

**St Raphael's Hospice**  
**Meeting of the Clinical Quality & Governance Committee**  
**Held at St Raphael's, London Road, Cheam, Sutton, SM3 9DX with video call access**  
**At 10:00 on Friday 2<sup>nd</sup> May 2025**

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

In attendance: Rebecca Trower – Joint CEO (RT)  
 Alex Rudkin – Director of Quality and Governance (AR)  
 Anna Machin - Governance (AM)

Agenda item	Action	Responsible	Timeline	Ref.
4. Clinical risk register	Bring further update and data on staff morale and retention to next two meetings, including Birdsong survey outcomes in autumn	Becca Trower, Alex Rudkin	July & October 2025 Committee meetings	02.05.25/01
5. Clinical action plan	Share further data on proportion of joint patient visits	Alex Rudkin	July 2025 meeting	02.05.25/02

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

The Chair welcomed Committee members to the meeting. Apologies were received from Francis (new IPU Lead) who would join the next meeting, and Nick Stevens did not attend as the meeting is held on a non-working day. The meeting was confirmed as quorate.

**2. Review of minutes from 17<sup>th</sup> January 2025 Clinical Quality & Governance Committee meeting, Actions List and update on matters arising**

The minutes of the previous meetings were approved as an accurate record of proceedings, and the matters arising considered as follows:

- Invite IPU Lead to CQ&G meeting and future Board – to join the next meeting.
- Draft letter of thanks to Community and clinical teams – this action was completed soon after the previous Committee meeting.
- Report back on data on confidence around prescribing – having looked at the variation in medical and non-medical prescribers, it was confirmed that this discrepancy in the data was driven by non-medical colleagues prescribing more on weekends, and this was not a cause for concern.

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

The Committee highlighted the positive feedback in particular from trainees working closely with the Hospice. Becca Trower drew attention to feedback from April on a particularly complex case which showed strong working across the Community and IPU teams, and the on-site wedding.

### **4. Clinical Risk Register**

Dr Naomi Collins shared an update on Consultant recruitment, with a few potential options having arisen including through either Locum cover or a future permanent candidate. A discussion will be held internally around communications back to candidates to take the fairest approach possible, with relevant HR advice, to ensure that an individual is appointed who is suitably motivated and qualified for the role. The potential option for a Clinical Fellow could also be explored. More information was shared on the potential applicants' experience and prior engagement with the Hospice. The Committee advised that subject to input from HR and also budgetary considerations, a fixed term Clinical Fellow could be a potential route, whilst interviewing Consultants in tandem including consideration of a Locum post, to allow a broad range of options around the way forwards and some flexibility around potential start date.

The Committee also asked Dr Naomi Collins on behalf of the Consultant team, if the options would be sustainable from a perspective of providing medical leadership to the team and capacity. Overall, it is expected that this route would be feasible, subject to further discussion with Dr Gaby Tamura-Rose. However, it was noted risk on stretch and capacity would remain, should one of the Consultants be unavailable due to illness or unforeseen circumstances.

The complaints log was considered next, and the Committee reflected on whether or not the higher number of clinical complaints was driven by internal capacity being tighter following the restructure, or whether this was not related. Becca Trower shared that the team would reflect that there is stretch but not necessarily at much higher levels than for example, this time in the prior year. Dr Naomi Collins echoed that no colleagues have left the team and therefore retention is not a concern, and that whilst referrals had increased, this has now levelled off. Certain days are very responsive but on others, it feels more level. There has been no theme in feedback of patients taking too long to be seen, however there is ongoing stretch across all services and the Hospice has to be clear on its remit, compared to other services both on a day-to-day basis, and in external meetings with those stakeholders.

The Committee next requested to speak about staff morale on the Community team, which is lower than would be hoped. This is in part driven by certain staff continuing to feel unhappy with the restructure and focus of cuts within this team, and this can have a knock-on impact on morale of their colleagues. A range of offers are made to the PsychoSocial team to help with morale, however it is also recognised that a small number of colleagues could be feeling over-extended due to the nature of their work. The next staff survey would be important to gauge team morale, and it was confirmed that this would be undertaken in September to coincide with Birdsong benchmarks, and with more in-house HR capacity now in place. The outcomes would be reported at the October Committee meeting and Board. Alex Rudkin would aim to bring together some further information/ data around morale for the next meeting in the meantime.

There were no further changes to the risk register, and a comment was made around continually prioritising data protection and cyber security practices and potentially sharing these into the sector. The Committee next asked if any new risks were anticipated to be arising to be added to the register, and there were no new risks raised at this stage.

### **5. Clinical Quality & Governance Report inc Clinical Action Plan**

The Committee noted that a new Counsellor is in post in the PsychoSocial team, and progress made on key goals for the year across service areas. The Committee commented on the overall proportion of visits with two colleagues, as part of monitoring workload (but balancing with safeguarding considerations), and Alex Rudkin would follow up at the next meeting with more data.

In relation to the decision to open the current level of 10 IPU beds, it was confirmed that this is driven by financial considerations as the constraining factor, as the Hospice would not struggle from the perspective of staffing additional beds. Becca Trower confirmed that this is constantly under review and the IPU team would hold appetite to increase, but this is always balanced with cost and safety considerations. It was confirmed that the Education team are achieving a strong amount of output and support to colleagues despite the reduced hours following the restructure, and a key barrier for external-facing training is engagement from nursing home staff. The Committee thanked the medical team for their continued work and leadership, including during this period of the vacancy in the Consultant role.

Looking at the data and progress updates, Alex Rudkin shared more information on the EMIS actions and continued sharing of data with GPs. Assurance was given that audit and research programmes are on track, with the full 2025/26 programme of work set out for the year ahead. The Committee were asked to note two instances of poor patient behaviour towards staff, and were firm in endorsing that no staff member should suffer in relation to a patient. In relation to the complaints log, the IPU Lead was able to bring the first, unfortunate complaint to resolution with apologies shared to the family. The second complaint did involve some challenging conduct from the complainant that contributed to the issue. The third complaint was subject to a detailed discussion on support for the patient. Further information was noted and discussed.

**6. Committee Terms of Reference**

These would be circulated in follow up.

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

The Committee noted the minutes of internal meetings provided for information, and background was given to the ICB weekend activity which provided funding for shifts for two CNS, and analysis around support given around this offer. Information was shared on a potential further funding stream. The percentage increase in ICB funding is yet to be confirmed. The VOICES report 2024/25 will be shared to the Committee as soon as it is received.

**8. Safeguarding Update**

There were no significant concerns to report and Alex Rudkin confirmed that there had been relatively low numbers of safeguarding issues/ referrals in the last quarter. Issues primarily relate to patient self-care, and assurance was given that the team are trained and responsive in relation to flagging and identifying concerns.

The Committee were updated on a recent major incident (of which key Trustees had immediately been notified) with emergency services call out, and the IPU shut down, when suspicious white powder, which was flour (but if dangerous would have had potential for contamination) was sent to the organisation by post as a tracked parcel. There is an internal working group now on emergency response planning to develop internal processes and the Business Continuity Plan further, to integrate learnings. The police response on the day was also not as comprehensive as would have been hoped. Relevant statements have been made. The Committee expressed the difficulty for the Hospice team in responding.

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

There were no items raised under Any Other Business. The date of the next meeting was confirmed as Friday 11<sup>th</sup> July 2025 from 10am-12pm (subject to a potential change to accommodate Trustee availability).

*The meeting ended at 11.45am.*

Approved.....

Date.....