

ITEM 06

Clinical Quality and Governance Report

Contents

Aim.....	1
Recommendation.....	1
Report.....	2
Clinical Services.....	2
Governance Meetings.....	9
Quality Account.....	9
EMIS.....	10
Clinical Audit, Quality Improvement, Monitoring and Research.....	10
Joint Visits.....	10
Data Dashboards.....	11
Clinical Quality & Governance Management Plan Objectives 2025/26.....	11
Audit / QI /Research 2025/26.....	12
Clinical Complaints.....	19
Complaints Overview.....	19
Clinical Complaints: April - June 2025.....	20
Constructive feedback: April - June 2025.....	22
Records – Access Requests.....	22
CQC Notifications.....	22
Clinical Commissioning Group (CCG) Data.....	23

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

- The Team have been under pressure during much of the quarter due to absence within the team and diminished availability of volunteers over this period. Managing expectations of patients and relatives about what is feasible to offer from our service has therefore been challenging and recent amends have been made to the wording on the website regarding the service.
- The current open caseload for bereavement counselling is 30 and the figure has been stable for the last few months. The waiting list is currently standing at 24, with 12 people waiting for assessment. 12 people have been assessed and are waiting to be allocated to a counsellor. Unfortunately, with current counsellor numbers being low, it has been difficult to move people through the bereavement service.
- Volunteers during this period: Active volunteer = 2 /Inactive volunteers = 2. Previously Interviewed but due to personal circumstances were unable to start their volunteering with us during this period = 3
- Other factors that impacted the service have been annual leave and sickness from Mid-August to date for the PSS Lead.
- Measures taken: Contact made to a few known counselling establishments in the local community to initiate a closer working relationship and increase awareness of what we offer student counsellors if they were to have a placement here at St Raphaels. An advert went out via the media team for local student counsellors to contact us. We have interviewed 2 new starters to date and have 5 more interviews lined up in the next 2 weeks. There is constant flux within the volunteering team, with this in mind we are looking to increase our student/volunteer counsellor numbers to 10. We hope that at any one time we will have at least 8 that are active.
- We are reducing the number of supervision-sessions: new volunteers will now receive 1 session a month, existing volunteers are also happy with this arrangement.
- Thank you to Mel Young, one of our Counsellors who has worked 1 extra day per week to recruit new student volunteer counsellors. This has really helped to establish relationships with some colleges and have time to liaise with the new applications from students and inducting and interviewing (thank you Ginny)!
- Future planning: Work on the message that we give to patients and their families so that we can set reasonable expectations of what and when people receive support during their bereavement journey. Reduce the number of sessions that are initially offered to those who are bereaved to 6. Secure enough available room space to accommodate student counsellors for booked sessions.

- The PSS Team have now moved downstairs in 759 to be closer to the counselling rooms.

Social work

- Social work continues to have very high demand – with a flurry of younger patients with children –complex social networks, financial difficulties, many with very short diagnosis – both on the IPU and in the community
- We have been ‘thinking outside the box’ and Elisa has been looking at social work needs, to be efficient as possible to deliver the very best palliative care service we can at this time
- We have noted a significant increase in younger families with dependent children with a parent with a very short timeline, which has required a holistic approach, we have been able to be responsive but must be effective in addressing the needs of families within the timeline and the demand for the service.
- For example, in September a gentleman with a young family was referred from RMH to SRH. Seven years ago, his wife had been looked after by SRH before she died, leaving 2 young children and a young husband. The referral was for the children’s father; the children were going to be orphaned, so the SW team had to prepare to ensure the children would be cared and provided for in a safe way. This gentleman died 10 days following his referral. Community, IPU and PS teams worked together with the patient, children and relevant others to support the patient and family –ensuring legal guardianship was in place for the children –the patient, children, the guardians all received support from the SW team in navigating the situation. Elisa was able to complete direct legacy work for the children with the patient, for him to leave for his children which will support them with their grief. Support will be ongoing for this family.
- Continuing to see a significant rise in the number of children with complex needs, which are often not met within education or other services. Alison and Elisa have been using their established skills, looking at each child’s needs and tailoring the sessions to suit, to include use of buttons, drawing, use of texture, colouring, with hopefully positive results for the child’s long term emotional wellbeing.
- The SW team aims to give teenagers a calm safe space to talk, to help them to look at their emotions and the different stages of grief by using workbooks supporting them to understand and manage their feelings and their grief. We are very pleased to report £300 has been granted to the SW Team towards our children’s work from the fundraising team.
- We continue to work with local schools and offer guidance for children under our care, support patients with financial difficulties, housing issues and very complex social situations, and build our network with outside agencies to support our patients.

Wellbeing Services

- All sessions in the Wellbeing Centre remain popular and well attended. We have had a large number of external speakers as part of our strategy to empower attendees whilst at the same time engaging with the local community including:
 - Father Ben from St Cecilia’s

- St Bernard's financial charity
- Age UK
- Merton Talking Therapies
- Merton Heritage
- Pamper session
- We have also been entertained by different groups in music and afternoon tea including:
 - Morden Primary School choir
 - Vinyl Matters
 - African drummer
 - Indian dance troupe
 - Student flute player
- We hosted a very successful party for our volunteers and compassionate neighbours supported by a grant from Sutton Council/We have done a couple of Walk & Talks /Soren has undertaken an IT session for us, and we have had a chat about healthy eating and nutrition.
- In terms of outreach and actually going out to see organisations including:
 - Richard Choi (local councillor)
 - Ukrainian drop in group
 - Homestart AGM
 - Sutton Healthwatch Board Meetings

Compassionate Neighbours

- We are supporting around 40 community members at any given time (there is a turnover of course).
- We are liaising with other local charities regarding referrals.
- We are looking to expand our volunteers and the service generally.
- In October we have already celebrated Rosh Hashana and Chinese Mid-Autumn Festival and we will be marking black history month and breast cancer awareness month.
- The son of two of our regular attendees has raised around £700 + following a sponsored run.

Inpatient Unit

- The IPU has strengthened its workforce this quarter with two new RGN hires and expanded bank staff capacity in preparation for winter pressures. While we continue to manage long-term sickness challenges, operational improvements are progressing well, including the transition to 12-hour shift patterns and ongoing facilities improvements.
- Staffing Updates: we have successfully recruited two Registered General Nurses (RGNs): Patricia Mills (Part-time) – brings extensive community leadership experience to the team and Aries Buenaventura (Full-time) – joins us from a Haemodialysis background, having most recently served as Night Team Leader in residential care. Additionally, we have expanded our RGN bank pool to enhance flexibility and resilience ahead of anticipated winter staffing

pressures. HCA Paula Berry will be leaving the hospice to pursue her career as a psychotherapist. We wish her every success in this new chapter. IPU Clinical Lead Francis has tendered his resignation and will be leaving us at the end of December. Heather Dolling has been successfully appointed to the role and will be starting in January 2026.

- Shift Pattern Transition: Select IPU nursing staff have transitioned to a 12-hour shift pattern. We are actively monitoring the impact on staffing levels, continuity of care, and staff wellbeing over the next three months to inform future decisions.
- Staffing Pressures: Long-term sickness absences (current and planned) continue to impact operations. Bank staff utilisation remains elevated to maintain safe staffing levels. The Winter period is expected to intensify these challenges. We intend for our new starters to be fully operational by end of November 2025.
- Telephony System: The introduction of the new telephone system has created difficulties in capturing out-of-hours calls and messages, resulting in missed communications and complaints. Remedial actions taken include: Enhanced training sessions for all staff and strengthened night support procedures.
- Facilities Projects: Clean Supply Room Refurbishment is currently in week two of planned works. Staff have adapted well to temporary arrangements, demonstrating excellent resilience with no significant disruption to clinical workflows or patient care.
- Equipment Requiring Attention: Embrace Bed – Awaiting scheduled replacement/Cooling Blankets – Request for third unit to enhance capacity during peak demand/Bladder Scanner – Replacement required; procurement request to be submitted.
- Strategic Initiatives in Progress include SRH In-House Acuity Tool – Refinement ongoing. Target implementation across all shifts by January 2026 to support daily staffing decisions and admission planning. QIP on Medicare System – Rollout to night team scheduled following completion of acuity tool testing. Bowel Management Protocol for MSCC/Cauda Equina – Clinical pathway being finalised for introduction. HCA 12-Hour Shift Trial – Proposal under review to extend shift pattern changes to Healthcare Assistants.

Community Palliative Care Team (CPCT)

- Continues to be very busy– evidence with increased triage tasks and recurring theme of carer strain felt by team. Staff are encouraged to refer to the Sutton and Merton Doula project.
- HPOC – no significant increase in referrals, but many referrals are referred late when patients are in crisis. HPOC sometimes breaching timeline of contact to non-urgent referrals.
- Staff updates: Alexia Fisher B7 Clinical Specialist Practitioner (CSP) has now completed her probation. Tracy Christmas – Community Services Manager, has now retired and left at the end of September – she will be very much missed but will now be pursuing a self-employed career in reflexology. Laura Briant, HPOC, also left us at the end of September to take on a post as a Research Nurse in Canterbury. Karen Hammond starts in the team at the end of November – she will be in a Band 6 training post and comes to us with local community experience. Karen will be working 3 days per week.
- Naomi Stammers has moved in HPOC 3 days a week and will be doing this for the next 12 months – and then this arrangement will be reviewed.
- Kate Weldon has stepped up into Naomi’s Locality Lead role and the 3 LLs have additional responsibilities until the CSM role has been appointed to.

Activity

- **Outpatients CNS/P clinic 1st and 3rd Wednesday each month commenced June. July - 9 bookings – 6 attended – 2 cancelled by pt and 1 DNA /August – 3 booked (staffing low**

therefore one clinic day wasn't scheduled) –2 Attended – 1 rescheduled due to low staffing /Sept - 4 booked

- **** 22 calls (last qt 16)** regarding Unregistered patients mostly from LAS / DN's/ family members all OOH requesting advice.
- ****25 Fast Tracks completed** -significant increase on last quarter (16)
- ****Referrals- July was busiest month with 86 referrals)**
- **Total Caseloads 263 patients**
- **EMIS** – Heather has reviewed the majority of templates now -aim to reduce admin burden

****NB relies heavily on staff completing data capture sheet**

Education

- In June, a medicines management update was held for the community team. The update included a general refresher on administering and calculating medications and a session from the medical team about steroid use. A presentation on deafness in healthcare was provided in a Learn@Lunch session, this was open to all staff and volunteers to attend. In July, Maura Flint attended Roehampton University to provide a session for third year nursing students on EOLC and bereavement support. We received great news that an abstract submitted for the Hospice UK national conference had been accepted and we would have the opportunity to display a poster in November.
- Following periods of annual leave in August, September was busy. The team facilitated an Advanced Communications Refresher for internal medical and nursing staff- the course gives attendees the opportunity to revisit communication skills- feedback was excellent. Engaging with care homes in Sutton and Merton is ongoing, we provided a workshop on verification of expected death for registered nurses, with other sessions planned for later in the year. As part of a wider project to engage with hard-to-reach groups, the education team met with the healthcare team at HMP High Down. The team presented an introduction to end of life care as the first of four educational offers to the prison healthcare staff. At the end of September, conflict resolution training for staff who visit patients in their own homes was facilitated by an external trainer, this was attended by staff from the medical, psychological services and community teams.
- We have also been planning a preceptorship programme for one of our staff who is about to complete her RN training and supporting another staff member with Nursing Associate training.

Medical Team

Staffing

- July – September 2025 has been challenging for the medical team in terms of staffing and accommodating various types of leave including some unexpected bereavement leave. As consultants, we were routinely having to act down to cover gaps in rota, often being the only doctor on site, to ensure safe support of both our inpatient unit and community team.
- As a result, and in the knowledge that Dr Katie Taylor is not due to start her consultant position with us until August 2026, and prior to knowing if and/or how full time a registrar we may be appointed (and also if they will be required as part of the new training programme, to spend a period of time working in general internal medicine and thus absent from the hospice for a significant period of time) a decision was made to advertise for a clinical fellow position to help provide improved continuity of care predominantly for the inpatient unit.
- We were very fortunate in attracting interest from Dr Zoe Bennetton, an anaesthetic trainee who had spent a day with us earlier in the summer shadowing for experience whilst she contemplated a career change. Zoe joined the medical team in October and is settling in well – her working days will be Tuesday-Friday.
- In August, Dr Jasmine Patel and Dr Theodora Moss, GP VTs finished their placement with us, and Dr Nicole Gill replaced them, working Mondays and Tuesdays. We usually host two trainees but her colleague is on maternity leave and was due to return for the last two weeks of this rotation (ie only working 4 days with us). Given the time it takes to induct new staff we advised (for their benefit also bearing in mind a return to work after having had a baby), that they should simply start their next rotation two weeks early. Nicole ends her rotation in February and we will find out in due course if we are to host any further GP VTs. Of note, we have little to no control over what working days the GP trainees work with us here at the hospice.
- At the start of October our SpR Dr Shahlaa Walsh gained her completion of core training (CCT) and finished her final placement with us – she is now actively looking for her first consultant position. Her replacement, Dr Rebekkah Williams, joined us at the start of October from GSTT for her penultimate year of training. She is working full time and expected to spend the full year with us rotating between inpatient unit and community as her curriculum requirements dictate.
- Dr Chris Roughly, our qualified GP who has been working with us on a Wednesday has had his contract extended but with reduced hours of 9am to 3pm to facilitate his childcare needs. His support brings an invaluable wealth of GP experience and the community team have very much appreciated him as a colleague.
- Dr Busi Da Silva and Dr Ambreen Akhtar continue to provide support working 3 days and 4 days respectively, rotating flexibly between the inpatient unit and community as required.
- Dr Bethan Ap Rees, a psychiatry trainee, continues to spend time with us for her learning every Monday, and kindly provides informal advice and support for our patients and our learning.
- The on call provision shared with Princess Alice Hospice continues to work well, with regular meetings between both sites at the Monday lunchtime teaching and cross site consultant meetings.

- Consultant cover remains a risk, with both Gaby and Naomi working four days a week, however Gaby has reduced her hospital support to her previous contract of just Thursday mornings. They continue to provide phone support to the hospice on the days when there is unavoidably no consultant on site, and clear plans are in place with regards to ensuring patient care is not compromised as a result of these gaps - all new weekday admissions are seen by a consultant within 24hours.
- Since September, Gaby has taken over lead consultant/medical director duties from Naomi after her 18month tenure. Both Gaby and Naomi will continue to share supervisor and appraiser duties for the trainees and resident doctors.
- After a challenging time of short and inconsistent staffing, the medical team are looking forward to being able to engage more meaningfully in service improvement and education projects.

Audit & Research

Naomi is now leading on medical team involvement with audit, research and education.

Outcome of CHELseall study awaited – recruitment has been completed for this nationwide study into hydration at the end of life.

Recruitment to the POST survey (into opinion about terminology) ongoing.

Education

Naomi Collins continues with a Masters in Medical Leadership, City of London University (2 year course).

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.

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

Updating our KLOE is ongoing and we have recently re-started review of the 5 pillars. We expect our KLOE work will support our evidence base to demonstrate compliance. 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	Dec'25
Clinical HODs	Sep'25	Aug'25	Oct'25
Medical Business	Oct'25	Oct'25	Nov'25
Drugs & Therapeutics	Sep'25	Sep'25	Nov'25
Outcome Measurement Group	Dec'22 (no min)	May'22	Pended
Infection Control	Jun'25	Jun'25	Dec'25
Prescribers	May'25	May'25	TBA

Incidents / Accidents / Near Misses

- 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 engagement with the system continues to be healthy, from both clinical and non-clinical departments.
- An annual report for incidents has been included is part of the Management Plan objectives for 2025/26 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 October 2025. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

The Hospice Quality Account for 2024/25 was published in July 2025

EMIS

The EMIS system has been in place since May 2023. The project team includes Clinical Admin (Kelly & Dawn) who provide users with additional practical support, along with John Groom, Heather Siddall, Alex Rudkin and Dr Gaby Tamura-Rose. The group meets only periodically now as the system is embedded. The implementation of electronic prescribing in the community is not part of current planning. EMIS facilitates the data capture that supports the care planned and delivered alongside the data output that feeds into SWLICB activity review meetings.

Use of EMIS mobile provides both connectivity contingency and facilitate community engagement. Shared record access is in place with all GP practices in Sutton & Merton and the community hubs of Sutton and CLCH (Merton/Wandsworth).

Re-design of the window templates used by the CPCT to capture information has been most recently coordinated by Heather in liaison with project team members and effected by the clinical admin team.

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 at CHoDS and via the Clinical Audit and Activity Data forum (CAAD). Its next meeting is scheduled for December 2025. 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 October 2025 with inputs from the IPU and the medical team. 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 2025/26 - spanning clinical audit, quality improvement, research and data monitoring - is set out from page 11. At the start of 2025/26 we set out 25 projects for pursuit. That number now stands at 26 inclusive of 23 Audit/QI/Data Projects and 3 research -based projects. New topics in 2025/26 have included Admission Meeting, Discharge Summary and Medicare nurse call system responsiveness alongside Complementary Therapy Feedback.

Ownership is delegated across the clinical team and Quality office and the medical team projects have Dr Naomi Collins as medical audit and research overseer.

Joint Visits

Month/Yr	As % of CPCT Visits	No of Joint Visits CPCT	Total CPCT Visits	As % of Med Team Visits	No of Joint Visits involving medical team	Total Med Visits
Apr/2025	23.48%	31	132	14.81%	4	27
Mar/2025	19.33%	23	119	36.84%	7	18
Feb/2025	15.70%	19	121	52.94%	9	17
Jan/2025	10.76%	17	158	47.06%	8	17
Dec/2024	20.00%	21	105	58.62%	17	29
Nov/2024	15.45%	17	110	43.33%	13	30
Oct/2024	7.04%	10	142	36.67%	11	29
Sep/2024	7.34%	8	109	70.00%	7	10
Aug/2024	9.52%	14	147	77.78%	14	18
Jul/2024	10.76%	18	178	47.06%	16	27
Jun/2024	15.73%	28	178	32.00%	8	25

i.e. In June 2024, of the 178 face to face contacts by a CNS, 28 (15.73%) were undertaken as a joint visit with another HCP

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 2025/26 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	TC	Jan-20	To improve UCR data capture	CPCT	Yes	Weekly
20/002	NOK Details	AH	Jan-20	To improve NoK data capture	Psy / Bereavement/ 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	EL	Feb-20	To highlight patients with safeguarding concerns and track follow up	CPCT	No	Monthly
20/006	Referrals Monitoring	LB	Mar-20	To monitor and improve Referrals data capture	CPCT	No	Monthly
20/007	Referral to RIP Monitoring	LB	Mar-20	To monitor time between referral and death	CPCT	No	Monthly
20/008	Active Caseloads	NS/RT	May-20	To monitor active caseload levels	Exec	Yes	Weekly
20/009	Daily Activity Data - capacity tracker support	NS/RT	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 2025/26

DATE	Number	Complete / on-going	Into 26/27	Pended
04/07/2025	19	1 / 14	4	0
10/10/2025	19	1 / 14	4	0

Goals Completed

	Goal
3.1	Produce and maintain an audit/monitoring/research project schedule 2025/26

Audit / QI /Research 2025/26

Overview

26 live projects scheduled in 2025/2026 ; 1 pended

2025/26 Listing

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2025/26 -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 – Last published in February 2025 Report for Oct 24 – Mar 25 due in Oct/Nov 2025
2025/26 -02	IPU - Patient Satisfaction	• Priority 2 Internal 'must do' audit	IPU – F Quinon Quality Office - J Cope / A Rudkin	Ongoing - 2025 report for publication in Mar 2026
2025/26 -03	IPU – Infection Control: Environment & Hand-washing Audit	Priority 1 External 'must do' audit	IPU – D Akata-Lewis / C Foster Community - J Smith Quality Office - J Cope / A Rudkin	Ongoing - Quarterly production of graphical compliance for IPU display across Handwashing, Staff, Mattress, Environment and Sharps.
2025/26 -04	IPU - Medicines Management Audit	• Priority 2 Internal 'must do' audit	Ashton's Clinical Pharmacist	Quarterly Last published in September 2025
2025/26 -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 / Quality Office	2024 audit report published in July 2025 Data collection December – February 2026
2025/26 -06	Controlled Drugs Annual Audit	Priority 1 External 'must do' audit	R Trower	Ongoing Last published in April 2025
2025/26 -07	Admission Meeting – Process Review	• Priority 4 Clinician interest audit	Dr Charlotte / Theo – Medical Team	Reported in August 2025

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2025/26 -08	Outcome measures (Step 2- CSNAT)	• Priority 2 Internal 'must do' audit	Implementation Group Dr NC / TC	Project pended to 2026/27
2025/26 -09	Psychological Support Services Questionnaire	• Priority 4 Clinician interest audit	Psychological services DB	Jul-Dec 2024 rpt published in June 2025 Ongoing
2025/26 -10	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	For revival in 2025/26
2025/26 -11	IPU & Community & Psychological Support Services - Activity Data Dashboards Development	• Priority 2 Internal 'must do' audit	Quality Office + CAAD	Ongoing
2025/26 -12	Incidents	• Priority 2 Internal 'must do' audit	Quality Office + CHODs	Ongoing NEW annual report expected 2025/26
2025/26 -13	Falls	• Priority 2 Internal 'must do' audit	Quality Office + CHODs Mtg	Ongoing - April 2024 - March 2025 chart last produced in April 2025
2025/26 -14	Complaints	• Priority 2 Internal 'must do' audit	Quality Office + Exec	Ongoing – 2024/5 complaints review held and reported in June 2025

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2025/26 -15	Safeguarding Documentation	• Priority 3 Specialty Priority	Elisa Lunn Quality Office	Ongoing - 2024 annual report published in April 2025
2025/26 -16	Clinical Records Documentation	• Priority 2 Internal 'must do' audit	R Trower	Last Reported in Dec 2022. Re-audit in 2025/2026
2025/26 -17	Referral to the IPU Re-Audit	• Priority 3 Specialty Priority	TBA	Timeline and Lead tba with Medical Team
2025/26 -18	Caldicott - IG Sweep	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose	Annual Data collection Tool revised in May 2024.
2025/26 – 19	Advance Care Planning Re-audit	• Priority 2 Internal 'must do' audit	Dr G Tamura-Rose Tracy Christmas	Data collection underway in July 2024 Project to incorporate 2025 comparative data. Timeline tba.
2025/26 - 20	Discharge Summary audit	• Priority 3 Specialty Priority	Dr K Taylor	2025/26 report published in June 2025
2025/26 - 21	IPU- Medicare Call Bell - Responsiveness	• Priority 3 Specialty Priority	F Quinon	Reported in August 2025
2025/26 – 22	Clinical Pharmacist Prescription Chart Error	• Priority 2 Internal 'must do' audit	F Quinon / Quality Office	Data Collection Underway
2025/26 - 23	Complementary Therapy - client satisfaction survey	• Priority 3 Specialty Priority	A Angarita / Quality Office	2024/25 report published in June 2025
2025/26-24	DNACPR re-audit	• Priority 2 Internal 'must do' audit	Dr B Da Silva	
2025/26 - 25	Patient 'label' research project - the PhD project for a Pall Care SpR in Our Lady's Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall	Research participation	Dr N Collins	Data collection started in November 2023 (whole project nationally to recruit 383 patients across 7 sites).

Project Ref.	Title	HQIP Prioritisation	Lead	Status
	Care Consultant at Royal Surrey County Hospital, is UK lead.			
2025/26 - 26	National study examining the metabolites present in urine specimens towards the end of life.	Research participation	Dr N Collins	St Raphael's have registered interest in contributing
2025/26 - 27	Experiencing a good death in Hospice	Research participation	Dr G Tamura-Rose	GTR consent for zoom interview submitted in June 2025

Clinical Risk Management

Clinical Unexpected Incidents : Overview of incident data for January – September 2025 is shown below:-

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	2025	2024	2023
Admissions to IPU	16	16	20	13	13	12	18	19	19	146	211	207
Discharges	4	6	6	7	4	7	3	1	3	41	33	
RIPS on IPU	7	13	13	6	9	6	15	15	16	100	169	
Beds	10	10	10	10	10	8	10	10	10			
Bed Occupied Days	244	235	223	265	286	201	234	222	265			
Bed Available Days	310	280	310	300	310	240	310	310	300			
Bed Occupancy (10 beds)	78.71%	83.93%	71.94%	88.33%	92.26%	83.75%	75.48%	71.61%	88.33%			
CD Medication Incident	1	2	2	2	3	1	1	2	6	20	22	42
CD Medication Near Miss	0	0	0	0	1	0	0	0	0	1	2	1
Non-CD Medication Incident	0	2	2	7	1	3	0	1	1	17	8	23
Non-CD Medication Near Miss	0	0	0	0	1	0	0	0	0	1	0	0
Pressure Sore on Admission	3	7	2	1	1	0	4	3	4	25	34	30
Pressure Sore during Admission	0	0	3	2	2	3	3	3	2	18	27	16
MASD ON Admission	0	0	0	1	0	0	0	0	0	1	2	1
MASD DURING Admission	0	0	0	0	0	0	0	0	1	1	2	1
Sharps/Splash	1	0	0	0	0	0	0	1	0	2	0	3
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0
Infection	0	0	0	0	0	0	0	0	0	0	1	3
Unexpected Transfer	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
Staffing	0	0	0	0	0	2	0	0	0	2	2	0
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0
IG	0	0	0	0	1	0	0	0	0	1	8	15
IG near miss	0	0	0	0	0	0	1	0	0	1	0	3
Manual Handling	0	1	0	0	0	0	0	1	0	2	1	0
Slips, trips, falls	1	1	3	2	2	1	0	1	0	11	32	14
Falls near miss	0	0	1	0	0	1	0	0	0	2	0	6
Verbal Violence (Pt)	0	1	1	1	0	0	0	0	0	3	1	1
Verbal Violence Rel)	0	0	0	1	0	0	0	0	0	1	2	
Physical Violence (Pt)	0	0	0	0	0	0	0	0	0	0	1	2
Physical Violence Rel)	0	0	0	0	0	0	0	0	0	0	1	
Impact, Bump, Cut, Spillage	0	0	0	0	0	1	0	0	0	1	1	0
Burn/Scald	0	0	0	0	0	0	0	0	1	1	1	1
Lone Worker Device Triggered	0	0	0	0	0	0	0	0	1	1		
Equipment	0	0	0	0	0	0	0	0	1	1	1	2
Equipment (near miss)	0	0	0	0	0	0	1	0	0	1	0	2
Doctor On Call	0	0	0	0	0	0	0	0	0	0	0	1
EXEC Out of Hours Call	0	0	1	1	3	1	0	0	0	6	21	5
NEAR MISS - CLINICAL FOLLOW UP	1	0	0	3	4	0	2	0	0	10		
MISSED CLINICAL FOLLOW UP	0	1	0	0	0	0	0	0	0	1		
IPU TELECOMMUNICATIONS	0	0	0	0	0	0	0	5	0			
OTHER -	0	0	2	3	2	5	0	1	2	15	15	11
MAD Alerts (re SRH)	0	0	0	0	0	0	0	0	0	0	0	2
* Incidents reported to Community –	0	1	2	1	0	0	0	1	0	5	3	7
* MAD Alerts (incl. in Community:non-	0	0	0	0	0	0	0	0	0	0	0	3
Total 2025 *excluded	7	15	17	24	21	18	12	18	19	151		
Total 2024 *excluded	16	11	9	18	24	17	25	17	19		185	
Total 2023 *excluded	26	8	31	7	24	12	4	15	20			192

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	2025	2024	2023
Admissions to IPU	16	16	20	52	13	13	12	38	18	19	19	56	0	0	0	0	146	211	207
Bed Occupied Days	244	235	223		265	286	201		234	222	265		0	0	0				
Bed Available Days	310	280	310		300	310	240		310	310	300		0	0	0				
Bed Occupancy	78.71%	83.93%	71.94%		88.33%	92.26%	83.75%		75.48%	71.61%	88.33%		0.00%	0.00%	0.00%				
Fall No Harm	1	1	3	5	1	2	0	3	0	0	0	0				0	8	26	11
Fall Low Harm	0	0	1	1	1	0	0	1	0	1	0	1				0	3	6	3
Fall Moderate Harm	0	0	0	0	0	0	1	1	0	0	0	0				0	1	0	0
Med Level 0	0	2	0	2	2	2	1	5	0	0	2	2				0	9	9	32
Med Level 1	1	2	4	7	5	2	3	10	1	3	5	9				0	26	23	34
Med Level 2	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0	0
Med Level 3	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0	0
Minor (No Harm or Low Harm)	2	3	4	9	11	12	10	33	4	8	5	17				0	59	56	62
Moderate (Moderate Harm)	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0	0
Serious (serious Harm)	0	0	0	0	0	0	0	0	0	0	0	0				0	0	0	0
Pressure Ulcers	3	7	5	15	4	3	3	10	7	6	7	20				0	45	65	50
Totals 2025	7	15	17	39	24	21	18	63	12	18	19	49	0	0	0	0	151		
Totals 2024	16	11	9	36	18	24	17	59	25	17	19	61	14	9	6	29		185	
Totals 2023	26	8	31	65	7	24	12	43	4	15	20	39	13	23	9	45			192

Clinical Complaints

- There have been 3 clinical complaints received in and between July and September 2025.

Complaints Overview

2025 - Complaints	CPCT / Care	CPCT / Comms	CPCT Care & Comms	IPU Care	IPU Comms	IPU Care & Comms	Counselling Comms	Bereavement Comms	Reception Comms	Volunteer Services Comms	Retail/Shop Comms	HR	Total	UPHELD in Whole or Part
January			1				1						2	1
February								1					1	1
March										1			1	1
April	1										1		2	1
May											2		2	2
June													0	n/a
July			1								4		5	3
August											1		1	0
September	1					1							2	2
October														
November														
December														
2025	2		2			1	1	1		1	8		16	11
2024	0	1	0	0	0	0	0	0	0	1	17	0	19	17
2023	1	4	0	1	4	0	0	1	1	0	10	0	22	20
2022	3	0	0	2	3	0	0	0	0	0	0	0	8	6
2021	4	5	0	1	1	1	0	0	0	1	0	0	13	12
2020	4	1	0	2	3	1	0	1	0	0	1	2	15	14

Clinical Complaints: July - September 2025

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2025/11	Daughter	14/07/2025	<p>Patient's daughter provided a letter with her VOICES return highlighting a number of issues that she had had with her father's care (Id 2326). Overall VOICES rating was GOOD. Daughter happy to be contacted for follow up on her comments. In summary, these included:-</p> <ol style="list-style-type: none"> 1. Disappointed that H@H was not available. 2. Arrangement of night time cover problematic. Father lived in Sutton, GP in Merton. Merton DNs finished at 16.30. Marie Curie advised that SRH should provide night time cover. (Daughter under assumption that we used to provide night time cover but had stopped this). 3. Lack of communication between GP, DNs and SRH meant for daughter chasing up things many times. 4. Incident with his private carers following patient fall and inability to get him back into bed leading to a 999 call out for the ambulance crew to attend which it didn't leading to daughter plus neighbour 'easily' getting him into bed. Why does SRH not provide help after 5pm? 5. Appreciated the telephone advice received to deal with her father's nose bleed on a Sunday. 6. Lack of communication between different depts in getting CHC funding an difficulty in organising the assessment. GP advised it was SRH to do, SRH advised it was GP to do. When it was done by a Merton DN they didn't communicate with daughter and it was turned down twice. Felt SRH could have pushed more for it. In the end it was awarded but just for one week. Didn't like the assessment process. 7. Upset by the advised use of Midazolam and the consequent use of the maximum dose by the DNs. Felt the dose was too high and it completely knocked him out, never opened his eyes or spoke to the daughter again, only ever shaking his head. Never got to say goodbye and felt he was overdosed. 8. Would have preferred the questionnaire within 3 months of death rather than in month 4 post RIP (AR : nb. customary to send out between 4-6 months post RIP; this survey was posted on 26 June 2025) 	Community Care/Comms	<p>CD responded by letter on 25-07-2025 following phone call with complainant whose issues were related more so to the wider community provision of support/communications external to SRH being fragmented at times and her feeling as she was battling on her own.</p> <p>As discussed, the limitation in resources contributed to this. SRH Hospice at Home team had to cease last year due to a lack of funding and this is a service that would have been of benefit to her and her father. CD expressed that we are sorry that we were unable to provide this support. In addition, as CD explained, St Raphael's Hospice has never provided overnight care in the community and the daughter had been misinformed by another team that this is something we could offer.</p> <p>Also discussed was the dose of midazolam that her father was given by one of the District Nursing Team, which had been prescribed following advice from St Raphael's in the event of a large bleed leading to distress. Although this dose was within the safe national prescribing guidelines, it was not intended to be given if her father was not in distress. It is difficult to know whether the medication alone led to her father's deterioration in responsiveness but we have fed back to the District Nursing Team that the dose prescribed was intended only if he was distressed.</p>	Not upheld

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2025/14	Wife	01/09/2025	<p>Verbal complaint from family</p> <p>Issues raised:</p> <ul style="list-style-type: none"> - 2 hours until patient was attended to after call bell pressed - issues around preparing patient for bedtime - identification of impending death not communicated to patient's NOK - wrong phone number on system so could not contact NoK to let know patient had died 	IPU Care & Comms	<p>IPU Lead phone call to wife to discuss events, offer apologies for her loss and for events around his death. Discussion re coroner case for mesothelioma. Offered details of written complaints process - will be writing formal complaint in due course</p> <p>Awaiting written complaint.</p> <p>1st October 2025 : Clinical Director telephoned wife to follow up regarding the incident on the IPU. CD apologised that wife had felt let down and for our errors with regard to her contact number. She asked CD to explain what the errors were and what we have done to change our processes which she did. Wife accepted this but went on to discuss events earlier in the evening of the night husband died. She says she asked a nurse to help to move her husband but was told she would need to wait for 2 HCAs. She waited for half an hour and no one came - she pressed the buzzer again and had to wait a long time - she said the buzzer tone and frequency changed three times whilst she was waiting which indicated how long she had to wait. CD apologised for this and wife said she will be putting all this in writing but appreciated the CD's telephone call and apology. Partner wanted to reiterate that the day staff were all wonderful and she couldn't fault them.</p> <p>Discussed bereavement support - wife and her sons do not want this. Happy for her husband's name to be put in the BOR but for no other contact.</p>	Upheld
2025/15	Daughter	22/09/2025	<p>Telephone call to daughter after her raising concerns to triage. In summary, the hospice hasn't met her expectation as she felt today's visit was arranged to meet her and discuss her concerns rather than review her mum. Community Manager explained we couldn't offer an afternoon visit on today's working capacity. She stated she doesn't need to be present at visits to review her mum. She was upset that on the initial assessment it wasn't felt her mum would meet FT. CHC FT has now been awarded - carers had wrong telephone number for family - advised by carers this was given by hospice. Hospice literature pointed to H@H - service no longer available. She doesn't feel we have addressed her mum's psychology or physical symptoms as she feels we have had minimal input. She cannot understand what we offer. Manager apologised and recognised the burden of being the informal care giver / coordinating care / services and understood that care systems were difficult to navigate and rarely seamless - Manager expressed the importance of this call having a positive outcome to benefit us both. Daughter was emotional - Manager recognised she wants the best for her mum. Daughter declined referral to PSST</p>	CPCT Carer Support	<p>CPCT Manager has telephoned the daughter - see details of complaint</p> <p>Offered to raise complaint to CEO - Daughter was unclear</p> <p>Joint CNS visit Wednesday 24th Sept - review if further input to complaint is required.</p> <p>Patient died 30th Sep.</p> <p>Daughter wants no further action.</p>	Upheld

Constructive feedback: July - September 2025

ID	FROM	DATE RECEIVED	DETAILS OF CONSTRUCTIVE FEEDBACK	ACTION TAKEN SUMMARY
2025/06	Visitor	22/09/2025	Main Hospice feedback box - The door out to the orangery is very heavy to open when you are pushing a wheelchair. Maybe an accessibility door as a person alone in a wheelchair would not be able to access the courtyard and orangery	

Records – Access Requests

Between July and September 2025, we have had and two LeDeR sharing request.

	DSARs	Access To Health Records	Sharing	Care Cost Summary
2025	0	1	2	0
2024	4	1	4	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	

CQC Notifications

Between July and September 2025, there have been 7 serious injury notifications made to the CQC concerning 2 x pressure sore grade 3 on Admission, 3 x DTI on Admission and 2 x DTI during Admission.

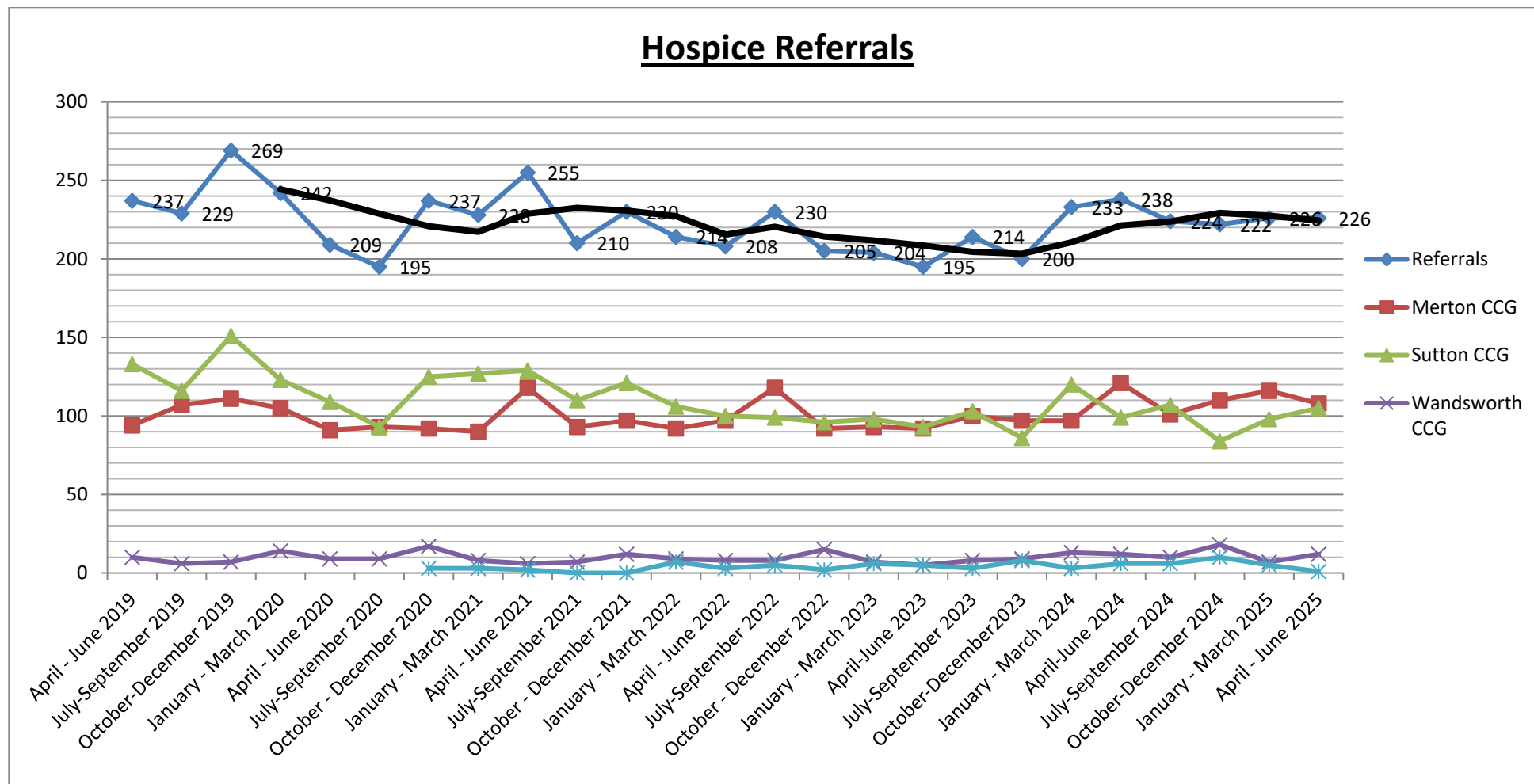
Between July and September 2025 there have been 5 safeguarding notifications made to the CQC

	Serious Injury	Safeguarding
2025 Jan - Sep	11	9
2024	30	8
2023	21	13
2022	9	21
2021	10	19

There have been no safeguarding notification raised against St Raphael’s in 2025.

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.



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