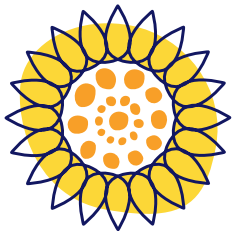




Quality Account 2024/2025



St Margaret's
Hospice Care

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St Margaret's Somerset Hospice
Registered Charity Number: 279473
Company Registration Number: 01471345

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“ I am indebted to you for caring for my beautiful wife. You all showed professionalism, humility and kindness beyond bounds. Please accept my humble thanks for your work. My family and I will never forget the kindness you showed us and my wife. ”

Husband of patient



Introduction from our CEO and Chair of Trustees

This Quality Account is for our patients, their families and friends, the general public and our health partners across the Integrated Care System. It is of note that while our services are free to all, 19% of our total expenditure is covered by a contract with the NHS Integrated Care Board. Thus, for every £1 the NHS commissions, we raise another £4.18 to be able to run the organisation and ultimately deliver our clinical services.

We remain highly dependent on our retail income, fundraising and charitable donations. We are deeply thankful to the people of Somerset for their support and generosity.

The aim of this report is to give clear information about the quality of our services to enable our patients to feel safe and well cared for, to demonstrate that our services are of a very high standard and to show that the NHS is receiving very good value for money.

Our Clinical Director, Head of Clinical Governance & Associate Directors are responsible for the preparation of this report and its content. To the best of our knowledge, the information in the Quality Account is accurate and a fair representation of the quality of clinical services provided by St Margaret's Hospice.

Our focus is, and always will be, on our patients, their families and carers. We would like to record our sincere thanks to our dedicated staff, volunteers and trustees, who have worked so hard to sustain our high-quality, safe care through this year as we look forward to continuing our care in our 45th year of service at St Margaret's.



James Rimmer
Chief Executive Officer



Tom Samuel
Chair of Trustees

St Margaret's Hospice at a glance

St Margaret's Hospice Care (St Margaret's) is a community funded charity in Somerset, supporting adults of all ages who are facing any life-limiting illness and/or who require end-of-life care.

We have been an integral part of the Somerset community for over four decades, offering compassionate and specialised palliative care, free of charge, to patients and their families when it matters most. Our services are available to a population of approximately 520,000 people, and we believe that everyone within our community deserves tailored and dignified care so they can focus on living well, until the end.

Our Vision is of a community that values life and provides the best care for dying people and those close to them. Our Mission is to extend the reach and availability of our expertise, to enable compassionate, joined-up care for our Somerset community.

Hospice care at St Margaret's is about taking the time to get to know our patients and tailoring a personalised approach. This means combining excellent medical and nursing care with holistic support that recognises the physical, emotional, social, and spiritual needs of everyone.

As we step into 2025 we launch the first full year of our new Time to Care – Now & Always strategy, we do so with a renewed sense of purpose. While the challenges facing hospice care across the country are well documented - from uncertain funding to increasing demand - the launch of our new strategic direction gives us a clear, focused framework for action. With a renewed vision we'll look to be guided by three defining principles, Raising Our Voice, Enhancing Our Care and Stewarding Our Resources.

Our Values

We are compassionate
We are collaborative
We are ambitious.

Our Vision

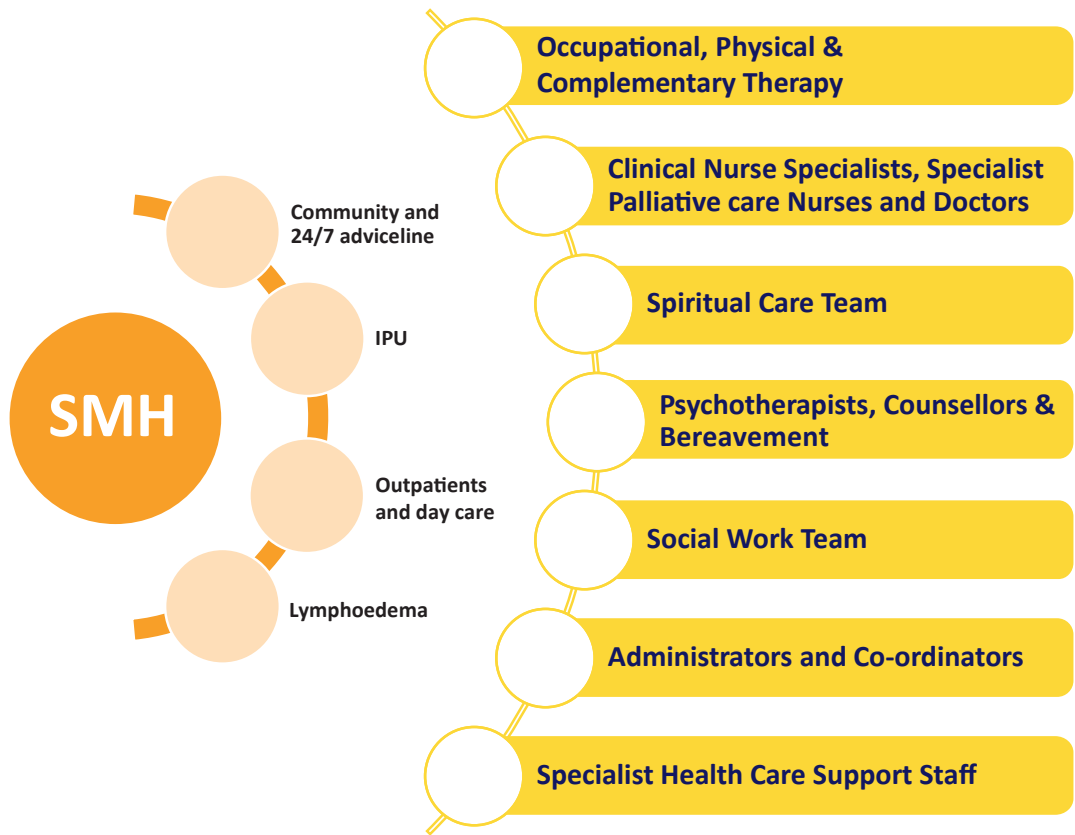
Our vision is of a future where we have sustainable, high-quality, end-of-life care that is accessible, tailored and available earlier, so more people in Somerset can live well and die well.

Our Mission

Our mission at St Margaret's is to deliver holistic and compassionate hospice care, so that we can help empower more people who have progressive life-limiting illnesses to live fully and die with dignity.



Our services - what we do



Introduction from the Clinical Director

As I complete my first full year at St Margaret's Hospice, I am incredibly proud of the dedication, compassion, and unwavering commitment to excellence that defines our hospice team. It has been a privilege to lead such a skilled and passionate group of professionals who continually strive to enhance the quality of care and support we provide to those facing life-limiting illnesses.

This year, we were assessed by the Care Quality Commission (CQC) and proudly retained our Outstanding rating, a testament to the high standards embedded within every aspect of our hospice. Notably, we improved our rating for Safe Care from Good to Outstanding, reflecting our ongoing focus on safety, governance, and best practices that ensure the well-being of patients, families, and staff alike.

At St Margaret's, continuous improvement is at the heart of everything we do. We foster a culture where excellence is not just a goal but a mindset - one that drives innovation, responsiveness, and collaboration. Our team is dedicated to delivering compassionate, high-quality care that evolves alongside patient needs, making sure that every individual who

accesses our services experiences the very best support, holistically and most importantly, person centred.

A fundamental part of our mission is ensuring equity of access to hospice care across Somerset. We are committed to reaching individuals and families in every community, location and breaking down barriers that may prevent people from receiving the compassionate and specialist support they need. Whether through partnerships, outreach, or service enhancements, we continually strive to make our care accessible, inclusive, and responsive to the diverse needs of the region.

Through strong partnerships with the NHS and our wider healthcare community, we uphold clinical excellence, patient safety, and holistic well-being. The commitment of our staff and volunteers, combined with invaluable feedback from patients and families, continues to shape our services and drive meaningful progress.

I am delighted to share this report as a testament to the remarkable work taking place at St Margaret's. Together, we will build

on our successes, address challenges with determination, and ensure that everyone accessing our services experiences care that is compassionate, responsive, and of the highest possible standard.

As we celebrate 45 years of providing hospice care in Somerset, this report reflects on our achievements and the impact of our services. Building on this foundation, we are now preparing to embed our new five-year strategy, ensuring that our work continues to evolve and strengthen through to 2030 and beyond.



Clare Barton
Clinical Director

“ It’s not just about the end – it’s about living well until the very end. The hospice didn’t just help Ian; they helped me, too. They gave me back the chance to just love him, and that’s something I’ll always be grateful for. ”

Wife of patient





Our Services

Community Services

Community services consist of Clinical Nurse Specialists (CNS) and Multi-Disciplinary Team Assistants (MDTA). Divided into East and West they mirror Primary Care Neighbourhoods providing care to the most complex patients within their home settings. A total of 1847 referrals have been received resulting in 24,666 patient related activities for 1,662 people.

The teams have supported educational placements for 65 nurses and paramedics and 30 medical students. A hub of multi-professionals, called Care Co, has been piloted and led by Somerset Foundation Trust (SFT), with the aim to prevent hospital admissions. Our teams are invested in the pilot and have successfully integrated into the service. Joint working and the building of relationships have benefited many patient outcomes through this new initiative. A recent evaluation noted the quote *“The collaboration is the biggest positive – conversations instead of calls or emails”*. We look forward to continuing to support this valuable service.

Agenda for Change equivalent banding and pay structure has been introduced in the last quarter to allow greater fairness and transparency to pay. To maintain and develop

staff expert skills base, progression pathways have been launched in conjunction with this and have been developed around core competencies, National Framework for End-of-Life, and enhanced education.

With the appointment of a new team leader in the East of the county, leadership equity is now achieved across both sites and the teams are at full establishment. We continue to strive in the development of system wide joint policy development, where appropriate, to bring continuity to practice and enhance patient safety. Joint policy examples include, syringe pumps and verification of death, we are also working towards a joint policy for teaching of carers in the administration of Just In Case (JIC) medication.

Independent prescribing is now recognised as an essential qualification at mid-point Band 6 and we have successfully increased in the number of CNS prescribing within a robust governance framework. We currently have 6 CNS prescribers and aim to be at 11 by the end of next year. Deputy leads both hold the Designated Practice Supervisor qualification which has strengthened the support network for our trainee prescribers.



The teams have both influenced and adapted to a change in our electronic health record and are now using SystmOne. We are also embracing the use of the new Somerset Integrated Digital Electronic Record (SiDer).

Our CNS team work closely with the wider multiprofessional team in daily meetings related to complex inpatient unit admissions to ensure close attention paid to risk factors and admission goals.

We actively value and promote leaderships skills within the organisation. Our Head of Community Services has commenced the Rosalind Franklin programme which will be completed in November 2025. This will support us to drive further integration and service development.

No. of
referrals
1,847

Activity
24,666

Patients
supported
1,662



In-Patient Unit (IPU)

Our In-Patient Unit provides twelve specialist short-stay beds for patients with complex, life-limiting illnesses. We have supported 213 admissions over the last year with a total of 78 patients achieving discharge, 65 to their own homes (83%). A recent audit highlighted an increasing number of younger patients with complex needs, prompting closer collaboration with children's hospice care to improve transition pathways.

This year has seen a leadership transformation, emphasising quality, safety, staff development, and innovation. Nursing staff stability has improved due to better rostering, reduced agency reliance, and the introduction of Nursing Associates. Investment in training, particularly through Advanced Clinical Practitioner (ACP) apprenticeships, has strengthened collaboration between medical and nursing teams, exemplified by the successful implementation of electronic prescribing.

The team have continued to seek opportunity in evaluating the safety and effectiveness of care delivery and standards. During the summer of 2024 we commissioned an independent audit of our controlled drugs management in response to legislation and NICE guidance (NICE 2016). This influenced changes in systems which in turn brought

efficiency and opened a successful review of how policies are processed. The David Fuller report (Department of Health & Social Care, 2023) provided opportunity to review the safety of our greater environmental risk areas and introduce swipe card access to the viewing and cold room as well as the drugs room. Following a slight increase in falls, although no lapse in care found, a new assessment template and changes to the allocation of beds for patients with a fall's history were implemented. We remain committed to preventing and reducing falls risk and so we are working in a regional task and finish group which brings both internal and external therapies and nursing staff together to undertake a deeper analysis of practices.

Staff feedback has driven significant changes, including a revised induction process for new employees, focusing on safety and medicine management. The workforce is now benefiting from a new shift pattern and an Agenda For Change equivalent pay scheme, supporting developmental pathways and a cultural shift towards learning and professional growth.

Our remodelled shift patterns increase efficiencies as well as balancing staffing requirements with education and supervision needs. Additionally, the adoption of the Patient Safety Incident Response Framework (PSIRF)

methodology will refine incident investigations, fostering a more constructive and learning-focused approach to medication errors.

Average LOS
17 days

No. of admissions
213

63% of admissions spend last days of life at hospice



Supportive care

The team continue to deliver psychological support to patients, carers and young families in their own homes, in the In-Patient Unit, and as out-patients in both our Hospice hubs. We provide support for patients and their families including children. We have welcomed a Psychotherapist to the team this year and two of our staff are undertaking a children and young people specialist course.

Our team have been involved in the Somerset carers strategic partnership board, palliative care children to adult transitions work, bereavement network and family support network. The supportive care team have been part of the Somerset, Wiltshire, Avon, and Gloucestershire Cancer Alliance Psychological Care Pathway Project, identifying gaps and promoting partnership working.

The bereavement service sees clients face to face and via telephone on an individual basis as well as running groups as required. This year the team of staff and volunteers have delivered 6x one week-long group sessions offering further support to bereaved family members.

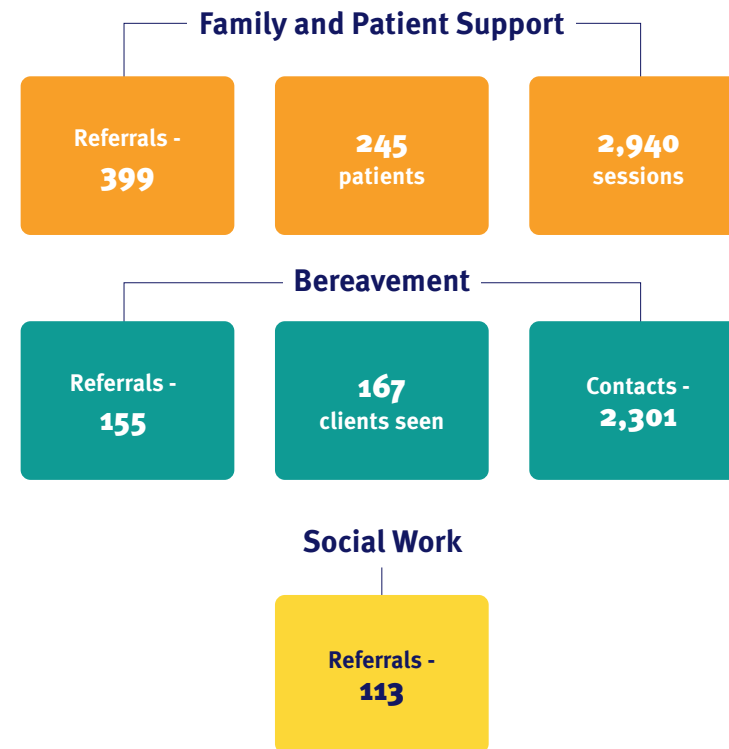
Part of the role of the family and patient support service is to support children with the loss of a parent or guardian (pre and post bereavement). This year we delivered a

Samsara group for children who had suffered a bereavement and provided activity days for teenagers.

In order to improve the knowledge and skills of people supporting others with bereavement, the team ran a one day and a more intensive 5-day bereavement, loss and grief training courses. The supportive care team have provided training and support around bereavement and resilience to our Hospice teams.

The team have developed bereavement cards which can be used to send to people who have lost a loved one with helpful hints and tips about how to support someone who has recently been bereaved. These cards will be going into our retail shops and Hospice hubs shortly.

As part of the changes in Somerset County Council, our on-site social work team moved back at the end of the year into community social care. We have welcomed our own Social Work Practitioner to the team and are currently in the process of recruiting a Social Worker to complete our in house team which is led by our Clinical Safeguarding Lead who is herself a specialist Social Worker.



“ Thank you for all your care of my partner and I over the final months of his illness. Your warmth, kindness, practical advice and suggestions were comforting and invaluable, as was your final visit on the day he died. We are comforted that he was able to be cared for at home; your support enabled this to happen. Please pass my thanks on to the wider team as my calls to the advice line provided reassurance and practical advice. ”

Wife of patient



Sunflower Centres and Therapies

This year we welcomed a new Therapy and Day Services Lead who, by managing these services across the County, has been ensuring we are sharing good practice and resources effectively.

Our Sunflower Centres (Day Hospice) operate in both Yeovil and Taunton and act as a central hub for patients being able to access a range of support and treatments. To maximise our capacity, we have changed our days of operation to minimise the effect of bank holidays on service closures. Our patients in the Day Hospices are now given the opportunity to feedback with a patient experience questionnaire specifically on the services provided. This can help inform patient care and aid service planning. The Sunflower Centre in Yeovil have been trialling a ‘Sunshine Club’ drop-in session for some discharged patients resulting in 127 attendances this year and it has been positively received by attendees.

Our Physiotherapy Team carry out work with patients in their own homes, in the In-Patient Unit, Sunflower Day Hospice and as out-patients. As well as maximising a patient’s ability, our Physiotherapy Team support with symptom management with a particular focus on managing breathlessness and pain. The team have recently set up a physiotherapy led support group for people with interstitial lung disease trialling its benefit for this patient group. Our physiotherapy team have set up training and supervision sessions for our MDTA’s to continue to enhance staff skills and knowledge.

Complementary Therapy is delivered by our co-ordinators and small team of volunteers primarily in our Yeovil and Taunton Hospice hubs. We not only see patients but carers who would benefit from this service. A variety of therapies are offered according to patient or carer need including massage, reflexology and reiki.

As part of the changes in Somerset County Council, our on-site Occupational Therapy team moved back at the end of the year into community social care and recruitment has commenced for two Hospice specialist palliative care Occupational Therapists to work with patients and carers across the County. Occupational Therapy services span the IPU, Community, day and out-patient services and are a key element to support patients to live well for longer.



Lymphoedema

The specialist Lymphoedema service is for adults and children with or at high risk of lymphoedema precipitated by varying aetiologies. Patients are assessed and treated as out-patients in our Taunton and Yeovil Hospice hubs as well as at outreach clinics. This service is funded by the ICB with 13% of the patient cohort having a palliative diagnosis.

The Lymphoedema Team have developed resources on the Hospice website to support self-management and as an adjunct to their care of patients with radiotherapy late effects. This year our team have taught at the CNS away day, tissue viability study day and provided a training day for the South West lymphoedema services on kinesiotaping. We led on the South West guidance on the treatment of lymphoedema in children and young people.

The team work in partnership with Somerset Foundation Trust late effects service, provides a monthly joint clinic. The success of this clinic was recognised at the British

Lymphology Society conference where our service lead won the experienced poster presenter award for 'an evaluation of a novel service for lymphoedema patients with cancer late effects'.

This year we have introduced self-check in at Taunton where patients can use a screen to let their clinician know they have arrived. This was successful and we are rolling this out to Yeovil.

In 2024, 337 people failed to attend their appointments, resulting in 348 hours of wasted clinical slots. SMS text reminders have been introduced and already seem to be reducing the amount of people who do not attend their appointments, we will continue monitoring this effect.

As part of our assessment, we have developed a lymphoedema tool to record limb volumes. This is time saving for the clinicians and enables us to map changes in limb volume over time which is a main indicator in the management of lymphoedema.

In response to increasing service demand, the ICB have kindly provided us with extra funding and we now have an additional keyworker.

The service has piloted a new bandaging technique which results in a shorter, more intense treatment regime with positive results.



Access and Advice

Advice Line

St Margaret's Advice Line provides a 24-hour service for patients, family and health care professionals. There has been a total of 7,096, 41% of which have been received out of hours. Call needs vary greatly from symptom control, care coordination and emotional support being just a few examples.

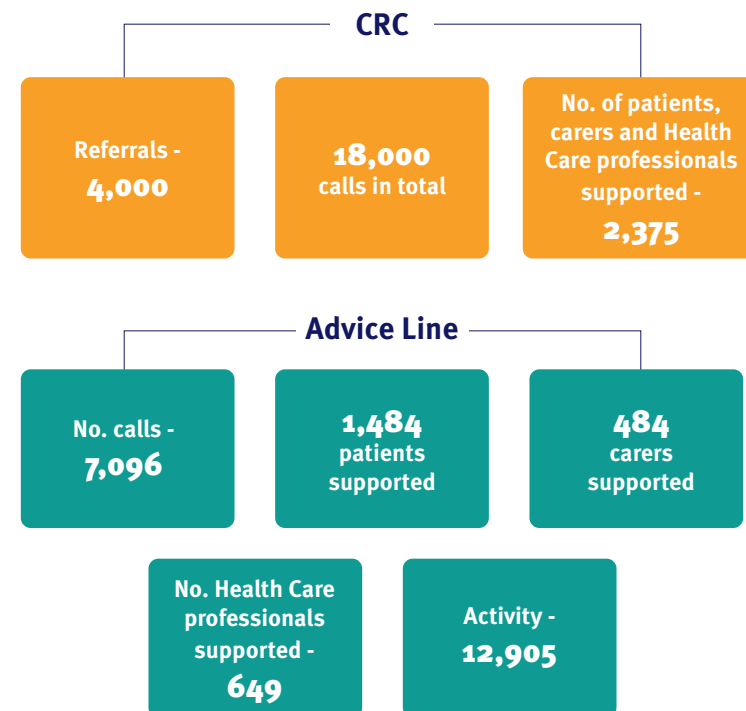
This year there has been a focus on staff development and promoting professional confidence as we have welcomed new team members. With a significant number of new staff on IPU we have increased education opportunities jointly, using call listening reflection which has resulted in greater confidence for all staff taking advice line calls 24 hours a day. The Advice Line Team are also befitting from 6 weekly supervision with the consultant and specialist medical team. A quote received from a relative who provided feedback following accessing the advice line, highlights the impact of the service reach

"Your care, advice and distant support for me whilst I was caring for my husband at home meant I could carry on and give him the best care I could".

Going into 2025/6 we are aiming to evaluate the service model to guarantee sustainability and quality.

Central Referral Centre

Our Central Referral Centre (CRC) team are a single point of access for the hospice for direct calls and referrals coming into both our Yeovil and Taunton sites. CRC received 18,000 calls this year including 4,000 referrals across all services. The biggest impact for the service this year has been the introduction of a new electronic health record, and the progression of the Somerset Integrated Digital Electronic Record. As information becomes more centralised there is less requirement to skip between other independent records and this has resulted in efficiency and lowers a level of clinical risk. Calls have become more complex in nature and the CRC team work closely with the Advice Line and Community Team in ensuring the calls are managed in a safe and supportive framework.



Spiritual Care

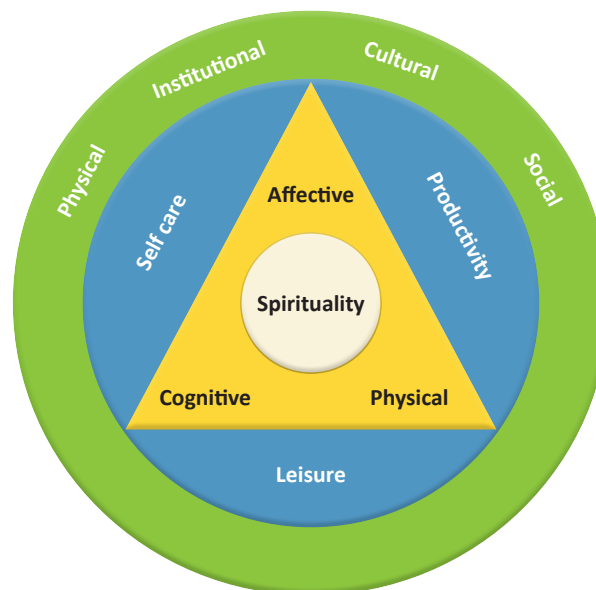
Introduction

“You matter because you are you. You matter to the last moment of your life, and we will do all we can to help you not only to die peacefully, but also to live until you die.” (Dame Cicely Saunders, founder of the modern hospice movement.) Person-centred spiritual care was axiomatic to Dame Cicely’s vision of holistic palliative care. At St Margaret’s that same sense of person-centred spiritual care is at the heart of all that we do.

NICE Guidelines and NHS research are clear that the offer of Spiritual Care is the entitlement of every patient and, moreover, that the provision of spiritual care is “the responsibility of every worker”.

Holistic Model for Holistic Care

At St Margaret’s we respond to this challenge by taking the Canadian Model of Occupational Performance as our philosophy. This international occupational therapy model puts spirituality at the heart of the person and is integral to their body, mind and affect (feeling). This, within the model, is the core of all human beings, ‘what makes us tick’, how we try and make sense of what is happening to us; how we interpret the world around us.



Spiritual Care and the Multi-Disciplinary Teams

Members of clinical teams are supported with appropriate levels of training - introductory, intermediate and advanced courses are offered to enable them to build spiritual care into their area of care. In 2025 formal spiritual care training was amended in order to match the clinical development pathways

being introduced. This means staff are increasingly equipped to have spiritual care and related conversations when the time is right for the patient, and to have those conversations with the person the patient feels most comfortable talking to. The Spiritual Care Lead is available for referrals to specialist spiritual care, drawing also on the wonderful support of the Spiritual Care Team. The team is made up of three skilled volunteers who work mostly in the two Sunflower Centres to make best use of their time.

In 2024/25 we are conducting a quality improvement project with staff on the in-patient unit to support them in documenting spiritual care on patients’ records. This will be followed by a qualitative and quantitative audit in summer 2025. We have already identified and addressed two particular issues for improvement and the audit will give us the next baseline from which to work towards further continuous improvement.

116
people
seen

662
contacts

Medical Team

Our medical team operates under the leadership of our Consultant, supported by a dedicated team of specialty doctors and trainees. This Multi-Disciplinary Team (MDT) includes specialty doctors, a trainee Advanced Clinical Practitioner (ACP), and doctors in training, such as General Practitioner (GP) trainees, specialist trainees, and foundation doctors. These trainees gain invaluable experience as they rotate through in-patient, community, and hospital settings.

We actively support the development of future medical professionals by accommodating fourth-year medical student placements from Bristol and Plymouth Medical Schools. Additionally, we foster opportunities for shadowing by doctors in training from other specialties and healthcare professionals undertaking the non-medical prescribing course. Our culture of bedside teaching and collaborative learning encompasses the entire MDT, ensuring a dynamic and supportive educational environment.

Our structured model of a trainee ACP under Consultant mentorship promotes close supervision and continuous development. This approach has proven highly effective,

and we have shared insights from our experience through a podcast and a panel discussion at the national Advanced Practitioner (AP) conference.

Our medical team and ACP, led by our Consultant and supported by our clinical systems team, successfully implemented electronic prescribing which has been of significant benefit to IPU care.

Our Consultant plays a pivotal role in bridging acute and community-based palliative medicine. They work in close coordination with the wider Palliative Medicine Consultant team with the whole team providing case reviews and comprehensive medical support for the Clinical Nurse Specialist (CNS) teams. Through this integrated approach, we provide high-quality, patient-centred care while fostering professional growth and collaboration within the MDT.



“ My late husband used to enjoy going to the Sunflower Centre, he found everyone very friendly and helpful. He used to enjoy doing craft's - mosaics was his favourite. I cannot thank St Margaret's Hospice enough for all their support and care they give. It will be two years in June that my husband passed away. I miss him every day but with support from St Margaret's, family and friends, I make the most of each day which I know my husband would want me to. Thank you once again. ”

Patient's wife



Tissue Viability (TV) and Infection, Prevention and Control (IP&C)

Tissue Viability

Standards of excellence continue to be achieved within our inpatient and community settings. Our TV team consists of a lead supported by link staff who dedicate their time in focusing on consistency in assessment, documentation and education. Reports continue to highlight healing rates in the context of end-of-life care. Our high standard of TV care allows patients quality of life and comfort in the last days of life. Our lead has maximised her reach in the community by implementing video assessments either with our own community services or in collaboration with external services. This has resulted in rapid assessment and responsiveness whilst reducing travel cost.

There is a lack of research in wound care treatment in palliative care, we have taken further steps to gaining momentum across services and other hospices in increasing the appetite for research. Our lead Consultant was able to display a poster on one such topic at the Palliative Care Conference in Belfast this year.

This is the second year in which we have been successful in grant application with the Pink Ribbon Society. The project this

year has built on the outcomes of 2023/24 where it was found a deficit in education to be the key feature in the management of malignant wounds developed from breast cancer. With the aim to address this, care homes and nursing homes have embraced education sessions delivered by our Lead and coordinated by our IPU link role.

During Covid the Southwest Tissue Viability forum was founded and this has gone from strength to strength with its function to provide greater knowledge and awareness in complex wound care. This has been driven by our team who work in collaboration to plan key topics of discussion, education and debate.

We continue to strive for the best possible equipment on IPU to reduce pressure relief and this year grant funding has supported the purchase of a vital tilt system. Many patients are unable to tolerate regular repositioning, and the tilt bed helps to change position in small increments that can be reduced to a minimum, research has confirmed that the slightest adjustment can impact greatly on reducing pressure ulceration.

2025/26 will welcome new opportunities in our commitment to wound care, but this comes with a heavy heart as our St Margaret's founder of standards and education in wound care heads into retirement, we thank her for her tireless and exemplary service. We are committed to ensuring her standards of excellence and passion for our patients continue.



Infection, Prevention and Control

In reference to our Infection Prevention and Control achievements across the hospice sites we have embraced the National Standards of cleanliness audits, gaining a five-star rating in our first year. Our Infection Control Lead works directly with the clinical team to support high standards and we are pleased to confirm no hospice acquired infections have been experienced in the last financial year. We continue to monitor standards and outcomes through the Patient Safety Thermometer, which responds to national risk such as UTI and pressure prevention and also includes our own oversight and assurance related to the specific risks that hospice inpatient unit presents. These audits have brought about a number of changes and education opportunities; one such example is the cleanliness and management of sharps trays for which we recently put new actions in place around storage. Audits and policy are central to ensuring best practice and national standards are implemented. In 2024 we introduced a Vaccination Policy, prompted by our Covid experience and guidance from our Occupational Health Provider. Our infection control lead continues to chair the South West Infection Control Forum and ensure the hospice is linked to system and national updates.



Catering and Housekeeping

Our catering and housekeeping teams are integrated and integral to our clinical service; they work directly with our staff, patients' relatives and visitors.

The house keeping team work to national standards of cleanliness and are truly dedicated to their roles. The housekeepers are witnesses to a great deal of emotional distress and are often engaged in supportive conversations with relatives. We recognise and support this and this is why the team are included in debriefs where appropriate.

The catering service provides a tailored approach to our patients, meeting dietary requirement, taste and preference and promoting appetite and being flexible on meal provision. The team are committed to quality, and this has been reflected in maintaining 5-star food rating across both sites. Our Catering Team's role also extends across the hospice providing catering to support charity events and functions as well as providing delicious meals for our own staff.



Safeguarding

At St Margaret's Hospice, safeguarding is central to providing high-quality, compassionate care. We are dedicated to protecting every patient from harm, abuse, and neglect while ensuring their well-being is always our priority. Adhering to the NHS Standard Contract's 12 core safeguarding standards, we have established robust measures to protect vulnerable adults and children.

Safeguarding is woven into our daily practice, reinforcing the shared responsibility of all staff and volunteers. Our governance structure provides clear leadership and accountability, with designated safeguarding leads overseeing compliance. Our highly trained senior on-call team is available 24/7 to offer support and guidance. We have comprehensive policies and procedures aligned with statutory guidelines, ensuring effective responses to safeguarding concerns. A rigorous recruitment process, including DBS checks, helps maintain a safe workforce.

Mandatory safeguarding training empowers our staff to identify and respond appropriately to concerns. While we consistently exceed our contractual 85% compliance rate, we are striving to achieve our own 95% target. Collaboration with local authorities,

health providers, and safeguarding boards strengthens our ability to provide coordinated support. Secure data-sharing protocols facilitate timely interventions while maintaining confidentiality. Our Clinical Safeguarding Lead has established a forum to foster collaboration among hospices.

We encourage patients, families, and carers to raise concerns, fostering a culture of openness and trust. Proactive risk assessments and safeguarding measures help prevent harm and abuse. A structured approach to incident reporting, investigation, and resolution promotes continuous learning. Adhering to the Mental Capacity Act ensures patients are supported in making informed decisions about their care. Transparent whistleblowing policies empower staff to report concerns without fear of reprisal. Regular audits and monitoring drive ongoing improvements, including our first annual self-assessment audit this year. Through these efforts, we uphold a safe and respectful environment for all.

Concerns raised
105

Submissions made
25



Clinical Education

The education and learning team delivered more than 250 hours of planned training courses, covering areas such as human factors, communication & supervision, bereavement & spiritual care, leadership & management and safeguarding, for our staff. Each intervention was attended by an average of 6 people. Each intervention is evaluated to measure increase in knowledge, skills and confidence, more than 80% of participants indicated that their knowledge and confidence had increased. Clinical skills training was provided to all staff through the weekly rolling skills programme for CPD. Two Community Nurse Specialists completed the master's level Independent Prescribing qualification funded by NHS England and joined the Somerset Foundation Trust (SFT) community of practice.

For clinical mandatory and statutory training compliance we set a target of 95% compliance, higher than the ICB contractual compliance of 85%. For the last quarter this year, the average statutory training compliance was 97% and the average mandatory training compliance was 93%. Going forward, our new learning management system, Smile will improve data capture for reporting. Oliver McGowen training was launched this year and averaged

87% which is above our contractual target but below our own standard. It is worth noting that to be considered trained you need to have completed an online course as well as completing a whole day face to face course. We are lucky enough to have been provided a set of face-to-face training sessions by SFT, although these will come to an end by the end of 2025.

All new starters throughout the year completed clinical induction, ensuring that new staff understand our values and function of the hospice and the basics of End-of-Life care, symptom control and medicines management. All new starters reported increased levels of confidence in understanding their role after the induction. During the period, the hospice provided placements for 10 student nurses from various local Higher Education Institutions, as well as a rolling programme of placements for Student Nurse Associates, Paramedics and T level students.

The ECHO programme provided 14 one hour online training sessions to health care professionals, care home staff and hospice staff on all aspects of End-of-Life care. Each session was attended by an average of 12 people. The Education Team also provided more than 40 hours of training for external stakeholders, including communication & EOL,

syringe drivers and verification of expected death as well as regular teaching sessions for students at the University Centre Somerset.

Feedback from external participants commented:

"Thank you for the very informative training last week at the racecourse. Your passion was clear and whilst it is an incredibly emotive subject, it was handled with real sensitivity. I have taken away key learning from this, and it is going to help me to embed the EOL plan within our care homes. For this, I am sincerely grateful."

A student nurse commented:

"I feel absolutely privileged to have been welcomed into your team and to have looked after so many people alongside you all. I was shown great kindness, patience and support from every single member of the team, which truly, I am so grateful to you all for. Prior to my placement with you at St Margarets, I had spent time with the palliative care teams and a lot of end-of-life care at MPH. I knew this was something I was passionate about, and I knew I would love being at the hospice - but I never ever expected to have fallen so in love with such an incredible place."

IT

During 2024/25 the SMH IT Services team have continued to work with our clinical teams to underpin safe, high-quality hospice care by providing round-the-clock operational support, strategic leadership and in-house development for all digital and information systems. We manage the Hospice's electronic health record (SystmOne), delivering both day-to-day troubleshooting and longer-term configuration in collaboration with our clinical team to meet their evolving needs, and we have introduced a fully integrated e-prescribing module that streamlines medicines management and audit.

Robust cyber-security controls, independently assured against NHS Data Security Protection Tool (DSPT) standards, protect patient data and keep critical services available 24/7. Our Emergency Out of Hours Service ensures clinicians have support for urgent enquires whenever they need it, ensuring the safe operational of our digital services. Our Business Intelligence function ingests data from multiple sources into a consolidated data platform, working with our clinical teams to produce timely, clinically led insight dashboards that inform service redesign and quality improvement.

Innovation remains central to our contribution. As part of our transition to

SystmOne we designed and deployed a new Crosscare Viewer, giving clinicians seamless read-only access to legacy records from within SystmOne, and we expanded our home-grown e-Referral and Lymphoedema Management tools, reducing administrative burden and accelerating access to care. We are actively evaluating AI-powered services to enhance workflow efficiency and decision-making.

These achievements reflect a commitment to continuous improvement and innovation, ensuring that technology actively advances the quality, safety and reach of St Margaret's Hospice services.

Estates

Estates management at St Margaret's is provided to support the clinical operations provided by the In-Patient Unit and out-patient services. Our aim is to ensure that buildings and infrastructure are fit for purpose and can support current and future service need.

The estates maintenance teams based at each hub provide a proactive maintenance programme to reduce backlog and reactive tasks. The introduction of a new defect

reporting system in 2024 embraced the advantages of the IT ALEX bot to enable staff and volunteers to easily report breakdowns or make requests for assistance.

The Estates Governance Group ensure the hospice operates to meet industry standards and statutory compliances, whilst working in collaboration with other staff groups such as Infection Prevention and Control and Health and Safety Team to promote the provision of a safe and appropriate environment for our patients and staff.

The Estate Review Project is evolving into an ambitious refurbishment project with the objective to delivering improved facilities for patients, staff, and visitors at both hubs. I would like to thank everyone within the clinical teams who have been engaged throughout the process of developing the design concept, which has led to a strong focus upon how we can best serve our patients through our estate and infrastructure. This is an exciting opportunity for St Margaret's estates team to make the necessary improvements led by our clinical service needs.

Volunteers

We simply couldn't provide the level of care we do without the dedication of our volunteer colleagues. Their contributions are invaluable, and we are deeply grateful for the significant impact they make.

Currently, we have 73 active clinical volunteers who generously commit between 2 to 5 hours per week. They are part of a broader network of 1,079 volunteers who support St Margaret's Hospice in various ways. From working in our shops to assisting with fundraising and community activities, each volunteer plays a vital role in enabling us to continue our work. Notably, 50 of our volunteers take on multiple roles within the organisation, further demonstrating their commitment.

Our clinical services rely on volunteers not just for their hands-on support but also as our "critical friends," helping to ensure that the experiences of our staff and patients reflect the highest standards of quality, compassion, and safety.

This year, we have been delighted to introduce a new and innovative role - a "Strategy Volunteer." Drawing on her

experience she will be visiting GP practices and NHS and Social Care sites, and will provide valuable insights into the services St Margaret's offers, gathering feedback on users' experiences and raising our voice in the community. We plan for this role to evolve further, playing an essential part in supporting the delivery of our strategy.



“ It is a real privilege to volunteer alongside an amazing team and who make a real difference to all the patients you work with. Thank you for all the support and encouragement you give to me to ensure I have such a positive volunteering experience.”

A volunteer



Income Generation and Finance

Income gen

Last year it cost St Margaret's approximately £15m to run the hospice, including all its services, income generation activities and commercial operations. Over 70% of this income is self-generated by expert teams in fundraising and retail, who work alongside our generous community of supporters to raise those funds.

Our strategy is to ensure we retain a diverse portfolio of income streams, so that our financial risk is spread across multiply disciplines and we focus on putting people and relationships at the heart of our income generation – whether that's buying from our shops, playing our lottery, taking part in an event or donating in memory of a loved one.

We also benefit from legacy income, and annually receive gifts left in Wills totalling more than £2.5m. Recognising the importance of this income stream, last year we invested in Your Gift, Our Future, a marketing campaign to help safeguard our legacy pipeline to ensure our care is available for future generations.

With 31 community charity shops, on high streets, in villages and precincts across Somerset, our retail operation generated

£6.4m in gross sales last year, making it our largest source of income. As well as an invaluable commercial asset (profits are enough to pay for our community nursing service for a year), our shops, also play a hugely important role in being the public face of the charity, communicating our brand and setting the tone for how we are perceived externally. They also operate as hubs within their neighbourhoods, delivering opportunities for companionship and the building of life-long friendships through volunteering, as well as being places where families who are grieving or are bereaved can come to find solace and purpose after losing a loved one.

Traditional forms of fundraising continue to underpin what we do at St Margaret's, and this is a crucial part of our ongoing community engagement strategy as we seek to raise our voice and promote awareness of the benefits of hospice care. Each year we welcome hundreds of local people to our events, and support many more in their own fundraising efforts as they do incredible things to raise vital funds. More often than not these are members of our community who go above and beyond to celebrate



the lives of loved ones, fundraising in their memory and acknowledging the care St Margaret's has provided.

And this is where our care and income generation come together and are at their most powerful – offering a positive outlet for grief and a cathartic exercise for some, who wish others to benefit from our care in the future as their loved ones did.

Finance

Our Finance Team have worked closely with our clinical teams throughout this year to ensure an informed and considered approach to our pay arrangements and to provide monthly analysis of staffing and other costs. Early in the year the team supported with modelling changes to our anti-social pay to design a system which can more fairly reward staff for working out of hours shifts and deliver this within budget and with minimal impact on overall pay costs. This was brought in from 1st April '25 with finance also supporting with the provision of electronic timesheets to manage the accurate processing of pay under this new system. The new pay system is one factor that has

contributed to achieving full staffing levels versus budget on our IPU. The provision of more detailed monthly analysis of internal and external payroll costs, and performance against budget, along with work with the clinical teams to monitor occupancy and complexity, has allowed informed decision making on the use of agency staff, which along with better staffing levels on our own payroll, has allowed us to substantially reduce the cost of external agency staffing whilst ensuring quality of care is maintained when occupancy and complexity put higher demands on front line clinical staff.

In preparation for our new 5 year strategy formation our Finance Team have also supported with modelling and planning test and learn scenarios to affordably expand provision of services and earlier intervention, including working with clinical and fundraising staff on analysis which has successfully sought external funding to facilitate trials. One example of this is the expansion of our Day Hospice Services for an additional day a week, alternating between our two sites, to support patients with neurological conditions, with an initial 12-month project starting this year.

We have strengthened our oversight and analysis of funding streams to ensure full allocation of financial support for trainee clinicians, medical staff, and participation in research projects. This enhanced approach guarantees that funding is utilised effectively, maximising our contribution and impact in these critical areas. By optimising resource allocation, we are reinforcing our commitment to advancing NHS care and supporting its future nationally.



Our Quality and Safety Assurance

At St Margaret's Hospice, ensuring the highest standards of care is at the heart of everything we do. Clinical governance provides the framework through which we continuously improve the quality of our services, safeguard patient safety, and maintain excellence in end-of-life care.

Through a structured approach to quality assurance and risk management, we strive to deliver compassionate, person-centred care that upholds dignity, respect, and the best possible outcomes for our patients and their families. Our commitment to safety is reflected in robust policies, continuous learning, and a culture of openness, ensuring that all staff are empowered to provide care in the safest and most effective way.

Over the past 18 months, we have been on a transformative journey to enhance the robustness of our quality and safety oversight. This ongoing effort has strengthened our governance framework, ensuring a more resilient and effective approach to maintaining the highest standards of care.

We are currently developing our patient safety incident response framework (PSIRF) plan, although already using the approach, the plan will enhance our methodology for learning from patient safety events.

We collaborate closely with the Integrated Care Board (ICB) in Somerset and other system partners, ensuring a seamless connection across the healthcare network. Our engagement extends beyond care and service delivery to encompass quality and safety standards. Additionally, we actively

participate in the regional Hospices Quality and Safety Group to uphold excellence in patient care.

This report highlights our ongoing efforts in maintaining high standards of clinical practice, responding to patient needs, and fostering a culture of continuous improvement. By prioritising transparency, accountability, and innovation, we reaffirm our dedication to delivering the safest, highest-quality hospice care for all who rely on our support.



Clinical Incidents - Falls and Medication Errors



Falls

In end of life care, patients in various phases of illness are at risk of falls especially when added to medication and symptom load. At St Margaret’s we ensure that all patients have a falls risk assessment within 6 hours of admission and measures put in place dependant on need to mitigate risk. This may be as simple as wearing grippy socks and correct footwear, putting up handrails, having assistance to mobilise through one to one care or equipment such as a reclining tilting chair or walking frame.

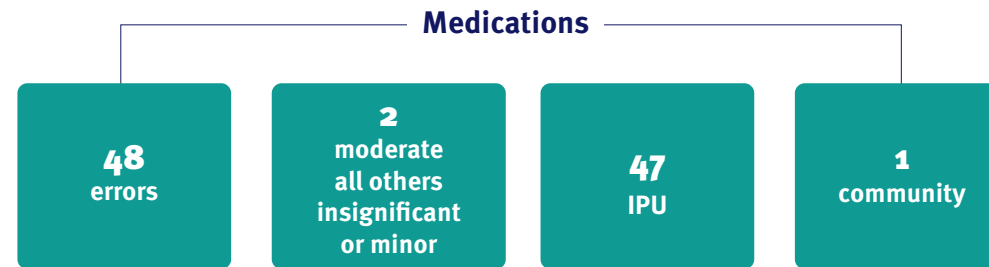
Patients on the IPU will have a call bell within reach and are encouraged to use it. A poster campaign called “call don’t fall” has been

introduced this year to encourage patients to call for assistance rather than risk falling, early assessment of impact has shown a slight decrease in falls but longer term analysis continues. We also actively participate in the National Falls Awareness Week and have a patient safety thermometer system in place that can focus on key areas such as this if the number of falls should increase.

We monitor and report on falls, recording the outcome, risk scoring and learning. Every patient on IPU has an incident form completed if they fall, whether witnessed or not which will trigger a review of their risk assessment.

This year we recorded 49 falls, 12 were insignificant, 35 minor and 2 serious. 6 people had multiple falls. There were 2 incidents that required CQC reporting one relating to a head injury and another to a hip fracture. In all incidents maximal preventative measures were in place and no lapse in care found.

We are currently leading a regional Hospice group on falls prevention. This is an excellent opportunity for us to share good practice and learn. We plan to expand out data set on recording falls so that we can make easier assessment of mechanism of fall and patient condition.



Medication error

This year we recorded 48 incidents involving medication errors, 47 from the IPU and 1 from the community. 60% of these were related to controlled drugs which is perhaps not surprising considering the specialty within in which we function. We are looking at the data we have on community errors, as we do not routinely give medication in the community the errors related to medication will most commonly come from prescribing errors. We work closely with Somerset FT in the community and it is possible that some errors might be reported via their routes. An assurance deep dive on this has started.

The main theme for errors are documentation, administration and record keeping errors. We have seen a sharp reduction in documentation errors since the introduction of electronic prescribing on our IPU which started halfway through the year.

We continue to keep a close eye on the effect this has on error rates and any other associated phenomena.

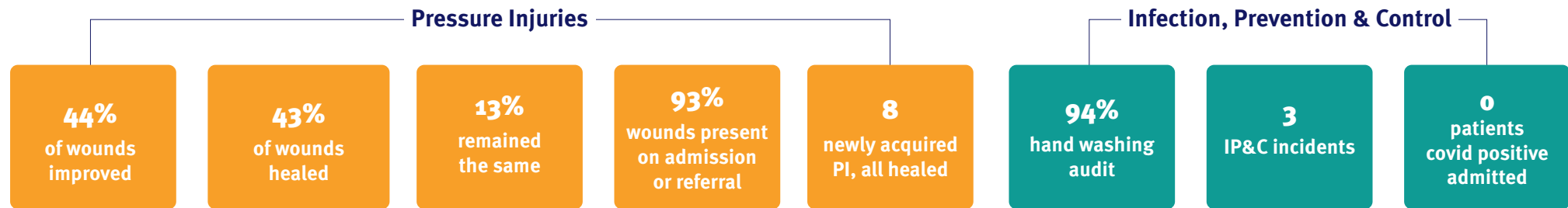
This year we commissioned an external assurance audit on our management of controlled drugs. We invited external scrutiny for assurance and to improve our practises. Over all we received very positive feedback on our practices but areas were identified for improvement around our Standard Operating Procedures (SOPs) amendment process and the addition of some new stand alone SOPs which we have now taken out of the policy. As required by law, we have a controlled drug accountable officer (CDAO) who monitors and reports any unaccounted-for loss of a controlled drug of which there were none this year.

We continue to work with our staff providing education, reviewing competencies and provide human factors/simulation training in

response to themes of errors. We also use a self-reflective practice to learn from mistakes and adopt changes to practice enabling safer care. Of the medication errors, 2 were classed as moderate harm. Both were related to dosing errors and although enhanced monitoring was put in place there were no ill effects, the patients and their families were informed of the errors at the time. The other errors were insignificant or minor requiring no intervention.

We identified a risk associated with patients bringing large quantities of personal medication upon admission, requiring thorough checks at both admission and discharge. To address this, we streamlined our admission process and documentation to reduce the potential for medication-related errors. Clear patient guidance has also been introduced regarding which medications to bring. The impact of these improvements continues to be closely monitored.

Pressure Injuries and Infection, Prevention & Control



Tissue Viability

A small, dedicated tissue viability team do an exceptional job with treating and managing complex open wounds and help alleviate pressure injuries. We have some of the best hospice results nationally and are naturally very proud of these. Most wounds are pressure/moisture related wounds and due to the nature of our patients, in various phases of illness it is impressive that out of the 118 wounds we recorded this year the team have improved 44% of wounds and healed 43%, 13% remained the same.

Of the 118 wounds, 103 were pressure injuries present on admission, 8 newly acquired PI's, which were all healed and

7 malignant wounds. This is a not insignificant feat especially as the average length of stay has increased with more complex admissions. The 7 malignant wounds were cared for either in the community or IPU. These can be extremely painful, debilitating and odorous for the patient and can take several hours to clean and change dressings, often requiring pain relief to be administered to enable this to happen and which may be required more than once per day. The work the team have done to heal the malignant wounds under our care has had a dramatic positive effect for the patients concerned increasing their quality of life enormously.

All forms of wounds are reported and scrutinised internally for learning and oversight as well as reporting nationally on pressure injuries and moisture associated skin disorders (MASD). We also report into and learn from engagement with Hospice UK and a regional tissue viability group.

Special pressure relieving mattress are used and a new bed was also purchased this year that can be set to automatically tilt by 1 degree on a timer so that it does not disturb the patient whilst providing this relief. Slide sheets and hoists are used to transfer patients where needed following risks assessments.

Infection, Prevention and Control (IP&C)

Infection prevention and control is an important area that is fundamental to maintaining the health and safety of our patients. Many of our patients face acute or chronic illness, struggle with malignant wounds, and may be immunosuppressed, which - combined with poor bowel health and nausea due to their symptoms or medication - can rapidly lead to increased risk of infectious outbreaks.

Our Infection prevention control lead and her team of link nurses work hard ensuring policy and procedure is up to date and in place and that staff are trained to use them. The team focus on education and equipment as well as working with the housekeeping team to ensure that cleanliness is of the highest quality.

We complete monthly hand washing audits and sharps spot checks. Any dip in compliance is interrogated to rectify and learn. As an organisation we set ourselves a higher standard of 98% compared to the national requirement of 95%. This year's average was 94%. On review of performance over the year we noted that where the spikes of lower performance we had concurrent spikes in agency staff use and further more that the issues were identified as

occurring between activities in a patients room. We have increased our education and training on this specifically and have improved our agency staff induction to include more detailed input from our IP&C team.

This year we had a dip to 82% for our sharps audit. This was identified as an issue with the sharps bins not being sufficiently secured rather than practice with the sharps themselves. This is a risk however and we have provided increased training, posters and team meeting sessions to highlight the risk. We continue to monitor our performance on this issue.

This year there were 3 IP&C incidents, of which 2 were needlestick injuries sustained by 2 separate staff members. The other incident was a patient with a known healthcare associated infection who was admitted onto IPU but which was not communicated to us. This was reported back to the healthcare provider and successful steps taken to avoid transmission.

The prevalence of testing covid positive in the community is decreasing and there were no cases of covid positive patients admitted. 22 clinical staff and 7 non-clinical staff tested positive this year. There was good uptake of the flu vaccination amongst clinical staff this year.



Patient Experience

The patient and their family is at the heart of everything we do. We strive to be truly person centred. Through our team of dedicated staff and volunteers, we continually strive to provide the highest quality safe care and go the extra mile. We are also an open and transparent, listening and learning organisation and so take patient, family and public feedback seriously and ensure we learn from it.

At St Margaret's our aim is to facilitate patients to experience a calm, comfortable and dignified death as well as being supported to live well for longer.

As one of our priorities next year we will form a patient experience strategy which will build on the work we already do with comment, complaints, concerns and compliments that come through to us. This strategy will not only ensure that we are scrutinising the data and information we receive but also seek out new and novel ways to court and collect feedback to enrich our knowledge base.

As we move into our new 5 year strategy we will have a focus on reaching out to people earlier in their journey to provide vital support to help them live well for longer. Ensuring that we use patient feedback and experience to shape our developments are extremely important.

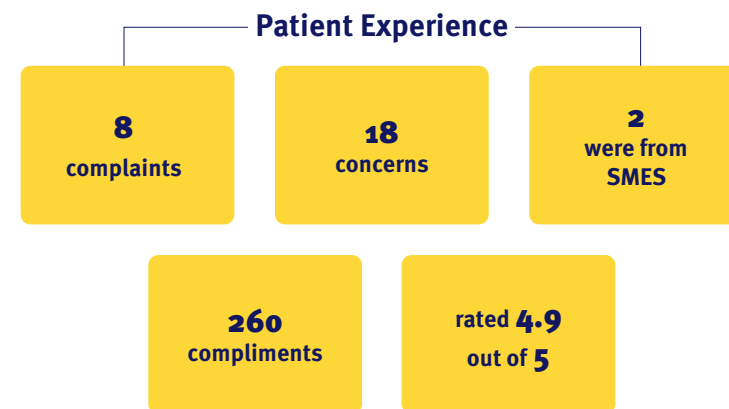
We use the 'I Want Great Care' tool to capture information from patients, their families and carers in the way of anonymous feedback. This year we had 260 returns, up from 229 the previous year, an increase of 13.5%.

We have a robust complaints and concerns policy and procedure in place and receive feedback through many routes for example written, verbal, social media. This year also saw a new mechanism of reporting concerns being introduced through Somerset Medical Examiners Service (SMES).

This year we received 8 complaints, 18 concerns, 2 via the SMES system. Some themes included better communication and more joined up care in the system. We feed this back to Somerset Foundation Trust and the ICB and have active workstreams in place to address some areas. Where we don't get it right, we apologise, listen and learn, implementing any action necessary if we have fallen short of our standards.

This year we had a total of 407 compliments, down from the previous year. We use our compliments as well as complaints, concerns and comment as valuable feedback. We pride ourselves on our care compassion and dignity and monitor this and other themes closely over the year to ensure swift action should any issues arise.

Our volunteers are key to our existing patient experience practice and to our new strategy moving forwards. One of our current volunteers is responsible for interviewing patients and carers about their experiences, to help develop services and maintain quality. Her compassionate approach and empathy has meant that her input has made a real difference.



Research and Audit

Research at St Margaret's Hospice

St Margaret's Hospice is a research-active organization committed to ensuring that the care we provide is rooted in evidence-based practice. We continue to strengthen our research culture, fostering high-quality studies in palliative care to improve patient outcomes and advance best practices.

Over the past year, we have achieved significant success in our research collaborations, particularly with National Institute of Health and Care Research (NIHR) portfolio studies, PhD projects, and local research initiatives. A key highlight was our participation in the Chelsea 2 study, where we led recruitment efforts among 80 hospices, exceeding our initial target of 20 patients and ultimately enrolling 30 participants.

To support and expand research activity, we have enhanced our governance framework by establishing a core committee responsible for assessing validity, capability and capacity for participation in studies. Additionally, our research group facilitates idea-sharing, promotes research engagement, and supports staff in developing their own projects. Our wider activities include in-house teaching sessions on research and quality

improvement, a regular journal club, and the publication of a Research and Quality Improvement booklet.

Our Hospice Consultant holds a dual role as Head of Research and has recently chaired a regional conference in her capacity as NIHR research development network Speciality Lead for Palliative Care. This exciting appointment strengthens collaboration across the South West, enabling further hospice-based research. Furthermore, our doctors have presented at The Association of Palliative Medicine Congress and at the Hospice UK Conference.

The growing recognition of Palliative and End of Life Care research is opening doors for essential study, contributing to the development of NICE and other guidelines that will shape symptom management and improve patient care.

Our Consultant is deeply passionate about research, playing a pivotal role in promoting studies at both regional and national levels.

We are fortunate to have dedicated funding for our research nurse role, secured for an additional two years. Above all, we remain immensely grateful to the patients who consent to participate in research, recognizing

that their involvement may not benefit them directly but will contribute to better care for future patients.

Our research portfolio includes projects investigating prognostic markers in urine samples to support end-of-life planning and personal choice. Additionally, studies examining therapeutic preferences incorporate patient and family perspectives to enhance care, while a PhD student has explored caregiver experiences in supporting patients with non-malignant and respiratory diseases at the end of life.

Clinical Audit

We have a key clinical audit process that we are continuing to develop. Clinical governance audit is a structured process that evaluates healthcare services against established standards to enhance quality, ensure patient safety, and promote continuous improvement. It allows oversight and assurance and also provides a benchmarking framework, allowing hospices to compare performance and report findings to Hospice UK annually. These audits focus on patient safety, quality assurance, compliance, and education, with focused attention directed

toward certain areas such as reducing medication errors - especially those involving controlled drugs. Identifying trends through incident analysis and understanding root causes will help minimize errors. Reviewing the entire medication process from procurement to destruction is essential for assurance.

We have a schedule of regular audits, an ad hoc annual audit schedule, reactionary audits and quality improvement projects. This year, eight large planned ad hoc audits were conducted, marking an increase from the previous year. Twelve are planned for the next cycle. Key regular audits include hand hygiene, personal protective equipment (PPE), safe waste disposal, Nacel, FP10s, controlled drugs, swipe card access, health and social care, and independent prescribing. Hand hygiene and PPE have maintained 100% compliance since 2020. The bowel care audit found that gastro templates were underutilised at admission, leading to inconsistent documentation. A task force was established to address these gaps, with a follow-up audit scheduled for late 2025 to assess improvements.

Additionally, nine reactionary audits were performed to address emerging concerns. These covered lymphoedema Did Not Attend (DNA), supervision uptake, bowel care, ethnicity, iPOS, ACP, and therapies. The lymphoedema DNA audit revealed a significant increase in non-attendance, prompting changes such as appointment reminder systems and revised policies to reduce last-minute cancellations and improve cost efficiency.

Findings inform risk mitigation strategies, reinforcing a culture of transparency and improvement. Reports are submitted quarterly to Clinical Governance Committee and Clinical Quality and Safety Committee and board, also feeding into Integrated Care Boards (ICBs) and NHS England.

The iPOS outcome scoring system, designed to evaluate patient needs, showed progress in compliance rates - rising from 39% to 70% - but remains below the target of 90%. Increased staff awareness and automated health record alerts are expected to enhance compliance further.

Quality improvement projects operate in tandem with audits and are integral to enhancing services. Upcoming initiatives related to IPU admissions is aimed at streamlining admissions and discharge processes to ensure efficiency, allowing for quicker admissions of deteriorating patients and more coordinated discharges with medication, transport, and care provisions in place.

By integrating the oversight of audits and quality improvement projects, hospices can uphold high standards of care while adapting to evolving healthcare needs. Audit is an essential element of our clinical governance process.



Reporting

Being open and duty of candour context

We always aim to be open and transparent in our care and communication. We strive to have an open culture of reporting incidents and being honest if we make errors in relation to care, however small. Staff training is designed to foster and understand that incident reporting and near miss reporting allow for practice improvement and service development and encourage reporting practice. We work closely with other system partners and the Medical Examiner to ensure that we are open and transparent in aspects of patient safety and experience.

Serious incident reporting

As all health care organisations we strive to uphold a transparent and accountable approach to serious incident reporting, ensuring timely documentation, thorough investigation, and proactive measures to enhance patient safety and care quality in accordance with regulatory frameworks. We use the principles from the patient safety incident response framework (PSIRF) and are in the final stages of agreeing our policy and plan which will be formally launched soon.

This year we had one deprivation of liberty application to report and 2 serious incidents. Both serious incidents were related to falls, were fully investigated and learning taken. Although, no lapse in care found and maximal intervention and assessments were in place at the time of both falls we have improved our patient information and signage as a result as well as continuing to lead a regional team on the subject of falls prevention.

Freedom To Speak Up Guardian



Making **Freedom to Speak Up**
business as usual.

Role of the Freedom to Speak Up Guardian

- to contribute to patient safety and promote excellence in patient care;
- to provide impartial support to colleagues who raise concerns or make suggestions
- to promote a culture in which staff and volunteers are encouraged not only to raise concerns but crucially also to offer suggestions for improvement
- to thank and support those who raise concerns/make suggestions.

Nationally Guardians work in a variety of ways. St Margaret's Guardian has established the model of all concerns and suggestions be channelled into our existing formal avenues of support, particularly HR and Governance; and that the person themselves take active ownership of their issue. There is a dedicated email box:

SpeakUp@st-Margaret's-hospice.org.uk

Last year the Speak Up remit was extended beyond the Clinical Directorate to the whole Hospice and the following have since been introduced

- **3 Freedom to Speak Up Champions** appointed under the guidance of the Guardian. Their role is to act as Speak Up Champions across the Hospice; to promote awareness of the opportunities to raise concerns and make suggestions; to record concerns/ suggestions and forward them to the Guardian; to thank and support all who raise concerns/suggestions.
- **Speak Up Training for all Staff** (Volunteer training to follow)
- **Freedom to Speak Up Policy**
- Twice yearly **Promotion** through the Staff Briefing

The Guardian is registered on the National Guardian Office (NGO) website and undertakes their annual training. She is required to report quarterly to the NGO on number (only) of

cases formally recorded. In 2024/25 she reported two cases. At St Margaret's both were progressed formally by HR in accordance with their usual policy and procedures.

The added value of the Guardian and Champion roles can be seen in the opportunities they provide for staff to have an immediate avenue of support when issues arise. This allows them 'breathing space' to consider what next steps (if any) they wish to take.

Strategic governance

The central governance and clinical governance teams work in close alignment to ensure high standards of care, safety, and accountability across the organisation. The governance team provides the overarching framework that supports robust accountability systems and ensures regulatory and legal obligations are met.

The team oversees the development, review, and implementation of organisational policies and procedures, ensuring these are up to date, compliant with statutory requirements, and aligned with best practice. In partnership with clinical leaders, the team ensures that

clinical policies, standard operating procedures (SOPs), and guidance documents are current, accessible, and adhered to across clinical services. This work underpins safe, effective, and person-centred care.

The integration of governance and clinical governance teams allows for a joined-up approach to risk management, audit, incident reporting, complaints, learning, and improvement. This provides assurance to the Board and senior leadership teams. By working collaboratively, we ensure that the hospice operates in a way that is both legally sound and clinically safe, ultimately supporting continuous quality improvement and the delivery of excellent care for patients and families.



Inspection

Care Quality Commission (CQC) inspection

We received an Outstanding rating from the Care Quality Commission (CQC) for the second time following an inspection in July 2024. The teams embraced and welcomed the inspectors into their services, and the inspection team met patients across the hospice and community who were able to talk about their experiences. We uploaded just under 300 pieces of evidence to the portal site to provide a wide range of evidence. This information gathered from across services

included evidence of learning, patient experience, governance frameworks but the majority were related to the vast array of initiatives and service improvements we have performed. We were praised for our exceptional care, compassionate staff, and commitment to patient safety and wellbeing.

The inspection found us to be effective, caring, responsive, and well-led, with its rating for safety upgraded from 'Good' to

'Outstanding'. The CQC highlighted the kindness and attentiveness of staff, as well as their ability to meet the unique needs of patients and their families.

The hospice was commended for its innovative approach to end-of-life care, including translation services and tailored support for people with disabilities. Leaders were recognised for fostering a positive work environment that emphasizes learning, collaboration, and innovation.



“We found that St Margaret’s Hospice - Taunton was providing an outstanding service to the people it supported and to their families. The team there should be extremely proud of the work they do.

We know how challenging yet rewarding it is to work in such a service, and we were struck by the extent to which the hospice places the people at the heart of everything it does. More than anything else, the way in which the staff team are led to think of each person as a unique individual and respond accordingly is why this hospice has received the highest rating we can give.”

Deborah Ivanova, Interim Deputy Chief Inspector of Adult Social Care

“Everyone at the service should be extremely proud of the high-quality care they’re providing to people and their loved ones. Other providers should look at this report to see if there’s anything they can learn.”

Catherine Campbell, CQC Deputy Director of Operations in the South

HR & DEI

Staff support and the Human Resources (HR) team

This year, led by our Director of People, Development and Governance, our HR team has continued to strengthen its commitment to staff wellbeing and support across the organisation. We successfully launched Ciphrr, our online one stop HR Hub designed to improve access to key detail & approvals, policies, procedures, and employee resources. We are committed to employee wellbeing and have further developed our Employee Assistance Programme, offering confidential support for physical and mental health, financial wellbeing, and personal challenges.

Our dedicated HR team work closely with managers, leaders, and staff to promote a culture of wellbeing, resilience, and inclusivity, ensuring HR cases are managed fairly and consistently. Our focus remains on enhancing policy frameworks, delivering responsive HR support, and fostering a healthy, supportive workplace for all.

Diversity, Equality and Inclusion (DEI)

St Margaret's Hospice's commitment to diversity, equity, and inclusion (DEI) is vital in ensuring compassionate, person-centred care for all people, regardless of background, identity, or medical condition. The core philosophy of our Hospice care centres on dignity, respect, and quality of life, meaning that every patient and their loved ones should feel valued, heard, and supported. This commitment extends to staff, volunteers, and the wider community, fostering an environment that acknowledges and embraces differences. We are on our journey to strengthen and further embed DEI principles into every aspect of hospice operations, so that we can continue and strengthen a truly inclusive space where disparities are recognized and addressed, ensuring equitable access to palliative care for all.

In the first year of our new 5 year strategy, efforts are focused on exploring and exposing existing gaps in all areas of inclusivity, including in relation to patients with non-malignant conditions and present and past armed services personnel. Historically, hospice care has often been more accessible to individuals with cancer diagnoses, inadvertently overlooking some of those with other life-limiting illnesses such as advanced heart, lung, or neurological conditions. This initial phase of the strategy involves comprehensive assessments, stakeholder engagement, and targeted research to identify barriers to access and areas where improvements are needed. By shedding light on these disparities, the hospice can establish a foundation for meaningful, informed change that truly serves the diverse needs of its community.



2025-2030 Strategy

At St Margaret's Hospice we will implement its **2025–2030 strategy** through targeted actions aligned with its three key principles - **Raising Our Voice**, **Enhancing Our Care**, and **Stewarding Our Resources** - while ensuring that its core values of **compassion**, **collaboration**, and **ambition** remain central to every initiative.

Raising our voice - We need to advance the conversation around dying, death, and the evolving role of hospices. This starts with breaking down misconceptions - challenging the belief that hospice care is only for people at the end of their life, redefining what hospice care truly offers, and informing communities and health and social care professionals about our services and breadth of care.

Enhancing our care - Too often, patients are referred to us near the end of their life, missing the opportunity for earlier support that could alleviate pain, reduce distress, and offer clarity about choices for their future care. We will encourage people to see hospice care as a resource available at an earlier stage of their condition, even when they are feeling well. We will focus on equipping patients and their families with the tools, knowledge, and support they need to take control of their journey, make informed decisions, and help reduce unnecessary hospital admissions.

Stewarding our resources - Delivering the best hospice care requires thoughtful resourcing - this means having the right people in the right roles, supported by the appropriate infrastructure, technology, and data insights. It also requires innovation in how we generate income and sustain long-term funding.

By embedding **compassion**, **collaboration**, and **ambition** into every aspect of its strategy, St Margaret's Hospice will continue to provide exceptional care while safeguarding its future impact on the Somerset community.

You can explore the full strategy here:



2025/26 Priorities

1

Patient experience strategy – Enhancing our care

The development of a 2-3 year patient experience strategy is centred on enhancing care by prioritising patient needs, feedback, and overall experience. Through structured planning and engagement, the hospice aims to refine its approach to compassionate, person-centred care, ensuring that every patient receives dignity, comfort, and tailored support throughout their journey and we connect at an earlier stage. By embedding continuous improvement into service delivery, the strategy will also strengthen the hospice's ability to meet diverse needs effectively.

2

Year 1-2 strategy system engagement – Raising our voice

We will deliver a strategic system engagement initiative which is designed to raise the hospice's voice within the broader healthcare system, advocating for improved integration and accessibility of palliative care. Through active collaboration with healthcare partners, policymakers, and community stakeholders, the hospice seeks to influence service development, ensuring patients receive seamless, well-coordinated care. This strategic engagement will elevate awareness of key services and promote earlier referral, fostering a more inclusive and responsive hospice environment.

3

Neuro project – Enhancing our care/widening access

The Neuro Project specialist outpatient clinic and support group aims to enhance care and widen access for individuals with complex palliative neurological conditions. By offering tailored outpatient services and specialised support, the initiative aims to ensure that patients receive comprehensive care that reflects their unique challenges and needs. Expanding access to these crucial services aligns with the hospice's broader commitment to equity, ensuring that all patients - regardless of condition - benefit from the highest standard of hospice care.

Summary

We are proud to present our Quality Account, which reflects the commitment, dedication, and teamwork of our staff in delivering **excellent, high-quality** and **safe care**. This report highlights some of the initiatives, achievements, and ongoing improvements that define our shared purpose - providing compassionate, person-centred support to those in our care.

At St Margarets, we believe that **it takes a village** to create a truly supportive and nurturing environment. While our clinical team is at the heart of patient care, the strength of our wider hospice community - our support staff, volunteers, and partners - plays an equally vital role.

Through the detailed activity showcased in this document, we aim to demonstrate how we uphold the highest standards in hospice care, ensuring safety, dignity, and comfort for all. Our team's unwavering dedication is the foundation of our success, and we continue to work collaboratively to enhance our services, innovate practices, and strengthen community partnerships.

We hope that this report serves as a testament to our hospice's values and commitment to delivering the best possible care, now and in the future.



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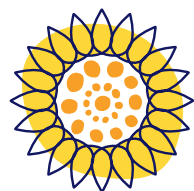


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St Margaret's
Hospice Care