

# Corporate Governance Report – Additional Information

## Contents

Information Governance .....	1
Information Security.....	1
Policy Management.....	1
Health & Safety.....	2
Complaints.....	6

## Information Governance

- Submission of our compliance against the NHS Digital ‘Data Security and Protection (DS&P) Toolkit’ was completed and published on 12<sup>th</sup> June 2025 prior to the 30<sup>th</sup> June annual deadline.
- Richard Harman, our Data and Insight Manager will be progressing a number of projects in 2025/26 amongst which will be the development of the Hospice’s data mapping system and departmental disaster recovery plans.

## Information Security

- This item is covered in report by the Head of IT and Facilities.
- Coverage of most recent IG business is captured in the minutes of the IG&S Committee last held on 4<sup>th</sup> June 2025.

## Policy Management

	Jan-22	Jun-22	Jan-23	Jun-23	Jan-24	Jul-24	Jan-25	May-25	June -25
<b>Up to date Policy</b>	90%	92%	86%	87%	87%	90%	87%	86%	87%

- There were 40 policies / standard operating procedures published/revised between 19/01/2022 and 05/07/2022.
- There were 49 policies / standard operating procedures published/revised between 06/07/2022 and 10/01/2023.
- There were 47 policies / standard operating procedures published/revised between 11/01/2023 and 06/07/2023.
- There were 57 policies / standard operating procedures published/revised between 07/07/2023 and 18/01/2024
- There were 55 policies / standard operating procedures published/revised between 19/01/2024 and 11/07/2024
- There were 30 policies / standard operating procedures published/revised between 12/07/2024 and 15/01/2025
- There were 24 policies / standard operating procedures published/revised between 16/01/2025 and 01/05/2025
- There were 6 policies / standard operating procedures published/revised between 02/05/2025 and 09/07/2025

- A quantitative summary shows distribution and progress for organisational policy review against v1.85 of the Policy Manual Index.

Review Leads	No of Policy Manual	Out of Date (OOD)	%OOD
A Angarita	1	0	0%
A Jackson	2	1	50%
A Machin	5	1	20%
A Rudkin	32	3	9%
C Foster	1	0	0%
D Bromboszcz	1	0	0%
E Lunn	2	0	0%
F Quinon	16	2	13%
Dr G Tamura-Rose	10	0	0%
G Toubal	2	0	0%
H Agboola	1	0	0%
J Ford	2	0	0%
J Groom	12	1	8%
K Hobson	2	0	0%
M Flint	4	0	0%
Dr N Collins / Dr G Tamura-Rose	16	5	31%
Dr N Collins	5	0	0%
N Page	25	2	8%
N Stevens	9	4	44%
N Stevens & B Trower	4	4	100%
P James	1	0	0%
P Morris	10	0	0%
B Trower	19	2	11%
S Mosalam	3	0	0%
S-J Woods / K Billingham-Wilson	1	1	100%
T Christmas	10	0	0%
<b>TOTALS</b>	<b>196</b>	<b>26</b>	<b>13%</b>
		<b>13%</b>	

## Health & Safety

- Fire risk assessments remain in place for all buildings and retail premises and were last renewed by our Facilities Manager and lead on fire safety in August 2024.
- Engaging an external Health & Safety/Risk Management professional to undertake a Health & Safety Audit for the main site and renewal of the fire risk assessments across all premises remains a consideration for the summer of 2026/2027 subject to budget.
- Regular visits to the retail premises by the Facilities team remain in place and communications are good.
- Updates are included within the minutes of our Health & Safety Committee. The last meeting was held in June 2025.
- A health and safety audit checklist was introduced in 2024 for the retail premises. 2025's re-audit has been undertaken and data analysis and report is in progress.
- General Risk Assessments are in evidence for all departments and premises and are subject to a default 2 year review/update.

- Further fire door replacement works are incorporated into budgetary plans for 2025/26.
- Pete, Facilities Manager, has commenced the H&S checklist audit on the main site that will highlight any gaps against our expectations and provide useful archive of proactive assessment. The audit is compartmentalised and will be undertaken across distinct areas of the site. The audit has been pended in June and July owing to workload priorities due to staffing in Facilities – one member of staff left SRH and one member has celebrated a wedding/honeymoon and, sadly, suffered a close family audit
- bereavement.
- There are three main buildings works projects expected to be complete in 2025/26 covering the staff changing area in the main Hospice, the refurbishment and re-design of Clean Supply in the main Hospice and the re-development of the Hospice mortuary into a multi-faith space. Plans remain in development.

## RISK MANAGEMENT

### NON-CLINICAL RISK MANAGEMENT DATA

#### Distribution of Accidents (Injurious) and Incidents (Non-injurious)

Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2025 Total	2024 Total	2023 Total	2022 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc				
Jan			1								1	15(10)	3(2)	6(4)
Feb		1		2(2)						1	4(2)	9(8)	7(4)	8(6)
Mar				1		1(1)					2(1)	2(1)	8(6)	12(10)
Apr		4(3)		3(3)	1(1)					1(1)	9(8)	7(5)	7(4)	2(2)
May	1	2(1)		1(1)		1				3(3)	8(5)	1(1)	11(9)	7(6)
Jun						1(1)				1(1)	2(2)	4(2)	7(3)	8(5)
Jul												5(4)	8(5)	5(4)
Aug												1(1)	5(4)	7(5)
Sep												3(2)	13(9)	8(7)
Oct												5(4)	5(1)	3(2)
Nov												1	6(3)	5(3)
Dec												4(3)	1(1)	8(4)
<b>2025</b>	<b>1</b>	<b>7(4)</b>	<b>1</b>	<b>7(6)</b>	<b>1(1)</b>	<b>3(2)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6(5)</b>	<b>26(18)</b>			
2024	4(3)	15(9)	0	16(15)	7(5)	5(4)	0	0	0	11(5)		57(41)		
2023	4(2)	11(5)	1(1)	27(24)	3(2)	9(9)	0	0	0	26(8)			81(51)	
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)				79(58)
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)				

[Figures in brackets show the Fundraising/Retail reported incidents]

Notes : In 2025, there have been no non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm.

### Breakdown of Accidents (injurious) & Incident (non-injurious)

Accidents	Staff	Visitor	Vol	Contractor	Not App	2025	2024	2023	2022
Manual Handling							0	0	0
Impact/Bump			1(1)			1(1)	0	0	3
Burn/Scald							1	0	1(1)
Allergic Reaction							0	0	0
Other							0	0	0
Cut	1					1	5(5)	5(4)	3(3)
Slip/Trip/Fall		1				1	5(3)	2(1)	7(6)
<b>2025 Total</b>	<b>1</b>	<b>1</b>	<b>1(1)</b>			<b>3(1)</b>			
2024 Total	4(3)	0	7(5)	0	0		11(8)		
2023 Total	4(2)	1(1)	2(2)	0	0			7(5)	
2022 Total	10(6)	1(1)	3(3)	0	0				14(10)
2021 Total	11	0	3(2)	0	0				

[Figures in brackets show the Fundraising/Retail reported incidents]

Incidents (non-injurious)	Staff	Visitors / Customers	Vol	Contractor	N/A	2025	2024	2023	2022
Lost Property							0	0	6(6)
Legionella / Bacteria Reading							2	2	2
Driving / Car Park							1	5(4)	1
Environment Issue / Damage					(3)	3(3)	3(3)	5(4)	3(3)
Equipment							1(1)	2(1)	1(1)
Fire Alarm					(1)	2(1)	4(2)	3(2)	1
Fire	1				(2)	2(2)	0	0	0
Health Problem			1			1	2	4(3)	2(2)
Lone Worker Device False Alarm							0	1	3(2)
Information Incident							0	5(1)	8(2)
Major Incident – Suspicious Package					1	1			
Retail Customer Service Incident							0	0	2(2)
Other	1		(2)			3(2)	2(1)	0	7(4)
Power Cut							2(1)	9	3(2)
Security / Theft Incident		6(6)			1	7(6)	15(13)	19(14)	17(17)
Slip/Trip/Fall/Faint		1				1	4(2)	3(3)	4(2)
Impact/Bump	(1)		(1)			2(2)	2(2)	1	1(1)
Policy non-compliance							1(1)	0	0
Unplanned Shop Closure						1(1)	1(1)	0	0
Verbal/ Physical Violence /		1(1)					6(6)	15(14)	4(4)
<b>2025 Total</b>	<b>3(1)</b>	<b>8(7)</b>	<b>4(3)</b>		<b>8(6)</b>	<b>23(17)</b>			
2024 Total	11(6)	16(14)	5(5)	0	14(8)		46(33)		
2023 Total	12(5)	27(24)	10(1)	0	25(7)			74(46)	
2022 Total	19(1)	26(25)	2(2)	0	18(1)				65(48)
2021 Total	9(2)	0	2(1)	(1)	8(6)				

[Figures in brackets show the Fundraising/Retail reported incidents]

## 2025 Breakdown of Incidents by month

Type	Lost Property	Legionella / Bacteria	Power cut	Fall/Faint	Health problem	Verbal/ Physical Violence / Behaviour	Man Hand	Enviro Issue / Damage	Impact Bump	Lone Worker Device False Alarm	Info Inc	Major Incident – Suspicious Package	Unplanned Shop Shut	Policy non-Retail Customer	Fire	Fire Alarm	Security / Theft	Driving / Car Park	Other	Equipment	2025	2024	2023	2022
Jan				1																	1	12(7)	3(2)	5(3)
Feb															1		3(2)				4(2)	5(4)	7(4)	5(4)
Mar																			1(1)		1(1)	8(5)	9(8)	
Apr									(2)	(2)		1				(1)	3(3)				9(8)	6(5)	6(3)	1(1)
Ma					1	(1)									2(2)		1(1)		1		6(4)	1(1)	11(9)	6(6)
Jun								(1)											(1)		2(2)	2(1)	7(3)	6(3)
Jul																						5(4)	7(4)	3(2)
Au																						1(1)	4(3)	6(5)
Sep																						3(2)	11(8)	8(7)
Oct																						5(4)	4(1)	3(2)
Nov																						1	5(3)	5(3)
Dec																						4(3)	1(1)	8(4)
202				1	1	(1)		(3)	(2)		1				(2)	2(1)	7(6)		3(2)		23(17)			
202	2	2(1)	4(2)	2	6(6)	3(3)	2(2)					1(1)	1(1)			4(2)	15(13)	1	2(1)	1(1)		46(33)		
202	2	9	3(3)	4(1)	15(1)	5(1)	1	1	5							3(2)	20(14)	4(1)		2(1)			74(46)	
2022	(6)	1	3(2)	4(2)	(2)	(4)		(3)	(1)	(3)	8(2)			(2)		1	(17)	1	7(4)	(1)			65(48)	
2021			(2)	1	(1)	(2)		(1)	2		3(1)						3(1)	2	3(2)					

[Figures in brackets show the Fundraising/Retail reported incidents]

# Complaints

The annual review meeting for complaints held by the Executive took place in June 2025 and its minutes are included in papers.

All clinical complaints are reviewed at the CQ&G Sub-committee.

The number of complaints logged in 2025 is 7; of which, 3 relate to retail or lottery.

2025 - Complaints	CPCT / H@H Care	CPCT / H@H Comms	CPCT Care & Comms	IPU Discharge	IPU Care	IPU Comms	IPU Care & Comms	OPD Comms	Counselling Comms	Bereavement Comms	Bereavement Comms & Lottery	Reception Comms	Volunteer Services	Fundraising /Shop Comms	HR	Total	Merton	Sutton	Other	UPHELD in Whole or Part
January			1						1							2	1	1		1
February											1					1		1		1
March													1			1	1			1
April	1													1		2	1			0
May														1		1				1
June																0				
July																0				
August																0				
September																0				
October																0				
November																0				
December																0				
<b>2025</b>	1	0	1	0	0	0	0	0	1	0	1	0	1	2	0	7	2	2	0	4
<b>2024</b>		1											1	15		17	0	1	0	16
2023	1	4			1	4				1		1		10		22	3	9	0	20
2022	3				2	3										8	1	7	0	6
2021	4	5			1	1	1						1			13	6	6	0	12

## **Non-clinical Complaints: May - June 2025**

<b>ID</b>	<b>FROM</b>	<b>DATE RECEIVED</b>	<b>DETAILS OF COMPLAINT</b>	<b>MAIN CLASS</b>	<b>ACTION TAKEN SUMMARY</b>	<b>UPHELD IN PART OR WHOLE</b>
2025/07	Customer	15/05/2025	Complainant expressed her dissatisfaction with the customer service exhibited by the volunteer at the Wimbledon Village Shop when she donated items for sale in March 2025.	Retail – Vol customer service	Apology expressed in writing by CD who has talked to the volunteer concerned and made the Manager aware of her behaviour. The shop is very busy on a Sunday and they only have one volunteer, CD expects she felt under pressure, which doesn't excuse her attitude but is something for us to work on with her.	Upheld

The author of this paper is Mr A Rudkin BA (Hons), Director of Quality & Governance/Information Security Officer/H&S, CAAD Committee Chair/Data Protection Lead/member of Exec Team, HoDS, CHoDs, H&S, CAAD, IG&S, D&TC, IP&C/attendee at Board , CQ&G + F&R.