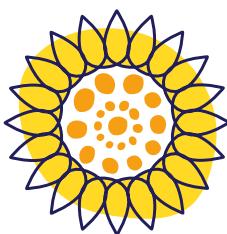


# Year in Review 2024-2025

The Trustees are pleased to present their Year in Review and Financial Statements for the year ending 31 March 2025.



**St Margaret's  
Hospice Care**

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

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# Introduction from Tom Samuel, Chair of Trustees

2024/25 marked the final year of the hospice's last strategic period – five years defined by the challenges thrown up by Covid, successive lockdowns and the impact this had on our ability to deliver services and sustainably fund those activities. Working towards financial sustainability was an underlying principle of that period, and the foundation upon which all strategic decisions and activities were developed.

Without question, the external economic and political environment both domestically and internationally, has left all charities, but especially hospices, vulnerable and subject to huge volatility. We have benefited from a renewed political focus on palliative and end-of-life care, both in terms of awareness and funding, but equally we have suffered as decisions outside of our control, such as national insurance increases, have seen our costs rise at an alarming rate. While we have made positive and long-lasting cost efficiencies, some running costs have inevitably gone up and are likely to continue rising – this has put huge pressure on our income generation teams who continue to deliver positive results but find themselves constantly chasing a rising target.

Like many hospices across the country adjusting to a new reality, where death and dying is suddenly part of a common language, we find ourselves at the centre of discussions about end-of-life care, particularly as the assisted dying bill gains momentum, and the debate around the role hospices may or may not play intensifies. This will continue to be a subject that we will need to navigate, recognising that a change in the law will create many complex and sensitive challenges for our society and will involve deeply personal and ethical considerations for patients, their families and healthcare professionals. Our job will be to continue highlighting the huge benefits of hospice care, not just at the very end-of-life, but in the months and weeks before where we can have a positive impact on a person's quality of life, and ability to live well for as long as possible, while spending precious time with their loved ones.

We have moved at pace to embrace new technology and digital innovations, so as not to get left behind, and this has changed the way we communicate, and to some extent interact with our community. While hugely beneficial, this has not been an easy transition, and we still face inevitable hurdles to ensure a level playing field for all. At the same time this digital shift has posed new risks



as we strive to keep the hospice and those connected with us safe from cyber security threats.

In the last five years the employment landscape has also seen significant change, where remote and hybrid working are now the norm, dialogue around equality, inclusion and diversity have intensified, and employee expectations have evolved, as salaries increase – creating both opportunities and barriers to how we operate as an employer of choice. The voluntary sector has also seen seismic change in relation to volunteering, and as an organisation so reliant on volunteers as a key layer of its workforce, we have had to work hard to re-set expectations, and invest in trying to understand our volunteers, what they want and how we can deliver a meaningful experience that adds value for both them and us.

While navigating these changes, we obviously had to retain our focus on delivering high quality care that continued to put patients at the heart of all decisions. Receiving our second Outstanding Care Quality Commission (CQC) rating in November 2024 towards the end of this five-year strategic period, is testament to all the hard work that has taken place to ensure the continuity of our service provision for the people of Somerset.

Of course, coming to the end of one strategic period requires a shift in focus to the next. A substantial part of 24/25 was therefore about defining what the next few years could look like, reflecting on what we have learnt and can apply to ensure we can safeguard hospice care for the future.

We have spent time talking to our key stakeholders, including staff, partners, volunteers and crucially our patients and their families to understand what matters to them. We have reviewed how we deliver our care, and looked at what trends, data and analysis can inform our future financial projections. While we undertook this work, our six strategic goals have remained relevant and valid, and have allowed us to flex and adapt our approach, as we close out the current strategic period and plan for the next. I'm therefore delighted to present the Trustees'

Report below, which outlines the key achievements, decisions, and activities that have contributed to another successful year at St Margaret's, and formed the springboard into the next five years.

While outside of the reporting period, in August 2025, our CEO James Rimmer took the decision to step down. The Board would like to thank James for his passion and advocacy of St Margaret's and the wider hospice movement, his role in developing our new strategic direction, and we wish him all the best with his future endeavours.

T.S.



# Welcome from Joanna Hall, Interim CEO

I'm delighted to welcome you to this overview of 2024/25 and our reflections on the last twelve months. During the year we took time to reflect and worked up our new five-year strategy – Time to Care: Now & Always, to coincide with our 45<sup>th</sup> anniversary, which you can read more about on page 26. At the heart of this new strategy is our ambition to raise our voice, to broaden the appeal and reach of hospice care; enhance our care, so that we can introduce our services to individuals and families earlier in a patient's end-of-life journey; and to steward our resources, so that we can deliver maximum impact and benefit for our community.

Throughout the year we have continued to provide outstanding clinical services, and it was wonderful for the hospice to receive the highest possible accolade from the CQC – this speaks volumes about our caring and passionate staff who make St Margaret's the incredible organisation it is, and who I am proud to work alongside. With the advent of Clare Barton, our Clinical Director we have embedded new clinical governance and safety systems to continue to improve the quality of our services. You can read more in our new [Quality Account](#).

We have maintained service activity levels across out-patient and day care settings, in the community, via our 24/7 Advice Line and in our In-Patient Unit. Recognising that we are stronger when we work together, we have worked in partnership with NHS colleagues (including NHS Somerset Integrated Care Board, Somerset NHS Foundation Trust and GP Practices) and with social care teams. We have also enjoyed increased partnership working with colleagues in the third sector, those in voluntary, community, faith and social enterprise organisations.

Underpinning and enabling our activity has been the hard work and commitment of our income generation teams. Another record-breaking year for our outstanding shops, plus a full and vibrant calendar of fundraising activity, coupled with generous gifts left in Wills by our dedicated supporters, has meant we finished the year in a healthy position, although with a small deficit of £193k. You can learn more about our financial performance from page 28 onwards.

Our hospice continues to thrive because of the passion, talent and commitment of our people, staff and volunteers that go above and beyond every day. During the year we have worked hard to support our colleagues, and I am thrilled that we have been able to introduce a range of benefits including a new employee assistance programme (covering wellbeing, counselling and support), health benefits and life assurance. At the same time, we have sought to empower and grow colleagues through a dynamic education and training programme, as well as encourage ongoing professional development.

My thanks go to everyone who has helped to make 2024/25 such a brilliant year. From the Chair and Trustees who hold the accountability of the charity in their voluntary capacity, through to my colleagues who drive the work of the hospice forward on a daily basis – thank you. And of course, our funders, supporters and volunteers, who give so generously each year, so that we can continue to take the time to care for patients and their families – we couldn't do it without you. Thank you.



# Objectives & Activities



## **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 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.

*"The biggest thing that the hospice has given me, and many others, is a change of attitude, which is absolutely life changing. I don't know how long I have left to live, a week, a month a year but I want to spend the time I have left living, not just existing. The team has helped me to accept my illness and empowered me so I can live as well as I can, for as long as I can!" – Dave*

**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.

## **Our Values**

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 practical, emotional, social, and spiritual needs of everyone. Our values reflect this and underpin all that we do, weaving through every aspect of our care and service provision.

**We are patient-centred, respectful, brave, self-aware, compassionate, informed and driven.**

## **Outstanding Care**

In 2024, St Margaret's Hospice Care was awarded an 'Outstanding' rating and acknowledged for its exceptional care, compassionate staff, and commitment to patient safety and wellbeing.

Catherine Campbell, CQC Deputy Director of Operations in the South commented "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."

## **Delivering Public Benefit**

Our services are available free to anyone, regardless of their background, faith, culture, personal identity, or location within the county. We firmly believe that compassionate care should be accessible to all, and we strive to ensure that our support reaches every individual and family who can benefit from it. Crucially, we also recognise that this means looking after those closest to them - the husbands, wives, life partners, children, and carers of our patients, both before, during and after death. The Trustees affirm that all our activities are conducted with the aim of fulfilling our charitable purpose and benefiting the public.

*\*Vision, mission and values relate to 2024/25 reporting period but were updated during the year and re-launched in April 2025.*

# Our Hospice

Operating from two hospice hubs in Yeovil and Taunton, with outreach teams based in Minehead, Bridgwater, South Petherton, Wincanton and Glastonbury, we use a multi-hub and bespoke model that includes a specialist 12-bed In-Patient Unit (IPU), Community Nursing services, and day-hospice care via our two Sunflower Centres. Our Central Referral Centre (CRC) and 24-hour Advice Line provide comprehensive countywide telephone support, while our out-patient and outreach services offer physical and psychological therapy, spiritual care, and complementary therapy. We offer bereavement services for people of all ages, helping families and carers cope with the loss of a loved one, and run Somerset's Lymphoedema service from the hospice hubs. Our clinical teams collaborate with GP practices, district nurses, community hospitals, and care homes, and 95% of our care is delivered through our out-patient service in our hospice hubs, in people's homes and in the community.

The hospice teams are actively involved in providing placements for the training of a wide range of health and care professionals, including student nurses and medical students with up to 20 placements taking place at any one time. We support GPs and medical consultants and have developed a wide range of training resources for patients, families, and other healthcare providers, offering help with the physical and emotional needs of patients and carers. Crucially, our input is not limited to what we do directly, but in helping other care settings to be able to provide appropriate end-of-life care.

St Margaret's does not work in isolation and our strength is achieved through collaboration and partnership. We work alongside many organisations including Somerset NHS Foundation Trust (incorporating Musgrove Park Hospital, Yeovil District Hospital and community and mental health services including district nursing), Somerset NHS Integrated Care Board, Marie Curie Cancer Care, Somerset Council Adult Social Services, Somerset Western Ambulance Service, and care homes throughout the county. St Margaret's is also a member of Hospice UK, the national champion for hospice care.



# Our Impact in 2024/25

**In total we supported 5,680 people**, including end-of-life and Lymphoedema patients, plus family members and carers who benefited from our wraparound care such as family support, bereavement and spiritual care.



**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 1,847 referrals were received resulting in 24,666 patient related activities for 1,662 people.**



**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%).**



**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 calls**, 41% of which have been received out of hours. 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.



**Our Family Support team provided dedicated emotional and practical support to families** and carers alongside patients receiving end-of-life care. Over the year, **245 patients** were supported through our family and carer-focused services, helping loved ones navigate uncertainty, loss, and change.



**Our Bereavement Support service** offered personalised support to **167 clients** this year, helping individuals and families cope with grief through one-to-one counselling and family sessions.



**Our Therapy Services**, which include physiotherapy, occupational therapy, and complementary therapies such as Reiki and reflexology, supported **1,471 patients** this year. Across these services, a total of 6,938 consultations were delivered to help manage symptoms, maintain independence, and enhance wellbeing.



**Our Sunflower Centre Day Hospices** provided personalised, holistic care to **238 patients**. These services offered peer connection, therapeutic support, symptom management, and emotional care in a relaxed setting, helping people live well throughout their illness.



# Our Work in Context



# The Growing Need for Hospice Care in Somerset

More than 600,000 people die each year in the UK. It is estimated that 90% of these people could benefit from palliative and end-of-life care, but access to and the quality of that care are highly variable (Nuffield Trust report – February 2025). Hospice UK estimate that the “need for palliative and end-of-life care is currently unmet but also growing. It is projected to increase by 25% between 2023 and 2048, and by 2040, around 130,000 more people in the UK will die each year than in 2023.” Nationally, hospices are facing increasing demand on their services, and several have had to make difficult choices about what care they can afford to offer their local communities.

Here in Somerset, we know that our population is older than the national average and continues to grow. Our unique rural character also brings its own difficulties. Poor transport and IT infrastructure, remote communities, and low social mobility create barriers to accessing care. Almost half of Somerset’s population lives in rural areas, and people over the age of 65 are expected to comprise 30% of the county’s population by 2030 as the local population grows by an estimated 3%.

Equally, a recent audit of our IPU highlighted an increasing number of younger patients with complex needs, prompting closer collaboration with children’s hospice care services to improve transition pathways. We also know that cancer patients represent the majority of those receiving hospice care, while individuals with conditions such as dementia, cardiac or respiratory diseases, and frailty are, at present, less likely to be referred to us. At St Margaret’s we need to better understand what the unmet need is in our communities, and how we can evolve our service provision to improve understanding and access to our care, regardless of an individual’s diagnosis, or indeed what defines them as an individual, be that their faith, gender or perhaps social and financial circumstances.

## Caring in the Heart of our Communities

Hospices like St Margaret’s are charitable organisations, delivering critical care and support to people with a palliative care need, but we are heavily reliant on voluntary support from our local community to fund most of that work. Over the last couple of years, the cost of delivering hospice care has skyrocketed, while government and charitable funding has not kept up. The cost of providing hospice care in Somerset each year is close to £15m. While we receive some funding from the NHS (£3m), it is not sufficient to cover the full range of services we provide each year.

The Government has identified, that far more care for people who are dying needs to be delivered in the community to meet rising need and prevent unnecessary and distressing hospital admissions and treatment. However, research by the Nuffield Trust has found that 81% (or £9.6bn) of UK public healthcare spend on people in the last year of life is on hospital care. More than half of this healthcare spend (£6.6bn) goes on emergency hospital care. In comparison, only 11% (£1.3bn) of public sector spending on healthcare for people in their last year of life is on primary and community healthcare, with less than 4% (£414m) spent on hospice care.

Hospices like St Margaret’s are well placed within their communities to provide care for patients dying at home, preventing unnecessary admissions to hospital and facilitating discharge. Our buildings are also local community assets, ideally placed to host neighbourhood health centres and provide a hub for the community. Our Yeovil hospice is a shining example of this as we co-locate with the SFT oncology team, and in Taunton the local District Nurses Out of Hours service operate from our site. The hospice sector is a key partner in delivering the change the Government wishes to see, but we must also be part of a reformed funding model to enable this. Better investment in palliative and end-of-life care, could have a positive impact on reducing the pressure on the NHS and those hospitals that are at breaking point due to their services being overstretched in the final weeks of a patient’s life, when for all parties concerned, hospice care would be more appropriate.



## CASE STUDY

# Eileen's Story

Hospice care is often seen purely as medical support in life's final stage. But for many at St Margaret's, it's about living well - with comfort, companionship, and dignity. For Eileen, 94, it also meant fulfilling a lifelong passion: dancing.

Eileen, a lifelong singer and dancer, was diagnosed with a cancerous tumour in her neck and referred to St Margaret's in summer 2023. She needed not only medical support but also emotional companionship and personal fulfilment. Ralph Langworthy-Smith, a clinical nurse specialist in the hospice's community team, became her regular visitor - providing not only clinical care, but also reassurance, laughter, and time to talk.

From the beginning, Ralph understood that his role went beyond medical treatment. "It's about looking at what is important to them," he said. For Eileen, that meant staying social, feeling valued, and having company.

"Oh, I felt much better when you come to visit," Eileen told him. "It has helped me a lot because I know I'm nearing my time." Their connection grew into a friendship, with shared stories and smiles. Then, one day, Eileen revealed a wish - to dance again.

Dancing had been central to her life. "She and her last husband were well known in the local dancing circles," Ralph explained. "Even after breaking her leg twice - once in the kitchen, once on a ballroom floor in Torquay - she kept dancing. But gradually, as her illness progressed, she had to stop. And that was hard for her."

A consultant suggested Ralph dance with her. "I laughed at first - I have two left feet! But I knew the joy it would bring her," he recalled. On the day, Eileen entered a room filled with friends and family - and she was "blown away." As the music played, Ralph and district nurse Bradley took turns dancing with her, despite their self-proclaimed lack of skill.

"It was such an honour," Ralph said. "Seeing her light up like that reminds you we all have needs beyond just medical care."

Eileen was overjoyed. "Oh, I do love it! I love you all. And thank you, thank you." For her, it wasn't just a dance - it was a moment that brought back a lifetime of joy. For her family, it became a treasured memory.

"Supporting Eileen in reaching these milestones isn't just about her," Ralph reflected. "It's about creating lasting memories for her loved ones, filled with happiness rather than just sadness."

At St Margaret's, 95% of our services are delivered in the community or at home, supporting thousands across Somerset each year. It's about more than the end-of-life - it's about living well. For Eileen, that meant one final dance, made possible by the compassion and dedication of her hospice team.



# Achievements & Performance



# Our Progress against strategy – the last 12 months

Outlined below are the key achievements and activities that have contributed to another successful year at St Margaret's, and formed the springboard into the next five years.

## 1 We will make our care more accessible to all

At St Margaret's, we remain committed to reducing barriers to hospice care and ensuring that our services are available to everyone who needs them, regardless of condition, diagnosis, background, or location. This year, we continued to take important steps toward improving access by evolving how and where we deliver our services, strengthening partnerships, and proactively reaching out to individuals earlier in their journey.

As part of a grant-funded pilot project, we launched a dedicated programme for patients living with progressive neurological conditions such as Parkinson's, Multiple Sclerosis, and Motor Neurone Disease. The initiative saw us deliver six supportive sessions at both our hospice sites. These focused on a wide range of needs including emotional support, symptom management, peer interaction, future planning, and tools for self-management. This new model of support enables people to feel better prepared, helps maximise their independence and quality of life, and lays the foundation for positive relationships with hospice care.

We also strengthened our community presence by embedding our teams into a wider range of local settings. Our clinical teams held drop-in sessions from District Nurse offices and GP surgeries across the county and supported care delivery in community hospitals and wards. This co-location model has enabled us to build closer relationships with other local providers, offer more flexible support to patients and families, and ensure joined-up care. Through initiatives such as joint visits with Social Prescribers and the Living Better teams, we have been able to reach people who may not have considered hospice support before, offering timely and relevant care.

Recognising that carers play a vital role, we expanded our provision of education for families, including training and signing-off carers for Just in Case medication administration. We also extended our learning opportunities to care agencies, improving knowledge and confidence when caring for people at end-of-life, particularly in remote and rural settings. Another key development has been our growing involvement in the Somerset-wide Care Coordination Centre. This partnership has helped facilitate quicker access to services, streamline patient referrals, and reduce avoidable hospital admissions by ensuring the right support is in place at the right time.

Inclusion remains a priority for us. This year, we contributed to the LeDeR programme (Learning from the Lives and Deaths of People with a Learning Disability and Autistic People), helping to shape a new pathway that ensures earlier and more appropriate referrals to palliative care for individuals with a learning disability and/or autism. By influencing policy and care pathways, we can improve outcomes and ensure that our services are truly inclusive and equitable.

Digital innovation continues to support accessibility. This year, we developed new website resources specifically for patients and professionals caring for people with Lymphoedema, including a focus on prophylactic care for at-risk groups. Our improved online presence was further strengthened by the launch of a redesigned website. Built around the needs of users, the new site places our care and people front and centre. It includes a clear triage function on the landing page, helping families and professionals better navigate the services available and understand what support we can offer and when.

Through all these initiatives, we are taking meaningful steps toward delivering care that is responsive, relevant, and easily accessible. We know there is more to do, but our commitment remains clear: to ensure that every person in Somerset has access to high-quality, compassionate hospice care when they need it most.

## 2 We will drive engagement with our community to improve the way end-of-life care is delivered across Somerset

Community engagement remains at the heart of our work at St Margaret's. We believe that improving understanding, accessibility, and support for end-of-life care begins by building strong relationships with the people, organisations, and professionals who make up the communities we support. This year, we've invested further in our outreach, education, and partnership activity - driving up awareness, engagement, and impact.

Our clinical teams have continued to lead the way in specialist education and collaboration. We delivered targeted Lymphoedema education sessions to Tissue Viability and District Nursing teams across the county, helping to improve awareness and care standards for patients living with chronic swelling and associated complications. We also led a South-West regional Kinesiotape Study Day and delivered a specialist presentation on head and neck Lymphoedema at the South-West Clinical Specialist Away Day – emphasising our position as a regional leader in this field.

Our commitment to quality improvement has led to active collaboration with our NHS Integrated Care Board (ICB) on several projects aimed at strengthening care coordination and reducing discharge delays. One such initiative is focused on complex hospital discharges, where we've been building stronger links with the ICB and their Continuing Healthcare Teams to reduce delayed transfers and secure appropriate funding for patients with long stays. At the Somerset End-of-Life Conference, we helped shine a spotlight on specialist palliative care, further raising its profile within the wider health and care system.

We are also proud of our leadership and involvement in Somerset's digital transformation journey. Several members of our IT team have played key roles in shaping the county's digital future, with representation on the Digital Transformation Board, Artificial Intelligence (AI) Forums, and Cyber Security Forums through the Digital Integrated Care Systems (ICS) community. These forums ensure our voice is heard at the highest levels of digital innovation in healthcare and that we remain agile, secure, and future-ready.

This year marked a significant step forward in our communications and fundraising efforts. With investment into our brand, we launched the Milestones to Memories campaign at the end of the financial year - an emotive new brand initiative designed to highlight the impact of hospice care and the importance of providing care that extends beyond the medical support. This campaign will be the cornerstone of our 45th anniversary celebrations and an important tool in inspiring the next generation of supporters.

Engagement across our community events has been at record levels. Over 1,700 individuals took part in St Margaret's events throughout the year, with several thousand more coming into contact with us through community activity. Our Colour Run saw its biggest turnout yet, post Covid, with over 800 participants running in support of the hospice. These events not only raise crucial funds but also serve as an important opportunity to start conversations, share stories, and celebrate the care we provide together.

Alongside our public engagement, we've seen growing interest from corporate partners in supporting our work. New partnerships were formed with Hinckley Point C, the UK Hydrographic Office, and Numatic, and the social value of our work was recognised when we were invited to present a workshop on the subject at the Hospice UK National Conference.

Our visibility in the media has also grown. Over the year, we secured significant press coverage, including interviews with members of our care and leadership teams. These stories have reached wide audiences (totalling a reach of 176m people across all local coverage) and helped to raise awareness of both the services we provide and the funding we rely on to deliver them, as well as the impact our care has on patients, their families and the wider community. Across digital channels, press, and broadcast, our media coverage helped reinforce our position as a trusted and essential part of Somerset's health and care system.

Together, these efforts reflect a growing recognition of St Margaret's as not only a provider of expert care but as a convener, educator, and advocate for high-quality end-of-life care across Somerset. We are proud of how far we've come and are excited to build on this momentum as we celebrate our 45th anniversary year.

### 3 We will attract, develop, and retain a compassionate, engaged, and flexible workforce

A thriving workforce is central to delivering compassionate and high-quality care, and this year we have continued to invest in the recruitment, development, and wellbeing of both our staff and volunteers. Our people strategy has evolved to reflect the changing needs of our organisation and our community, supporting a skilled, flexible workforce that is proud to work for St Margaret's.

One of our key achievements in 2024/25 was progress made under the Pay and Reward Strategy. Phase 1 of our revised clinical pay structure was implemented, aligning more closely with the NHS's Agenda for Change. This will have a positive impact on our ability to recruit and retain clinical staff. We were also able to issue a pay rise from April 1st, despite the financial pressures of Real Living Wage adjustments, and we introduced fairer pay arrangements for our On Call teams in both IT and Retail. Under our Benefits package we launched health cash plans as a new staff benefit helping to promote greater financial support and wellbeing across the organisation. We were able to facilitate free pension workshops for both our NHS pension and auto-enrolment pension scheme members supporting retirement savings and planning, which proved so popular additional sessions were scheduled and well attended; and finally, we fully introduced the option to buy and sell annual leave to allow staff more flexibility with how they manage and take leave.

Digital transformation has also played a crucial role in supporting workforce efficiency and engagement. We launched several elements of an integrated systems programme, including new platforms for HR, fundraising, and education. This included the roll-out of *The Hub*, our new HR self-service portal, giving staff easier access to their pay, personal, and leave information. Looking ahead, a new Learning Management System (LMS) is in development for launch in Spring 2025, followed by a dedicated Volunteer Management System, designed to enhance onboarding, communication, and volunteer experience.

In the background, our IT and data teams have been instrumental in shaping a smarter, more efficient workplace. The Data Team was reorganised to reduce long-term costs while strengthening analytical capacity to support the new strategy. Technological innovations, including a bespoke Lymphoedema Management Tool and the launch of an e-Prescribing module, have reduced administrative burden, improved data accuracy, and enhanced clinical safety.

Volunteers have continued to be a vital and dynamic part of our team. This year, we recorded 1,079 active volunteers, supported by a major data cleanse and re-registration process. In total, volunteers contributed an extraordinary 4,352 hours per week, equating to a financial value of £2.6m a powerful reflection of the way volunteers underpin our work. Volunteering has also become more accessible, with the introduction of our Volunteer Expenses Policy, which saw £1,867 claimed in just the first four months, reducing financial barriers to participation. Rebuilding our volunteer network has been a long-term strategic aim following the impact of Covid. We are proud to report a 165% increase in new retail volunteer sign-ups, with 277 additional individuals joining our 31 shops across Somerset. We also welcomed 48 new hospice-based volunteers into roles supporting reception, clinical care, spiritual support, and bereavement services, along with 30 new fundraising volunteers and 58 volunteers who contributed to more than one fundraising event.

We have also seen growth in corporate and group volunteering, with 65 volunteers from 12 external partners completing 752 hours of project-based support. Key highlights include 150 volunteers supporting our Christmas Tree Collection, and another strong turnout at the Colour Run in May – many of whom joined as part of a corporate volunteer day.

Our new team structure within the Volunteering Team has been central to this success, helping us streamline onboarding from 12–14 weeks down to 6–8 weeks while maintaining safety and quality standards.

However, we have also faced challenges, notably within the fundraising and communication teams, where recruitment remains difficult and succession planning is an ongoing concern. Addressing this will be a priority as we build a more resilient staffing model across the organisation.

Together, these achievements reflect our ongoing commitment to building a workforce that is not only compassionate and capable, but also adaptable, valued, and future proof. As we enter a new strategic period, we do so with a clear focus: to continue attracting, developing, and supporting the people who make hospice care possible across Somerset.

## 4 We will be an organisation where all staff and volunteers can flourish and thrive

At St Margaret's, we believe our people, staff and volunteers alike are our greatest asset. Whether they are delivering hands-on care, supporting families, running our shops, managing our services, or raising vital funds, every member of our team plays a vital role in delivering hospice care. That's why creating a supportive, inclusive, and aspirational environment continues to be a priority across the organisation.

This year, we built on our strong culture of listening and learning. Through the third year of our WeThrive staff survey and our second annual volunteer survey, we have been able to gather feedback to shape improvements that matter to our people. We gained valuable insight into how our people are feeling and where we can do better. Of the 336 people surveyed, we received 193 responses, representing a 57% completion rate. Our overall engagement score was a strong 78%, with notable improvements in areas such as having a common bond between and with colleagues, headspace, and being free from worry.

The results are a strong reflection of our collective work and strong individual motivation. Attention (89%), Meaning (88%), Company and Customers (88%), and Personal Performance (87%) all scored highly, showing that staff understand how their work fits into the bigger picture, feel connected to the hospice, and are clear on expectations. However, there were also areas for reflection and growth.

Scores in Control (69%) indicated that while commitment is high, teams sometimes feel stretched or lacking the tools they need to succeed. Our lowest wellbeing indicator remains 'Free from Worry' (63%) signalling a clear priority for action to support psychological safety and emotional resilience in the year ahead. These insights directly informed the design and delivery of ten dedicated *Headspace* workshops, aimed at team wellbeing and reflective practice, supporting staff to pause, share, and refocus in response to challenges experienced across services.

We extended our Freedom to Speak Up Guardian model by introducing a team of Champions – representatives from each of our core business areas – to create safer spaces and strengthen a culture of openness and accountability. This layered approach reinforces our commitment to ensuring all voices are heard and respected.

We remain committed to being an inclusive organisation, reflecting our values and embracing the richness of our diverse community. In August 2024, we proudly signed the Armed Forces Covenant, signalling our commitment to veterans and their families. Two members of our Executive team, Clare Barton and Katie Dominy completed Armed Forces Champion training, strengthening our ability to support patients and families with military backgrounds, and we have begun the process of working towards Veterans Aware Accreditation. A project group representing both staff and volunteers will be established in 2025/26 to further embed this commitment across our services and support networks.

Recognising and celebrating contribution also remains central to our culture. This year, we proudly honoured seven of our long-serving volunteers, recognising service milestones of 20, 25, and 30 years. These individuals reflect the heart of our organisation - quietly and consistently making an extraordinary difference in their communities.

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 is evaluated to measure increase in knowledge, skills and confidence, more than 80% of participants indicated that their knowledge and confidence had increased.

Staff development continues to be a cornerstone of our workforce strategy. Two Student Nurse Associates (SNAs) started new roles this year, one in our IPU and one in Lymphoedema. We celebrated the graduation of our first SNA, who now works on the IPU, exemplifying our commitment to grow talent from within, as well as support new roles and professional diversity within hospice care. We introduced a new clinical induction programme, shaped by feedback from new starters to better support their transition and confidence in role. Career pathways were launched for our IPU, with ongoing work on dedicated progression routes for Clinical Nurse Specialists (CNS), Registered General Nurses (RGNs), and Healthcare Assistants (HCAs).

We supported a range of student placements this year across nursing, nursing associates, paramedics, and counsellors, with plans underway to extend this to occupational therapy, physiotherapy, and even non-clinical placements such as a T-Level student in Finance. We also reintroduced preceptorships for newly qualified nurses, reinforcing our role in nurturing the future workforce for palliative care.

Reflecting the complexities of the healthcare landscape, we hosted Assisted Dying educational workshops, offering a safe space for staff to explore the topic, understand the legal and ethical context, and consider the hospice's position. Whilst St Margaret's maintains a neutral stance on the proposed change in the law on assisted dying, we recognise the complexity and sensitivity of this topic, which involves deeply personal and ethical considerations. These conversations were received thoughtfully and with deep respect, reinforcing our role as both caregivers and educators.

Across our specialist teams, learning and recognition were equally important. Our Lymphoedema team won the British Lymphology Society's Experienced Poster Presenter Award, and our abstract titled "*An evaluation of a novel service for lymphoedema patients with cancer late effects*" received national praise.

Elsewhere, we embedded opportunities for knowledge sharing, such as through Band 5 and Band 6 District Nurse forums, where our staff provided clinical education, guidance, and reflective learning from case reviews. We also supported staff development through specialist roles, such as the new Band 6 Tissue Viability lead with Non-Medical Prescribing responsibilities.

Together, these developments reflect an organisation that is compassionate, collaborative, and ambitious, not only in the care it provides to the community, but in the experiences, it creates for those who give their time, expertise, and heart to make that care possible. As we look ahead to a new strategic period, our focus remains on enabling every individual at St Margaret's to grow, belong, and flourish.



## 5 We will achieve financial sustainability

Being able to fund the work of the hospice relies on the ongoing generosity and commitment of our community, who contribute some 71% of our required funds last year. We were therefore delighted to see continued growth across most of our main income streams.

Our 31 shops enjoyed a fourth year of successive growth in sales, with their net profits only falling short by £24k on the previous year. To give a sense of scale, the profits from our retail operation are enough to fund our whole community nursing programme for a year, demonstrating the cyclical impact our local shops have on delivering care and services for local people in the neighbourhoods that they operate in.

Furniture sales boomed last year and reflected the positive impact of restructuring our area management team and having a furniture lead look after our three flagship furniture shops. The Old Cinema once again met all its targets, and as a stand-alone shop achieved gross sales of nearly £800k. This shop also successfully established a partnership with Abri Housing Association where St Margaret's is now the preferred supplier of home starter packs for new tenants. This has proven so successful for both parties, that a second-year contract has just been agreed. As well as being a vital source of income, 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.

Our retail success did not go unnoticed, and we were asked to contribute to a Think Consulting piece of research for a national household charity about insights into how to make charity retail work. We also continued to benchmark favourably in national charity retail indices, as well as outperform many of our peers across the hospice sector.

We recognise that our fortunes can change overnight, and therefore we are starting to build a new five year strategy for retail, that considers how we can continue to innovate and remain ahead of the curve, while also putting in place a viable succession plan for key staff across the operation who have been instrumental to the business' growth and resilience over the last twenty years.

A key part of our strategy towards financial sustainability is recognising the benefits of investing in legacy giving. Having already introduced dedicated resource in this area, we took the bold step to invest in a multi-channel marketing campaign called Your Gift, Our Future. This was informed by stakeholder research and looking at how we could create a simple, but compelling and accessible campaign for our community, appealing to the idea of safeguarding hospice care for future generations. The campaign coincided with Hospice UK's national legacy campaign – This is Hospice Care – which gave us a powerful platform to communicate directly with our local community, while leveraging the wider national dialogue in our favour. We are delighted with the results so far, with 20 enquiries, five converting from prospect to pledger. We have backed up the campaign with legacy events (eight attendees) and introduced a free Gift in Will service (five Wills and one pledge), helping to put solid foundations in place for safeguarding our legacy pipeline.



# Spotlight on our Green Strategy

While focusing on our core purpose St Margaret's recognises the importance of doing all that we can to have a positive impact on the environment and reduce any unintended harm. We recognise the climate emergency and are committed to contributing towards the local goal of making Somerset a carbon neutral county by 2030. Many of the solutions to climate change and reducing pollution represent an opportunity to improve health through promoting active lifestyles, improving air and water quality and embracing the mental health benefits of spending time in natural environments. An environmentally sustainable society is a healthier society.

With a new Green Strategy in place, a Green Group was re-launched in early 2024 and continued to meet on a quarterly basis. The remit of this group is to raise awareness on good practice such as recycling, turning electrical items off when not in use, and reducing the use of single-use plastic items. They have also worked hard to engage colleagues in local community and environmental initiatives, which enable us as a hospice to support local environmental goals. One such example is arranging for staff's old IT equipment to be recycled by the Somerset Fixy project.

Having installed Solar Energy panels at our Taunton Hospice in 2023, we completed the installation of panels at the Yeovil site in 2024. The estimated CO2 emissions avoided in 2024/25 is 23.7 tonnes at Yeovil (2023/24 – 25.9 tonnes) and 12.9 tonnes at Taunton (2023/24 – 14.0 tonnes). The lower level of electricity generated is likely due to the lower number of sunshine hours in 2024 compared to 2023. We remain on a no carbon electricity tariff. Our emissions report can be found on page 41.

We continued to recycle through our shops, and during 2024/25, we saved over 1.5 million kilograms of preloved items heading to landfill and made over 19,600 tonnes of CO2 savings (similar to previous year). Information about how customers are supporting recycling through their donations is now provided to individual customers at the Wellington, Ilminster and Taunton stores. Screens will be gradually rolled out across other shops as customer display units need replacing – soon to be extended to Wells, Street, Glastonbury and Yeovil. A programme of LED light installations was also rolled out, with the final shop in Crewkerne due to be complete in 2025.

The hospice's annual Christmas Tree Collection campaign resulted in 2,065 trees (compared to 1,600 in 2024) being collected, chipped and reused by local farmers, and in allotments for pathways, animal bedding and mulch. In both our hospice gardens, the teams continued to plant trees and wildflowers, discontinued any use of pesticides, and added bird feeders to support and cultivate the natural habitats on our sites.

There have been several digital developments that will reduce our use of paper and energy, which include electronic purchase ordering, and electronic prescription charts, and moving from HR paper systems onto a new digital HR and recruitment tool. The new public website, which launched in March 2025 and moving more of our systems on to the Cloud, means we are also lowering our carbon usage and footprint. Teams involved in events, have continued to reduce or eliminate single use items.

Our green plan will be formally incorporated into the hospice's new five-year strategy, which will launch in 2025. A key aim will be to work towards achieving the new Hospice UK Green Award, which is currently being piloted with ten palliative care sites. Our green plan and ambitions will therefore evolve to reflect the key areas of this national scheme so that we can work towards accreditation. It will mean gathering evidence that looks at how sustainable we are in the following areas: organisation and leadership; supply chains; medicines and patient care; travel and transport; facilities and estates; engagement; and food.



Income from fundraising also grew last year, with net contributions 8% ahead of prior year. We processed just under 22,000 transactions, and our average donation amount was £71 (without legacies) – but beyond these figures there were hundreds of stories, personal reflections and memories that drove poignant and meaningful fundraising relationships.

One of the key strengths of our fundraising, is our focus on delivering a diverse portfolio of income streams, so that we are not over reliant on any one source of income. This means we receive funds from a wide range of activities, events and campaigns. Prioritising engagement with our local community has benefited us and we have seen growth in terms of participation numbers across our event portfolio and fundraising campaigns. This in turn has a powerful knock-on impact for building brand awareness, which feeds back into the income generation cycle.

The hospice's Weekly Prize Draw is one product that has not performed as hoped, due to challenges with recruiting canvassers. While attrition has remained low, we have not been able to replace players at a rate where we can achieve growth. Recruitment of canvassers is a problem reported by many hospices and is not unique to St Margaret's, but it has had a negative impact on our ability to build a robust and regular income stream. Towards the latter part of the year, work began on reviewing the business model including an options appraisal that considered outsourcing the lottery to a third-party provider, bringing canvassers in-house or continuing with a hybrid approach, but sourcing a new canvassing partner. The third option was agreed, and plans are now underway to introduce a new lottery partner following a thorough tender process in 2025.

During the summer we did celebrate a rare £10,000 rollover winner on the Weekly Prize Draw. The build up to the rollover, highlighted the interest in this product and the opportunities with our shops, where single ticket sales boomed and totalled £25,000. We are now looking at how we can build on this as a source of income, by addressing some of the practical challenges the shops face in selling tickets and in 2025 we will move to a new process, introducing additional training and support for retail colleagues.

Giving in Memory naturally continued to be one of our most significant income streams, but its performance is very much dependent on our community's experience of hospice care and the interdependencies between clinical and fundraising. We have worked hard to build a narrative and case for support around our care, ensuring that we flex our tone of voice and use of case studies sensitively and with maximum impact so that our work resonates with more people and they understand how they can support us.

A significant infrastructure project was also completed in 2024, with the introduction of a new Customer Relationship Management (CRM) system. It replaced a legacy system that was over 24 years old, and has helped to transform how the hospice manages, analyses and uses data and information to enhance our fundraising performance. As well as being far more intuitive and simpler to use, the system provides key information in real time, and helps to inform conversations with supporters, who are having better experiences, ensuring their wishes and preferences are front and centre of any communication. Administration tasks have been automated or streamlined, which has helped to save time, and has meant that resource can be re-allocated to other areas to help build meaningful relationships with our donors.



## Building a hospice for the future

In preparation for the new organisational strategy, and our pending 45<sup>th</sup> anniversary year, a piece of work was initiated to look at our estate, much of which is four decades old. As well as undertaking routine but vital maintenance at both hospice sites, such as replacing hot water heaters, and upgrading boilers, water storage vessels and pumps, we started to think about what type of estate may be required to take us into our next phase of care delivery.

A strategic review of the Taunton and Yeovil hospice hubs was therefore agreed by the Board and has been underway since the autumn of 2024, with support from Mills Power Architects, to help explore how our buildings can better meet patient, staff, and service needs over the next 5–10 years. The review was prompted by concerns about office space in Taunton and the lack of welcoming areas where patients, families, or staff can take time out to reflect or relax.

In addition to the architects, we have worked with local planners to understand what they would permit; environmental consultants to understand how we can reduce our energy consumptions and our carbon emissions; structural engineers to understand how our buildings can be altered; and quantity surveyors to understand the cost of each option. We have also been to visit other hospices and similar buildings to see what high quality modern spaces can offer – all to better meet current and future needs of patients, relatives, staff and volunteers.

Work will continue into 2025, as we develop a masterplan for the two hospice sites, which will help us identify long term options as to how both sites could look in 5-10 years' time. It is important to ensure we maintain as much flexibility as possible while also ensuring we align with our new five-year strategic plan, existing financial commitments, and funding strategy that will need to sit behind any work.

## 6 We will learn and continually improve the quality and impact of all that we do

Learning, innovation, and reflection are at the heart of our mission to deliver consistently high-quality, safe, and person-centred care. Over the past year, we have taken deliberate and structured steps to strengthen our clinical governance, invest in digital innovation, develop our workforce, and build a more resilient and responsive organisation.

A major milestone in our governance journey was the completion of an external Board Governance Review - the first since 2018. This comprehensive process generated 44 recommendations across seven key governance pillars, many of which have already been actioned within a six-month window. A review of our Board Committee structures has also seen us redesign our Audit and Risk, Clinical Quality and Safety committees as well as how and where we report against digital and information management, which will be relaunched in April 2025. We also introduced an updated Risk Management Policy and evolved our risk register, giving teams better tools to proactively manage risk across services.

In our clinical services, the successful development of our governance structures has translated into enhanced quality and safety for patients. A new Clinical Audit and Quality Improvement Committee has been established to strengthen accountability and ensure that improvements are effectively implemented and sustained. Daily multidisciplinary huddles involving supportive care, physiotherapy, occupational therapy, and medical colleagues have allowed for real-time prioritisation and caseload planning, improving team coordination and continuity of care. Our teams continue to attend and contribute to multidisciplinary teams across community, In-Patient, and acute settings, sharing insights and promoting seamless transitions between care providers. Where appropriate clinical interaction is followed by written consultation notes shared with GP and District Nurse colleagues, where appropriate, ensuring clear and consistent communication throughout the patient's journey.

We have introduced several new digital tools and patient-facing improvements. These include a new SMS reminder service and a self-check-in system for out-patient appointments, helping to reduce 'Did Not Attend' (DNA) rates. In our Lymphoedema service, we've rolled out an automated check-in kiosk, developed a new limb measure tool to calculate limb volumes more accurately and plot progress with ease, trialled a new bandaging regime, and introduced the innovative 6D kinesiotape application technique - further improving both the patient experience and clinical outcomes.

Digitally, we've continued to leverage artificial intelligence (AI) to solve specific business challenges, from streamlining technical support to automating administrative tasks. Our in-house developed IT chatbot, *Alex*, has been significantly upgraded and now has the capability to search the wider internet for solutions to IT-related issues. This enhancement has empowered staff to resolve common technical problems more independently, resulting in approximately a 20% reduction in support requests being escalated to our IT team. As a result, the IT team has been able to dedicate more time to advancing key digital infrastructure projects, such as improving the Electronic Health Record (EHR) system, enhancing AI tools like our Meeting Notes Assistant (MENA), and embedding secure and efficient digital procurement processes through our new Technical Risk Assessment framework.

These advances allow more of our staff to spend their time on what matters most: delivering exceptional care and support to the people who rely on us.

Our Electronic Health Record (EHR) system continues to evolve, with changes designed to enhance user experience and improve the quality of data collection. Shared care record integration, such as with SiDeR has allowed for greater collaboration with our NHS colleagues, ensuring more holistic and timely care. We've also expanded out-patient-style reviews for patients attending our Day Hospice, creating more opportunities for assessment, planning, and engagement in a less clinical environment.

Within our People and Education teams, innovation has continued at pace. Our Virtual Reality project, designed to support understanding of terminal agitation through immersive 360° film, was shortlisted as a finalist for the prestigious HSJ Health and Innovation Award - an outstanding achievement that underscores our thought leadership in the hospice sector. We also successfully delivered the Oliver McGowan Mandatory Training to our clinical teams and key leads, supporting safe and appropriate care for people with learning disabilities and autism.

In parallel, we've been evolving our organisational identity and communications strategy. A stakeholder survey and brand recall research piece have been used to inform the next phase of our brand development, and organisational strategy, ensuring that our external communications accurately reflect the warmth, professionalism, and clarity that underpin our care.

Every improvement we make - whether in clinical quality, governance, technology, or education - is driven by a desire to learn, grow, and serve our community better. As we reflect on our progress this year, we are proud of how far we've come and remain committed to cultivating a culture of continuous improvement that shapes a stronger, more compassionate hospice for the future.



## CASE STUDY

# Hayley's Haircut

This May, the Yeovil hospice was filled with anticipation. Hayley Mills, one of our dedicated reception volunteers, was preparing to say goodbye to her beloved dreadlocks.

Hayley joined St Margaret's in September while seeking a counselling placement. Although that role wasn't available, a reception vacancy led her to "absolutely fall in love with the people and the place."

Her connection to the hospice runs deep. In 2009, a close friend who was unwell got married at the hospice. "Although there were some sad times, they were peppered with some really happy memories," she remembers.

Long before the Yeovil hospice was built, the land was where she and her father would pick mushrooms. "I lost my dad last month," Hayley shares. "He didn't come through the hospice, but I was really pleased when he asked for donations from his funeral to go to St Margaret's."

Hayley treasures her reception shifts: greeting visitors, answering calls, and chatting with patients from the Sunflower Centre – which she affectionately calls the "Sunshine Club." She's quick to encourage others: "If anybody is considering volunteering for the hospice, go for it. You'll get so much from it."

This spring, she decided to take her support further. A friend suggested she shave her head to raise funds. "At first, I thought, 'No way! Not my precious dreadlocks.' But the more I thought about it, the more I thought I could do it."



Her dreadlocks weren't just hair; they were part of her identity. "Over the last few years, I've become more confident, more me – and part of that has been my dreadlocks." As such an important symbol, Hayley thought that this would be the perfect way to raise awareness and funds.

On haircut day, the hospice buzzed with excitement. Friends, family, and colleagues gathered, each taking a turn with the scissors. Laughter and cheers filled the room as the locks fell - symbols of love, courage, and transformation.

Hayley was pleased that she did it. "I was worried I would feel vulnerable, but I feel like a butterfly shedding something. It's joyful, light, freeing."

Her £150 fundraising goal was quickly surpassed, reaching over £450. "Without everyone's support, I wouldn't have even considered doing something like this," Hayley says.

Her message is simple: "If you're thinking of fundraising, whatever it is - go for it. This has been such a brilliant experience. Just go for it."



# Looking ahead: What we will do next



The past five years has been a challenging but hugely progressive time, as St Margaret's looked to rebuild itself following the Covid pandemic. The outputs and impact delivered under the six strategic objectives described above, have enabled us to emerge stronger and more resilient, and in better financial health. Having delivered these objectives the Board of Trustees has used 2024/25 to develop a new strategy – Time to Care: Now & Always, which will take St Margaret's through to 2029/30 and its milestone 50<sup>th</sup> Golden Jubilee year. We enter this new strategic period with a renewed sense of purpose and a clear, focused framework for action, underpinned by a revised vision and mission and set of core values.

**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 will be 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.**

We will achieve this by living our values in everything we do. At St Margaret's, we are:

- **Compassionate** – putting people and their experiences at the heart of our decisions.
- **Collaborative** – working across boundaries to maximise impact.
- **Ambitious** – challenging ourselves to think bigger, act sooner and lead the way.



## Over the next 12 months we will begin to implement this strategy, guided by three defining principles:

### Raising Our Voice

We will continue to champion the role of hospice care in the wider health and social care system - advocating for earlier, fairer access to services, challenging outdated perceptions, and ensuring that St Margaret's is recognised as an essential part of the care ecosystem. We will expand our outreach and engagement with underrepresented communities, including through local events, digital campaigns, and community partnerships. Our educational outreach will continue to grow, helping professionals, patients, and families better understand the role of hospice care at every stage of a progressive life-limiting illness. In doing so, we aim to bring hospice conversations into the mainstream with direct language and encourage earlier engagement with our services.

### Enhancing Our Care

We will strengthen our clinical offer through earlier intervention, improved responsiveness, and better integration across the health system. In year one, we will invest in mapping unmet need across Somerset and piloting new approaches such as the Neuro Grant Project and expanded community-based outreach to reach people earlier in their journey. We'll improve how we articulate and measure our impact, increasing referrals six to twelve months before death and tracking improvements in patient experience and quality of life. New clinical pathways, joint care initiatives, and improved shared care records will ensure that patients receive the right care, at the right time, in the right place. We will also continue to drive our research, audit, and quality improvement programme, making St Margaret's a leader in learning and evidence-led care.

### Stewarding Our Resources

We will take a proactive and transparent approach to how we manage our finances, people, technology, and infrastructure - ensuring they are aligned to our mission and built for the future. In year one, we will embed a refreshed reserves policy and begin implementing our updated income generation strategy, with a focus on legacy giving, corporate partnerships, and expanding the reach of campaigns like *Milestones to Memories*. At the same time, we will continue investing in systems and innovations that increase operational efficiency, such as AI-assisted tools, digital triage, and continuous improvements to our Electronic Health Record. Our estate and environmental strategies will also move forward, as we seek to optimise our physical footprint while reducing our carbon impact. Most importantly, we will continue to invest in our people, supporting staff and volunteers with the right tools, training, and support to thrive. By stewarding our resources wisely, we will protect the long-term sustainability of hospice care for the people of Somerset - now and always.



# Financial Review



Financial headlines	2025 £000s	2024 £000s
Incoming resources	15,365	14,181
Resources expended	15,643	(14,834)
Investment net gain/(loss)	85	745
Net movement in funds	(193)	92

While our services are free to all, 19% of our total expenditure is covered by a contract with the NHS Integrated Care Board, which was worth £3m last year. This means that for every £1 the NHS commissions, we raise another £3.83 from voluntary sources and trading activity to be able to run the organisation and ultimately deliver our clinical services.

Total income grew by £1.2m to £15.4m for the year ending March 2025 compared with £14.2m in the previous year. This growth highlights the hard work of our income generation teams, and the positive response of our local community who continue to support us through a diverse range of activities.

Our expenditure also grew by some £0.8m, which was driven by higher costs affecting all areas of the hospice, as well as wages increasing due to our commitment to a fair pay award for colleagues during the year. Towards the end the financial year performance of our investments was adversely impacted by external markets, which at the end of March 2025, were reacting to both domestic and international political and economic events beyond our control. Whereas in 23/24 we saw a net gain on our investments of £0.7m in 24/25 it was only £0.1m, illustrating the volatility of this income in the short term. This meant the hospice made a small deficit of £0.2m in 24/25.

## Income

### Our retail business

Our charity shops enjoyed a fourth successive year of growth, with income 3% higher than in 23/24. Total sales across our 31 shops totalled £6.4m versus £6.2m in the prior year. Direct costs incurred in running our retail business totalled £4.3m, which saw our shops deliver a profit of £2.1m, which was on a par with the previous year (just £34k less), despite the significant increase in costs and payroll.

### Legacies

Gifts left in Wills totalled £2.7m versus £2.2m the previous year, which was a 21% increase. While this remains a volatile income stream, due to the nature of when legacies are paid, and the timeframes involved with probate, this remains one of our most significant voluntary income lines. A healthy pipeline coupled with ongoing investment in legacy marketing and a bespoke campaign for St Margaret's is a central tenet of our income generation strategy. During 24/25 £39k was spent on legacy marketing, which is 1% of the overall total realised for the year.

### Our fundraising activity

We were delighted to enjoy growth across our fundraising portfolio in 24/25, with a net contribution after direct costs that was 44% higher than the previous year (this excludes legacy income). Improvements across our public fundraising activity, including community engagement and events helped drive this growth. Donations grew to £1.3m compared with £1.2m in the preceding financial year, which was a 9% increase. In addition, income from grants (namely trusts and foundations) totalled £0.4m compared with £0.2m in 24/25. This does include a one-off capital grant of £0.2m from the Department of Health & Social Care restricted for capital spend in 24/25 linked to the Government's £100m package for hospices in England. However, even without this one-off grant, fundraising income was well ahead of the previous year.

The direct cost of generating voluntary income was £0.74m versus £0.67m in the previous year.

## Trading income from the lottery

Income from our Weekly Prize Draw and raffle products dropped by 2% reflecting the challenges that the hospice has faced in recruiting canvassers to deliver our acquisition plans during the last few years. This is a challenge faced by several other hospices, with a shortage of canvassers being cited as a systemic issue. We were fortunate that our attrition levels for the Weekly Prize Draw remained low thanks to good player stewardship. The main losses are the result of the raffle underperforming. The silver lining is that with a lack of canvassers, we made a saving on third party fees, which meant the lottery income stream delivered a net contribution of £0.4m.

## Income from Charitable Activities

Income from our Charitable Activities increased from £3.1m to £3.2m. The grant from the Integrated Care Board was increased for inflation less expected efficiency improvements and an additional post in the Lymphoedema service. There were also increases in our income for training clinical staff and research.



# Expenditure

Total expenditure grew by £0.8m from £14.8m to £15.6m (up 5% from the prior year)

Spend on delivering our clinical care and services rose by £0.4m from £8.9m to £9.2m, which enabled us to reach and support 5,680 patients, their families and carers.

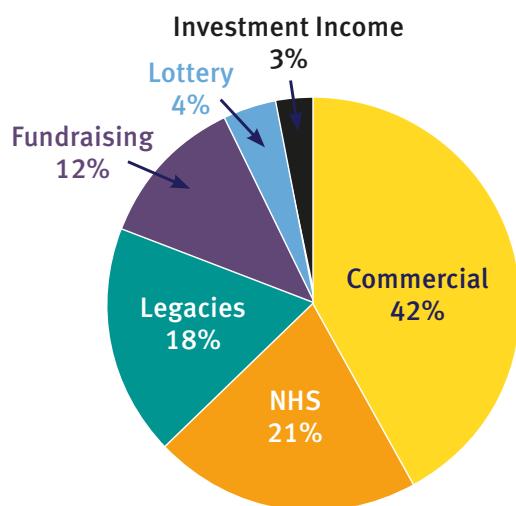
Support costs rose by £0.3m totalled £3.1m, which is 9% more than the previous year – this is made up of professional services and functions such as Governance, Audit, Information Technology, Communications and Finance that help to keep the charity, its patients, staff and the wider public safe, and the hospice operating ethically and in compliance with regulatory frameworks and best practice. These costs are shown in the accounts in note 7 and are allocated on a cost recovery basis across the core areas of Clinical, Retail and Fundraising, based on measures such as headcount or payroll costs for each activity.

Given that people are our greatest and most vital asset, the largest outgoing for St Margaret's was once again staffing. Total staff costs covering 267 full time equivalent (FTE) posts was £10.8m compared with £9.8m in 23/24 – this is a 10% increase reflecting five new FTE posts and an annual pay award.

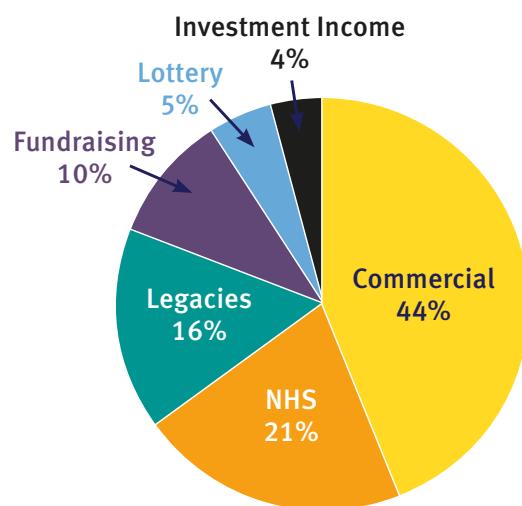
We regularly benchmark performance with other comparable sized organisations, and we submit our results to both the national Charity Finance Retail Index and as part of Hospice UK's quarterly benchmarking report. This shows our retail business is performing well above average, while our fundraising activity remains slightly behind. Overall performance is slightly stronger than the average for the hospice sector although the NHS grant is lightly below the average.

The charts below provide a summary of our main sources of income and expenditure for 2024/25 compared to the previous 12 months:

**Source of Funds 2024/25**



**Source of Funds 2023/24**



A detailed analysis of income and expenditure is shown in the Statements of Financial Activity (SOFA) on notes 1 to 10 of the financial statements.

## Reserves

The hospice holds reserves as part of the strategy to manage financial risk to improve both the financial security and the operational sustainability of the organisation and to plan for the future. Free reserves are net assets excluding those that are subject to restriction or invested in fixed assets for charitable use. Free reserves do not include legacies that have been recognised but not yet been received.

During 2024/25 the hospice set up a working group of Trustees and Executive Directors to review the appropriate basis and level of reserves that are required to safeguard the hospice against unforeseen dips in revenue, such as fluctuations in working capital, costs related to unforeseen liabilities outside of budget. The group considered the guidance from the Charity Commission, examples of risk policies from elsewhere, the specific risks that the hospice is exposed to. Several potential scenarios were then considered and tested, and recommendations made to the Board for a revised policy.

The Charity Commission recommends that free reserves should be held to ensure the continuation of essential services for beneficiaries and that reserves can be designated to meet the cost of future projects and service development. In considering the risk to the continuation of essential services the Board noted that there is no obvious successor organisation to the hospice in Somerset and that therefore the continuity of the organisation was an essential part of ensuring that essential services continue to be available. This is supported by the designation by Somerset ICB of St Margaret's as a Commissioner Requested Service and therefore subject to additional quality and financial monitoring by NHS England.

The specific risks that have been identified and need to be covered by reserves for a period of up to two years were:

- External shocks – such as another pandemic, global conflict, cyber-attack and adverse weather
- External trends – such as high inflation, stock market falls and climate change
- Internal decisions – such as service changes impacting on community support
- Random fluctuations – principally in the cashflow/working capital that is held
- Risk register issues – such as recruitment, quality failings and regulatory/compliance difficulties
- Uninsured risks – those risks not cost effective or possible to insure
- Unplanned closure of the service – as specified in the Charity Commission Guidance

The extent to which reserves need to be held for each of these types of risk was quantified and the result tested by modelling against several different scenarios.

The outcome was a judgement that free reserves of £7m to £9m should continue to be held by the hospice (which equates to 9 to 12 months charitable expenditure). This level of reserves would be sufficient to cover many of the risks that could occur even if some of them were experienced within a relatively short period of time and concurrently. It was agreed that the appropriate level of reserves should be reviewed every six months and where necessary a plan developed as to how any adjustment can be achieved.

In addition to Free Reserves the Board has designated £1m to support the delivery of expanded services as set out in the new 5-year Strategic Framework and £2.5m to deliver refurbishment of the hospice estate.

The Board ensure that the level of free reserves is adhered to through setting an annual budget and careful monitoring of progress throughout the year. At the close of the financial year, free reserves amounted to £9.1m. The Trustees are satisfied that the Charity remains a going concern, a conclusion reached on the basis of both the strong level of reserves and the future budgets, plans and forecasts for the future. As a result, they continue to adopt the going concern basis of accounting in preparing the Annual Report and Accounts.

## Investment Policy & Performance

The hospice holds funds in two long-term investment portfolios managed by Rathbones and RBC Brewin Dolphin. The combined value of the portfolios on 31 March 2025 was £9.3m. Our investments are held for the purpose of generating funds to support our charitable activities and as a reserve against future shortfalls in income or increases in cost. The overall aim is to ensure that our longer-term investments achieve a maximised return consistent with a moderate level of risk. The total rate of return is greater than could be realised through bank deposits and is measured against an agreed benchmark index over a 3-year period.

The investments are overseen by the Finance Committee, with day-to-day management of the investment portfolio undertaken by Rathbones and now RBC Brewin Dolphin, both well regarded investment advisors. The Trustees' investment policy guides the external advisors' activities, with consideration given to social, environmental, and ethical issues. This policy states that investments should not be held in companies involved in the tobacco industry or activities that have significant risk of damaging the charity's good name or reputation. The portfolio performance is monitored by the Chief Executive, Finance Director and Finance Committee Trustees who also take expert independent advice and liaise with the Fund Managers of both Rathbones and RBC Brewin Dolphin.



# How we Manage Risk



During 2024/25 the hospice introduced a new Risk Management framework and policy, with the aim of identifying, assessing, mitigating, and monitoring risks across St Margaret's to protect the organisation's assets, reputation, and operations including improved safety for patients and carers, staff, volunteers and visitors. This comprehensive piece of work identified seven corporate risk categories that influence our ability to deliver our charitable objectives, under which sit all identified corporate risks. Those categories are as follows:

- 1. Clinical Services**
- 2. Financial Performance Spend**
- 3. Financial Performance Income**
- 4. People**
- 5. Compliance**
- 6. Operational Infrastructure & Change Management**
- 7. Reputation**

The risk categories and corporate risks form the basis of the hospice's Risk Register, which is a live register managed at a senior leadership level providing an overview of the organisation's risk profile. Beneath this sits an operational risk register, which is managed at an operational level. We have mitigations in the form of actions and controls for each of these potential risks which if managed effectively and consistently would help protect the organisation's assets, reputation, and operations including improved safety for patients and carers, staff, and visitors. The principal risks to the hospice during 2024/25 were as follows:

- Workforce and organisational digital capability and performance to prevent cyber-attacks and data breaches
- Interruption to or loss of digital systems or third-party platforms which impacts delivery to any stakeholder service (internal or external platforms)
- Workforce (staff and volunteers) competence and capacity insufficient for the requirements of the organisation
- Inadequate income to meet budget or achieve strategy
- Ensuring ongoing quality and clinical governance is at the heart of our care provision.
- Non-compliance with statutory and regulatory legislation, policies and standards result in regulator or legal action

Risk management is the responsibility of all staff to ensure risks are identified. The Board holds overall management and control of risk management, and set and review, the hospice's risk appetite statement on an annual basis. They delegate to the CEO, who is responsible for ensuring there is a comprehensive risk management system in place. This includes ensuring a plan for adequate staffing, finances and other resources, to ensure the management of those risks, which may have an adverse impact, is addressed. The CEO also ensures that an appropriate corporate risk register is prepared and regularly updated and receives appropriate consideration including with the Board.

Across the hospice, the Executive team ensure appropriate risk management processes are in place within their area, including the proactive and timely identification, assessment and controls of risks. They also ensure the culture encourages individuals to participate in the risk management processes, seek assurance from relevant team and provide assurance to Trustee committee and board.

The hospice employs a Head of Governance to oversee the infrastructure behind the risk management framework, to ensure that regular checks, reviews and audits are conducted to ensure continued compliance with all statutory requirements, and best practice guidance. This includes quarterly governance meetings across the key business units to ensure that risk is being managed in a dynamic way, with risk positions updated and controls assessed.



At an operational level St Margaret's has a robust Risk Assessment Policy, with all events, activities and projects risk assessed in advance so that we can safeguard the health, wellbeing and safety of patients, staff, volunteers, as well as members of the public who engage with us. The hospice also has an internal audit programme, which aims to ensure that the hospice remains compliant with external regulations, standards, codes of practice as well as our own internal policies, procedures, guidelines, and agreements. These audits are conducted across all parts of the hospice and provide an independent and objective evaluation of our internal controls to effectively manage risk, add value and offer recommendations for continuous improvement and learning.

The Board retain oversight of a system of internal controls through which appropriate approval is required for all transactions and projects. Procedures are also in place to ensure compliance with the requirements of external regulatory bodies such as the CQC, Charity Commission, Fundraising Regulator and Gambling Commission as well as ensuring the health and safety of patients, families, staff, volunteers, and visitors to the hospice.

## CASE STUDY

### John and Tina

John and Tina's love story spanned nearly four decades – a lifetime built by laughter, shared dreams, and unwavering devotion. To John, she was his "angel," and in 2014, when she was diagnosed with stomach cancer, that love birthed a promise.

"One night, she woke me up around two o'clock in the morning," John recalls. "She said, 'When I'm dead, don't forget me.'" He didn't know how to answer at first, but he made a promise – he would always remember her.

They had met as students in Birmingham. "I was a glasses-wearing history nerd," John laughs. "I worried she might think, 'God, he's boring.' But our friends set us up – cleared the common room so we had to talk." John still remembers their very first kiss. "The room vanished, the college vanished, the planet Earth vanished, and it was just me, and her, and that kiss."

When the hospice first phoned, John says, "I saw panic in her eyes, but she agreed to speak to them. I was waiting for her to burst out crying – but she didn't. The lady on the phone calmed her right down."

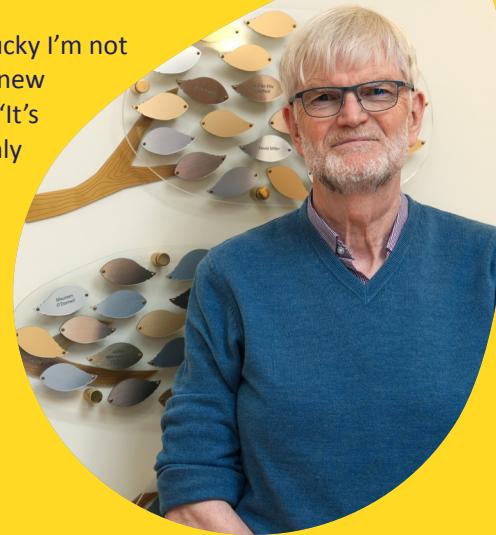
Her first visit to the Sunflower Centre changed everything. "Tina bounded in, met the group, chatted to the clinicians. When I came to pick her up, all I could hear was laughter. On the way home, she told me about the others, what they'd been doing. She loved the paints, the craftwork, the gossip. You could see the dark shadow on her shoulder was lifted off."

The hospice supported Tina at home, making sure her symptoms were managed so she could stay where she wanted. Thanks to the support of the hospice, Tina was able to die at peace, at home, with John by her side. "No

struggle, no fear. If it had to be, that was the way Tina would have wanted it."

John kept his promise through acts of remembrance. The first was a dedication to her on the hospice's Memory Tree. "I was always worried that as my brain started corroding, I'd start forgetting her. So it was important to plant memory flags. The Memory Tree was the root and branch of that."

He visits often. "You're lucky I'm not here every day to take a new photograph," he smiles. "It's the way this place not only cared for Tina, but helps me remember her. She was always happy here. And since the tree, remembering has not been a problem."



# Structure, governance, and management



# Our structure

St Margaret's is a registered charity and a company limited by guarantee, established in 1980 with a charitable purpose outlined in our Articles of Association.

## Subsidiaries and related parties

As the parent Charity, St Margaret's is also the sole shareholder of St Margaret's Somerset Hospice Retail Limited. St Margaret's Fundraising Limited was dissolved during the year: on 1 October 2024. The results of the subsidiaries' trading activities are set out in notes 25 and 26.

# How we are governed

## Trustee Board

We have a robust governance structure with a Board, consisting of Trustees named on page 29, having ultimate responsibility for the proper and effective management of St Margaret's Hospice. The Board is responsible for all major strategic decisions, for monitoring the organisation's performance, and to ensure that it complies with its Articles of Association and applicable laws and regulations.

2024/25 was a relatively quiet period for the Board in terms of appointments. One trustee resigned, and we confirmed one trustee for a second term in post and extended the current Chair's term by one year to September 2026 – this was agreed following a change in the hospice's Articles of Association, which were amended to discount sabbaticals, up to 12 months, from years served. This provides continuity of leadership and governance as the hospice enters a new strategic period, with a Board that has a strong breadth of experience, skills, and knowledge in all key strategic areas of the hospice operation covering finance, fundraising, strategy, clinical and business intelligence. Their diverse backgrounds and knowledge contribute to the effective governance and management of our organisation, enabling us to meet the evolving needs of our patients, staff, and stakeholders.

## Election and Appointment of Trustees

New Trustees are appointed through a process of advertisement, application, interview, and selection to ensure a diverse range of skills and experiences. They serve a four-year term, with the possibility of re-election for one additional term at the Annual General Meeting (AGM). All Trustees have equal status, and the Chair and Vice Chair positions can be held for up to four years. As set out in our Articles of Association, the Board consists of a minimum of five and a maximum of twenty Trustees. A quorum for meetings requires the attendance of at least 60% of the Trustees. Decisions are made through majority voting, with the Chair having a casting vote if necessary. The Board convenes quarterly, holds an annual away day, and conducts an AGM.

To ensure effective governance, the Board conducts regular evaluations of the Chair, Committee Chairs, Trustees, and the CEO. The Articles delegate certain powers to sub-committees, each led by a Trustee and supported by an Executive Director. These committees include Finance, Clinical Quality and Education, Income Generation and Marketing, Human Resources and Remuneration, Strategic Development, Nominations and Audit & IT. Each committee reports regularly to the Trustee Board, ensuring transparency and accountability.

## Induction and Training

All Trustees sign a code of conduct on appointment. The Trustees, Chair and Vice Chair carry out their responsibilities in line with a documented description of their role. New Trustees undertake an induction process designed to equip them with the information and understanding they need to become effective and valuable members of the Board as quickly as possible. Annual performance reviews, led by the Chair and Committee Chairs, identify training and development needs.

All Trustees give their time voluntarily and receive no benefit from the Charity. Out of pocket expenses incurred by the Trustees in carrying out the role can be reimbursed in accordance with the organisation's expenses policy. All Trustees were required to complete and sign an annual declaration of interests, and any relevant gifts received and confirm that they continue to meet the legal criteria required to be a Trustee.

# How we are managed

## Executive Team

The Board is responsible for appointing the Chief Executive Officer (CEO) and providing support during the appointment process for the Executive Team. The Board delegates day-to-day management and decision making to the CEO and Executive Team, who are required to act in furtherance of the charity's strategy. The Board holds the CEO and Executive Team to account for its leadership of the organisation but will play a crucial role in providing support and guidance for key decisions that fall outside the scope of the Executive Team or exceed authorised budget levels. This includes matters such as new shop leases, major decisions related to legacy estates, or significant contracts. The CEO delegates decision-making powers throughout the organisation via the Executive Team.

## Staff

As of March 2025, our workforce comprised 343 staff and 55 bank staff all playing diverse roles in ensuring the smooth operation of the hospice. In addition to our frontline staff of doctors, nurses, and therapists, we have essential support teams. These include housekeeping, kitchen staff, estates personnel, and resource management professionals, all contributing to the efficient functioning and security of our facilities. We also have teams dedicated to generating income, with over 100 staff working across our 31 shops and fundraising activities. To keep our staff and volunteers informed about the hospice's goals and activities, we employ various communication channels such as all staff-briefings, meetings, staff and volunteer newsletters, and internal communication emails. Our values are displayed throughout the premises and form an integral part of the recruitment, onboarding, and training processes, fostering a shared commitment among our team.

## Employment policy

St Margaret's is dedicated to promoting equal opportunities and preventing unlawful discrimination in employment and the provision of services. This commitment extends to patients, visitors, contractors, trustees, volunteers, and staff from other organisations associated with the hospice. We have implemented an Equal Opportunities policy to ensure fairness and inclusivity in all aspects of our operations.

## Pay and remuneration

The pay and remuneration of key management staff undergo thorough review by the HR and Remuneration Committee. This committee assesses the recommendations and presents them to the Board of Trustees. To ensure fairness and consistency, job descriptions and person specifications are benchmarked against NHS national role profiles, regional hospices, and pay data from healthcare competitors, charity, and private sector companies. Internal benchmarking is also conducted to maintain equity. In our second year of the new Pay Framework for all staff, we focused on aligning our clinical staff's pay to Agenda for Change, a process which will take a couple of years to fully embed, which has been key to support the recruitment and retention of our clinical workforce, supporting the career pathways developed and offering an opportunity to earn more through greater skill and experience. Where able, we maintained the Real Living Wage but, in some areas, mainly retail, we had to realign to the National Living Wage as the entry point salary reflective of the external marketplace and affordability of the workforce. In retail, like our clinical structure, we have developed career pathways for role and pay progression.

## Gender Pay Gap

St Margaret's Gender Pay Gap analysis for the reporting year ending 5 April 2024 demonstrates our ongoing commitment to pay transparency and equality. The mean gender pay gap stands at 4.18% indicating that on average females earn 4.18% less than males, this is a change from the previous year where females average earning were higher than males. This is likely due to changes in the composition of the workforce in that we employed more males in April 2024 compared to the previous year, and the distribution of salaries as there were more males in the upper pay quartiles. For comparison the national figure is 7.0% (ONS Gender pay gap in the UK:2024). The median pay gap is -0.46% indicating that the median female employee is paid 0.46% more than the median male employee. We remain committed to ensuring equal pay and this is underpinned by promoting transparency, inclusive recruitment practices and robust role and pay evaluation processes.

## Equality, Diversity & Inclusion

St Margaret's Hospice's commitment to equity, diversity and inclusion (EDI) 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 EDI principles into every aspect of hospice operations, so that we can be a truly inclusive space where disparities are recognised and addressed, ensuring equitable access to palliative care for all. Clinically, our 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. Therefore, our approach will involve 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.

From a workforce perspective, we have a renewed commitment to develop our inclusion strategy and impact. Inclusion goes beyond representation; it involves creating an environment where all individuals feel welcomed, respected, and valued. An inclusive workplace fosters a sense of belonging where employees and volunteers are empowered to contribute their best work without fear of judgment or exclusion, and it is exciting to move forward on this journey.

Our external Board Governance Review provided an independent assessment of equity, diversity, and inclusion at St Margaret's at a Board level. It affirmed that whilst good practices are in place, and good representation across our Board and leadership team, there were opportunities to do more, and in some places better. A strategy or framework owned and led by the Board and the Executive team is key, therefore we have spent time meeting other charities and hospices to explore their Inclusion Strategies, how real impact has been made, which has informed our case for investment – of time, resource, and money, recognising this must be long-lasting and impactful.

Spending the next year revisiting our values with a new strategy approaching, we will test and reflect how well these values support and embed inclusivity, focusing on behaviours and how we want people to experience working or volunteering at St Margaret's. This has informed early thinking into how we educate, inform, and influence the mindset and actions of our staff and volunteers, whose direct contact with our patients, families, customers, and supporters, centres on an inclusive respect for others.



# Streamlined energy and carbon reporting (SECR)

We have made solid progress in delivering our Green Plan as a hospice and recognising how we can improve our carbon footprint and support more sustainable ways of working. This is only the second year we have reported on this area of activity, and as such we are learning more about our emissions and their impact and are adding further data and insights into the report. The table below summarises our greenhouse gas emissions and energy usage in relation to gas, electricity, and vehicles for the last twelve months. Using the Government's 'Environmental Reporting Guidelines' the measurement we have adopted is a location-based figure, looking at scope 1, 2 and for the first time this year scope 3 emissions. The areas of scope 3 we are reporting are:

- Business travel, primarily mileage of our community nurses but this includes any staff mileage or travel the hospice has paid for directly or staff have claimed back on expenses
- Emissions associated with our fuel and energy usage (e.g. the electricity lost in transmission, the emissions generated refining diesel and transporting it to the petrol station etc)
- Emissions associated with our water supply

Under scope 1 we are now including the medical gasses we use (Nitrous Oxide); this is a tiny amount so has had a small impact on the overall figures and the 2024 figures were updated to include this, to give a fair comparison. Compared to last year our scope 1 emissions haven't changed much at all (the large % change in refrigerants is mainly because they are such a small amount and we only use them sporadically). The 10% drop in our electricity usage is mainly a result of lower electricity consumption at our Yeovil hospice, which has dropped by 42%, thanks to the investment in and installation of solar panels at this location.

EMISSIONS SOURCE	UNIT	2024/25		2023/24		MOVEMENT		
		UNITS	TONNE CO2e*	UNITS	TONNE CO2e*	UNITS (%)	TONNE CO2e*	CO2e* %
<b>Scope 1</b>								
Gas	KWHS	1,184,548	216.65	1,164,942	213.10	1.7%	3.55	1.7%
Transport Fuel	Litres	16,646	41.61	16,518	41.26	0.8%	0.35	0.8%
Refrigerants & Medical Gases	KGs	3.36	2.33	1.38	0.37	143.0%	1.96	535.3%
<b>Scope 1 Subtotal</b>			<b>260.59</b>		<b>254.73</b>		<b>5.86</b>	<b>2.3%</b>
<b>Scope 2</b>								
Purchased Electricity	KWHS	718,303	148.72	801,040	165.87	-10.3%	-17.15	-10.3%
<b>Scope 2 Subtotal</b>			<b>148.72</b>		<b>165.87</b>		<b>-17.15</b>	<b>-10.3%</b>
<b>Subtotal (Scope 1 &amp; 2)</b>								
Full Time Equivalent Staff (FTE)		267		262		1.9%		
Intensity Factor (Tonne CO2e/FTE)			1.53		1.61		-0.08	-5.0%
<b>Scope 3</b>								
Business Travel (Mileage)	Miles	174,210	45.49					
WTT* Business Travel (Mileage)	Miles	174,210	12.05					
Business Travel (Other)	Miles	8,412	1.21					
WTT* Business Travel (Other)	Miles	8,412	0.17					
<b>Total Business Travel</b>			<b>58.92</b>					
WTT* Emissions, Gas	KWHS	1,184,548	35.79					
WTT* Emissions, Transport Fuel	Litres	16,646	10.16					
WTT* Emissions, Electricity	KWHS	718,303	35.82					
T&D* Emissions, Electricity	KWHS	718,303	13.14					
Total Fuel & Energy Related Activities			94.91					
<b>Scope 3 Subtotal</b>			<b>153.83</b>					
<b>Total Reported Emissions (All Scopes)</b>			<b>563.14</b>					
Full Time Equivalent Staff (FTE)		267						
Intensity Factor (Tonne CO2e/FTE)			2.11					

# How our clinical services are regulated

The Hospice is registered with the Care Quality Commission (CQC), which regulates and inspects the hospice as an independent healthcare provider. We actively engage with the CQC, have all necessary registered roles in place and align our evidence against the new single framework. We are proud to announce that we have once again been awarded an 'Outstanding' rating by the CQC following their latest inspection in July 2024. This marks the second time that we have received this prestigious recognition, with special acknowledgment for our exceptional care, compassionate staff, and commitment to patient safety and wellbeing.

The inspection, part of the CQC's routine assessments, praised St Margaret's for being effective, caring, responsive, and well-led. Additionally, the rating for safety has been elevated from 'Good' to 'Outstanding', demonstrating the hospice's continued dedication to providing the highest quality care.

In the CQC's report, our staff were applauded for their kindness, attentiveness, and their ability to meet the unique needs of patients and their families. We were commended for our focus on patient safety and our innovative approach to end-of-life care. Special mention was given to the range of services offered, including translation services and tailored support for people with disabilities.

Our teams work tirelessly to provide high-quality, compassionate care, and we are delighted that the CQC has recognised our efforts. Patient care and safety are always our top priorities, and we continuously strive to ensure that the care we provide is not only safe but also tailored to meet the individual needs of each person. This recognition is a testament to the dedication, compassion, and professionalism of every single member of our team and the role they play in delivering outstanding care at St Margaret's.

"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**

*Further information about how we run our care services, please see our latest Clinical Quality Account. 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 good value for money.*

## 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.

## Fundraising Disclosure

Registered with the Fundraising Regulator and licensed with the Gambling Commission, all fundraising activities are carried out in accordance with best practice and in line with the current Codes of Fundraising Practice and internally audited. We raise funds via multiple fundraising activities, including postal and digital appeals, events and fundraising that is organised by others on our behalf. All fundraising is conducted in line with the hospice's 'Key Principles and Behaviours Policy,' which outlines our approach, including protecting vulnerable people. Our Legacy Policy also details a clear framework for dealing with potential and existing legators ensuring supporters are treated fairly and not subject to unreasonable, persistent, or intrusive communications.

St Margaret's is a member of the Hospice Income Generation Network and several of our fundraisers are members of the Chartered Institute of Fundraising. We are also members of the Hospice Lotteries Association and Lotteries Council through whom our subscription acts as a proxy contribution to GambleAware. During 2024/25 all monthly financial returns were made to the Gambling Commission, as per the conditions of our Licence, as was our Annual Regulatory Return and both our Money Laundering and Social Responsibility Policies were updated. During the year we continued canvassing with a third-party professional fundraising agency who undertake face-to-face recruitment of players for our Weekly Prize Draw. We have safeguards in place when working with suppliers so that we protect our supporters and the reputation of our charity. We ensure all third parties observe the highest standards in terms of fundraising practice and monitor their performance using mystery shopping and audits. During the year we did face a challenge with one of our canvassers signing up two new players who were under the age of 18. The issue was identified quickly, refunds made, and the canvasser suspended pending investigation. Our annual mystery shopping audit also highlighted that adherence with the Think 25 age rule, could be improved in some of our shops where single tickets are sold. Both incidents were reported to the Gambling Commission, and additional training has been delivered. The canvasser is no longer working on our account, and we are in the process of signing a contract with a new third-party provider.

To ensure ongoing compliance with General Data Protection Regulations (GDPR) we regularly review our fundraising practices relating to personal data, with a Fundraising, Marketing and Governance steering group meeting every quarter. All personal information we hold is treated in a safe, secure, sensitive, and confidential way. We do not buy, share, or sell personal information to third parties for marketing or fundraising purposes. We use legitimate interest as the legal basis for sending our newsletter and fundraising mailings. Our supporters can opt out of receiving contact from us at any time, and we remind them how they can do this in each correspondence. Our full Privacy Notice and Terms and Conditions are clearly signposted on our website. Any new activities are subject to Data Protection Impact Assessments to ensure the rights of data subjects are not impacted. We are also signed up to the Fundraising Preference Service to enable individuals to opt out from receiving fundraising communications from us. We received no requests through this service last year. We also adhere to the Telephone Preference Service, when undertaking telemarketing campaigns. Our complaints procedure enables any supporter to raise a concern or complain about our fundraising activities. During the year we received one complaint about our lottery (none in 2024), and one concerned regarding our fundraising, both fully investigated. The lottery complaint revolved around an externally employed canvasser, which we reported to the Gambling Commission. No regulatory action was taken.

# Who's Who

## Executive Team

### Chief Executive

James Rimmer (*resigned 31 August 2025*)

### Interim Chief Executive

Joanna Hall (*appointed 1 September 2025*)

### Finance Director

David Slack

### Clinical Director

Clare Barton

### Director of People, Development & Governance

Katie Dominy

### Director of Fundraising, Retail & Communications

Joanna Hall

### Director of Data & IT Services

Nick Middleton

## Trustees

The Trustees who served the Charity during the whole period were as follows:

1. Tom Samuel (Chair)
2. Pat Colton (Vice Chair)
3. Triston Greenhow
4. Kevin Jones
5. Dr Nick Kennedy
6. Nicky McClean
7. Sue Steen
8. Rev. Tim Treanor
9. Pip Tucker
10. Emma Webber (*remains on sabbatical from June 2023*)
11. Dr Sarah Allford
12. Sandra Corry (*resigned 3 September 2025*)
13. James Don Carolis
14. Dominic Lynch
15. Katy Webley

## Trustees who retired or resigned during 2024/25

1. Paula Sudbury (*resigned 16th August 2024*)
2. Ritchie Cridge (*on sabbatical from 15th May 2024 – resigned 2nd April 2025*)



# Reference and administrative details

## Registered office

Heron Drive, Bishops Hull, Taunton,  
Somerset TA1 5HA

## Bankers

Barclays Bank plc  
46 North Street, Taunton Somerset, TA11LZ

## Independent auditor

AC Mole LLP, Chartered Accountants  
Stafford House Blackbrook Park Avenue  
Taunton, Somerset, TA1 2PX

## Principal solicitor

Clarke Willmott Solicitors  
Blackbrook Gate Blackbrook Park Avenue  
Taunton, Somerset, TA1 2PG

## Investment Fund Managers

Rathbones Investment Management Ltd  
8 Finsbury Circus London, W1J 5FB

RBC Brewin Dolphin  
Vantage Point, Woodwater Park, Pynes Hill  
Exeter, Devon, EX2 5FD

## Registration numbers

Registered charity number 279473  
Registered company number 01471345  
VAT registration number 991 2550 08



# Financials



# Consolidated Statement of Financial Activities for the Year ended 31 March 2025

(Incorporating a consolidated income and expenditure account)

	Note	Unrestricted £	Restricted £	Total Funds 2025 £	Total Funds 2024 £
<b>Income from:</b>					
Donations and Legacies	1	4,034,670	438,703	4,473,373	3,620,587
Other Trading Activities	2	7,111,663	-	7,111,663	6,938,943
Investments	3	520,157	-	520,157	499,702
Charitable Activities	4	-	3,235,657	3,235,657	3,107,033
Other Income		24,117	-	24,117	14,297
		<b>11,690,607</b>	<b>3,674,360</b>	<b>15,364,967</b>	<b>14,180,562</b>
<b>Expenditure on:</b>					
Raising Funds	5	(6,396,735)	-	(6,396,735)	(5,948,882)
Charitable activities	6	(5,681,471)	(3,564,785)	(9,246,256)	(8,885,364)
		<b>(12,078,206)</b>	<b>(3,564,785)</b>	<b>(15,642,991)</b>	<b>(14,834,246)</b>
Net gains on investments	8	85,254	-	85,254	745,477
<b>Net (deficit) / income and movement in funds</b>	<b>9</b>	<b>(302,345)</b>	<b>109,575</b>	<b>(192,770)</b>	<b>91,793</b>
<b>Reconciliation of Funds:</b>					
Total Funds brought forward		20,785,727	2,289,987	23,075,714	22,983,921
<b>Total Funds carried forward</b>		<b>20,483,382</b>	<b>2,399,562</b>	<b>22,882,944</b>	<b>23,075,714</b>

## Consolidated Statement of Financial Position as at 31 March 2025

	Note	Total Funds 2025 £	Total Funds 2024 £
<b>Fixed Assets</b>			
Intangible assets	11	334,010	326,345
Tangible assets	12	7,000,860	7,203,333
Investments	8	9,751,695	9,648,552
		<b>17,086,565</b>	<b>17,178,230</b>
<b>Current Assets</b>			
Stock	13	138,174	177,038
Debtors	15	3,301,589	3,666,997
Cash at bank and in hand		3,565,813	3,348,544
		<b>7,005,576</b>	<b>7,192,579</b>
<b>Liabilities</b>			
Creditors: Amounts falling due within one year	16	(1,209,197)	(1,295,095)
Net current assets		5,796,379	5,897,484
Total assets less current liabilities		22,882,944	23,075,714
<b>Total net assets</b>		<b>22,882,944</b>	<b>23,075,714</b>
<b>The Funds of the Group:</b>			
Restricted Income Funds		2,399,562	2,289,987
Unrestricted Income Funds		20,483,382	20,785,727
<b>Total Consolidated Funds</b>		<b>22,882,944</b>	<b>23,075,714</b>

# Charity Statement of Financial Position as at 31 March 2025

	Note	Total Funds 2025 £	Total Funds 2024 £
<b>Fixed Assets</b>			
Intangible assets	11	334,010	326,345
Tangible assets	12	7,000,860	7,203,333
Investments	8	9,751,795	9,648,752
		<b>17,086,665</b>	<b>17,178,430</b>
<b>Non-current Assets</b>			
Debtors due after more than one year	14	139,049	176,860
<b>Current Assets</b>			
Stock	13	-	1,069
Debtors	15	3,301,589	3,666,997
Cash at bank and in hand		3,564,838	3,347,553
		<b>6,866,427</b>	<b>7,015,619</b>
<b>Liabilities</b>			
Creditors: Amounts falling due within one year	16	(1,209,197)	(1,295,195)
Net current assets		5,657,230	5,720,424
Total assets less current liabilities		22,882,944	23,075,714
<b>Total net assets</b>		<b>22,882,944</b>	<b>23,075,714</b>
<b>The Funds of the Charity:</b>			
Restricted Income Funds		2,399,562	2,289,987
Unrestricted Income Funds		20,483,382	20,785,727
<b>Total Charity Funds</b>		<b>22,882,944</b>	<b>23,075,714</b>

## Consolidated Statement of Cashflows for the year ended 31 March 2025

	Note	2025 £	2024 £
<b>Cash flows from operating activities:</b>			
Net cash (used in) operating activities		(2,386)	(233,899)
<b>Cash flows from Investing Activities</b>			
Dividends, interest and rent from investments		520,157	499,702
Purchase of property, plant and equipment		(235,381)	(504,567)
Purchase of intangible assets		(47,232)	(113,367)
Purchase of investments		(1,473,083)	(3,378,098)
Disposal of investments		1,682,263	2,268,806
Movement in cash held for investment		(227,069)	130,760
<b>Net cash generated from / (used in) investing activities</b>		<b>219,655</b>	<b>(1,096,764)</b>
<b>Cash flows from financing activities</b>			
<b>Net cash provided by financing activities</b>		<b>-</b>	<b>-</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>217,269</b>	<b>(1,330,663)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>3,348,544</b>	<b>4,679,207</b>
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>3,565,813</b>	<b>3,348,544</b>

# Accounting policies

## Company Information

St Margaret's Somerset Hospice is a company limited by guarantee, incorporated with Companies House (England and Wales). The registered office is Heron Drive, Bishops Hull, Taunton, Somerset TA1 5HA. St. Margaret's Somerset Hospice constitutes a public benefit company as defined by FRS102. The company is a registered charity with the charitable purpose of: *Promoting the relief of sickness by such charitable means as the Association shall from time to time think fit.*

## Basis of Accounting

These financial statements have been prepared under the historical cost convention (except for some investments which are included at market value) and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Charities Act 2011, the Companies Act 2006 and the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102).

## Critical Accounting Estimates and Judgements

The preparation of the financial statements in conformity with FRS 102 requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income, and expenses.

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The company makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The Trustees consider that the following critical accounting estimates and judgements have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

### • Legacy income

Under the FRS102 SORP the group and charity are required to recognise legacy income when it is probable that it will be received. This may include making an estimate of the fair value of the amount receivable. It is possible that the actual amount received differs from these estimates, particularly in the case where the charity is the beneficiary of a residual legacy. Legacy income recognised within the financial statements totalled £2,664,992 (2024: £2,232,065). Legacy income recognised that had not been received by the Charity at the year end totalled £2,316,965 (2024: £2,464,425).

Where legacy income is in the form of Investment Properties the legacy income recognised is the market value of the properties at the time of probate. Any subsequent movement in market value is accounted for in line with the Fixed Asset Investments accounting policy.

## Going Concern

The financial statements have been prepared on a going concern basis. The Trustees consider the Group to have adequate resources to manage the risks the Group faces successfully for the foreseeable future, despite the current economic uncertainties.

## Consolidation

The group Financial Statements consolidate the results of the Parent Company and its wholly owned subsidiary undertakings for the year ended 31 March 2025 using the acquisition method of accounting. Intra-group transactions and profits are eliminated fully on consolidation.

A separate statement of financial activities, dealing with the results of the Charitable Company, has not been presented as permitted by section 408 of the Companies Act 2006. The deficit for the charity (restricted and unrestricted) for the year was £192,770 (2024: surplus of £91,793).

## Fixed Asset Investments

In accordance with the Charities SORP FRS 102 investments, other than those held for sale, are stated at market value, and treated as fixed assets. Any gains or losses on valuation are recognised in the Statement of Financial Activity.

Market Value of Investment Properties is identified based on either a valuation or movements in an appropriate index. Changes in their value are recognised in the Statement of Financial Activities for the year.

## Investment in Subsidiary Undertakings

Investments in subsidiary undertakings are initially recognised at cost and subsequently at cost less accumulated impairment in the charity's balance sheet.

## Fund Accounting

Funds held by the Charity are either:

- Unrestricted funds which comprise those funds which the Trustees are free to use in accordance with the charitable objects.
- Restricted funds - these are funds that can only be used for particular restricted purposes within the objects of the Charity.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

## Designated reserves

The Trustees may, from time to time, designate reserves to cover specific projects and other potential commitments.

## Expenditure

Expenditure is recognised when a liability is incurred and includes any irrecoverable VAT. Contractual arrangements are recognised as goods or services are supplied.

Costs of generating funds are those costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Charitable activities include expenditure associated with the operation of the hospice and the achievement of its objects and include both the direct costs and support costs relating to these activities.

## Fixed Assets

All fixed assets are initially recorded at cost and subsequently at cost less depreciation and any impairment. The group and company applied the transitional arrangements of Section 35 of FRS102 and used a previous valuation as deemed cost at 1 April 2015.

## Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

- Freehold property buildings - 2% on a straight-line basis
- Fixtures, fittings, and equipment – On a straight-line basis over 3 – 4 years and 10 years for solar panels
- Motor vehicles – On a straight-line basis over 4 years
- Leasehold property improvements – On a straight-line basis over 4 years
- Assets under construction – No depreciation until the asset is available for use

## Intangible Assets

Intangible assets are initially measured at cost. After initial recognition, intangible assets are recognised at cost less any accumulated depreciation and any accumulated impairment losses. Intangible assets are being amortised over the estimated useful economic life of ten years.

Intangible assets under construction are initially measured at cost. Amortisation is charged once the asset is in use and is amortised over its useful economic life.

## Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items. The donated goods received for sale are recognised when sold and the Charity applies the FRS 102 exemption to the fair value being recognised on receipt. This is due to the impracticality and costs of recognition of value of goods on receipt.

## Operating Lease Agreements

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged against income on a straight-line basis over the period of the lease.

## Income

Voluntary income including donations, gifts and legacies and grants that provide core funding or are of a general nature are recognised where there is entitlement, when receipt is considered probable, and the amount can be measured with sufficient reliability.

Such income is only deferred when:

- The donor specifies that the grant or donation must only be used in future accounting periods; or
- The donor has imposed conditions which must be met before the Charity has unconditional entitlement.

Income from commercial trading activities is recognised as earned as the related goods and services are provided.

Legacies are included when the Charity is advised by the personal representative of an estate that payment will be made, or property transferred and the amount involved can be quantified. The accounting policy applied is that receipt of a legacy is recognised when:

- There has been grant of probate; and
- The executors have informed St. Margaret's that there are sufficient assets in the estate, after settling liabilities, to pay the legacy; and
- Any conditions attached to the legacy are either within the control of the charity or have been met.

This is in accordance with the Charities SORP (FRS102) Guidance and FRS 102.

Legacies which have been recognised but not yet received are included within debtors in legacy accrued income.

Investment income is recognised on a receivable basis.

Government grants are included within 'Other Income' and are recognised when there is entitlement, when receipt is considered probable, and the amount can be measured with sufficient reliability.

## **Gifts in Kind**

Gifts in kind are included within voluntary income and are included at their market value at the date of the gift, except for goods donated for sale in the Charity's shops which are accounted for when sold.

## **Pension Scheme Costs**

The Charity operates a defined contribution pension scheme and participates in an NHS pension for those eligible. The pension charge represents the amounts payable by the Charity to the fund in respect of the year.

## **Financial Instruments**

The charity only enters into basic financial instruments that result in the recognition of financial assets and liabilities such as trade and other debtors and creditors together with loans to related parties.

Debt instruments, such as trade debtors and creditors, are initially measured at transaction price and subsequently measured at amortised cost.

Financial assets are assessed at the end of each reporting period for objective evidence of impairment. If objective evidence of impairment is found, an impairment loss is recognised in the income statement.

## **Volunteers and Donated Services and Facilities**

The value of services provided by volunteers is not incorporated into these financial statements. Further details of the contribution made by volunteers can be found in the Trustees' Report.

## **Impairment of Non-Financial Assets**

### **• Intangible and Tangible Fixed Assets and Investments in Subsidiaries**

These assets are tested for impairment whenever there is any objective evidence or indication that these assets may be impaired.

For impairment testing, the recoverable amount (being the higher of the fair value less cost to sell and value in use) is determined on an individual asset basis unless the asset does not generate independent cash flows in which case the recoverable amount is determined for the cash generating unit to which the asset belongs.

Any difference between the carrying value and the recoverable value is recognised as an impairment expense in the statement of financial activities, in the year in which the impairment is identified.

# Financial notes



## 1. Donations and Legacies

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Private donations and 'in memory'	1,327,681	-	1,327,681	1,215,062	-	1,215,062
Legacies	2,587,705	117,232	2,704,937	1,724,583	507,482	2,232,065
Revenue Grants	119,284	321,471	440,755	113,171	60,289	173,460
	<b>4,034,670</b>	<b>438,703</b>	<b>4,473,373</b>	<b>3,052,816</b>	<b>567,771</b>	<b>3,620,587</b>

Included in the above legacies is £2,316,965 (2024: £2,464,425) which has been recognised in line with accounting policy, which had not been received by the Charity at the year end.

## 2. Other Trading Activities

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Charity Shop income	6,423,682	-	6,423,682	6,221,639	-	6,221,639
Lottery income	648,061	-	648,061	660,710	-	660,710
Ancillary Trading	39,920	-	39,920	56,594	-	56,594
	<b>7,111,663</b>	-	<b>7,111,663</b>	<b>6,938,943</b>	-	<b>6,938,943</b>

## 3. Income from Investments

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Dividend income	176,757	-	176,757	183,440	-	183,440
Bank Interest Receivable	168,082	-	168,082	184,311	-	184,311
Rents received	175,318	-	175,318	131,951	-	131,951
	<b>520,157</b>	-	<b>520,157</b>	<b>499,702</b>	-	<b>499,702</b>

## 4. Income from Charitable Activities

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
NHS Integrated Care Board/Clinical Commissioning Group	-	3,008,493	3,008,493	-	2,963,784	2,963,784
Other Charitable Income	-	227,164	227,164	-	143,249	143,249
	<b>-</b>	<b>3,235,657</b>	<b>3,235,657</b>	<b>-</b>	<b>3,107,033</b>	<b>3,107,033</b>

## 5. Expenditure on Raising Funds

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Costs of generating voluntary income	936,355	-	936,355	857,066	-	857,066
Shop costs	5,158,268	-	5,158,268	4,832,806	-	4,832,806
Lottery costs	235,994	-	235,994	205,464	-	205,464
Investment Property Costs	8,448	-	8,448	7,565	-	7,565
Investment Management Fees	57,670	-	57,670	45,981	-	45,981
	<b>6,396,735</b>	-	<b>6,396,735</b>	<b>5,948,882</b>	-	<b>5,948,882</b>

## Allocation of Support Costs

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
Voluntary Income Generation costs	739,044	197,311	936,355	673,160	183,906	857,066
Shop costs	4,333,974	824,294	5,158,268	4,097,798	735,008	4,832,806
Lottery costs	220,458	15,536	235,994	195,277	10,187	205,464
Investment Property Costs	8,448	-	8,448	7,565	-	7,565
Investment Management Fee	57,670	-	57,670	45,981	-	45,981
	<b>5,359,594</b>	<b>1,037,141</b>	<b>6,396,735</b>	<b>5,019,781</b>	<b>929,101</b>	<b>5,948,882</b>

## 6. Costs of Charitable Activities by Fund Type

	Unrestricted Funds £	Restricted Funds £	Total Funds 2025 £	Unrestricted Funds £	Restricted Funds £	Total Funds 2024 £
	Direct Costs £	Support Costs £	Total Costs 2025 £	Direct Costs £	Support Costs £	Total Costs 2024 £
In-Patient unit	1,558,696	2,552,115	4,110,811	1,020,608	2,868,766	3,889,374
Community Care	3,736,093	1,012,670	4,748,763	3,706,955	867,748	4,574,703
Education	386,682	-	386,682	421,287	-	421,287
	<b>5,681,471</b>	<b>3,564,785</b>	<b>9,246,256</b>	<b>5,148,850</b>	<b>3,736,514</b>	<b>8,885,364</b>
In-Patient unit	3,259,021	851,790	4,110,811	3,128,650	760,724	3,889,374
Community Care	3,669,550	1,079,213	4,748,763	3,561,131	1,013,572	4,574,703
Education	289,887	96,795	386,682	319,313	101,974	421,287
	<b>7,218,458</b>	<b>2,027,798</b>	<b>9,246,256</b>	<b>7,009,094</b>	<b>1,876,270</b>	<b>8,885,364</b>

## 7. Allocation of support costs

	Shop Costs £	Lottery £	Costs of Generating Voluntary Income £	In-patient Unit £	Community Care £	Education £	Total 2025 £	Total 2024 £
Staff costs/salaries	551,066	10,386	131,909	569,448	721,486	64,709	<b>2,049,004</b>	<b>1,801,578</b>
General Office	111,536	2,102	26,698	115,256	146,029	13,098	<b>414,719</b>	<b>427,704</b>
Finance Office	8,432	159	2,018	8,713	11,040	991	<b>31,353</b>	<b>54,059</b>
Information Technology	125,315	2,362	29,997	129,496	164,070	14,715	<b>465,955</b>	<b>479,394</b>
Legal/professional	20,071	378	4,804	20,740	26,278	2,357	<b>74,628</b>	<b>28,075</b>
Governance	3,484	66	834	3,600	4,562	409	<b>12,955</b>	-
Audit	4,390	83	1,051	4,537	5,748	516	<b>16,325</b>	<b>14,561</b>
	<b>824,294</b>	<b>15,536</b>	<b>197,311</b>	<b>851,790</b>	<b>1,079,213</b>	<b>96,795</b>	<b>3,064,939</b>	<b>2,805,371</b>

Support costs are calculated according to the level of payroll costs per activity area.

## 8. Fixed Asset Investments Group

### Net gains/(losses) on investments Group & Charity

	2025 £	2024 £
Net unrealised investment gains on disposals of investments	125,883	877,134
Net realised (losses) on investments	(40,629)	(131,657)
<b>Net gains on investments</b>	<b>85,254</b>	<b>745,477</b>

### Listed Investments Group & Charity

Movement in market value:	2025 £	2024 £
Market Value at 1 April	9,209,824	7,475,227
Acquisitions at cost	1,473,083	3,378,098
Disposals	(1,682,263)	(2,268,806)
Net investments gains	69,195	756,065
Movement in cash held for investment	227,069	(130,760)
<b>Market Value at 31 March</b>	<b>9,296,908</b>	<b>9,209,824</b>
<b>Historical Cost</b>	<b>7,567,446</b>	<b>7,396,598</b>

## Investment Properties

### Group & Charity

Market Value at 31 March	454,787	438,728
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The fair value of investment properties is based upon the market value, or probate value if received in the period.

During 2022/23 the Charity received a legacy that included two Investment Properties.

## Investments in subsidiaries

### Charity

	2025 £	2024 £
At 1 April	200	400
Disposals	(100)	(200)
<b>At 31 March</b>	<b>100</b>	<b>200</b>

## Analysis of investments at 31 March 2025 between funds

Group

	Unrestricted Funds £	Total Funds 2025 £	Total Funds 2024 £
<b>Listed Investments</b>			
UK quoted fixed interest securities	1,479,702	1,479,702	1,341,497
Overseas fixed interest securities	504,396	504,396	479,098
UK quoted shares	1,487,583	1,487,583	1,595,607
	<b>3,471,681</b>	<b>3,471,681</b>	<b>3,416,202</b>
<b>Other Investments</b>			
UK Investment property	454,787	454,787	438,728
Overseas investments	4,980,428	4,980,428	4,743,076
Other UK investments	673,853	673,853	877,369
UK cash	170,946	170,946	173,177
<b>TOTAL</b>	<b>9,751,695</b>	<b>9,751,695</b>	<b>9,648,552</b>

## Analysis of investments at 31 March 2025 between funds

### Charity

	Unrestricted Funds £	Total Funds 2025 £	Total Funds 2024 £
<b>Listed Investments</b>			
UK quoted fixed interest securities	1,479,702	1,479,702	1,341,497
Overseas fixed interest securities	504,396	504,396	479,098
UK quoted shares	1,487,583	1,487,583	1,595,607
	<b>3,471,681</b>	<b>3,471,681</b>	<b>3,416,202</b>
<b>Other Investments</b>			
UK Investment property	454,787	454,787	438,728
UK Group undertakings	100	100	200
Overseas investments	4,980,428	4,980,428	4,743,076
Other UK investments	673,853	673,853	877,369
UK cash	170,946	170,946	173,177
<b>TOTAL</b>	<b>9,751,795</b>	<b>9,751,795</b>	<b>9,648,752</b>

## 9. Net Income/(Expenditure)

This is stated after charging:

	2025 £	2024 £
Staff pension contributions	934,130	867,658
Depreciation	435,349	390,504
Amortisation	41,777	32,291
Operating lease costs	508,146	498,343
Redundancy costs	3,795	-
<b>Audit Fees payable to the Company's auditor:</b>		
- Audit of group and parent consolidated accounts	15,825	10,561
- Audit of the Company's subsidiaries	500	500
- Taxation services	1,750	1,750
- Other services	1,750	1,750
<b>Total amount payable to the Company's auditor</b>	<b>19,825</b>	<b>14,561</b>

## 10. Staff Costs and Emoluments

Total staff costs were as follows:

	2025 £	2024 £
Wages & Salaries	9,028,759	8,237,065
Social Security	832,770	728,368
Other pension costs	934,130	867,658
	<b>10,795,659</b>	<b>9,833,091</b>

During the year two Trustees were reimbursed £179 for expenses (2024: £nil). No trustees received any remuneration in either year. The average number of employees (headcount) during the year was 369 (2024: 359).

The full-time equivalent staff numbers were as follows:

	2025 £	2024 £
Clinical	116	119
Education staff	5	5
Fundraising, charity shops and lottery staff	97	95
Administration staff	49	43
	<b>267</b>	<b>262</b>

The number of employees whose emoluments (excluding employer national insurance) exceeded £60,000 for the year and fell within the following bands, were as follows:

	2025 £	2024 £
£60,000 - £69,999	3	1
£70,000 - £79,999	-	2
£80,000 - £89,999	3	4
£90,000 - £99,999	2	-
£120,000 - £129,999	1	-
	<b>9</b>	<b>7</b>

Salaries and benefits paid to key management personnel during the year, excluding Trustees, amounted to £764,225 (2024: £719,827). There is no accrual for holiday pay as the organisation's holiday year ends on 31st March and is enforced. Exceptional circumstances are considered by the CEO on a case-by-case basis. During the year the charity made redundancy and/or termination payments of £3,795 (2024: nil).

## 11. Intangible Fixed Assets

### Group & Charity

	Software £	Total £
<b>Cost</b>		
<b>As at 1 April 2024</b>	429,556	429,556
Additions	47,232	47,232
Transfers	9,254	9,254
Disposals	-	-
<b>As at 31 March 2025</b>	<b>486,042</b>	<b>486,042</b>
<b>Amortisation</b>		
<b>As at 1 April 2024</b>	103,211	103,211
Charge for the year	41,777	41,777
Transfers	7,044	7,044
Disposals	-	-
<b>As at 31 March 2025</b>	<b>152,032</b>	<b>152,032</b>
<b>Net Book Value</b>		
<b>As at 31 March 2025</b>	<b>334,010</b>	<b>334,010</b>
<b>As at 31 March 2024</b>	<b>326,345</b>	<b>326,345</b>

## 12. Tangible Fixed Assets

### Group & Charity

	Freehold Property & Assets under Construction £	Fixtures, Fittings & equipment £	Motor Vehicles £	Leasehold Property Improvements £	Total £
<b>Cost</b>					
<b>As at 1 April 2024</b>	10,383,965	4,995,048	77,238	1,167,438	16,623,689
Additions	6,655	198,803	-	29,923	235,381
Transfers	14,017	(97,633)	-	74,362	(9,254)
Disposals	-	(3,310,033)	-	(463,282)	(3,773,315)
<b>As at 31 March 2025</b>	<b>10,404,637</b>	<b>1,786,185</b>	<b>77,238</b>	<b>808,441</b>	<b>13,076,501</b>
<b>Depreciation</b>					
<b>As at 1 April 2024</b>	3,848,907	4,390,886	77,238	1,103,325	9,420,356
Charge for the year	203,038	193,764	-	33,366	430,168
Transfers	14,017	(93,413)	-	72,352	(7,044)
Disposals	-	(3,305,806)	-	(462,033)	(3,767,839)
<b>As at 31 March 2025</b>	<b>4,065,962</b>	<b>1,185,431</b>	<b>77,238</b>	<b>747,010</b>	<b>6,075,641</b>
<b>Net Book Value</b>					
<b>As at 31 March 2025</b>	<b>6,338,675</b>	<b>600,754</b>	<b>-</b>	<b>61,431</b>	<b>7,000,860</b>
<b>As at 31 March 2024</b>	<b>6,535,058</b>	<b>604,162</b>	<b>-</b>	<b>64,113</b>	<b>7,203,333</b>

During the year the Charity completed a review of fixed assets and identified some fully depreciated assets that had have no value to the charity or had been disposed of. These are shown as disposed of during the year.

## 13. Stocks

	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
New goods purchased for resale	138,174	177,038	-	1,069
	<b>138,174</b>	<b>177,038</b>	-	<b>1,069</b>

#### 14. Debtors due after more than one year

	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Amounts due from subsidiary undertaking	-	-	139,049	176,860
	-	-	<b>139,049</b>	<b>176,860</b>

#### 15. Debtors

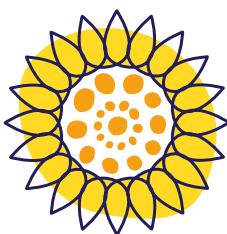
	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Trade Debtors	72,414	192,709	72,414	192,709
Other Debtors	115,814	159,092	115,814	159,092
Legacy accrued income	2,316,965	2,464,425	2,316,965	2,464,425
Prepayments and accrued income	796,396	850,771	796,396	850,771
	<b>3,301,589</b>	<b>3,666,997</b>	<b>3,301,589</b>	<b>3,666,997</b>

#### 16. Creditors: Amounts falling due within one year

	Group		Charity	
	2025 £	2024 £	2025 £	2024 £
Trade Creditors	479,679	494,098	479,679	494,098
Prepaid Lottery subscriptions	73,405	75,045	73,405	75,045
Accruals & Deferred Income	361,097	450,698	361,097	450,698
Amounts due to subsidiary undertaking	-	-	-	100
Taxation and Social Security	189,423	176,498	189,423	176,498
Other Creditors	105,593	98,756	105,593	98,756
	<b>1,209,197</b>	<b>1,295,095</b>	<b>1,209,197</b>	<b>1,295,195</b>

# Thank you for your ongoing support

Our full Annual Report and Audited Accounts can be obtained at St Margaret's Hospice, Heron Drive, Bishops Hull, Taunton, TA1 5HA or via [st-margarets-hospice.org.uk/reports](http://st-margarets-hospice.org.uk/reports)



**St Margaret's  
Hospice Care**