

BASIC COP REPORTING NOV 2021- NOV 2022

1.0 Letter of Commitment from CEO (Attached)

2.0 Introduction

MP Shah Hospital is located in Nairobi Kenya. It is a 217 -bed tertiary hospital that offers nursing education through the nursing school. Our purpose is to provide health and wellness.

Formed in 1928 as a 5-bedded maternity nursing home, MP Shah Hospital has continued to grow and expand its services to match the growing and complex needs of the community it serves. Our vision is to be the premier patient centred tertiary hospital in East and Central Africa. We are committed to providing excellent care every-day. In order to achieve this, we are guided by our values: patient-centric, innovative, collaborative, compassionate and trustworthy.

In the spirit of continuous improvement through responsiveness to the community's needs, we have ventured into responsible healthcare delivery. This is being steered through our Go Green Program to ensure that we not only remain financially sustainable, but also treat our people with compassion as we ensure the earth is not depleted through our actions.

3.0 Go Green Program

3.1 Introduction

The Go Green Program is the sustainability project of MP Shah Hospital. It was launched in 2018 with our Board Chairman, Vice-Chairman and the CEO planting trees to symbolize the same. This grew into a Go Green Committee which meets every 6 weeks to review the progress made in various aspects and brainstorm on how to achieve its objectives. It is noteworthy to mention that there was a lacuna of minimal to no activity by the committee in 2020 and 2021 as the hospital responded to the COVID-19 pandemic.

3.2 The purpose is to:

1. For sustainable competitive advantage through cutting cost, enhance public image and improve employee health
2. Quality, core capabilities, strategic flexibility, information technology
3. Green spaces in hospitals improve patient outcomes by reducing emotional stress, improving mental health, increase socialization and community connection, increase physical activity, decrease cardiovascular and respiratory diseases, decrease pain management needs and length of stay, increase staff and patient overall satisfaction with the facility.
4. To create, promote and maintain a green environment with in each employee.
5. To influence employee behaviour towards environmental sustainability and increase their environmental awareness.
6. To improve energy efficiency and provide energy flexibility to the electricity grid.
7. To reduce greenhouse emissions, cut solid waste, and conserve energy

3.3. Operationalization of the Committee

The committee consist of the following members:

- | | |
|--------------|--------------------------------------|
| • Chair | Hospital Engineer |
| • Vice Chair | Infection Prevention Control Manager |
| • Secretary | Executive Assistant to CEO |
| • Member | Chief Executive Officer |
| • Member | Chief Operations Officer |
| • Member | Head of Procurement |
| • Member | Chief Human Resource Officer |


- Member Deputy Chief Medical Officer
- Member Chief Nursing Officer
- Member Head of Support Services
- Member Head of Marketing, Brand and Communication
- Member Laboratory Manager

The mandate is achieved through appointment of various champions for different deliverables. The performance of the committee thus far has been monitored but its impact will be measured from 2023 using the “Indicators of Green Hospitals and Measuring Items” adopted from Chuah, C. H. (2020). The Implementation of Green Hospitals in Malaysia (Doctoral dissertation, Tunku Abdul Rahman University College).


4.0 Report

4.1 Governance

Aspects	Action Points	Outputs
Commitment	<ol style="list-style-type: none"> 1. Board / senior management engagement 2. Publicly stated commitments 3. Code of conduct 4. Individuals and Groups 5. Formal Structure 	<ol style="list-style-type: none"> 1. UNGC sign off by Board members in November 2021 2. UNGC membership declaration on website 3. Green Program and Committee 4. Balanced Score Cards for all staff
Prevention	<ol style="list-style-type: none"> 1. Risk assessment processes 2. Due diligence process 	<ol style="list-style-type: none"> 1. Risk register 2. Reviewed quarterly
Performance	<ol style="list-style-type: none"> 1. Executive pay/ sustainability 2. Board composition 3. Senior management composition 	<ol style="list-style-type: none"> 1. To be reviewed in the coming year as part of the workforce transition project. 2. All male. 3. 84% female
Response, remedial	<ol style="list-style-type: none"> 1. Raising concerns about company conduct 2. Remediation 3. Learning and adapting programs 4. Sustainability programs 	<ol style="list-style-type: none"> 1. Pay to be reviewed in line with Workforce transition.



BOARD OF GOVERNORS CHARTER



MPSH/GLD/CHA-001

<u>Document Number:</u>	MPSH/GLD/CHA- 001		
<u>Document Classification:</u>	CHARTER		
<u>Document Title:</u>	BOARD OF GOVERNORS		
Department:	BOARD	Section:	BOARD
Compiled By:	BOARD		
Approved By:	CHAIRMAN	Sign...Dr Manoj Shah.....	
Effective Date: 1.10.2020	Review Date: 1.10.2022		

Figure 1 – Board of Governors Charter



ENTERPRISE RISK MANAGEMENT PROGRAM

<u>DOCUMENT NUMBER:</u>	MPSH/CQI/PRG-002	
<u>DOCUMENT CLASSIFICATION:</u>	PROGRAM	
<u>DOCUMENT TITLE:</u>	ENTERPRISE RISK MANAGEMENT PROGRAM	
DEPARTMENT:	ALL	SECTION: ALL
COMPILED BY:	MANAGER, RISK & QUALITY IMPROVEMENT	
REVIEWED BY	RISK MANAGEMENT COMMITTEE	
APPROVED BY:	BOARD OF DIRECTORS	
EFFECTIVE DATE: JANUARY 1, 2022	REVIEW DATE: JANUARY 1, 2023	

Figure 2 – Enterprise Risk Management Program

4.2 Human Resource

Aspects	Action Points	Outputs
Commitment	Policies for hospital staff, supply chain	Following policies are in place: 1. Diversity, Equity and inclusion policy 2. Whistle Blower policy 3. Sexual Harassment Policy 3. Supply Chain policy

Prevention	Stakeholder engagement Prevention/ mitigation Training	<p>1. Ratified in the Hospital Ethics Committee on different dates in 2021 as shown in the attachments.</p> <p>2. Training to all staff done on the for all staff on the following dates:</p> <p>Diversity and inclusion Policy Presentaion Thu 2/17/2022 7:15 AM - 8:15 AM Thu 2/17/2022 4:00 PM - 5:00 PM https://meet.google.com/pye-hj Target : All staff Presenter: Dr Joan Osoro Mbui https://meet.google.com/pye-hjhb-qpw</p> <p>Topic: Whistle Blower Policy & Sexual Harassment Policy Presentation Mon 2/28/2022 7:30 AM - 8:15 AM Target Audience : All staff Presenter: Willie Nduaci https://meet.google.com/zma-jprs-tqg</p> <p>3. Training on supply chain program carried out on the following dates:</p> <p>PROCUREMENT PROCESS TRAINING FOR MANAGERS</p> <p>🕒 Wed 4/20/2022 8:00 AM - 9:00 AM 📍 Main Hall 📅 Calendar</p> <p>Culture of safety survey carried out in May 2022 and the report is as shown in Figure 6. The hospital improved compared to 2021.</p>
Performance	Nil	N/A
Response, remedial	Remediation Practical actions	To monitor implementation of the culture of safety survey action points.



MPSH/HR/PLCY-005

DIVERSITY, EQUITY AND INCLUSION POLICY

M.P. SHAH HOSPITAL
A Legacy of Care

Document Number:	MPSH/HR/PLCY-005		
Document Classification:	POLICY		
Document Title:	DIVERSITY, EQUITY AND INCLUSION (DEI) POLICY		
Department:	Human Resources	Section:	All staff

S Team 6 CHKO Interview - Regret Letters 8/11/2022

Figure 3 – Diversity, Equity and Inclusion Policy




MPSH/HR/PLCY-021

WHISTLE BLOWING POLICY


M.P. SHAH HOSPITAL
A Legacy of Care

Document Number:	MPSH/HR/PLCY-006		
Document Classification:	POLICY		
Document Title:	WHISTLE BLOWING POLICY		
Department:	Human Resources	Section:	All staff
Compiled By:	Head of Human Resources	Sign...Falguni Chudasama..... 	
Approved By:	Chief Executive Officer	Sign.....Toseef Din..... 	
Effective Date:	Review Date:		
1 st July, 2021	30 th September, 2023		

Figure 4 – Whistle Blowing Policy



WORKPLACE VIOLENCE (CODE WHITE) POLICY



MPSH/HR/SQE/PLCY-001

Document Number:	MPSH/HR/SQE/PLCY-001		
Document Classification:	POLICY		
Document Title:	WORKPLACE VIOLENCE (CODE WHITE) POLICY		
Department:	ALL	Section:	ALL
Compiled By:	Assistant Medical Director		
Approved By:	HEC Committee		
Effective Date: 1.2.2021	Review Date: 1.2.2023		

Figure 5 – Work-Place Violence (Code White) Policy

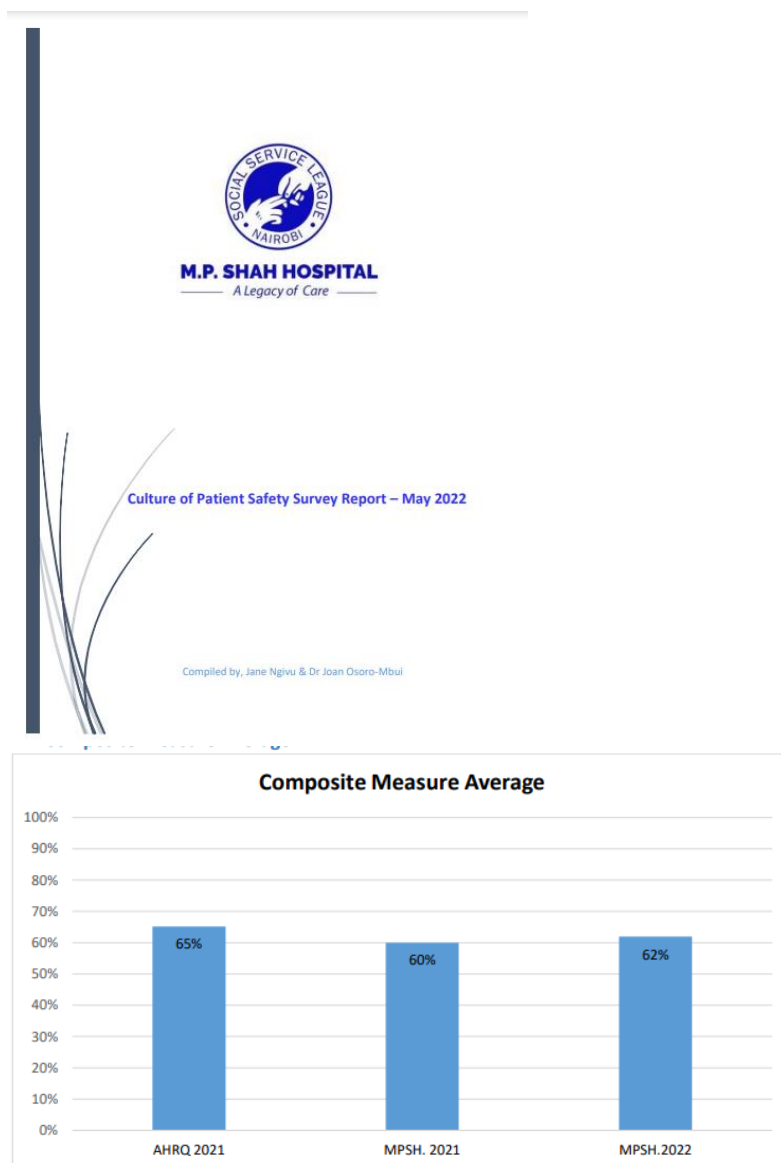


Figure 6 – Culture of Safety Report 2022

4.3 Labour

Aspects	Action Points	Outputs
Commitment	Policies <ol style="list-style-type: none"> 1. Human Resources Manual 2. 	Reviewed in October 2022
Prevention	<ol style="list-style-type: none"> 1. Stakeholder engagement 2. Prevention/ mitigation 3. Training 	<ol style="list-style-type: none"> 1. Senior management staff reviewed on ... 2. Staff trained on
Performance	<ol style="list-style-type: none"> 1. % women in leadership 2. Pay ratio 3. Injury frequency 4. Incident rate 5. Collective bargaining 	As shared in below: <ol style="list-style-type: none"> 1. Figure 7 2. Not done 3. Table 1 4. Table 1

		5. To be filled in next COP.
Response, remedial	Remediation Practical actions	<ol style="list-style-type: none"> 1. OSH training for key stakeholders held on 25th-28th October 2022 as shown in Figure 8. 2. OSH program review in 2023

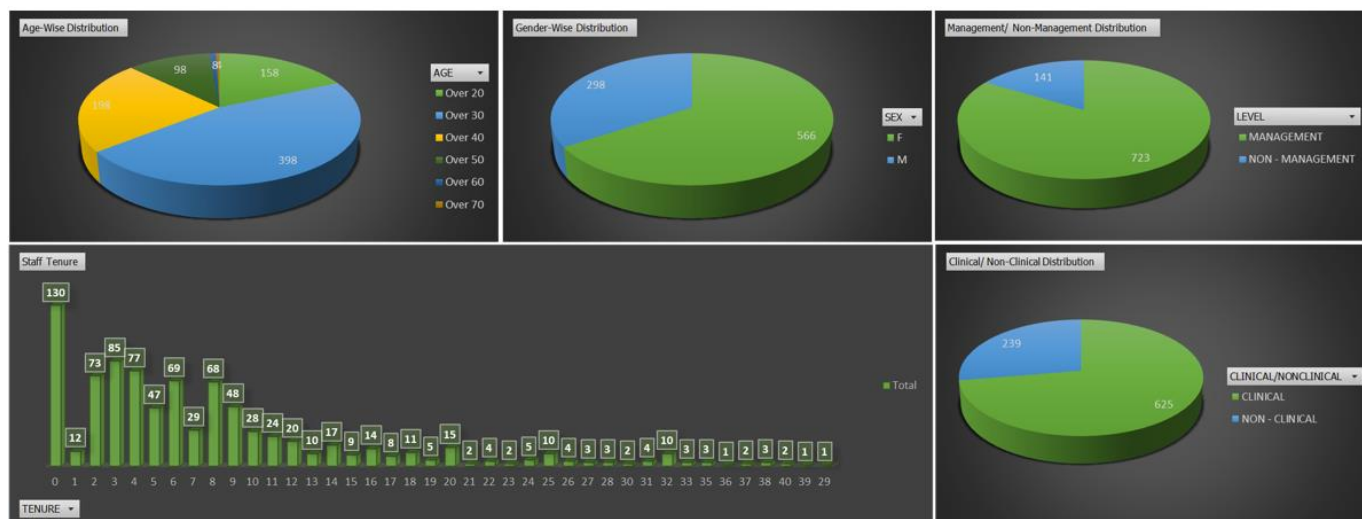


Figure 7 – Staff distribution by age, gender, tenure, allocation

FW: Occupational Safety and Health (OSH) Training

🔔 This message was sent with High importance.



ckinuthia@mpshahhosp.org

To: Joan Osoro-Mbui



Fri 10/21/2022 12:40 PM

FW: Occupational Safety and Health (OSH) Training

🕒 Occurs every day from 3:00 AM to 3:00 AM effective Tue 10/25/2022 until Fri 10/28/2022

📍 To Be Confirmed

No conflicts

📅 RSVP to all events in the series

Email organizer ☒

Fig 8 – OSH Training Calendar

Table 1 – OSH Performance

OSH Incident	Q1	Q2	Q3	Q4	Total
Needle Prick Injury	2	0	2	1	5
Injury from equipment / falling objects	1	2	2	1	6
Injury from violence	0	0	0	1	1
Staff collapse or fall	0	1	1	0	2
Total	3	3	5	3	14
Frequency Rate	0.002%	0.002%	0.004%	0.002%	0.011%
Frequency Index per 1000 employees	3.75	3.75	6.25	3.75	17.5

4.4 Environment

Aspects	Action Points	Outputs
Commitment	1. Policy	Green Policy (as shown below) – Figure 9
Prevention	<ol style="list-style-type: none"> 1. Stakeholder engagement 2. Prevention/ mitigation 3. Training 4. Progress Assessment 	<ol style="list-style-type: none"> 1. Ratified by Hospital Ethics Committee in 2021. 2. Training to all staff in 2021 and incorporation in Balanced score card through JCI score.
Performance	<ol style="list-style-type: none"> 1. Greenhouse emissions 2. R&D investment 3. Climate adaptation 4. Renewable energy 5. Paper recycling. 	<ol style="list-style-type: none"> 1. None measured yet. 2. Ongoing operational research which was presented in the first annual quality symposium in Figure 10. 3. Yet to be measured 4. Adoption of solar panels for patient showers. 5. Has been above the target of 30 kg per month. Figure 11
Response, remedial	<ol style="list-style-type: none"> 1. Remediation 2. Additional Actions. 	To begin measuring the impact of emissions in 2023.



MPSH/GEN/PRG-001

MP SHAH HOSPITAL GO GREEN PROGRAM

Document Number:	MPSH/GEN/PRG-001		
Document Classification:	PROGRAM		
Document Title:	MP SHAH HOSPITAL GO GREEN PROGRAM		
Department:	ALL DEPARTMENTS	Section:	ALL DEPARTMENTS
Compiled By:	GO GREEN COMMITTEE	Sign...	Millicent Ajoob.....
Approved by:	CHIEF OPERATIONS OFFICER	Sign...	Dr Joan Osoro-Mbui....
Effective Date:	JANUARY 1, 2022	Review Date:	JANUARY 1, 2023

Figure 9 – Go Green Program

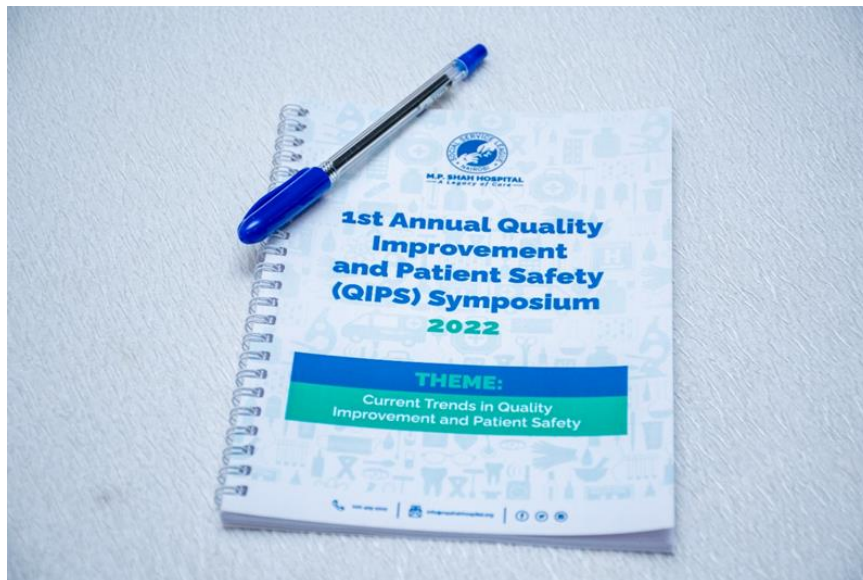


Figure 10 – Quality Improvement and Patient Safety Symposium

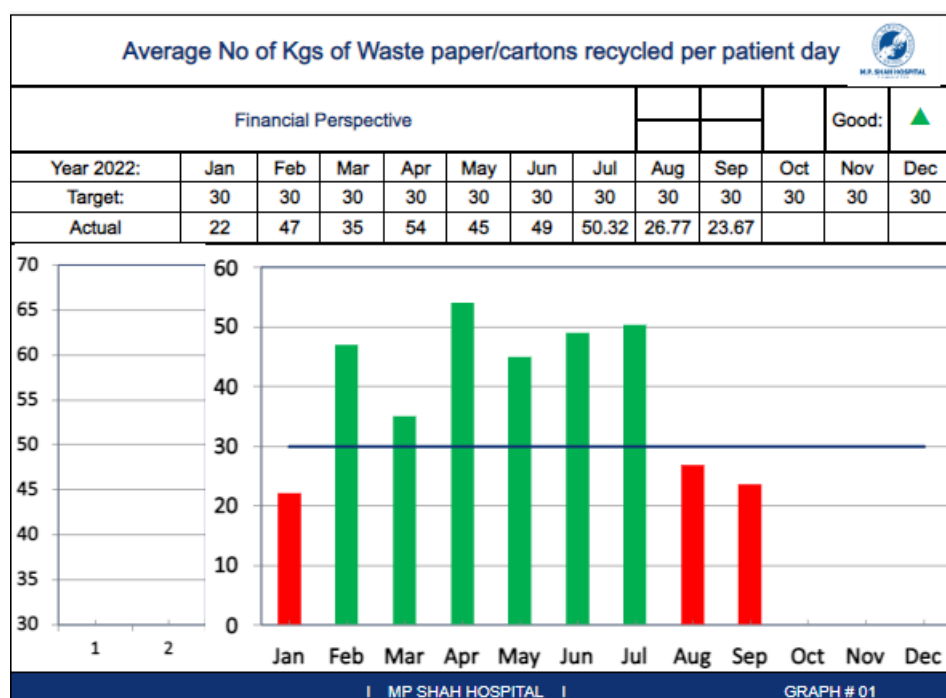


Figure 10 – Recycled Paper Waste in Kg.

4.5 Anticorruption

Aspects	Action Points	Outputs
Commitment	Policy	Incorporated in the Integrity and Ethics Policy – Figures 12 and 12a
Prevention	1. Stakeholder engagement 2. Prevention/ mitigation 3. Training 4. Progress Assessment	1. Reviewed and ratified by Hospital Ethics Committee in July 2021. 2. Training to all staff was done in 2021.
Performance		No known case of corruption picked in the period Nov 2021 -Nov 2022.
Response, remedial	1. Remediation 2. Additional Actions.	To continue monitoring.



MPSH/HR/PLCY -0001

INTEGRITY AND ETHICS POLICY

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
Document Number:	MPSH/HR/PLCY-0001		
Document Classification:	POLICY		
Document Title:	INTEGRITY AND ETHICS POLICY		
Department:	Human Resources	Section:	All staff
Compiled By:	Head of Human Resources	Sign.....Falguni Chudasama..... 	
Approved By:	Ag. Chief Executive Officer	Sign....Toseef Din..... 	
Effective Date: 1 st June 2019	Review Date: 1 June 2023		

Figure 12 – Integrity and Ethics Policy



MPSH/HR/PLCY-0001

INTEGRITY AND ETHICS POLICY

M.P. SHAH HOSPITAL
Legacy of Care

Amendment History

INTEGRITY AND ETHICS POLICY				
Amendment policy				
Date Developed	Date Amended	Conducted by	Amended by	Description of Change
1 st May, 2019	N/A	Human Resource office	Human Resource office	Newly released policy
	9 th June 2021	Internal Audit Department	Head of Internal Audit	<ol style="list-style-type: none"> 1. Current values changed as per the Executive Strategy 2. Equal treatment and Non-Discrimination point removed as it is captured under section 5 3.

¹ Code of Professional Conduct and Discipline Manual, 6th Edition, 2012, Medical Practitioners and Dentists Board² Leadership and Integrity Act No.19 of 2012

Figure 12a -Integrity and Ethics Policy