



Bolton Hospice

PROVIDER VISIT REPORT

Report of unannounced visit, submitted by the Provider Visitor in compliance with Regulation 26 (Chapter 3) of the Private and Voluntary Healthcare (England) Regulations 2001.

Name of Hospice: Bolton Hospice	Telephone No: 01204 663066
Address of Hospice: Queens Park Street, Off Chorley New Road, Bolton BL1 4QT	
Category of Registration: Independent Hospice	
Name and Job Title of Visiting Provider: Ian Savage (Trustee) and Grace Hopps (Trustee)	
Date Of This Visit: 3 rd November 2021 (delayed due to pandemic) Date Of Last Visit: 21 st January 2020	

GENERAL INFORMATION UPDATE: Since Last Provider Visit

<i>Has there been any change to:</i>	
Premises since the last inspection?	No
Trustees or Managers?	Yes – 1 Trustee retired and a new trustee co-opted to the Board.
Staff Numbers as of 3 rd November 2021:	staff in total – 51 clinical, 67 non-clinical
Statement of Purpose?	Yes – updated 25 th May 2021
No. of deaths: 573 (1 st January 2020 – 31 st October 2021)	IPU - 281 H@H - 292
CCG Quarterly reports/Notifiable Issues:	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Safeguarding - July - Sept 2021 - NEW F</p> </div> <div style="text-align: center;">  <p>QUALITY AND PERFORMANCE STAI</p> </div> </div>


COMPLAINTS:

Overview of the management of complaints in the Hospice based on interviews with staff responsible for responding to complaints and examination of the record.

Any issues that do arise we pro-actively address in conversation, if we receive informal or formal complaints we incident report this, make contact with complainant to establish further detail and the outcome they would like and investigate as the incident dictates and then provide full documented feedback regarding outcome and actions taken/lessons learned. complaints.

Summary of complaints received since last Provider Visit:

Complaints: Formal	2	Complaints: Informal	24 relating to care 12 relating to none care
Complaints Pending an Outcome	None		

QUALITY IMPROVEMENT Interview with clinical lead(s)	
How is quality improvement managed within the Hospice?	<p>Audit and Quality Group meets bi-monthly. There is a Quality Monitoring Calendar in place - spot checks are undertaken regarding infection control and waste management frequently.</p> <p>Clinical Governance Group bi-monthly meetings Information Governance. Informatics Strategy. GDPR Compliance and Governance Working Group Newly appointed Governance and Quality Lead. Education and Training. Annual Appraisals. Quality and Standards Committee. Infection Prevention and Control (IPC) and Nutrition meetings quarterly. Feedback from patients and families. 'Have your Say' comments cards. Monitoring of Harm Free Care data. CCG Quality & Performance report and Safeguarding Reports Quarterly. E-Learning Blue Stream Mandatory Training system and face to face mandatory training. PLACE Inspection. NHS England Controlled Drug reporting and annual control drug internal report Trustee Provider Visits Workforce Strategy IPC external inspection IPC submission of external reports with extensive supporting evidence to CQC.</p>
Is there a programme of clinical audit and what topics have been covered?	 <p>Multidisciplinary Quality Monitoring C&</p>
How are reports disseminated?	<p>Team meetings, Clinical Governance Bulletins and newsletters, SMG and Team Leaders meeting, word of mouth, Website, Audit and Quality Group, CCG, CQC, Quality and Standards, Board of Trustees meetings.</p> <p>Reports that can be disseminated external include Controlled Drugs Annual Report – shared with CCG and Safeguarding Teams, IPC reports provided to CQC and Safeguarding Teams.</p>
What changes/improvements have	

been implemented in services over the past 12 months following audit?



Database -
Continuous - Quarterly

Development Plans January 2020 – October 2021

- Statement of Purpose accepted by CQC.
- Fit and Proper Persons documentation and appraisals of all Trustees completed.
- Continue to develop PRIME incident reporting system and switch to electronic incident reporting to aid overview of incidents/accidents and near misses across the organisation and streamline the process for staff.
- EoLC module delivered from the Hospice, in collaboration with the University of Bolton.
- Review of education delivered by the Hospice Education Team for internal and external staff completed. New Education Prospectus developed.
- Ongoing collaboration with IT company who provide our electronic patient records software to enable intra-operability with the other IT systems within the locality and Greater Manchester.
- Active involvement in updating of the Bolton Locality Palliative and EoLC Strategy, which as a consequence is aiding greater collaboration of services which deliver Palliative and EoLC.
- Staff development/education including - one staff member successfully completed MSc in Advanced Clinical Nurse Practitioner, 1 staff member completed the Trainee Nursing Associate (TNA) Course in April 2020 and another staff member currently undertaking this course and 2 staff members successfully completed Non-Medical Prescribing Course to develop skills and aid patient care.
- As a consequence of the Covid-19 pandemic, we have developed and implemented several policies and procedures regarding Infection Prevention and Control of COVID-19, based on guidance from the Public Health England (PHE), NHS England (NHSE), Department of Health (DoH), other professional bodies and the regulators to ensure that all services and staff remain safe and that the changes do not negatively impact on patient care and safety.
- An Infection Control Report (October 2020) and a Transitional Monitoring Report (February 2021) have been completed and submitted to the CQC with supporting information and the feedback for both of these was very affirmative of the high standards that we have maintained throughout the pandemic with no further actions advised by CQC.
- Successful completion of the CCG Safeguarding/PREVENT Audit (2020), and action plan from this.
- We achieved 5 stars in the Macmillan Quality Environment Mark – March 2021.
- Introduced an annual Controlled Drugs Accountable Officer report to provide reassurance that Bolton Hospice is compliant with updated controlled drugs legislation, which controlled drugs systems, procedures and incidents are

	<p>regularly reviewed and actions are taken as necessary to strengthen controlled drugs safety and governance.</p> <ul style="list-style-type: none"> • Introduced a new staff induction, which includes confidentiality, Safeguarding, DoLS, Mental Capacity (MCA, 2005), moving and handling, fire safety and health and safety as well as training specific to their role and area of work, to ensure staff understand their responsibilities and how to report/act on any concerns they identify. • Implementation of 2 of the suite of Outcome & Complexity Collaborative (OACC) measures in the hospice for all patients: phase of illness and Australian-modified Karnofsky performance status, as well as the implementation of the Integrated Palliative care Outcome Scale (IPOS), which is a patient completed assessment used to measure symptoms and concerns reported by patients. and an additional outcome measure (IPOS) for outpatients and Wellbeing hub attendees. These measures help identify patients whose condition may be unstable or deteriorating to ensure appropriate decisions and changes to their care are made, including, if appropriate, transfer to acute secondary care. • Developed a new Workforce Strategy with the Leads from Human Resources, Volunteers, Education, Corporate Services Manager and members of the SMG. • We have also recruited a new Clinical Skills Educator as a jointly funded post with a neighbouring hospice to support the delivery and maintenance of clinical skills for nursing staff. • The education team are currently delivering a pilot of the new foundation communication skills course to care homes across Bolton. They have 10 homes signed up to the scheme to date. • Website redesign has been completed, promotion and publicity for the Wellbeing Hub is being managed by the Marketing and Database Manager but is limited at present due to the continued restrictions on Health and Social Care settings. • Facilitated delivery of Advance Care Planning training, including “What’s Important to Me” Document, across Bolton. With over 500 individuals accessing this training, enabling patients and families greater access to these tools to support achievement of their wishes. • Completion of the re-designed of the Day Therapy Service to provide a new Wellbeing Hub and have started to introduce these services, slowly in line with current Covid-19 guidance/measures.
<p>Are there any concerns about the training and experience of staff (for example any shortages/recruitment difficulties for certain grades/posts)?</p>	<p>Currently recruitment is challenging for all health and social care providers, consequently recruitment is ongoing.</p>
<p>Do staff feel there is enough equipment or access to specialised</p>	<p>Yes</p>

equipment or facilities to enable them to care for the patients safely?	
Any other comments	None

PREMISES AND EQUIPMENT

Overview of the condition of the Hospice premises:

Decorative order

Safe and secure environment for patients

Facilities and access to the building and services for the disabled

These topics are now addressed through the independent PLACE Inspection process.

Health and safety and fire requirements in place

Corridors clear of storage and equipment

We have a Health and Safety Committee and a Fire Safety Committee who address these issues.

ACTION TAKEN SINCE LAST PROVIDER VISIT – 21st January 2020

Lottery			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review the staffing of the team to tackle long term absence in accordance with the relevant HR policies.	A review of sickness within the department is underway, in line with hospice policies and with support and input from HR and Occupational Health. Update Nov21: Resolved in accordance with HR policies and procedures.	AA/KF	April 21
Review the staffing of the team to Consider whether staff members from other teams could be trained to cover time critical duties to support the lottery team	Management of the lottery programme is a very technical, time-bound area of fundraising practice. We are currently recruiting some bank staff who will be trained specifically to cover the time-sensitive activities, particularly at busy times, to support the lottery team. Update Nov21: Recruited 3 x bank staff to cover variable lottery administration workload and for support during critical periods.	AA/KF	October 21
Work in partnership with the Gambling Commission to ensure appropriate changes are implemented to ensure the hospice is compliant with new requirements.	A lottery staff member is very closely linked with the Gambling Commission and is working with a regional representative to ensure that we are compliant with the new restrictions imposed on use of credit cards.	AA/KF	February 21
Develop a social media plan to promote the lottery most effectively using a variety of platforms and increase the number of players to over 10,000.	The lottery team will be working with the marketing team to develop a social media plan to celebrate 10,000 lottery players and to share this widely in the most effective ways to increase membership. It will also form a part of the	AA/KF/FR	Ongoing

	<p>supporter experience action plan for the lottery to celebrate the success and the impact that lottery players have had on supporting and delivering hospice services.</p> <p>Update Nov21: The 10,000 member mark has not yet been reached due to the impact of Covid-19. The marketing team are continuing to work through Facebook's rules and regulations around advertising gambling.</p>		
Marketing & Data Base Management			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review the combination of marketing and database functions to determine if this is the best fit for the organisation.	<p>Following a detailed options appraisal to select the most appropriate database, there will be an upgrade of Donorflex and training on the new version across the fundraising team. Following this if there are still intense demands on the Marketing & Database Manager regarding the database, a review of the functions should take place to understand the resource needed to most effectively deliver hospice marketing and supporter database management.</p> <p>Update Nov21: The restructure of the IG&C team included the addition of a new part-time Fundraising Data & Direct Marketing Coordinator role which has enabled great progress in the management, analysis and optimization of supporter data, relieved the Marketing & Database Manager of much of the database related demands and further strengthened the connection between marketing and database management within the team.</p>	AA/FR	November 20
Carry out an assessment of the current database to determine if a better option is available.	<p>A very thorough options appraisal was conducted to select "Donorflex" as the hospice database. Donorflex is widely used within the hospice network. Within the wider fundraising team we need to increase practical knowledge and experience of the system, to prevent an over-reliance on the Marketing & Database Manager needing to respond to data questions and enquiries.</p> <p>Update Nov21: With the new Fundraising Data & Direct Marketing Coordinator role in place, ongoing Donorflex training for department staff as needed is now provided in house, with more technical training sourced from the supplier as required.</p>	AA/FR	March 21
Consider training other teams in data extraction and reporting. This would support the small team and allow better use of its resources.	Donorflex upgrade (to latest version) is planned for summer 2020, which is much more user friendly and intuitive for a fundraiser. Once installed, there will be a full team training session on-site led by colleagues from	AA/FR	March 21

	<p>Donorflex to ensure that all fundraising team members can use the database effectively to manage, understand and efficiently retrieve supporter data. As a consequence the Marketing & Database Manager can be involved in the more complex data enquiries.</p> <p>Update Nov21: Facilitated by the new Fundraising Data & Direct Marketing Coordinator role.</p>		
Nursing			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
<p>Improve communications to support teams in understanding the balance required in terms of resources; complex needs patients and few full beds.</p>	<p>Work is ongoing using OACC as a contributory measure to articulate the dependency needs of patients and data will be shared with the staff to support conversations regarding capacity/demand.</p> <p>Staffing is reviewed daily to ensure sufficient staffing numbers/skill mix.</p> <p>Update Nov 21: Staffing has been very challenging at times during the pandemic and staff have flexed where needed to support all clinical services. Occupancy levels have also varied due to the pandemic but IPU Service Lead and CND have endeavoured to keep staff updated with the pressures on the wider health and social care system as this is also important to consider when managing occupancy levels.</p>	JG/JO	Ongoing
Medical			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
<p>Review the discharge system to allow for smoother arrangements.</p>	<p>Discharge Task and Finish Group set up to review and redesign this process.</p> <p>Update Nov 21: There have been improvements in discharge summaries and systems, with electronic merging proposed and in progress (JS and JMcA leading on it)</p>	EMc	ongoing
<p>Examine the ambulance provision to determine if any improvements can be negotiated.</p>	<p>Bolton CCG are responsible not the commissioning of Ambulance Service Provision.Meeting held with RBH Palliative Care Team/RBH Rapid Discharge Team/CCG Commissioners and Bolton Hospice to discuss and identify potential solution held on 28/02/2020.</p> <p>Update Nov 21:Discussions with NWS and hospital discharge teams have taken place; unfortunately dependent on availability of ambulance staff and unpredictable flux in number of patients. Better for admissions to be booked in advance (day before) and patients who have own transport. Not had many OOH</p>	EMc	ongoing

	admissions during the week (after 4 PM); at times, have to re-schedule admissions to following day if there have been problems with transport.		
Catering			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Assess whether other volunteers receive the same level of appreciation as those based within the IPU	<p>Patient services - All volunteers within hospice clinical services regularly receive email updates, a welcome letter after training with thanks in it for their support, newsletter once a month with thanks and appreciation, plus Volunteer stories, letters of thanks after Christmas/Easter, letters of concern if they're off ill and finally letters of gratitude when they leave.</p> <p>Volunteers are invited to LSA's in Volunteer week and get asked for their comments about the service and their role in the Volunteer survey – both bi-annually.</p> <p>Retail/Fundraising – Volunteers receive verbal thanks on regular basis and letters at the end of the calendar year and end of the financial year as acknowledgement and thanks for their continued support and letting them know their worth..</p> <p>Cards are sent when volunteer has a bereavement. Support is provided through illness, with phone calls and cards</p> <p>There is also the “thank - a thon” week.</p> <p>Certificates are given when a shop Achieve's a financial goal. Volunteers are invited to LSA's in Volunteer week and get asked for their comments about the service and their role in the Volunteer survey – both bi-annually.</p>	MB/CW	Ongoing

SUMMARY OF PROVIDER VISIT 3RD NOVEMBER 2021

Conducted by Trustee Ian Savage and Deputy Chair Grace Hopps

We spent much of the day on the hospice site, visiting the following areas and speaking to 10 members staff (at all levels), 2 volunteers, 2 patients and 2 family members.

Areas visited were:

1. The Wellbeing Hub staff, volunteers and service user
2. Governance & Education Team
3. IPU, staff and patient/patient's family

4. Giles House staff and volunteers

This report seeks to focus on the feedback we received, which was open and honest and based on the assurance that no one we interviewed would be identified.

Clearly, this report is written following the past 20 months of Bolton Hospice operating throughout the Covid-19 pandemic, which has impacted everyone.

Those in the health sector have been particularly affected, as they have continued to work throughout to provide vital care in the most challenging of conditions, initially in unprecedented and frightening circumstances as the death toll began to rise and it became clear how serious the situation was becoming.

The effects of the pandemic and the actions taken as a result to ensure the smooth operation of the Hospice have affected everyone to various degrees and this is reflected in our findings.

Our questions were based around the CQC values of: **Safe, Effective, Caring, Responsive and Well Led.**

The Wellbeing Hub:

The Wellbeing Hub opened in the midst of the Covid-19 pandemic before the vaccination programme got under way and ever since has had to operate under strict restrictions.

The original vision was that eventually it will be open five days a week and weekends, but at present it is accepting attendees two days week.

It caters for a cohort of eight people two days a week for 8 weeks, 10am until 3pm. There are also a number of Outpatient Clinics established.

On the day we visited, just one of the eight patients had attended; the remaining seven were not present for a variety of valid reasons and had informed staff. There were many more staff and volunteers in the department. One of the main reasons given was that many people are still nervous about mixing while there are still Covid cases.

We were reassured that if people referred felt the Hub was “not for them” at any point in their eight week programme and dropped out, someone else would take their place, so there were no empty places for a consistent period of time.

The Hub is planning to offer a third day each week from the beginning of December; this will mean two of the three days will be accessible for wellbeing and the third for ‘crisis management’.

The view was expressed that although Covid had clearly restricted what services could be available at the Wellbeing Hub, regardless of that it, would take some time to provide a full service as envisioned and would need to be supported by significant marketing.

Concern was expressed about the Wi-Fi connection in the Wellbeing Hub which, This has led to a heavy reliance on paper duplication.

Atmosphere

One opinion was that the Wellbeing Hub was a great facility, but “not very welcoming to younger people”. There was acknowledgement that it looked nice but was not very “friendly” in appearance and work needed to be done to alter that. One suggestion was to ask patients what they would like to see to inform that action.

There was a general feeling that the pandemic has engendered a strong feeling of team togetherness and a breaking down of barriers between staff.

It was clear that some staff who had been transferred to support the IPU during the pandemic were feeling ‘burn out’ and were weary and unmotivated by the new, demanding, unfamiliar roles – not what staff had signed up for. There was a comment that shift patterns were only known two weeks in advance which inhibited planning for outside of work, plus the frequency of nights is problematic.

One view was that this was causing “good people” to leave and there was an over-dependence on agency staff who can never replace a permanent member of the team.

Other comments were that “the hospice isn’t what it used to be. More corporate than ever and not as friendly, some staff don’t even say hello to the volunteers or acknowledge them.”

However, another volunteer’s experience was completely different: “I really enjoy it and feel I am appreciated by staff.”

ACTION

1. Review if the Wellbeing Hub could be made to be more welcoming especially for our younger patients – enlist the feedback of patients for that.
2. The hospice should be confident of providing value for money – this was not so on the day that we visited the Wellbeing Hub. It is recognised that we are in an early stage of the WBH development, however, solutions should be explored to manage the high drop-out rate and improved access and attendance.
3. Review of the Wi-Fi access to reduce paper duplication.
4. Consider if rota planning can give more notice of shifts than 2 weeks.
5. Consider how best to remind staff wherever they work in the hospice to treat volunteers with respect and as a crucial part of the operation.

Fundraising, Giles House:

There was a strong feeling that the department was extremely stretched due to lack of resources and that the impact of redundancies had been keenly felt. It was stated that working from home doesn’t help as it leads to reduced teamworking.

Comments include we are all doing our best but not achieving the potential. Everyone is chasing their tails.”

Some staff expressed the view that there were not enough people in the office at any one time and they felt it was important that community fund raisers should be on site, particularly as it was important to have a Hospice 'face' available should an external fund-raiser call in and want to see someone. It was also easier to forge inter-staff relationships in person than by email.

There had been an issue where external phone calls were not being directed to the right people and there had been instances where callers had been annoyed because they were unable to get through to anyone.

Alternatively, Some staff felt that the hybrid mix of working in the office and remotely was about right and was important from a quality of life point of view. It was stated that remote working was well set up.

It was queried why staff sitting at their desks in Giles House were required to wear face masks at all times?

It was stressed that although people were feeling stretched, the staff remained dedicated and hard-working and one staff member stated that they felt well supported.

ACTION

1. Be mindful of ensuring that the right balance of home and office working is achieved. However, the needs of the business must come first and particularly in fund raising, it is important. Review the current set up of home working so that we are confident all bases are covered.
2. Review the telephone system to ensure that any potential issues with external calls (which could clearly attract revenue) are resolved.
3. Consider if face mask wearing should be required by staff at their desks in Giles House.

IPU:

A patient we spoke to said that their experience had been "really good" and that the food was "excellent". They felt that they had someone to talk to about their situation and felt supported.

ACTION

1. We were informed that the door to the patient's room was alarmed which meant that they could not get into the garden, which they felt was a shame – is this something that can be addressed or is an issue?

Staff Discussions:

It was clear the Covid-19 pandemic had taken its toll on everyone, in a myriad of ways, professionally and personally.

Again, there was concern expressed about the decrease in the number of volunteers (the number of spiritual care and bereavement volunteers was down since before the pandemic) and that has meant the working environment had been intense and the slow reintroduction of volunteers had been "challenging".

There was also a view that at a certain level the leadership was not as it should be in terms of collaborating and listening to staff.

The view was expressed that staff coming into IPU to support during the pandemic had been a good initiative and those staff had gained from the experience and “risen to the challenge”.

The view was that although it is still very challenging in IPU, lessons had been learned since the early days of the pandemic and that the team was stronger than ever as they had to work together.

We were told that we are good at what we do and this has been recognised by an increasing number of trainee doctors being allocated to the hospice.

A nurse stated that care was too medicalised at times – EOL care – comfortable, symptom control – why more?

One member of staff said they felt that the organisation “works like clockwork most of the time” and “everyone knows their role and whose job is what”.

One nurse stated that the IPU was understaffed. They said the hospice had lost staff and the shift system was problematic, requiring long spells on night duty. The nurse was aware that recruitment is in progress and that dedicated night staff are being considered. They would like this to be progressed ASAP and suggested a jobs fair/ open day.

The numbers on duty at night was brought up. We were advised that during the epidemic, with reduced occupancy, staffing was reduced to 3 overnight. This has been maintained post covid when occupancy has increased. Sometimes an agency nurse may be added but it is really difficult to manage the workload and support the patients when so short staffed. This nurse also said that morale at the hospice was fine.

One nurse described the hospice as “an amazing place to work” and that it was one big team

They said that everyone stepped up when needed and that the support from management was “second to none”.

The medical handover sheet was identified as being excellent. However, some issues were not always actioned by the nursing team who work with a different system.

ACTION

1. Explore whether improvements to the handover process could be instigated. Consider a multidisciplinary handover sheet?
2. Keep staff up to date with recruitment plans and progress and staffing shift number plans. Progress the plan for dedicated night staff. Consider an open day or recruitment fair.

Finally, in more than one department there was acknowledgement that the weekly message from the Chief Executive throughout the pandemic had been extremely well received and valuable and that communication from the very top was “excellent”.

ACTION PLAN - PROVIDER VISIT – 3rd November 2021

KEY:

CND/JG	Clinical Nurse Director
LV	Chief Executive
JMcA	Julie McArthur – Data and IT Manager
AA	Alice Atkinson - Income Generation and Communications Director
KF	Kerry Formston – Lottery Development Manager
VJ	Vikki Johnson – HR Officer
IPU	In-Patient Unit
SMG	Senior Management Group

Wellbeing Hub			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Review if the Wellbeing Hub could be made to be more welcoming especially for our younger patients – enlist the feedback of patients for that.	Work will be undertaken with service users as part of the project with Derian House to create access to services for young adults.	JW/JG	Ongoing
The hospice should be confident of providing value for money – this was not so on the day that we visited the Wellbeing Hub. It is recognised that we are in an early stage of the WBH development, however, solutions should be explored to manage the high drop-out rate and improved access and attendance.	The new WBH model should in theory reduce this problem and there will be measures in place to address this, such as patient goal setting and regular reviews. Performance data will also enable this to be monitored and reviewed.	JW	12 months
Review of the Wi-Fi access to reduce paper duplication.	Work with IT to encourage use of laptops/PC within the WBH rooms. WBH Staff to feedback any issues regarding loss of connection to the server/iCARE.	JMcA	6 months
Consider if rota planning can give more notice of shifts than 2 weeks.	Work is underway with staff recruitment which will improve rotas and therefore enable more notice with shifts. There is a phased approach in place to withdraw the WBH staff from IPU staff numbers	JW/JG	Ongoing
Consider how best to remind staff wherever they work in the hospice to treat volunteers with respect and as a crucial part of the operation.	Volunteer coordinator will be involved in WBH development and volunteers will be treated as part of the team.	JW	12 months

Fundraising, Giles House			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
Be mindful of ensuring that the right balance of home and office working is achieved. However, the needs of the business must come first and particularly in fund raising, it is important. Review the current set up of home working so that we are confident all bases are covered.	Review office cover and ensure that as a minimum there is one staff member from each of the four IG&C teams present in the office on any given day.	AA / IG&C Managers	January 2022.
Review the telephone system to ensure that any potential issues with external calls (which could clearly attract revenue) are resolved.	Optimise functionality of current system and feedback the needs of the department to the Support Services Manager so that this can be considered in the future development of the telephone system.	AA / CKD	February 2022.
Consider if face mask wearing should be required by staff at their desks in Giles House.	Clarification from Infection Prevention and Control that mask wearing unless in office on own, is to continue, in line with Government Guide regarding health and social care facilities. Staff updated via verbally where possible and CEO weekly briefing.	JG	Completed.
IPU			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
We were informed that the door to the patient's room was alarmed which meant that they could not get into the garden, which they felt was a shame – is this something that can be addressed or is an issue?	All IPU patient doors to outside are alarmed for safety. New Notices displayed on the doors within the patient room advising that the alarm can be turned off by staff on request.	JG	Completed.
Explore whether improvements to the handover process could be instigated. Consider a multidisciplinary handover sheet?	Email sent to trained nursing staff to explore views of shared handover. Medical Director consulting medical staff for views.	Sisters/Medical Director	Ongoing
Keep staff up to date with recruitment plans and progress and staffing shift number plans. Progress the plan for dedicated night staff. Consider an open day or recruitment fair.	Updates will be shared with Service Leads/Sisters for disseminating to staff regarding recruitment. Currently out to advert for Night staff, Ward Manager, SN and NA. Recruitment promotion/faye on hold till New Year due to HR capacity at present.	Service Leads/Sisters HR	Ongoing On-hold