

ITEM 06

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.....	20
Records – Access Requests.....	20
CQC Notifications.....	21
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

- Diana Bromboszcz left her role as PSS lead in October and Mel Young has increased her days in order to step up as temporary PSS Lead for the time being.
- We have continued with most of the practices that were in place previously whilst thinking about the changes that may need to be implemented and how we will do this collaboratively.
- We have focused on the meetings that we each attend, who needs to be at these meetings and why. This has influenced some of the days and times our small team works.
- An example of this is Ali is now working a Monday morning to attend the community MDT and is also now working on a Wednesday to cover the ward MDT, a role that I will share equally with her.
- The meetings and communication between us as a team has been part of our focus, we are looking carefully at what we need as a team to support each other. This will hopefully enable the best outcome for patients and families but also equip us to be realistic in our expectations of what we can achieve as a team. One small change we have made is by introducing a 30-minute meeting on a Tuesday morning to look briefly at our caseloads together to identify any risks including our own sense of overwhelm.
- We have started to look at our policy document and are working (slowly) through it to have something in place that is an accurate representation of the service that we deliver whilst also giving opportunity for us to identify any gaps in the processes that have been in place that may require adaptation.
- Student documentation has been slightly tweaked, taking out some information that is no longer valid (contact details etc). Supervision of students and volunteer counsellors is now offered monthly instead of twice monthly. This is in line with BACP standards and has been agreed by training institutions that students are attending.

Social work

- Consistent demands for our service, seeing more socially complex situations – seeing more poverty at the end of life and in bereavement – which is very distressing for families. Working closely with both IPU and Community in terms of equity in need.
- We identified patients and families whom we could provide with lovely gifts and hampers, including toys and cinema tickets for different aged children – giving a lot of joy at a very difficult time
- Planned for a wedding on the ward just before Christmas – everything was in place to proceed but sadly patient died more quickly than expected.
- Elisa and Alison have spent time accessing resources and have a 'Wedding cupboard' in the family room filled with all the items to create a very special space within the hospice for a wedding, civil partnership, or blessing – IPU, Housekeeping and Social work all have access whenever required
- Continue to support children – recently accommodating later appointments for older children at high school to fit in with their education.
- There will be a reduced service in social work until the end of March as Alison reduces from 3 days to 2 day, in order to increase her capacity for counselling.

Wellbeing Services

All sessions have run as normal with attendance remaining high. In this period, we marked the following **themes/ issues** with specific art and music projects and group discussions:

- Black History Month
- Diwali
- Halloween
- Breast Cancer Awareness
- Bonfire night
- Remembrance Day
- Movember
- Christmas (see below)

We had the following **external speakers / visitors** attend the Wellbeing Centre:

- St Bernard Financial advisors
- Pamper session
- Community police
- National Energy Action
- Merton Talking Therapies
- Vinyl Matters live music (x 2)
- Sing Out Sutton

We also had students from Morden GP surgery to engage with our attendees in a project.

We were successful in securing the EDI award from Sutton Community

We attended the following **community engagements** away from the Wellbeing Centre:

- Chinese Autumn Festival at Sutton Library
- Chatty Wednesday group at Sutton Community Centre
- Macmillan event for BAME patient engagement
- Cheam Baptist Christmas tree competition
- Santa Dash

Christmas:

- We made baubles and cards in art
- We sang carols in music
- We had St Cecilia's school "do" their nativity for us
- We had a party attended by over 70 (including 55+ "patients")
- We raised £350 in craft sales
- We raised £354 on a raffle

Complementary Therapies:

- The complementary therapy service continues to provide steady support to patients and carers, focusing on symptom relief, emotional wellbeing, and effective communication.
- Volunteers completed the Sage & Thyme communication training, giving them practical skills to handle sensitive conversations with confidence and compassion.
- We continued to monitor patient feedback to ensure the service meets expectations and to guide ongoing improvements.
- The team completed the first phase of the *MicroPause Moments* project. a short, sensory-based intervention that helps patients, carers and staff find brief moments of calm and grounding within busy clinical settings.
- Work also progressed on the upcoming Rest, Relax and Sleep Programme, supported by the recently awarded Vividor grant. The programme is on track for launch in the first trimester of 2026.
- The service also strengthened its professional profile through publication of the article **“Essential Oils – Essential Boundaries”** in *In Essence*, the journal of the International Federation of Professional Aromatherapists (IFPA). This publication showcases St Raphael’s Hospice as a centre of best practice in complementary therapy within palliative care and highlights our commitment to ethical, reflective, and high-quality service delivery. It also features our initiatives supporting bereaved families and staff wellbeing, reinforcing our focus on compassionate and sustainable care.

Inpatient Unit

- The IPU has been updated over the past few months, with a fully functioning clean supply – the room is bright and airy, with adequate space for safe drug preparation, an iPad for easy access to BNF and drug formulary, an Abloy key system to increase security and improve governance (there is now a clear audit trail) and a new sink area. The mortuary has been decommissioned and the multi faith space is nearing completion. The female staff changing rooms have been upgraded and the sluice has been converted to a supply store. For the majority of this period, the IPU has remained open to full capacity, apart from a few weeks when one of the single rooms was converted to a temporary drug store.
- Staffing levels are within the agreed establishment and there has been a significant reduction in the use of agency staff. The new 12 hour shift system has been running for a few months now and the more efficient use of hours and reduction in overlap has contributed to the reduction in agency and bank spend.
- Staffing Updates: Francis Quinnon left his role as IPU Clinical Lead on 31st December, and we are appreciative of the energy and enthusiasm he put into reviewing the overall governance on IPU activity. Heather Dolling, our new IPU Clinical Lead starts in her role on 12th January and we are looking forward to working with her.

Community Palliative Care Team (CPCT):

Activity within the hospice community service has remained high throughout the reporting period, with an increase in referrals of 21% compared to December 2025.

A number of significant workforce developments have taken place:

- Beverley Savioz has successfully progressed from Associate CNS to CNS; Naomi Stammers has moved into the role of HPOC lead; and Kate Weldon has been promoted to the role of Locality 3 Team Lead. One locality lead will be off work for the foreseeable future, with cover currently being provided by the remaining locality leads.
- Heather Syddall has transitioned from Locality 1 Team Lead into the role of Community Services Manager.
- An expression of interest has been sought internally for the Locality 1 Team Lead role with two individuals who have registered an interest, and a full-time CNS/Practitioner post is due to be advertised externally.
- HCA Debbie Thaxter transferred from the IPU to the CPCT in November for a six-month trial, working 25 hours per week, Monday to Friday. Her role supports the community team through joint visits where increasing social complexity requires additional staff for safety, stable and non-complex patient review calls and follow-up visits, administrative support, and provision of supportive visits to patients and families.
- Karen Hammond joined the CPCT from district nursing in November in a Band 6 training post, working 26.25 hours per week on Mondays, Wednesdays and Fridays.
- Of note, 70% of the CPCT are now non-medical prescribers, significantly more than our neighbouring hospices.

Service efficiencies and governance enhancements have been implemented to support patient flow, safety and team capacity.

- The daily admissions meeting has been brought forward from 0900 to 0845 and is now strictly time-limited to 15 minutes, enabling earlier ambulance booking and prompt commencement of the community MDT at 0900.
- MDT frequency has been revised to four days per week, allowing one protected day for teaching and team meetings and facilitating earlier community deployment to maximise patient-facing activity.
- Key policy updates include revisions to the Emergency Admissions (CLIN01 Admissions Policy), which now require that no admission decision is communicated until an impromptu MDT has been convened involving the Consultant in charge, IPU nurse in charge, HPOC and Triage, ensuring full consideration of clinical context and bed capacity.
- In response to Coroner recommendations at another hospice, guidance has been strengthened to require non-prescribers to discuss any medication changes outside of the prescribed range with a prescriber.
- There has also been renewed emphasis on the use of independent interpreters during assessments where patients do not speak English, supporting patient safety, equity and quality of care.
- Both the format and provision of clinical supervision have been reviewed, with work underway to define a sustainable and effective supervision model for the CPCT moving forward.

Education

October, November and December were very busy for the education team.

- The Prison Project continued with three further EOLC sessions provided for healthcare staff at HMP High Down. Invitations to attend education events at the hospice were also extended to the prison healthcare team. An abstract detailing the project was submitted to HUK and was accepted for display at the HUK conference in November 2025. Maura represented the education team at the conference.
- An annual update for Non-Medical Prescribers was held in October, with candidates from Sutton, Merton, Royal Trinity Hospice and Kingston NHS Trust attending, alongside our own staff. The update was facilitated by Kevin Hobson and the education team. We received fantastic feedback and interest in joining the prescriber's forum.
- Advanced Communication Skills Training was held in October and was attended by internal staff. This two-day course offers the opportunity to reflect complex and challenging conversations and develop skills in a supported environment. The feedback from attendees was excellent and two further courses are planned for 2025.
- Palliative Masterclass was held in November with eight external attendees and six of our own staff. Attendees included staff from general practice, care homes, district nurses and LAS. The day was facilitated by the education and medical teams.
- Short workshops for care homes continued every month, unfortunately attendance was low. The team will consider a different offer and/or format for 2026.
- Annual medicines management updates were provided for the IPU and community teams. This annual study day gives staff the opportunity to refresh their knowledge around medication issues and to come together to discuss changes in process and best practice.
- In December, an accelerated preceptorship programme started to support a new RN- the education team will be overseeing the programme with support from the IPU for six months.

New Role in conjunction with SWL ICB

We will be hosting a 12-month role funded by the ICB for a Clinical Digital Educator in Sutton. This is a role that is in place in all six boroughs in SWL, with a focus on upskilling care homes and residential homes, to reduce the number of inappropriate admissions to hospital. We have appointed Oyin Adesanye, a Physician Associate, who will be commencing her role in February. We hope that this will reduce the number of inappropriate referrals we receive for residents in care homes and will strengthen our relationship with the care homes, generalist teams and the ICB through working collaboratively across the patch.

Medical Team

Staffing

1. Medical staffing has improved since October 2025 with the arrival of clinical fellow Dr Zoe Bennetton (0.8 WTE) and Specialist registrar, Dr Rebekah Williams (1.0WTE). Both are currently working on the ward with a plan for Rebekah to rotate to support the community team in March/April.
2. Dr Busi Da Silva and Dr Ambreen Akhtar continue to provide support working 3 days and 4 days respectively, primarily supporting the community team at present but rotating flexibly between the inpatient unit and community as required.
3. 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. He supports the community team and is much appreciated for his wealth of GP experience.
4. GP Trainee, Dr Nicole Gill, is with us on a 6-month placement (August to end of January), Mondays and Tuesdays. She has rotated from 3 months on the IPU to the community setting. We are expecting two new GP trainees, likely two days a week each, from February 2026.
5. Our psychiatric trainee, Dr Bethan Ap Rees, has ceased her placement with St Raphael's due to relocating. We are hoping that another trainee may choose to conduct their special interest placement in palliative care, as we have greatly benefitted from their experience.
6. Consultant cover - Gaby has reduced her hospital support to her usual contract of just Thursday mornings. Gaby and Naomi continue to provide phone support to the hospice on the days when there is unavoidably no consultant on site, with clear plans 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. Dr Katie Taylor is due to start her consultant position with us in August 2026.
7. The on call provision shared with Princess Alice Hospice and Kingston Hospital continues to work well.

Audit & Research

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.

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	Mar'26
Clinical HODs	Dec'25	Dec'25	Jan'26
Medical Business	Oct'25	Oct'25	Jan'26
Drugs & Therapeutics	Nov'25	Nov'25	Feb'26
Outcome Measurement Group	Dec'22 (no min)	May'22	Pended
Infection Control	Dec'25	Dec'25	Feb'26
Prescribers	Dec'25	Dec'25	Mar'26

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 January 2026. 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 Syddall, 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).

Most recent edit of the window templates has been extension of prompts required for CHC Fast Track data capture.

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 March 2026. 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 31 inclusive of 28 Audit/QI/Data Projects (one of which is pending to 2026/27) 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. A further project looking at the use of Clonidine in Palliative Care has been initiated by our Registrar and Fellow.

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
Sep/2025	6.67%	10	150	15.38%	4	26
Aug/2023	10.24%	13	127	20.00%	5	25
Jul/2025	9.09%	15	165	33.03%	13	39
Jun/2025	4.38%	6	137	36.36%	12	33
May/2025	10.83%	13	120	36.00%	9	25
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 2026/27 subject to priorities highlighted at the CAAD meetings. An index of priority data streams will be set out and included in this report in summer 2026.

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
09/01/2026	19	6 / 8	5	0

Goals Completed

	Goal
3.1	Produce and maintain an audit/monitoring/research project schedule 2025/26
3.3	Schedule quarterly engagement meetings (ie. Merton Huddle, EoLC steering groups, consider Sutton Huddle) Participate in working groups on system transformation
3.6	Maintain provision of Bereavement Support Work to High down Prison as well as specialist palliative care psychotherapy to residents end of life
3.8	Maintain student bereavement counsellor placements at 8
3.9	Maintain an establishment that services the safe delivery of care for a 10 bed IPU and explore extending establishment to service CHC funded beds
3.11	IPU Admissions : Skillset and cover for the nursing team on the IPU – <ul style="list-style-type: none"> • Staff ratio analysis • Working hours / shift patterns analysis • Sustain provision of a 10 bed IPU including the family suite appropriately staffed • A more responsive and active IPU

Audit / QI /Research 2025/26

Overview

30 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 January 2026 Report for Apr 25 – Sep 25 due in Apr 2026
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 2026/27
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 2025. Annual
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 B Da-Silva Dr A AKhtar	Audit lead change to Dr B Da-Silva & Dr A Akhtar in Jan 2026. Data collection underway in Jan 2026
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	Reported in December 2025
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	Pressure Ulcers during Admission	• Priority 4 Clinician interest audit	IPU Lead / A Rudkin	

Project Ref.	Title	HQIP Prioritisation	Lead	Status
2025/26-27	Admissions & AKPS	• Priority 4 Clinician interest audit	F Quinon/A Rudkin	Data collection
2025/26-28	Use of Clonidine in Palliative Care	• Priority 4 Clinician interest audit	Dr Z Bennetton Dr R Williams	Planning
2025/26 - 29	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 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).
2025/26 - 30	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 - 31	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	18	19	19	13	19		178	211	207
Discharges	4	6	6	7	4	7	3	1	3	4	1		46	33	
RIPS on IPU	7	13	13	6	9	6	15	15	16	11	18		129	169	
Beds	10	10	10	10	10	8	10	10	10	10	10				
Bed Occupied Days	244	235	223	265	286	201	234	222	265	264	201				
Bed Available Days	310	280	310	300	310	240	310	310	300	310	300				
Bed Occupancy (10 beds)	78.71%	83.93%	71.94%	88.33%	92.26%	83.75%	75.48%	71.61%	88.33%	85.16%	67.00%				
CD Medication Incident	1	2	2	2	3	1	1	2	6	4	1	5	30	22	42
CD Medication Near Miss	0	0	0	0	1	0	0	0	0	0	0	1	2	2	1
Non-CD Medication Incident	0	2	2	7	1	3	0	1	1	1	1	0	19	8	23
Non-CD Medication Near Miss	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Pressure Sore on Admission	3	7	2	1	1	0	4	3	4	2	4	3	34	34	30
Pressure Sore during Admission	0	0	3	2	2	3	3	3	2	4	1	3	26	27	16
Moisture Associated Skin Damage ON	0	0	0	1	0	0	0	0	0	0	0	0	1	2	1
Moisture Associated Skin Damage	0	0	0	0	0	0	0	0	1	0	0	0	1	2	1
Sharps/Splash	1	0	0	0	0	0	0	1	0	0	0	0	2	0	3
Infection (Near Miss)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infection	0	0	0	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	0	0	0
Near Miss(non-medication & non-IG)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing	0	0	0	0	0	2	0	0	0	1	0	2	5	2	0
Behaviour (staff) : non-complaint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IG	0	0	0	0	1	0	0	0	0	0	0	0	1	8	15
IG near miss	0	0	0	0	0	0	1	0	0	0	0	0	1	0	3
Manual Handling	0	1	0	0	0	0	0	1	0	0	0	0	2	1	0
Slips, trips, falls	1	1	3	2	2	1	0	1	0	1	1	5	18	32	14
Falls near miss	0	0	1	0	0	1	0	0	0	3	0	2	7	0	6
Verbal Violence (Pt)	0	1	1	1	0	0	0	0	0	0	0	2	5	1	1
Verbal Violence Rel	0	0	0	1	0	0	0	0	0	0	0	0	1	2	
Physical Violence (Pt)	0	0	0	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	0	0	0	1	
Impact, Bump, Cut, Spillage	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
Burn/Scald	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1
Lone Worker Device Triggered	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Equipment	0	0	0	0	0	0	0	0	1	0	0	1	2	1	2
Equipment (near miss)	0	0	0	0	0	0	1	0	0	0	0	0	1	0	2
Doctor On Call	0	0	0	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	0	0	0	6	21	5
NEAR MISS - CLINICAL FOLLOW UP	1	0	0	3	4	0	2	0	0	1	1	0	12		
MISSED CLINICAL FOLLOW UP	0	1	0	0	0	0	0	0	0	0	0	0	1		
IPU TELECOMMUNICATIONS	0	0	0	0	0	0	0	5	0	0	1	0	6		
OTHER -	0	0	2	3	2	5	0	1	2	0	4	0	19	15	11
MAD Alerts (re SRH)	0	0	0	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	0	0	0	5	3	7
* MAD Alerts (incl. in Community:non-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Total 2025 *excluded	7	15	17	24	21	18	12	18	19	17	14	24	206		
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.

Clinical Significance	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	13	19		32	178	211	207
Bed Occupied Days	244	235	223		265	286	201		234	222	265		264	201					
Bed Available Days	310	280	310		300	310	240		310	310	300		310	300					
Bed Occupancy	78.71%	83.93%	71.94%		88.33%	92.26%	83.75%		75.48%	71.61%	88.33%		85.16%	67.00%					
Fall Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	3	0	2	5	5		
Fall No Harm	1	1	3	5	1	2	0	3	0	0	0	0	1	1	4	6	14	26	11
Fall Low Harm	0	0	1	1	1	0	0	1	0	1	0	1	0	0	1	1	4	6	3
Fall Moderate Harm	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0
Med Level 0	0	2	0	2	2	2	1	5	0	0	2	2	1	1	1	3	12	9	32
Med Level 1	1	2	4	7	5	2	3	10	1	3	5	9	4	1	5	10	36	23	34
Med Level 2	0	0	0	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	0	0	0
Minor (No Harm or Low Harm)	1	3	4	8	8	8	10	26	2	8	5	15	1	5	4	10	59	56	62
Moderate (Moderate Harm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0
Serious (serious Harm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Near Miss(No Harm or Low Harm)	1	0	0	1	3	4	0	7	2	0	0	2	1	1	0	2	12		
Pressure Ulcers	3	7	5	15	4	3	3	10	7	6	7	20	6	5	6	17	62	65	50
Totals 2025 *(excludes near misses)	7	15	17	39	24	21	18	63	12	18	19	49	17	14	25	55	206		
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

* NOTE : Incidents reported to Community – non-SRH are excluded from the clinical significance data

Near Misses included in Totals

Clinical Complaints

- There have been 2 complaints categorised under clinical between October and December 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	Wellbeing	Volunteer Services Comms	Retail/Shop/ Supporter Care 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						1		3	2
October			1											1	0
November												5		5	5
December										1				1	1
2025	2	0	3	0	0	1	1	1	0	1	1	14	0	24	17
2024	0	1	0	0	0	0	0	0	0	1	1	17	0	19	17
2023	1	4	0	1	4	0	0	1	1	0	0	10	0	22	20
2022	3	0	0	2	3	0	0	0	0	0	0	0	0	8	6
2021	4	5	0	1	1	1	0	0	0	1	1	0	0	13	12
2020	4	1	0	2	3	1	0	1	0	0	0	1	2	15	14

Clinical Complaints: October - December 2025

ID	FROM	DATE RECEIVED	DETAILS OF COMPLAINT	MAIN CLASS	ACTION TAKEN SUMMARY	UPHELD IN PART OR WHOLE
2025/18	Wife of patient	10/10/2025	TC from wife of patient (pt died in June 2025). Asked lots of questions regarding services, Macmillan, Hospice, care, blood transfusions. Tried to explain services, but she was angry and did not fully explain her anger but seemed to be around wanting help with personal care. Call ended as daughter told her she had to leave for appointment, offer of further contact, wife requested a manager call on Monday afternoon, advised I would pass on her details and she would be contacted next week.	CPCT Care and Comms	CD left voicemail to call on 13/10/2025 Call back from wife. She couldn't recall what she had phoned us about last week and seemed quite irritated that i had left a message. Once CD had explained what was written in the notes about her conversation, she had some recollection and wanted me to clarify whether we were Macmillan and what we had contributed to the care of her husband. I explained our role and our input according to the EMIS records. Joan would like to complain but wasn't clear on what she wanted to complain about. She ended the call by telling me that she was writing a letter to the Ombudsman. No further action taken.	Not Upheld
2025/25	Attendee at Wellbeing	03/12/2025	Two medical students were guests of the medical team visiting SRH for the day. Attended Wellbeing with Liz Doherty escorting and joined a Choir session at which overheard abusive/racial references being made by an attendee.	Wellbeing - Racist language	Statements received from S Oliver and L Doherty. Investigation led by Dr GT-R. Meeting held with individual to discuss the incident on 11/12/2025. Outcome : Our zero-tolerance policy was explained to her and she was told that she can no longer come to the WBC. SO & LH will now: 1. Speak to all attendee groups to reinforce / explain our zero-tolerance policy 2. Put up posters in the agreed format 3. Use amended new joiner forms to make sure all new attendees understand the zero-tolerance policy Outcome communicated and well-received by complainant who expressed how he was sure that it will make an already welcoming and great hospice a better experience for all.	Upheld

Constructive feedback: October - December 2025

ID	FROM	DATE RECEIVED	DETAILS OF CONSTRUCTIVE FEEDBACK	ACTION TAKEN SUMMARY
2025/08	Visitor	17/11/2025	Main Hospice feedback box - As the doors are being updated, please could the door from the hospice to the Orangery garden be more accessible for disabled people. It is so heavy.	Known issue on the list of improvement projects for pursuit over 2025 and 2026
2025/07	CT attendee		Main Hospice feedback box - "why don't St Raphael's sell the amazing scent combinations as aura sprays?" I had not heard of them before, but the idea is that you spray them in the air to enjoy and to pep you up at a difficult moment. I felt it could only be beneficial to pass the idea along, although I have no idea how viable it would be to do so...	<p>NS : The down side with entering a new sales area is the cost to set-up (design, research, marketing, supplier sourcing and stock purchasing) vs the margin we could make and the risk of uncertain volumes....I am not averse to the concept if we felt there was a market that was big enough to warrant it ...I got designs and costings for a new brand called 'Convent Jams' (I thought it sounded wholesome and home-made) which would be sold in support of St Raphael's Hospice in our shops and (hey, why not) in local supermarkets too..... I didn't pursue it, but the concept remains appealing if we could find the right product.</p> <p>BT : I like the idea, but I agree with Nick re cost.</p> <p>However, maybe she could make up and sell 'scents' through WB?</p>

Records – Access Requests

Between October and December 2025, we have had no requests.

	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)

CQC Notifications

Between October and December 2025, there have been 5 serious injury notifications made to the CQC concerning 3 x pressure sore grade 3 on Admission (incl. 1 x DTI on Admission), 1 x PU G3 during Admission and 1 x DTI during Admission.

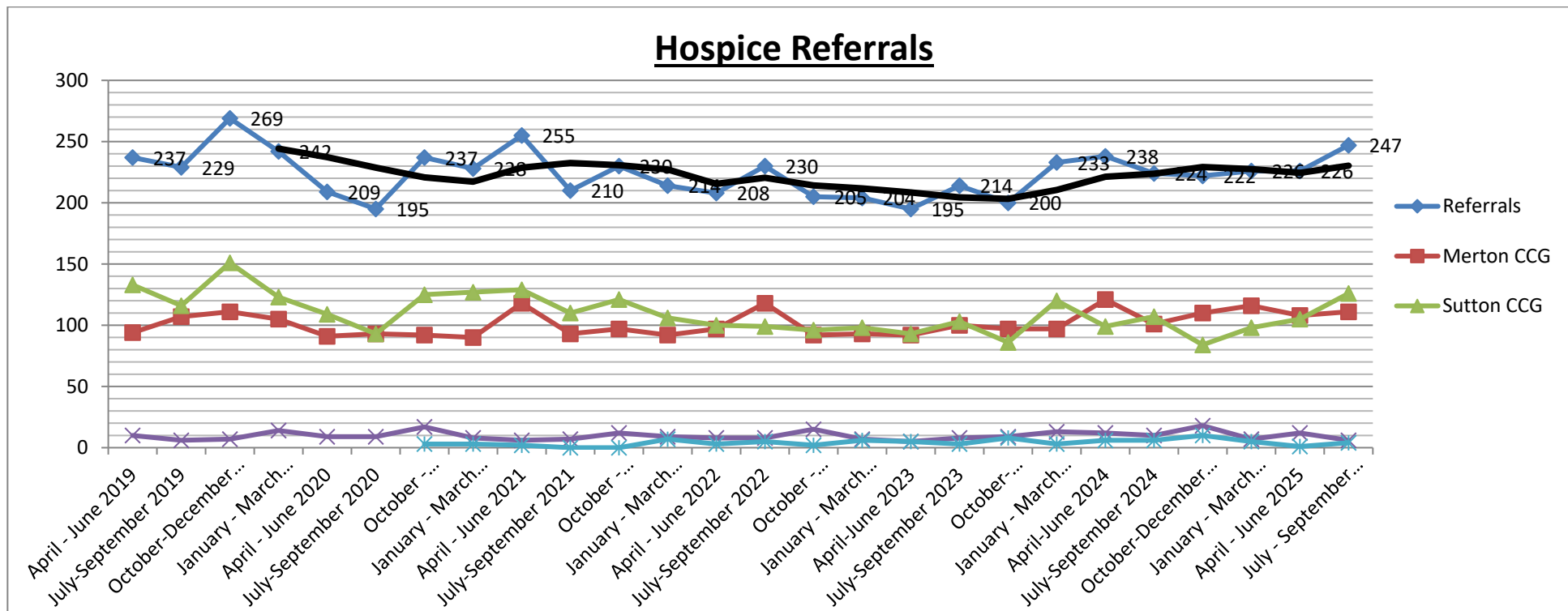
Between October and December 2025 there has been 1 safeguarding notification made to the CQC

	Serious Injury	Safeguarding	DoLS
2025	16	10	1
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 – Medical Director and Mr A Rudkin - Director of Quality and Governance with inputs from clinical heads.