical challenges	<p>A young patient on the ward requiring significant time for them and their family.</p> <p>Talked through the challenge of another young patient at home wishing to stop their ventilation.</p>		
Drug Issues/ Budget	<p>WFI is being requested (possibly by one DN team or one particular DN?) to be prescribed on the MAAR SC PRN charts for those being discharge from the IPU. This is different from practice in the community when WFI is not routinely written on the prn chart.</p> <p>Decision made at last MBM to circulate the monthly drug budget sheet sent from Ashton’s for discussion at this meeting. No new update since 07.08.24 as yet.</p>	<p>NC to talk to Tracy Christmas about this</p> <p>NC to circulate report once received</p>	
Infection control	<p>BDS raised if we should be wearing masks on the IPU as Covid remains an issue. SA felt not.</p> <p>NC shared stats from today’s BLS training – 747 deaths citing COVID as cause in last 4 weeks in England. Also rising</p>		

	<p>number of measles and whooping cough cases (also airbourne).</p> <p>Individuals are at liberty to wear masks if they prefer and should do so if any suggestion they themselves may be unwell (but well enough to work).</p> <p>Reminder to be mindful of mpox virus (Clae 1), especially in those travelling from one of the listed 10 African countries</p>	
Education	<p>SA presenting at masterclass on 24th sept.</p> <p>CR facilitating and examining for ECEPC in Nov 24</p> <p>SA and BDS attending Guildford course this month.</p>	
Datix	<p>Nil recently</p>	
Audit & Research	<p>Chelsea II completed – thank you all.</p> <p>A number of other new projects are coming through – see Jenny for details</p>	
Deep Dive	<p>Nothing discussed</p>	
AOB	<p>Saskia’s last day is next Wednesday – we plan to bring cake to Drs meeting, in fact, cake through the day would be good!</p> <p>Need night out for Jovy ?to combine with Steph and Jenny’s leaving.</p>	<p>CR will kindly send what’s app poll for date</p>
Date of next meeting	<p>02/10/24</p>	

Meeting: Clinical HODs Meeting			
Date: 12 th August 2024		Time: 14.00	
Chair : Rebecca Trower - RT		Minutes: Lynn Jackson	
Present: RT, TC, Dr JS, Dr GTR, KC, AR, JF			
Apologies: Dr NC, MF			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes	Accurate		
Matters Arising	TC – OOA requests / referrals / HPOC-HUB / MELT		
Topic			
Infection Prevention	<p>HCA Sam has now left and Dosia has received handover and has now taken over as IPU IPC link nurse responsibility. Dosia to link in and escalate with Sara as required.</p> <p>Dr JS thought it useful to have laminated copy of the Infection Control Policy on the IPU if not available already. Cautionary note that only the most up to date version should be available so keeping hard copy upto date will be a responsibility.</p>		
Medical Devices	IPU Family Room – ongoing hoist training	IPU staff/education	
Medicine Management	<p>Decision made at Drugs and Therapeutics on 7.8.24 to adopt Hyoscine Butylbromide as first line suggestion for secretion management over Glycopyrronium due to cost and safety profile. Glycopyrronium can still be used if in place already/ any issues with supply etc.</p> <p>Revised advice sheets to be circulated to CPCT/ GPs/ EOLC teams/ DNs etc</p>	NC	

<p>Health & Safety</p>	<p>Fire doors nearing completion on IPU. Fire risk re-assessments have been completed by Steve Cresswell across site and community retail with just Capitol House left to do.</p> <p>KC reiterated necessity to complete Bluestream Academy (BSA) Lone Worker module given recent events.</p>		
<p>New Policies/ Guidelines</p>	<p>Clinical policy / guidelines revised since last meeting are:-</p> <p>CLIN34 Nutrition and Hydration Guidelines N:\Policy Manual\CLIN\CLIN34 Nutrition and Hydration Guidelines.pdf v3.0 issued 28/05/2024 (multiple changes throughout)</p> <p>CLIN56 Chaperone Policy N:\Policy Manual\CLIN\CLIN56 Chaperone Policy.pdf v2.0 issued 10/07/2024 (Policy published to SRH website; valid consent can be verbal at 3.5; minor adjustments throughout; App A, item j) Use of one-off chaperones from the non-clinical staff should not be offered and examination/procedure delayed until a suitable clinical chaperone is identified)</p> <p>CLIN59 Prescribing Palliative Home Oxygen N:\Policy Manual\CLIN\CLIN59 Prescribing Palliative Home Oxygen.pdf v2.0 issued 30/07/2024 (substantive changes throughout – particularly section 4 on who can order home oxygen and things to consider)</p> <p>CLINSOP08 Using Phase of Illness and the Australian Karnofsky Performance Scale Index - integrating OACC step 1 N:\Policy Manual\CLINSOP\CLINSOP08 Using Phase of Illness and the Australian Karnofsky Performance Scale Index - integrating OACC step 1.pdf v1.5 issued 10/06/2024 (section 5 subsection Community Recording of Poi 'after discussion in MDT if a change in the POI is identified' and under 6.2 'after discussion in MDT if a change in AKPS ids identified')</p> <p>ToR21 Prescribers' Meeting Terms of Reference N:\Policy Manual\ToR\ToR21 Prescribers' Meeting Terms of Reference.pdf v2.0 issued 10/07/2024 (minor changes)</p> <p>Discussed addition of SRH policies to appropriate BSA modules. AR suggested adding links to policies held on N:drive – this would ensure the current policy is available and would prevent the need for manual addition of policies to BSA. KC will look at ease of completing this.</p>		

Documentation/ EMIS	Sharing agreements with ESTH and CLCH are being progressed and it is hoped that at some point in September data sharing can be enabled with Sutton and Merton End of Life Hubs.		
Audit/Research	Abstral Prescribing Audit was published in July 2024 and presented at August's D&TC. Data collection for projects including:- Fast Track on the IPU Advance Care Planning CSCI use End of Life Care VOICES report for Apr-Sep 2023 is under final draft edit before circulation to key HoDS.		
Education/Training Reflective Forums	<p>CPCT medicines management session in July delayed due to current impact of redundancies. New date required.</p> <p>ECEPC – waiting for confirmation from Martina regarding offer of a place in the September course (post note – unfortunately the September course is full – 2 places reserved with PAH for spring and Autumn 2025).</p> <p>Palliative Masterclass – 24th September – 4 places booked. Mail out this week. Suggested contacting Dr Doug Hing (Merton EOL lead GP) to circulate. KC to request its addition on SWL Training Hub. Discussed numbers needed to run the day – minimum of 12 would be required with postponement if this number is not reached. TC suggested offering place to Bev S.</p> <p>Guildford course – 16th/17th September - given changes in CPCT team, there is now 1 place available – group asked to consider who might be able to take this. Information available https://guildfordadvancedcourses.co.uk/events/12th-london-advanced-pain-symptom-management-course-2024/</p> <p>EDI – 15th October</p> <p>Advanced Communication Skills Training (ACST) – 14th/15th November – KC identifying second facilitator.</p> <p>ACST refresher – 17th October. Both to be offered to externals.</p> <p>Non-medical prescribing update – date required.</p> <p>MDT journal club and Learn@Lunch to alternate each month.</p> <p>Tracheostomy updates – to be added to IPU medicines management. TC suggested also adding to CPCT medicines management. One-hour workshop to be organised for Autumn. Proposed addition of tracheostomy care to Nursing Associates scope of practice.</p>		

	BSA – KC proposed that heads of are sent reports regarding the level of completion/compliance for their respective teams. Agreed by CHODS.		
Recruitment/ Staffing	1 applicant for IPU Manager post received	RT/HR	
CQC/PIR	KLOE group meeting monthly to update KLOE. 'Safe' complete. Update of 'effectiveness' underway.		
AOB			
Maggie's Centre	<p>Syed Miah Clinical Psychologist gave a presentation on Maggie's Centre & their service.</p> <p>Dr Jenny S & TC discussed more funding from CHC as patients are staying longer, younger patients and more complex needs. To be discussed at next meeting.</p> <p>CPCT – TC discussed stability to CPCT after restructuring & that she will review service in new year.</p> <p>HPoC – TC & consultant to check in with HPoC & Lynn J admin will begin to liaise with MEOLC regarding HPoC Calls list There are more Out of Area referrals being received. A review is to be made by the CPCT team & HPoC template reviewed</p> <p>Dr Gaby is reviewing the Suicide policy. Dr Gaby is supporting Epsom & St Helier Wednesday/Thursday until January 2025</p>		

Date next meeting: MONDAY 9th September 2024 1:30pm

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Oct 21, 2024 1:30 PM

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Jan 13, 2025 1:30 PM

Meeting ID: 856 3859 2795

Passcode: 976968



Meeting: Clinical HODs Meeting			
Date: 9 th September 2024		Time: 13.30	
Chair : Alex Rudkin		Minutes: Lynn Jackson	
Present: TC, Dr JS, DR NC, SA, MF			
Apologies: RT,Dr GTR, JF, PJ,KC			
Agenda item	Discussion	Actions & by whom	Anticipated date for completion
Review of previous minutes			
Matters Arising			
Topic			
Infection Prevention	<p>Catheter audit has been carried out July-August 24 IPU to record date of drainage bag replacement/insertion. SA & Cathy to email staff with regards EMIS template.</p> <p>A patient died on the IPU before a report was received informing SRH that he had had a positive E-Coli result. SA has reached out to SGH to request immediate notification of any such recurrence with future patients.</p> <p>Infection Control policy has been updated by SA/RT & AR to include the subject of Staff International Travel.</p>		
Medical Devices	Hoist training continues when Rm 15 is unoccupied.		
Medicine Management	<p>Meds management CPCT 5th December</p> <p>Useful flowchart for prescribing at end of life has been updated on the website.</p>		

<p>Incidents & Accidents/RCA's</p>	<p><u>August 2024</u> IPU Admissions = 14 IPU Discharges = 1 IPU RIPs = 13 IPU Occupancy = 71%</p> <p>Pressure ulcers (incl. MASD) during admission (n=3), pressure ulcers (incl. MASD) on admission (n=2), patient falls (n=3), CD medication incidents (n=3) and ooh access/network disruption (n= 1) constitute 86% of reported clinical incident numbers in August of 2024 (n=14) c.f. 86% for June & July 2024. Of the 3 patient falls, all attributed to separate patient. Of the 3 CD incidents, 2 were associated with wrong dose administration and the other an omission. There were no incidents associated with medium or severe harm.</p> <p>PSIRF (Patient Safety Incident Response Framework) – amendments have been drafted to policy and PSIRP (Patient Safety Incident Response Plan) remains under draft and AR expects to circulate for comment in September 2024. In summary, the PSIRF seeks to support a systems approach to incident reporting and move incident reporting cultures within the NHS away from blame to learning cultures. It is primarily aimed at the secondary care sector and has not been implemented into primary care as yet. It is incorporated into the NHS standard contract for providers and its embrace by smaller organisations should be proportionate. To this extent, we have tried to complement the learning based culture at SRH with essential elements of PSIRF by making adjustments to our OP01 Incident and Near Miss Reporting Policy and incorporating the PSIRP into its appendices. Essentially these changes reflect upon the tools that should be used to reflect/investigate patient safety incidents and being more explicit about expectation of such reflection/investigation proportionate to the incident and its harm.</p>		
<p>Complaints & Compliments</p>	<p>There have been no clinical complaints received in August 2024.</p> <p>August feedback :- CNS received call from EOLC lead/link at LAS. Wanted to feed back regarding patient experience They were called to transfer pt to hospice from home. Crew have fed back that there was no documentation in the home, pt & family distressed, they were not clear what was expected of them. Pt was also a larger weight and this had not been handed over.</p>		

	<p>CNS explained how we work and that there is no documentation that can be left & we are often not with/visiting at time of admission.</p> <p>Explained that we give verbal handover to call handler and CNS will highlight need to mention weight if pt bariatric (not sure if this lady was).</p> <p>Think he just wanted to close the issue- sounded as if the crew needed feedback/ education too.</p> <p>Complimentary feedback should be recorded on DATIX feedback module OR directly onto the Excellence Register OR sent onto the Quality Office if finding time to input is difficult.</p>		
Health & Safety	<p>Fire doors nearing completion on IPU. 3 doors remain outstanding but all patient room doors are complete.</p> <p>Expectation is for completion of remaining corridor and Tobit door by end of October 2024.</p> <p>Just Capitol House remains to be completed for the fire risk re-assessments across the site and retail that have been undertaken by Steve Cresswell during summer of 2024.</p>		
New Policies/ Guidelines	<p>Clinical policy/guideline revised since the last CHoDS :-</p> <p>CLIN57a Flow Chart for Community prescribing at the end of life N:\Policy Manual\CLIN\CLIN57a Flow Chart for Community prescribing at the end of life.pdf v4 issued 16/08/2024 (Oxycodone added as second line after Hyoscine Butylbromide/Buscopan as anti-secretory medication for high volume vomiting – under Intestinal obstruction on page 3 – Nausea/Vomiting ; under Respiratory Secretions on page 4, choice between Hyoscine Butylbromide (Buscopan) and Glycopyrronium with BNF pricing included)</p>		
Documentation/ EMIS	<p>Latest meeting with the SWL IG lead and the IG Manager from CLCH took place on 23rd August. Revision to paperwork has been supplied and progress chased on 6th September.</p> <p>Expectation is that required governance will be agreed at the SWL IG meeting in September/October 2024 that will then lead to access to the Sutton and Merton Palliative Care Hubs for shared records.</p>		
Audit/Research	<p>Abstral Prescribing Audit was published in July 2024 and presented at August's D&TC.</p> <p>Fast Track on the IPU has report drafted and is being updated with clinical comment.</p> <p>Data collection underway for projects including:-</p> <ul style="list-style-type: none"> • Advance Care Planning 		

	<ul style="list-style-type: none"> • CSCI use • End of Life Care <p>Draft VOICES report for Apr-Sep 2023 is under edit before circulation to key HoDS.</p> <p>Psychological Support Services Survey report Jan – Jun 2024 is in draft.</p> <ul style="list-style-type: none"> • CHELsea II research examining hydration at the end of life has completed its data collection from SRH – 20 patients recruited. • Patient ‘label’ research project participation continues. • Gaby has been involved in a focus group for this study: PallUP https://www.surrey.ac.uk/research-projects/pallup-study-improving-home-based-palliative-care-older-people • Jenny has signposted the community team and Elisa to take part in this qualitative focus group study: "Take-Up" study. <p>Researchers from Kings Cicely Saunders Institute are looking for healthcare professionals working with patients with life-limiting illnesses to take part in a focus group.</p> <p>This research is part of a project that is investigating how to improve financial support for people with life-limiting illness.</p> <ul style="list-style-type: none"> • JS has sent a feasibility questionnaire for a large national trial of iron supplementation for anaemia in Palliative Care (ICARAS 2). • JS has just made contact with the research team following an enquiry from a research assistant on behalf of Wallace Chan, an Associate Professor from Northumbria University. He has been working on a concept called “self-competence in death work” over the recent years, focusing on how we may enhance the self-competence of helping professionals in working with people with life-threatening illnesses and bereaved families, especially coping with the emotional and existential challenges coming from their work. • Dr Shannon Milne (PAH Research Lead) is working on Research Governance processes for hospices. SRH is invited to attend a regular community of practice meetings to share knowledge around local research opportunities and practice (KSS Hospice Research 		
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	<p>CoP). This project is with the National Institute for Healthcare Research Clinical Research Network in Kent Surrey and Sussex(KSS) to support Hospices in KSS with setting up their research governance processes and procedures. The idea is to reduce the burden of navigating and setting up these processes which hopefully lead to more research being done in Hospices. There are discussions underway about new research governance guidelines being developed for non-NHS sites because at the moment the available guidance from the HRA is for NHS sites only. By the end of the project she hopes to be able to share a Resource Pack for Hospices containing some new clear guidance. This will inform review/revision of our own policy.</p>		
Education/Training Reflective Forums	<p>Palliative Masterclass – 24.09.24 NMP 2025 Advanced Comms/refresher – October/November MH training – Carly/Paula Meds Management - December EDI – 15.10.24 HCA Second checker Bluestream – 68% complete – MF to email managers with team information. Budget</p>		
Recruitment/ Staffing	<p>Recruitment for the Hospice IPU clinical lead remains ongoing. Dr JS post is to be advertised IPU have recruited 3 HCA's</p>		
CQC/PIR	<p>Update to KLOE self-assessment continues. KLOE group last convened on 12 August 2024. 'Safe' complete. Update of 'effectiveness' in progress.</p> <p>Staff Handbook on what to expect from a CQC inspection was last updated in 2022. A 2024 version will be updated.</p>	AR	
Admissions Meeting	<p>Review of the admission meeting is to be arranged with IPU leadership and Clinical Director.</p>	TC/RT	
Outpatient Tx Room	<p>Consensus of agreement for proposed location of an Outpatient Tx room with hand basin in the main Hospice is to be agreed with the medical team and discussed with the Clinical Director. Clinical consensus was that use of the Comp Therapy room in St Bedes was not desirable.</p>	TC/NC/RT	

AOB	AR = Mesothelioma claims submitted in 2022 for two patients have realised income on 02 September 2024 of £15485 for Pt RM and £12751.76 for PT SQ on 27 th August 2024.		

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Date of Death	Date Received	Reason of delayed MCCD	MCCD Status	Concerns raised for feedback
02/07/2024	04/07/2024		MCCD accepted/No concerns raised	Wonderful nurses at EGH, but short staffed. Felt pt did not get much rest on the ward plus not best place for someone with mental health issues to be. Praise though for Dr Ratoff and Dr Wells who were both excellent.
04/07/2024	08/07/2024	GP Delay	MCCD accepted/No concerns raised	Care at STH was chaotic, different doctor every day, treatment wasn't poor -just very slow. Felt had to make a nuisance and push for scan.Didn't feel anyone had ownership and neded to advocate all the time.Had to ask for palliative care and SRH. Suggested at night lights above beds should be turned out and noted everyone including nurses spoke more loudly at night.
07/07/2024	09/07/2024		MCCD accepted/No concerns raised	
08/07/2024	09/07/2024		MCCD accepted/No concerns raised	
13/07/2024	15/07/2024		MCCD accepted/No concerns raised	
16/07/2024	16/07/2024		MCCD accepted/No concerns raised	
17/07/2024	18/07/2024		MCCD accepted/No concerns raised	Family feel that GP not take prompt action re initial complaint
19/07/2024	23/07/2024	GP Delay	MCCD Accepted/No concerns raised	
20/07/2024	23/07/2024		MCCD Accepted/No concerns raised	
21/07/2024	24/07/2024		MCCD Accepted/No concerns raised	

23/07/2024	24/07/2024		MCCD Accepted/No concerns raised	
23/07/2024	24/07/2024		MCCD Accepted/No concerns raised	RMH: issues which the NOK with PALS @ RMH
24/07/2024	25/07/2024		MCCD Accepted/No concerns raised	Kingston Hospital: May highlight concerns over some doctors
25/07/2024	25/07/2024		MCCD Accepted/No concerns raised	
01/08/2024	05/08/2024	GP Delay	MCCD Accepted/No concerns raised	
05/08/2024	06/08/2024		MCCD Accepted/No concerns raised	
06/08/2024	06/08/2024		MCCD Accepted/No concerns raised	
08/08/2024	08/08/2024		MCCD Accepted/No concerns raised	
10/08/2024	15/08/2024	GP Delay	MCCD Accepted/No concerns raised	
10/08/2024	13/08/2024		MCCD Accepted/No concerns raised	
12/08/2024	15/08/2024		MCCD Accepted/No concerns raised	
16/08/2024	19/08/2024		MCCD Accepted/No concerns raised	
18/08/2024	20/08/2024		MCCD Accepted/No concerns raised	
24/08/2024	28/08/2024	GP Delay	MCCD Accepted/No concerns raised	
25/08/2024	28/08/2024		MCCD Accepted/No concerns raised	

27/08/2024	28/08/2024		MCCD Accepted/No concerns raised	
28/08/2024	29/08/2024		MCCD Accepted/No concerns raised	
31/08/2024	03/09/2024		MCCD Accepted/No concerns raised	
01/09/2024	03/09/2024		MCCD Accepted/No concerns raised	
03/09/2024	04/09/2024		MCCD Accepted/No concerns raised	NOK wished the transfer to St. Raphael's could have been swifter.
13/09/2024	17/09/2024	GP Delay	MCCD Accepted/No concerns raised	Communication on AMU was poor & the ward sister was never around.
14/09/2024	17/09/2024		MCCD Accepted/No concerns raised	
15/09/2024	17/09/2024		MCCD Accepted/No concerns raised	
17/09/2024	20/09/2024	GP Delay	MCCD Accepted/No concerns raised	Concerns will be raised around care at St Raphs
21/09/2024	24/09/2024		MCCD Accepted/No concerns raised	
21/09/2024	24/09/2024		MCCD Accepted/No concerns raised	NOK concern at delayed diagnosis
21/09/2024	24/09/2024		MCCD Accepted/No concerns raised	
26/09/2024	26/09/2024			

ED: Cancer pt. left for 2 days on trolley in ED. Pt admitted to FDW caused unnecessary stress to pt on EOLC. FDW: Nurses & HCAs ignored requests for pain relief & 'placed pt in side room to die.' Wrong ascitic drain inserted-

26/09/2024 27/09/2024

MCCD Accepted/Some concerns raised/ caused d/c delay to Hospice 2 days before dying.

30/09/2024 01/10/2024

MCCD Accepted/No concerns raised

30/09/2024 02/10/2024

MCCD Accepted/No concerns raised



Positive feedback

Feedback specific to ME
service, NH/CH teams or
Individuals

Registry Office
Revision request

Urgent ME
Review
Requested

Additional GP Communi

Praise though for Dr Ratoff and Dr Wells who were both excellent.100%
xcare at the hospice

SRH was absolutely marvellous, had much more care. Good
communications re time left and family were able to get in.

Care absolutely first class

Excellent care all the way through

Staff at the hospice were outstanding. No care concerns

No care concerns

No care concerns

No care concerns

SRH: Absolutely brilliant, angels

SRH: Wonderful.

No care concerns

SRH: Care at hospice was brilliant

Happy with care at St Raphaels

No care concerns

Hospice was "Just wonderful"

No care concerns

St Raphael's provided Fantastic care.

SRH: Care was unbelievable

No care concerns

No care concerns

No care concerns

No care concerns

Very happy with the care

No care concerns

Very grateful for the support from everyone

Great support from the hospice. So professional and bowled over by the support. Thank their lucky stars that pt admitted there.

No care concerns

Care at St Raphael's was outstanding, St Georges was good

Care at St Raphael's was outstanding, St Georges was good

No care concerns

Care at the St Raphael's was excellent as was care on AMU & C5 at St Helier.

St Raphael's and the Marsden were really good

St.Raphael's Hospice: Care was superb, best ever.

No care concerns


No care concerns

Palliative care: Sam Raveney - excellent support. Recognised pts needs and facilitated Hospice transfer. Family are very grateful.

ME (SR) has requested an SJR
for the concerns raised
surrounding care @ SHH

No care concerns

No care concerns



St Raphael's Hospice
Meeting of the Clinical Quality & Governance Committee
To be held at St Raphael's Hospice
10am-12pm on Friday 11th October 2024

Members: Dr Carrie Chill – Trustee & Committee member (CC)
 Alan Cogbill – Trustee & Committee member (AC)
 Benard Marley – Trustee & Committee member (BM)
 Norman McWhinney – Board Chair & Committee member (NM)

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

Item	Time	Description	Purpose	Lead
1.	10.00 – 10.05	Welcomes, apologies for absence and declarations of interest	Discussion	Chair
2.	10.05 – 10.15	Review of minutes from Clinical Quality & Governance Committee meeting held on 12 th July 2024	Approval	Chair
		Actions List and update on matters arising	Discussion	
3.	10.15 – 10.25	Evidence of Excellent Practice Register	Discussion	RT
4.	10.25 – 10.45	St Raphael's Hospice restructure (verbal update)	Discussion	NS, RT, AR
5.	10.45 – 11.05	Clinical Risk Register (verbal update)	Discussion	RT
6.	11.05 – 11.25	Clinical Quality & Governance Report inc. Clinical Action Plan	Discussion	RT, AR
7.	11.25 – 11.30	Minutes of internal meetings	Discussion	AR
8.	11.30 – 11.45	Annual review of Hospice's position in local healthcare ecosystem	Discussion	RT
9.	11.45 – 11.55	Safeguarding Update (verbal update)	Discussion	AR
10.	11.55 – 12.00	Any Other Business & Date of next meeting	Discussion	Chair

Proposed dates of future meetings (for approval at October Board): Wednesday 15th January, 10am-12pm; Monday 14th April, 10am-12pm

Actions log

Agenda item	Action	Responsible	Timeline	Ref.	Update
5. Clinical Action Plan	Circulate Quality Account to Committee for comment by correspondence	Alex Rudkin	May/ June	19.04.24/01	Complete
	Place 2023/24 Quality Account on agenda of next meeting	Anna Machin, Alex Rudkin	July meeting	19.01.24/02	Complete
	Look at complaint in further detail, as agreed with Committee	Becca Trower	Update at July meeting	19.04.24/03	Complete
7. Safeguarding update	Place 2023/24 Safeguarding update on agenda of next meeting	Anna Machin, Alex Rudkin	July meeting	19.04.24/04	Complete
4. Clinical risk register	Take forward discussion on use of technology for note-taking to Hospice user group	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/01	Complete
	Reflect further on lone working communications to staff	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/02	Complete
5. Clinical Quality & Governance Report	Include Psycho-Social team survey report in April meeting pack	Alex Rudkin	For April 2024 meeting	19.01.24/03	Complete
	Consider further ways to streamline referral notes process	Consultant team, Becca Trower	Spring 2024, by April 2024 meeting	19.01.24/04	Complete
	Update on grant funding proposal	Consultant team, Becca Trower	For April 2024 meeting	19.01.24/05	Complete
	Update pages 16 and 18 in report on patient numbers	Alex Rudkin	Immediate	19.01.24/06	Complete
	Split out minor and major IG incidents in report	Alex Rudkin	Immediate	19.01.24/07	Complete
2. Review of Quality Account and Management Plan	Finalise Quality Account and circulate for final Committee review	Alex Rudkin	Immediate	17.06.24/01	Complete