

- Incident Module go live date – May. Plans in place for: CQC evidence; Complaints; Risk.

Patient Safety Incident Response Framework (PSIRF)

- PSIRF plan in development, agreed with Integrated Care Board (ICB).

Quality Improvement coordination

- Staff updated on new regulatory approach.
- Quality Improvement Group action plan in place.
- Implementing information sharing systems.

Conclusion The role of a Governance Lead enables:

- A focussed approach to Quality Improvement initiatives.
- Clinical staff to input expertise into policies and procedures.
- Fast-tracking of developments ensuring the ongoing quality assurance of services.

P-221 RISKY BUSINESS – A FRESH APPROACH TO MANAGING YOUR RISK REGISTER

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10.1136/spcare-2023-HUNC.241

Like many organisations, the hospice found it challenging to stay on top of its risk register and difficult to effectively use it for informing business decisions. In fact, the senior team found that with over 70 discrete risks, with overlapping controls and actions, on an Excel spreadsheet, managing the risk register had become a 'risk' or 'mission impossible'.

In 2022 an external organisation was commissioned to review the governance of the organisation and made a recommendation to adopt a governance assurance framework and move away from a traditional 'Corporate Risk Register' at Board level. Sample templates were shared with the senior manager responsible for maintaining the risk register and a new framework was developed and approved for use in March 2023 by the Board.

The new Board Assurance Framework seeks to display 'a risk on a page' with sufficient evidence of:

- Risk mitigation, and assurance that the mitigations are effective.
- Data and evidence to quantify and qualify the level of risk and overall score.
- Actions that will aim to reduce the risk to a tolerable or acceptable level.

The first task was to streamline and stratify the risks. The approach taken initially was 'what keeps the senior team awake at night' and from this, three risks to our strategic aims were identified:

1. The building.
2. Workforce.
3. Funding.

The successful development of the Board Assurance Framework has led to the concept being adopted for each governance committee, and the safety and clinical governance frameworks are now in development, with 'people' and 'finance' to follow later in the year. Links between the risks and the frameworks will be embedded to allow for updates to

be made in one place and changes propagated through. It is hoped that this fresh approach will make risk management less daunting and support informed decision making.

P-222 THE ERA OF FREEDOM OF INFORMATION SHARING – HELP! (I'M A HOSPICE CALDICOTT GUARDIAN, GET ME OUT OF HERE!)

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Background From 1st November 2022, patients aged 16 and over were due to have full prospective access to their medical notes via their GP records (through NHS App and other online services). We wanted to be proactive in our response – reviewing how we document and communicate our consultations, whilst not compromising the necessary detail required.

Aims

1. Review the quality and language of our external documentation.
2. Standardise our external documentation.

Method Community Palliative Care Team activity was reviewed over a working week (Mon-Fri), looking at all letters sent externally.

Results 41 patient visits were undertaken, with 17 letters sent. Nine were identified as having potential to cause emotional distress to a patient/those important to them. The identified letters, predominantly (7 out of 9) covered concerns regarding the patient deteriorating and requesting for a GP to visit for purposes of death certification. Of the remaining two letters, one contained information regarding the patient's relative finding it hard emotionally, which may cause upset to the patient should they read it, and the other suggested there may be an element of anxiety contributing to their symptoms, which again, could be upsetting to a patient to read if they disagree/lack insight into their own condition.

Conclusion Of the 17 letters, none would have resulted in immediate redaction by our Caldicott Guardian if a data request was submitted, however, they do raise important questions surrounding the current style of our letter writing, use of terminology and language.

Standards agreed

- Sensitive language, using less practical terminology when a patient is dying.
- Use of "CONTAINS SENSITIVE INFORMATION – NOT FOR DISCLOSURE TO THE PATIENT" at the top of letters where relevant.
- Education and communication to staff.
- Adoption of commonly used abbreviations as listed on NHS. UK website only and reducing medical jargon.

P-223 DEVELOPING TRADING THROUGH STRONG GOVERNANCE

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Background Trading is, by its nature, different from the core hospice activities with specific risks and opportunities that require expert assessment. If done right, commercial activities