

ITEM 05

Clinical Quality and Governance Report

Contents

Aim.....	1
Recommendation.....	1
Report.....	2
Clinical Services.....	2
Governance Meetings.....	8
Quality Account.....	8
EMIS.....	9
Clinical Audit, Quality Improvement, Monitoring and Research.....	9
Joint Visits.....	9
Data Dashboards.....	10
Clinical Quality & Governance Management Plan Objectives 2025/26.....	10
Audit / QI /Research 2025/26.....	11
Clinical Complaints.....	18
Complaints Overview.....	18
Clinical Complaints: April - June 2025.....	19
Constructive feedback: April - June 2025.....	19
Records – Access Requests.....	20
CQC Notifications.....	20
Clinical Commissioning Group (CCG) Data.....	22

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

- During this quarter, we welcomed a new counsellor, Melanie, who started in April. She has successfully integrated into the team and is settling in well.
- To address the increasing complexity of referrals and the growing number of home visits, we have adjusted our duties, despite our aim to reduce home visits due to the pressure they place on our resources.
- Our team needs to adapt our capacity to meet demand, which has led to an increase in the waiting list. Referrals continue to be allocated based on the date received and their urgency.
- Bereavement Service: Diana has delegated some responsibilities for supervising student counsellors to Melanie, who has successfully completed her Diploma in Supervision.
- Recruitment for placement counsellors is ongoing.
- We had six students on placement in that period, 2 ongoing supervision groups. Two volunteer counsellors going through checks waiting to commence their placement.
- One counsellor's appointment has been put on hold due to personal bereavement. The other qualified volunteer counsellor is to start in July.
- One volunteer counsellor (Debra) left in June moving into her further career development after two years of service in our counselling team.
- Prison Project: A further meeting was held to finalise the provision of bereavement support at HMP High Down for the last quarter of the funded project. We are awaiting confirmation of the start date, as the counsellor recruited for the Prison Project (AF) will need to receive Prison Clearance before commencing work.

Social work

- Increasing demand for our services and a number of complex cases.
- On the 1st of May – we arranged a Hospice wedding, supporting the family with paperwork required in a timely manner to include organizing the registrars to provide the legal requirement. We sourced a selection of wedding dresses and a maid of honour dress from our retail team. The patient picked a beautiful dress which was then gifted to her from St Raphaels. The patient really wanted to have a tiara on her wedding day – there were none in our shops, so through our network, a local bridal shop was contacted and we requested to loan one, but when they heard the story, they kindly gifted a tiara to the bride. In addition, the local business would like to support SRH in the future. Alison and Elisa supplied and prepared her wedding bouquet and flowers. The housekeeping team and our volunteers turned the Orangery into a beautiful wedding venue. The hospice team really pulled together to make this such a wonderful day. The patient has since died on the IPU and the family will be followed up to offer bereavement support.
- We continue working directly with the community team, attending all MDTs – significant increases in joint home visits required due to social complexities of the patient under our care.

- Steady increase in complex housing issues for our patients – supporting families. This will remain an ongoing issue due to housing shortages
- Several cases of minors needing input and support (children under 18) whereby there is no clear adult with parental responsibility for the child/ren, when the parent die. We are working with lone parents with no support network – liaising with the relevant authorities to put a safe plan in place for the child.
- Working with families in a very sensitive way to support their children – how to tell your children you are going to die and eg preparing letters for the children for later in life or whatever the patient wishes to do for a legacy.
- Continued joined up working with the IPU team when working with complex families.
- IPU staff are proactive in offering fingerprints for families following death of their loved one, which was put in place by SW Team which is gratefully received by the families.
- With regard to safeguarding, the recent audit demonstrated that the hospice wider team is meeting all statutory targets.

Wellbeing Services

- The first week of May was Dying Matters week which we marked by creating painted memory tiles and pebbles.
- May also saw Dementia Awareness Week which we marked with open discussions on the subject and an art project painting forget-me-nots.
- Live music has been popular : Vinyl Matters played in April and May and we had Cheam Fields school choir in June. We also had a school visit in early May from St Ceceilia’s to mark May / Mary Day.
- Our Living Well Sessions have increased in popularity. Perhaps in part due to the wide range of speakers and topics covered. These have included: Sutton College, Merton Heritage, Merton Talking therapies and the local police community support officers. We have been encouraging exercise with our weekly yoga sessions but also a couple of “Walk & Talks” and a popular session lead by our OT team. A small group was taken on a fun trip to the V&A facilitated by our volunteer Graham. We have also had a couple of fun and popular pamper sessions run by our volunteer Chris Cardy.
- External outreach has included attendance at the Wallington Wellbeing Fair, presenting to Wimbledon Guild, attending Together for Sutton and the St Helier Away Day.
- VE Day was the busiest day in the Wellbeing Centre to date with full morning and afternoon sessions enjoying nostalgic music and crafts.

Complementary Therapy services

- We continue to deliver a high-quality complementary therapy service offering aromatherapy, reflexology, massage, Reiki, and now Hypnotherapy to patients and carers. With a team of five committed volunteers, we are currently at full capacity. This has allowed us to extend our presence to the Inpatient Unit and offer aromastick inhalers to patients in the community.

- We successfully carried out our first-ever Complementary Therapy Feedback Survey, receiving fantastic responses that clearly demonstrate the positive impact of our work. Ana has distributed it to the Wellbeing and Complementary Therapy Teams.
- Ana had the honour of presenting remotely to a group of reflexologists in Australia on the role of complementary therapy within a hospice setting. Thank you for your support in making this possible—it was a meaningful opportunity to share our work internationally.
- Ana has been invited to write an article for the International Federation of Professional Aromatherapists (IFPA) magazine, reflecting on therapist self-care in palliative care for their upcoming themed edition.
- We took part in Nurses Day, offering treatments to staff and distributing aromasticks—an initiative that was very well received.
- All our volunteers are now fully trained in EMIS, improving communication and coordination within the wider clinical team.
- Ana has collaborated with the Education Team to organise a combined training and appreciation day for our volunteers, scheduled for September.
- Currently liaising with external teams to explore potential models through which the complementary therapy service could begin to generate additional income in a fair and sustainable way. This is ongoing.
- Working with Natalie Page (HR) to explore offering wellbeing workshops for staff. Ana is doing some research into this. Ongoing.
- Soon to be liaising with Dr Gabrielle Tamara-Rose regarding including basic medical information in EMIS for Royal Marsden Hospital patients referred specifically for complementary therapy. This can help the wider team to stay informed and support joined-up care.
- Ana has also worked closely with David Morris and Isabella Reed in Fundraising to plan and seek support for the upcoming Prepare to Sleep programme.

Inpatient Unit

Recruitment

- RN B5 Permanent: we recruited one substantive post. She will be working short shift pattern 7.5 hrs.
- RN B5 Bank: We recruited four RNs to the post. Two RNs have successfully done their orientation of the ward and the remaining 2 will be joining us next week.
- HCA Bank: We have recruited four - one has started working for us. One will be inducted next week and two others are awaiting clearances.
- There has been quite a bit of sickness in the last quarter with some long term and some short term, this was also compounded by too many staff on AL. This has been addressed with the senior staff – and they will be communicating more closely with one another before agreeing leave on days and night shifts.
- Lisa Bentley has resigned her post on 10 June as she has moved area
- **Clean Supply refurbishment**- designs have been drawn up and considered by the senior staff nurses with some recommendations made. The plan is currently in place for moving the clean supply to Room 12 whilst the work is underway.
- **Mortuary Decommissioning** – discussion about the SOP which includes cooling blankets needed, storage, viewing protocols and back up plans when collection of the body is delayed and process for when the patient is for potential coroners review.
- **Changing room** – Staff has no issues with proposed design.

- **Medicare Call Bell System** : Datix Investigation has been enhanced with the use of data derived from the system. A better understanding of the response time can be noted using the system. QIP around this is currently being looked at as data is being scrutinised.
- The **Embrace Bed** has now been delivered. This is a bed that allows couples to sleep together in the same bed. This was purchased through funding via our Philanthropy manager has an additional feature which is a weighing scale.
- We are now using the newly acquired syringe drivers.
- We have been working closely with Education Team to conduct an acuity tool testing using our current tool and a couple of other tools derived from other hospices to compare ease of use, and appropriateness to the ward.
- We held a general ward Meeting July 2 -The primary objective of this meeting was to look at the current shift pattern and evaluate if it is efficient for the ward. We will explore options of how we can cut down on unnecessary nursing hours.

Community Palliative Care Team (CPCT)

- Generally felt to be very busy for early summer – evidence with increase of unregistered patient OOH contact and fast track completion
- Bank hrs (15 per week available)are being used to cover HPOC. Michelle Brocklehurst who left us last year has been working with the team once a month.
- Beverley Savioz will transition to a Band 7 from 1 July, now she has completed all her competencies in her band 6 training post.
- Education Attended: BLS /Mandatory training completed by over 90% / European Certificate in Essential Palliative Care– Beverley S /Advance Comms – Kate Weldon and Heather Syddall.
- Networking: we continue to work closely with MELT / SPCH when possible. All services are feeling under pressure. The aim is for improved coordination of care between organisations involved, improved multidisciplinary working, a platform for shared learning and dissemination of policies and best practice.

Activity

- Outpatients: CNS/P clinic on 1 st and 3rd Wednesday each month commenced June. April - 3 booked 1 DNA – 2 Attended /May – 3 booked – 2 DNA – 1 Attended /June – 3 attended 1 cancellation . Non clinic days further 2 attendees
- ** 15 Calls regarding unregistered patient, predominantly fromLAS / DNs/ family members mostly OOH requesting advice. Large % known to MELT.
- **25 Fast Tracks completed (May – June)significant increase on last quarter (16)
- **Referrals- April was busiest month – 70 refs
- Joint visits continue for following reasons - lone risk worker/ complexity requiring consultant overview
- EMIS – Heather reviewed templates alongside working party -aim to reduce admin burden

**NB relies heavily on staff completing data capture sheet

Education

- The education team facilitated an Advanced Communication Skills Course in April. This was attended by internal and external staff. Excellent feedback was received from all attendees.

- Celebrating International Nurses Day has become an annual event; this year the focus was on wellbeing. Our nursing teams were gifted individual goody bags and offered complementary therapy sessions as part of the celebrations.
- In May, staff from a local care home attended face to face training at the hospice to gain competence in verification of expected death.
- Several members of the community team attended their annual medicines management update in June; this session gives nursing staff the opportunity to reflect on their practice with their peers.
- The team submitted an abstract for the Hospice UK conference detailing training delivered to prison officers and a prison chaplaincy team.
- During this quarter, the team also supported two members of our staff who are completing apprenticeships and nursing degrees.
- Palliative Masterclass was originally planned for 25th June but has now been rescheduled for 5th November.

Medical Team

Medical cover has been identified as a risk. Consultant interviews were held, and Dr Katie Taylor appointed although she cannot properly commence the role until August 2026. In the meantime, consideration is being made as to whether employing a 4 day a week clinical fellow or 3 day a week locum consultant would provide the best interim solution. Appointing to the former is likely to be more feasible but would leave consultant cover as a potential risk.

We have been allocated an SpR from October, Dr Rebekah Williams, who is full time and not due to require an internal medicine position during her 12 months at ST Raphael's Hospice.

GP VTS allocation will reduce slightly from 3.65 days provided by two GP VTS trainees to 2 days from August to January 2026.

We have one psychiatric trainee, Dr Bethen ap Rees, working one day a week between IPU and community.

Research

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

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

St Raphael's have registered interest in contributing to a national study examining the metabolites present in urine specimens towards the end of life.

Education

Gaby Tamura Rose has arranged an evening session for school students who wish hospice experience to facilitate medical school applications. It is to be held on 09.07.2025.

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

The Palliative Care masterclass had to be postponed from June to 5th November due to low number of bookings.

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.

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	Aug'25
Clinical HODs	May'25	May'25	Jul'25
Medical Business	Apr'25	Apr'25	Jul'25
Drugs & Therapeutics	Apr'25	Feb'25	Aug'25
Outcome Measurement Group	Dec'22 (no min)	May'22	Pended
Infection Control	Jul'25	Feb'25	Jul'25
Prescribers	May'25	May'25	Aug'25

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 on-going with the latest submission made in May 2025. The submission categories cover pressure sores, patient medication incidents and incidents of patient falls.

Quality Account

Draft of the Hospice Quality Account for 2024/25 just now awaits agreement upon the 3 future planning priorities derived from the Management Plan that I will circulate for the meeting.

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, Tracy Christmas, 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).

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.

An IPU led-audit based upon the clinical pharmacist audit of the prescription charts has been included in the 2025/26 clinical audit program in order to better identify and associate learning opportunity based upon the clinical pharmacist findings

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 August 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 will recommence in September 2025 with inputs from PSS, CT 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 22 Audit/QI/Data Projects and 4 research -based projects. New topics in 2025/26 include 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 Tamura-Rose 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
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

Goals Completed

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

Extract of CQ&G and Education objectives from the 2025/26 Management Plan is included in papers.

Audit / QI /Research 2025/26

Overview

27 projects scheduled in 2025/2026

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 Apr 24 – Sep 24 due in May 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	Ongoing Last published in April 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 for 2025 re-audit tba
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	Project to be planned

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 via CAAD 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 / Quality Office	Data Collection Underway
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	Patient 'label' research project - the PhD project for a Pall Care SpR in Our Ladies Hospice in Ireland, Dr Any Taylor. Prof Andrew Davies is the overall Principal Investigator and Dr Charlotte Leach, Pall Care Consultant at Royal Surrey County Hospital, is UK lead.	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
2025/26 - 25	POST survey (into opinion about terminology)	Research participation	Dr N Collins	Recruiting
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 – December 2025 is shown below:-

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025	2024	2023
Admissions to IPU	16	16	20	13	13	12							52	211	207
Discharges	4	6	6	7	4	7							16	33	
RIPS on IPU	7	13	13	6	9	6							33	169	
Beds	10	10	10	10	10	6									
Bed Occupied Days	244	235	223	265	286	201									
Bed Available Days	310	280	310	300	310	268									
Bed Occupancy (10 beds)	78.71%	83.93%	71.94%	88.33%	92.26%	75.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%			
CD Medication Incident	1	2	2	2	3	1							11	22	42
CD Medication Near Miss	0	0	0	0	1	0							1	2	1
Non-CD Medication Incident	0	2	2	7	1	3							15	8	23
Non-CD Medication Near Miss	0	0	0	0	1	0							1	0	0
Pressure Sore on Admission	3	7	2	1	1	0							14	34	30
Pressure Sore during Admission	0	0	3	2	2	3							10	27	16
Moisture Associated Skin Damage ON	0	0	0	1	0	0							1	2	1
Moisture Associated Skin Damage	0	0	0	0	0	0							0	2	1
Sharps/Splash	1	0	0	0	0	0							1	0	3
Infection (Near Miss)	0	0	0	0	0	0							0	0	0
Infection	0	0	0	0	0	0							0	1	3
Unexpected Transfer	0	0	0	0	0	0							0	0	0
Staffing	0	0	0	0	0	2							2	2	0
IG	0	0	0	0	1	0							1	8	15
IG near miss	0	0	0	0	0	0							0	0	3
Manual Handling	0	1	0	0	0	0							1	1	0
Slips, trips, falls	1	1	3	2	2	1							10	32	14
Falls near miss	0	0	1	0	0	1							2	0	6
Verbal Violence (Pt)	0	1	1	1	0	0							3	1	1
Verbal Violence Rel)	0	0	0	1	0	0							1	2	
Physical Violence (Pt)	0	0	0	0	0	0							0	1	2
Physical Violence Rel)	0	0	0	0	0	0							0	1	
Bump	0	0	0	0	0	1							1	1	0
Burn/Scald	0	0	0	0	0	0							0	1	1
Equipment	0	0	0	0	0	0							0	1	2
Equipment (near miss)	0	0	0	0	0	0							0	0	2
Doctor On Call	0	0	0	0	0	0							0	0	1
EXEC Out of Hours Call	0	0	1	1	3	1							6	21	5
NEAR MISS - CLINICAL FOLLOW UP	1	0	0	3	4	0							8		
MISSED CLINICAL FOLLOW UP	0	1	0	0	0	0							1		
OTHER -	0	0	2	3	2	5							12	15	11
MAD Alerts (re SRH)	0	0	0	0	0	0							0	0	2
* Incidents reported to Community –	0	1	2	1	0	0							4	3	7
* MAD Alerts (incl. in Community:non-	0	0	0	0	0	0							0	0	3
Total 2025 *excluded	7	15	17	24	21	18	0	0	0	0	0	0	102		
Total 2024 *excluded	16	11	9	18	24	17	25	17	19	14	9	6		185	
Total 2023 *excluded	26	8	31	7	24	12	4	15	20	13	23	9			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	0	0	0	0	0	0	0	0	90	211	207
Bed Occupied Days	244	235	223		265	286	201		0	0	0		0	0	0				
Bed Available Days	310	280	310		300	310	268		0	0	0		0	0	0				
Bed Occupancy	78.71%	83.93%	71.94%		88.33%	92.26%	75.00%		#DIV/0!	#DIV/0!	#DIV/0!		0.00%	0.00%	0.00%				
Fall No Harm	1	1	3	5	1	2	0	3				0				0	8	26	11
Fall Low Harm	0	0	1	1	1	0	0	1				0				0	2	6	3
Fall Moderate Harm	0	0	0	0	0	0	1	1				0				0	1	0	0
Med Level 0	0	2	0	2	2	2	1	5				0				0	7	9	32
Med Level 1	1	2	4	7	5	2	3	10				0				0	17	23	34
Med Level 2	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
Minor (No Harm or Low Harm)	2	3	4	9	11	12	10	33				0				0	42	56	62
Moderate (Moderate Harm)	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
Pressure Ulcers	3	7	5	15	4	3	3	10				0				0	25	65	50
Totals 2023	7	15	17	38	24	21	18	63	0	0	0	0	0	0	0	0	102		
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 has been 1 clinical complaint received in and between April and June 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	Fundraising /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		0	1
May											2		2	2
June													0	n/a
July														
August														
September														
October														
November														
December														
2025			1				1	1		1	1		5	3
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: April - June 2025

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2025/06	Wife	25/04/2025	<p>Fundraising took a call from a recently bereaved wife of a SRH patient regarding making donations in which she relayed her anger and upset with the hospice, explaining that, whilst a Nurse and Doctor visited her husband at home, they didn't come back as SRH no longer offer care in the community due to lack of funding. This is what she wanted for her husband so she wasn't happy at all which is her reason for asking for donations to the hospice so that others in the future, can have care in the community and not suffer the way she has. She advised the hospice did offer to take her husband into the hospice for his last few days to take care of his pain, but this isn't what she wanted.</p> <p>Her doctor advised her to document her husband's final days, which she has done but hasn't passed this to the doctor yet.</p> <p>She did say she is having counselling with Diane which she is very grateful for and she will make a donation when completed. She also mentioned she was given a lovely massage by volunteer Alison which was really lovely though she did have to wait about 3 weeks and this just happened to be on the day her husband passed.</p>	Community Care	<p>Timeline of Hospice interactions with patient/family undertaken by Community Team Manager. No gaps in service were evident with contact from the team planned and responsive as required. Clinical Director telephoned the wife and explained that we no longer have a H@H team due to lack of funding and also explained the role of the CPCT.</p> <p>The wife talked about her frustration that there isn't this service available, especially as our neighbouring hospices are able to offer something similar but she also understood that this is out of our control. She belongs to a carers group in Raynes Park and I have suggested that Simon Oliver provides a talk on what we provide as a hospice, our funding etc.</p> <p>She was very complimentary of the care she and her husband received from SRH and wants to do some fundraising for us.</p> <p>I don't think the GP has been hugely helpful by telling her that he isn't sure what we do either as he's 'in charge of the medication' etc.</p> <p>End result - she feels that people need more awareness of our funding issues but has no complaints about the care she and her husband received.</p>	Not upheld

Constructive feedback: April - June 2025

ID	FROM	DATE RECEIVED	DETAILS OF CONSTRUCTIVE FEEDBACK	ACTION TAKEN SUMMARY
2025/05	Visitor	09/05/2025	Main Hospice feedback box - visitor request for a fish tank	Previous fish tank decommissioned. Not cheap and require maintenance for which reasons appetite is not to re-introduce. Agreed by Joint CEOs.

Records – Access Requests

Between April and June 2025, we have had one access to record request (for CCTV footage) 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 April and June 2025, there have been 4 serious injury notifications made to the CQC concerning pressure sore grade 3 on Admission, DTI on Admission and DTI during Admission and #nof due to a fall*.

Between January and June 2025 there have been 4 safeguarding notifications made to the CQC

	Serious Injury	Safeguarding
2025 Jan - Jun	4	4
2024	30	8
2023	21	13
2022	9	21
2021	10	19

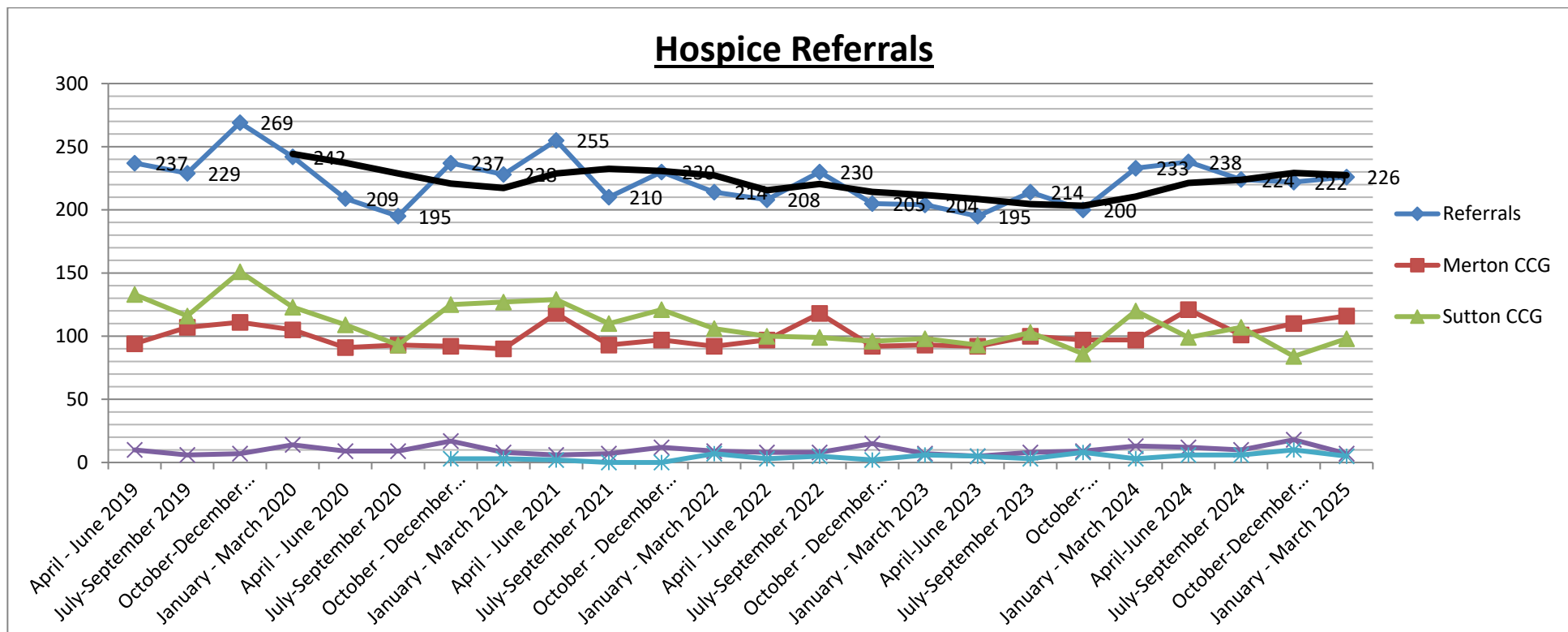
There have been no safeguarding notification raised against St Raphael's in 2025.

#nof post fall on the IPU – June 2025

- * Incident on the IPU on 18th June that is classified as a Notifiable Safety Incident within the Duty of Candour criteria.
- A patient fell and needed to be transferred to hospital with a suspected fracture. The fracture was confirmed, and the patient underwent surgery.
- He subsequently died after surgery – NOK was present.
- This patient was a 93-yr old gentleman who had metastatic lung cancer and widespread bone metastases as well as a pleural effusion, osteoarthritis, and osteoporosis.
- He had intermittent confusion and agitation and a history of falls – was transferred to us from hospital with a number of fractures from a fall at home for an extended length of time. He had an unwitnessed fall in his en-suite shower room following use of the toilet on 18/06/2025. (AKPS 30; PoI Unstable).
- Precautions were in place to reduce the risk of falls including bed sensor/use of call alarm/improved footwear and closer observations/ moved to a room opposite the nurses' station.
- Post fall protocol followed. Reviewed with medical team. Patient developed complaint of increasing pain in thigh and on re[1]positioning. Concern over possible #. Transferred to SHH 18/06/2025 where fracture of neck of femur was confirmed. Duty of Candour followed.
- Patient died shortly after surgery on 19/06/2025.
- CQC notified..
- CD called niece NOK to apologise. She was very understanding and said she recognized that we had done all we could to prevent him falling.
- CD wrote her a formal apology in line with our Duty of Candour Policy.
- The IPU have reflected on the incident to glean any learning. One to one nursing may have prevented this patient from falling but confusion was intermittent and not felt to be required at this time. MDT reflection considered whether a DOLs would have been appropriate, but patient was felt not to have required this and was clear that his preferred place of care was SRH. Medically felt that transfer to hospital for orthopedic consult was in his best interests and appropriate due to level of pain. Niece had been consulted and was in agreement.

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 N Collins – Lead Palliative Care Consultant and Mr A Rudkin - Director of Quality with inputs from clinical heads.