

**St Raphael's Hospice**  
**Meeting of the Clinical Quality & Governance Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call**  
**access**  
**At 10:00 on Friday 17<sup>th</sup> October 2025**

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

In attendance: Rebecca Trower – Joint CEO (RT)  
Alex Rudkin – Director of Quality and Governance (AR - virtual)  
Karen Monaghan - Governance (KM - virtual)

Item	Action	Responsible	Timeline	Ref.
3.	RT to continue inclusion of positive feedback in monthly staff e-newsletter and external channels.	RT	Ongoing	17.10.25/01
5.	Add industrial-action & 10-Year Plan impacts to Risk Register	AR	January 2026	17.10.25/02
5.	Report 12-hour shift pilot outcomes	RT	January 2026	17.10.25/03
6.	Re-audit clinical record documentation	RT	Ongoing	17.10.25/04
6.	Include pressure-ulcer audit in programme	AR	January 2026	17.10.25/05
6.	Develop policy RACI table	AR/RT/NM	TBA	17.10.25/06
6.	Categorise policies requiring Board approval	NM/AC/NS/RT	TBA	17.10.25/07
7.	Executive Committee to design and present Change Management Assurance process to CQ&G for approval	RT/BM	January 2026	17.10.25/08
8.	Add Safeguarding Policy scrutiny to January agenda	KM	January 26	17.10.25/09

**1. Welcome, apologies for absence and declarations of interest**

The Chair welcomed everyone to the meeting. There were apologies from Dr Naomi Collins and Dr Gabrielle Tamura-Rose. Nick Stevens did not attend as the meeting is being held on a non-working day. The meeting was confirmed as quorate.

## **2. Review of minutes from 11<sup>th</sup> July 2025 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising**

The minutes of the meeting were reviewed and approved as an accurate record. All actions at that meeting were confirmed as complete or in progress.

## **3. Evidence of Excellent Practice Register**

The Committee reviewed the latest positive feedback, commending the recent recognition from a Clinical Nurse Specialist for Care Homes highlighting excellent partnerships between hospice teams and the local Coordination Hub. RT and a colleague will meet the Hub lead to clarify service boundaries and strengthen collaboration across primary care. Members also noted feedback about the new volunteer hypnotherapy service, which has proven popular and fully booked through referrals.

CC emphasised the value of highlighting such comments to illustrate learning and improvement of culture. The Communications Team will continue to feature quotes in staff and public newsletters, subject to consent. The Committee also recorded appreciation for the sustained quality of professional and patient feedback, noting that peer recognition from clinical colleagues provides strong assurance of culture and standards.

**Action: RT to continue inclusion of positive feedback in monthly staff e-newsletter and external channels.**

## **4. St Raphael's Hospice staffing update**

The period between July – September 2025 has been challenging for the medical team in terms of staffing and accommodating several types of leave including some unexpected bereavement leave. Consultants routinely had to act down to cover gaps in rota, often being the only doctor on site, to ensure safe support of both the inpatient unit and community team. However, more recently there has been increased stability in Consultant Cover, with a new full-time Registrar and a Clinical Fellow with an anaesthetic background now in post, with Dr Chris Roughly supporting the community team one day per week. This has provided a more sustainable rota, enabling strategic work on service development.

## **5. Clinical Risk Register**

The Committee noted that the Workforce Capacity Risk is still rated as high, though there have been improvements. Vacancies are minimal, and morale has also improved. There continues to be close collaboration with Merton on the End-of-Life Team, whilst liaison with Sutton remains less developed, although plans are in place to address this.

The 12-Hour Shift Pilot has been introduced in IPU to reduce excessive overlap between early and late shifts and to improve continuity of care. Pilot feedback so far is positive, but sickness and fatigue levels of the team will be monitored. The pattern will remain optional alongside 7.5-hour shifts. Registrar supervision requirements have been reviewed, and compliance is confirmed. NM sought reassurance that consultant capacity was sufficient, which RT confirmed it is, with contingency via the UK support network if required.

The Committee discussed external factors which could impact staffing. It was confirmed that Junior-doctor industrial action and the Government 10-Year Plan (“Hospital to Community” / “Analogue to Digital”) have been added to the risk register. The Committee requested continued oversight of related policy implications. It also noted that while risks remain, controls are effective, and trends are stable to improving.

### **Actions:**

- **AR to Add junior-doctor industrial action and 10-Year Plan impacts to Risk Register.**
- **RT to provide a summary of 12-hour shift pilot outcomes to the January 2026 meeting.**

## 6. Clinical Quality & Governance Report; Clinical Action Plan; Quality Account

RT provided an overview of the report and the Committee noted the following key points:

Psychological Support and Social Work: The Lead Counsellor remains on sick leave, but interim arrangements are functioning well. Mel Young, Counsellor, has taken an extra day weekly and recruited 10 student counsellors, improving capacity. Bereavement sessions have been reduced from 12 to 6 (from 1 November 2025) with optional extension per clinical judgement. A donation-based model has been introduced with a minimum suggested donation of £10. The Social Work Team (Lisa & Alison) is managing increasing cases involving young families and children, showing resilience and collaborative work despite demand. External supervision and regular MDT engagement remain in place.

In-Patient Unit (IPU): Following Francis Quinon's resignation (effective Dec 2025), Heather Darling appointed to commence in the IPU in January 2026.

Facilities and Environment: The Clean Supply Store project is near completion with a new electronic access audit in place. New doors, windows, and individual air conditioning for single rooms have been installed. Work has begun to decommission the mortuary to create a multi-faith space. A removal protocol has been agreed with local funeral partner (True Love Funerals). With the new cooling systems in place for single rooms, this will help to allow families longer with loved ones without affecting bed capacity.

Community and Outpatient Service: The Doula Project pilot has expanded to Sutton and Merton, with staff encouraged to refer patients for additional end-of-life support. Referrals spiked in July/August 2025 (especially from Sutton GPs). The cause is being explored. Outpatient clinics are now held twice per month, with the attendance goal of 20 met early. This initiative helps free community nurses for home visits. The Committee discussed the continuing healthcare funding delays. RT advised that the four South West London hospices are engaging with the ICB to seek delegated authority. There is also the potential for AI-supported form completion, which will be explored.

Education and External Engagement: The Advanced Communication training and Non-Medical Prescribing day were successfully delivered. RT and John Groom are to present on managing the cyber incident at the Hospice UK Conference and IT in Hospices Conference. The organisation has also been short-listed for Volunteer Gardener of the Year.

Data and Incidents: Incident numbers remain within the expected range, with no serious incidents since July. There have been two communication-related near misses linked to the new telephone system, which have been resolved following training. RT advised that the Documentation Audit which last took place in 2022 will be re-run to ensure records remain concise and objective.

Complaints and Learning: One complaint upheld was regarding a delay in responding to the call bell and use of an incorrect contact number. The root-cause analysis has been completed, noting a process error which has now been corrected. A full apology has been issued. The Committee recognised the quick response to the incident and that an emphasis is placed on learning culture. It was acknowledged that staffing ratio reviews show alignment with Hospice UK safe staffing guidance (5:10 early, 4 late, 3 nights). However, dependency levels are to remain under review.

Quality Improvement and Outcome Measures: Implementation of IPOS (outcome measures) deferred to FY 2026/27 due to capacity and change management priorities. The phase-of-illness and other metrics continue to provide assurance. The Committee took assurance that clinical governance systems remain robust and responsive. AR reported on the safeguarding activity and policy review.

The Committee noted that there are 190 policies now logged in the central index. The Clinical team leaders have reviewed a substantial portion in September. The Committee discussed appropriate levels of trustee and committee oversight for major policies (e.g., Adult Safeguarding, Clinical Governance Framework). It was agreed that a map of policy ownership and approval routes using a RACI-style matrix (responsible, accountable, consulted, informed) should be created.

This would ensure that Trustees receive assurance that policies are current and fit for purpose without duplicating executive functions. All policies would then be allocated to either the Committee or Board for approval as appropriate.

**Actions:**

- **RT to re-audit clinical record documentation**
- **AR to include pressure-ulcer audit in CQ&G programme**
- **AR/RT/NM to develop a policy RACI table indicating ownership, approval, and reporting responsibility**
- **AC/NM/NS/RT to meet and categorise policies requiring Board or Committee approval**

**7. Minutes of internal meetings and audit reports**

The Trustees requested suggestions on improving change management, emphasising the need for reassurance that the Executive Committee regularly reviews all ongoing changes. It was discussed how external changes might impact internal operations, especially when staff are involved in multiple initiatives simultaneously. This was identified as a broader governance issue, and it was proposed that a standing item be added to the Executive Committee agenda to review the overall change portfolio and assess potential unintended consequences of new systems.

The Trustees asked the Executive Committee to develop operational proposals for approval at the next meeting, which could then be submitted to the Board. BM will meet with the Executive Committee to agree on what this process should look like and clarify it for the Board.

**Action: Executive Committee to design and present Change Management Assurance process to CQ&G for approval.**

**8. Any Other Business and Dates of future meetings**

Sector Engagement: RT reported a positive meeting with Katy Fisher (CEO, SW London Hospices Network) and new links with regional ICB leads on frailty and end-of-life priorities.

Safeguarding Policy Scrutiny: It was agreed that the discussion on this policy should continue at the next meeting.

**Action: KM to add Safeguarding Policy scrutiny to the January agenda**

Dates of Next meetings: The proposed date of the next meeting was confirmed as Friday 16<sup>th</sup> January 2026 from 10am-12pm in person at St Raphael's. Apologies in advance from BM were noted. Remaining planned dates for 2026 were confirmed as: Friday 24<sup>th</sup> April 2026; Friday 10<sup>th</sup> July 2026; Friday 25<sup>th</sup> September 2026.

*The meeting ended at 11.50am.*

Approved.....

Date.....