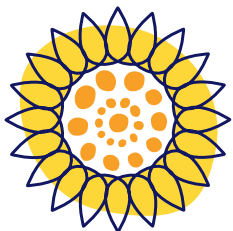




# Quality Account 2025/2026



**St Margaret's  
Hospice Care**

Follow us     

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

# Contents

	page		page
<b>Introduction from our CEO and Chair of Trustees</b>	<b>4</b>	• Income Generation	33-34
<b>St Margaret’s Hospice at a glance</b>	<b>5</b>	• Communications and Marketing	35
<b>Introduction from our Clinical Director</b>	<b>6-7</b>	• Finance	36
<b>Our services - what we do</b>	<b>9</b>	• Estates	36
<b>Review of progress for last years priorities</b>	<b>10-11</b>	• Our Clinical Quality and Safety Assurance	37
<b>Our Services</b>		• Medicines Safety and Medication Incidents	39
• Community Services	13	• Patient Falls	40
• IPU	14-15	• Infection, Prevention and Control	41
• Supportive Care	16-17	• Tissue Viability	42
• Outpatients	19-20	• Patient Experience	43
• Lymphoedema	21	• Research	44
• Access to referral, help and support	22	• Audit	45
• Spiritual Care	23	• Reporting	46
• Medical Team	24	• HR	47
• Catering and Housekeeping	26	• Progress on Strategy	48
• Safeguarding	27	• 2026/27 Priorities	49
• Clinical Education	28	• Statement from NHS Somerset Integrated Care Board	50
• IT and Data Services	30	• Summary	51
• Volunteers	31		

**“ The care for our Mum and support that my sisters and I received during her illness and after her death is something we will never forget. It meant we were able to give her the end that she wanted, in her own home, surrounded by everything she loved. We couldn't be more grateful to the team at St Margaret's who carefully and compassionately guided us through that time with such kindness. Thank you. ”**

**Daughter of patient**



# Introduction from our CEO and Chair of Trustees

**Time to care** may sound simple, but the reality is that hospices are under enormous pressure – perhaps more so than ever before. Demand for our services continues to grow, the needs of the people we support are becoming more complex, and the resources available to us are under increasing strain. In that context, holding fast to the heart of hospice care – seeing beyond the diagnosis and caring for the whole person – has never been more important.

At St Margaret's, we are not immune to these challenges. But in my first year as CEO of this remarkable organisation, I have seen at close hand the dedication, compassion and expertise that define our hospice, and it is a privilege to lead people who care so deeply about making every moment count.

The last 12 months have been a period of learning, reflection and growth. We have challenged ourselves to think differently, to test new approaches, and to build on what we have learned so that we can be the very best we can for our patients, families and the wider community. We understand the important role we play within the wider healthcare landscape and take great pride in the contribution we make alongside the NHS in Somerset.

Last year, we launched our new five-year strategic plan, **Time to Care: Now & Always**, which sets out our ambition to deliver

sustainable, high-quality end of life care that is accessible, tailored and available earlier to people across Somerset. This is not change that happens overnight, but I am hugely encouraged by the progress we have made so far. There is a real sense of energy across the organisation, with colleagues embracing the opportunities ahead as we work to improve the experience of everyone whose life the hospice touches.

In the following pages, you will read about the progress we have made over the past year, reflected through the voices of our clinical teams and the experiences of patients and families. I hope the quality and integrity of our care are evident throughout, along with the commitment and care that underpin all that we do.

This is a detailed account, and rightly so, because it reflects both the scale of what we do each day and the care required to ensure every person receives support that is right for them. No two experiences at the end of life are ever the same. At St Margaret's, we are committed to finding the **time to care**, so that every person feels heard, valued and supported to focus on what matters most to them.

Our sincere thanks go to the staff and volunteers who make St Margaret's the unique and special organisation it is. Every day, often

in very challenging circumstances, they go above and beyond for the people we serve, and their contribution cannot be overstated.

The same is true of our wider community, whose generosity, creativity and determination make it possible for us to continue year after year. With 20% of our total costs covered by our contract with the NHS, it is local people, businesses and community groups who help ensure that we can continue to provide the **time to care** that our patients and families deserve and need.



Joanna Hall  
CEO



Tom Samuel  
Chair of Trustees

# St Margaret's Hospice at a glance

St Margaret's Hospice Care has been at the heart of Somerset's community for over 45 years, delivering high quality, responsive and compassionate care to patients facing a life-limiting illness and their families. In that time, we have become a household name, firmly rooted in local communities delivering care and support for people living in Porlock in the East to Wincanton on the West, and every town, village and neighbourhood in Somerset.

St Margaret's is a community funded charity, caring across Somerset. We support people of all ages with life-limiting illness; not just cancer. Our care embraces an individualised, holistic care plan including physical, emotional and spiritual care which is available to our patients, their families, and carers.

## Our Values

We are compassionate  
We are collaborative  
We are ambitious.

## Our Vision

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

## Our Mission

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



## Introduction from our Clinical Director

Looking back on 2025/26, I feel an enormous sense of pride in what we have achieved together at St Margaret's. This has been a busy, demanding and at times very challenging year. Demand for hospice care continues to grow, the needs of the people we support are becoming more complex, and, like hospices across the country, we have had to keep adapting in the face of ongoing pressure. Yet throughout all of this, our focus has remained where it should be: on providing safe, compassionate, person-centred care to patients and to those important to them. That unwavering commitment runs through every part of this report, and it is what I am most proud of.

This year has also been one of visible progress and important investment in our future. Supported by Government capital funding, we have been able to move forward with significant improvements to our estate in both Taunton and Yeovil, including refurbishment works that will enhance our care environments for patients, families and staff, these continue as we speak. These developments matter greatly. They are not simply about buildings; they are about creating spaces that better support dignity, comfort, privacy, welcome and high-quality care. At the same time, we have been mindful that improvement work of this scale can bring disruption and additional

pressure, and I want to acknowledge the flexibility, patience and professionalism with which colleagues have worked through that change. Importantly, while services and infrastructure have continued to evolve, we have sustained the high standards of care that patients and families rightly expect from St Margaret's.

I want to offer my heartfelt thanks to all staff across St Margaret's. So many colleagues have given extraordinary energy and commitment this year, and many have gone well beyond the boundaries of their formal role in order to help the hospice keep moving forward. That collective effort deserves real recognition. While clinical teams are at the heart of what we do, it truly takes a village to run hospice services well. The safe, effective and compassionate care we provide depends every day on the skill and dedication of colleagues in housekeeping, catering, estates, governance, education, HR, IT and data, administration, communications, finance and many other support functions whose work directly underpins patient care. Their contribution is essential, and this report rightly reflects that.

We have also maintained an important focus on leadership this year. Strong leadership matters not for its own sake, but because it creates the conditions in which good care can

flourish. I have seen the positive impact of our senior leaders and managers in helping teams navigate change, sustain standards, support one another and keep improving. That leadership is important and should be recognised in the wider context of the whole team effort that makes St Margaret's what it is. Our progress this year has come from people at every level, bringing commitment, expertise, courage and care to their work. Alongside this, we have continued to strengthen a culture of openness and learning, one that values patient experience, audit, openness and continuous improvement as essential parts of delivering safe and responsive care.

I also want to recognise the remarkable contribution of our volunteers. Their generosity, insight and commitment continue to enrich the hospice in countless ways, and we simply could not do all that we do without them. I want to make particular mention of our strategy volunteers, who have been pivotal in helping us deliver our first-year strategic clinical aims; raising awareness, building relationships and strengthening our reach across the wider system and community.

Alongside this, our fundraising and retail teams, also supported by volunteers and the generosity of our community, continue to play a vital role in sustaining hospice care

in Somerset. In order to provide all aspects of our organisation, approximately 80% of our income is self-generated, which is an extraordinary reflection of community support and of the skill, creativity and determination of those teams.

What encourages me most is that this has not simply been a year of sustaining services through pressure. It has also been a year of purpose, learning and momentum. We have made meaningful progress in the first year of our five-year strategy, with growing evidence of earlier engagement, wider reach, stronger partnership working and new models of support for people with non-malignant conditions. We have also continued to strengthen our voice within the wider health and care system, working alongside NHS partners and others across Somerset and the region to help shape more joined-up approaches to palliative and end of life care. At the same time, we have continued to develop how we use data, audit, research, evidence-based practice and patient feedback to improve care, reflecting a hospice that is increasingly mature in its approach to quality improvement and learning. As a research-active organisation, we are committed not only

to using the best available evidence in the care we provide, but also to contributing to the wider development of palliative and end of life care for the future.

We have much still to do, and this report is honest about that. But it is also a celebration of a hospice that continues to learn, to adapt and to move forward with energy, ambition and compassion. I am deeply grateful to every member of staff, every volunteer and every supporter who has played a part in that. Together, we are helping ensure that more people across Somerset can live well until the end of life and receive the high-quality care they deserve.



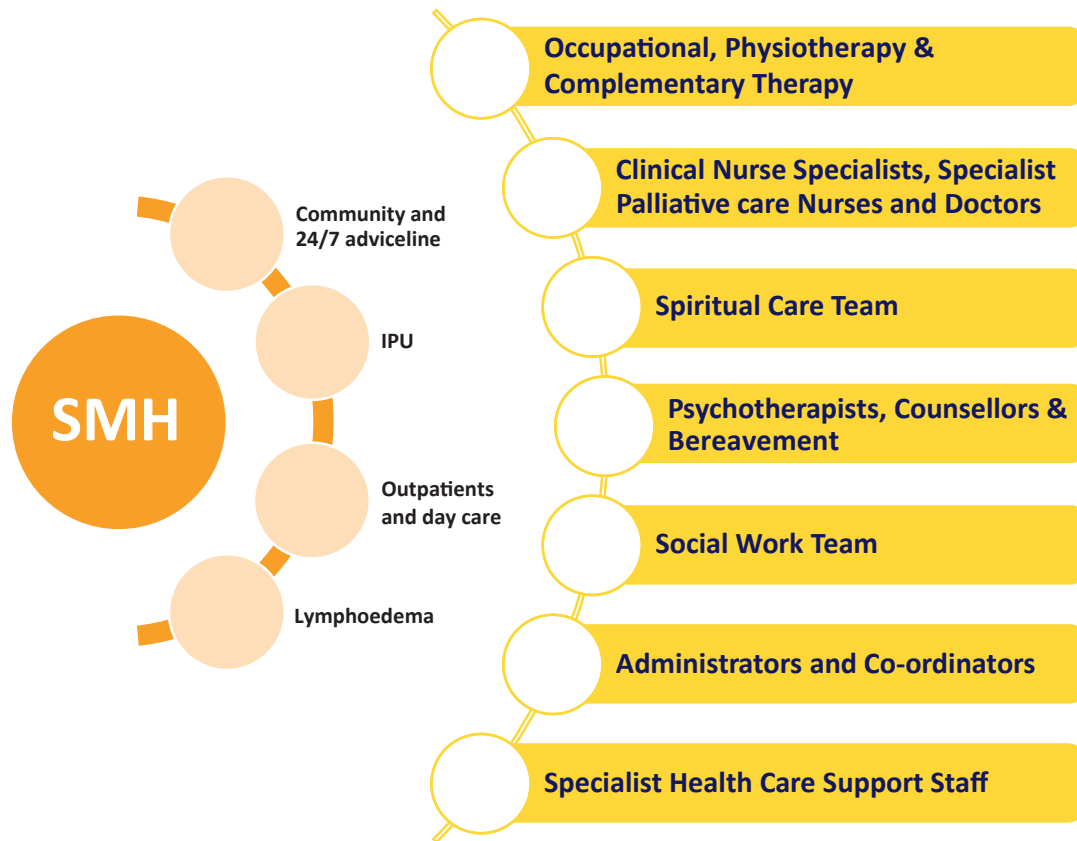
Clare Barton  
**Clinical Director**

**“ It was a case of spending all the time we could with him. The nurses were amazing – they reassured me, answered my questions. I’d never seen anyone pass away before, and I kept asking, is this normal? They didn’t pretend to have all the answers, but they were there, and they were very honest. ”**

**Daughter of patient**



# Our services - what we do



## Review of progress for last years priorities

1

**Patient experience strategy – enhancing our care**

2

**Year 1-2 strategy, system engagement raising our voice**

3

**Neuro project – enhancing out care/widening access**

### 1 Patient experience strategy

Publishing the patient experience strategy in Q3 was itself a significant achievement and the start of our journey, as it established a clear direction for how we will place patients, families and carers at the heart of improvement. The strategy set out a strong first-year programme centred on foundation-building and digital enablement, including expanding digital feedback opportunities, developing broader and more sustainable feedback channels, increasing volunteer-led engagement, piloting focus groups and workshops, and beginning to connect patient experience data more closely with wider organisational learning.

The next phase is to operationalise these ambitions so that the strategy becomes embedded in everyday practice. After its first full year, we would expect to see more feedback captured in real time, broader participation across service areas, clearer thematic learning, and greater evidence that patient voice is shaping improvement. As intended, this will continue to be an evolving

plan over the three-year period, developing from foundations and digital enablement in Year 1, to integration and theming in Year 2, and then to evaluation and continuous improvement in Year 3.

We would hope to see a measurable increase in the volume and diversity of feedback received, improved use of digital channels, stronger volunteer contribution, clearer thematic learning, and demonstrable evidence that patient experience is informing service improvement and organisational learning.



## 2 Year 1 of the 5 year strategy

Over the past year, we have made strong progress against this priority by increasing St Margaret's visibility, influence and contribution across the wider health and care system. Through our strategy volunteer programme, we have strengthened engagement with GP practices and partner services, helping to raise awareness of hospice care, improve signposting and support earlier referral conversations.

At the same time, our senior leadership team has increased hospice representation across system leadership, governance and operational forums with Somerset NHS Foundation Trust, NHS Somerset Integrated Care Board and wider partners. This has enabled St Margaret's to play a more active part in shaping discussions about end-of-life care, service development, quality and system flow across Somerset.

We have also strengthened our external partnerships beyond traditional health services, including work with voluntary and community sector partners such as Spark Somerset, and further developed our contribution to Armed Forces-related partnership work. This has included active participation in countywide forums and achievement of NHS Veteran Aware accreditation, reflecting our commitment to inclusive, outward-facing partnership working.

Taken together, this work represents meaningful progress in delivering the priority set last year. We have strengthened the hospice's voice within the system, developed new relationships, increased our influence, and created stronger foundations for earlier access, better collaboration and more joined-up care for people and families across Somerset.

## 3 Neuro project

One of our priorities for 2025/26 was to enhance care and widen access through the development of our neuro project, and we have fulfilled this through delivery of a grant-funded pilot for people living with progressive neurological conditions, based within our Sunflower Centres and aligned to our wider strategy to reach more people earlier and more effectively.

Over the past year, the project has delivered structured support across both hospice sites for 67 people with progressive neurological conditions, bringing together holistic assessment, multidisciplinary input, symptom management, emotional support, future planning and peer connection. Early feedback has been positive, referrals have grown steadily, and the project has shown that disease-specific support for people with non-malignant conditions can be both feasible and valuable.

Importantly, this work has strengthened collaboration with NHS specialist teams and supported our aim to make hospice care more accessible to people who may not previously have seen it as relevant to them. The learning from the project is already informing the development of other non-malignant models of care, including interstitial lung disease, helping us build a broader and more inclusive service for the future.

The final project report is due in June 2026, and the results of which will be presented at this year's Hospice UK Conference.





# Our Services

# Community Services

## Clinical Nurse Specialist (CNS) and Multidisciplinary Team Assistant (MDTA) Service

In the past year, the Community Team supported 1,436 people, just 30 fewer than the previous year. We had 1,833 referrals, just 14 fewer than last year. However, this relatively stable reach has been accompanied by a 9% increase in contacts and clinical activity, indicating a growing level of complexity in patient need and intensity of support required.

In anticipation of the planned launch of the Modern Service Framework later this year, alongside the Neighbourhood Strategy, Community Services has strengthened its focus on delivering high-quality care closer to home through effective system partnership working. Weekly attendance by the East and West Community Teams at acute hospital multidisciplinary meetings has enhanced discharge planning and supported safer, more timely transitions from hospital to community care.

In addition, Clinical Nurse Specialists have provided scenario-based education sessions for District Nursing teams to support consistent practice and skills development. The establishment of a Community Services base at Stockmoor Lodge, Bridgwater, has improved local operational resilience, enabling a more responsive service aligned to patient need.

The East Lead has commenced the Professional Nurse Advocate (PNA) course, with the aim of embedding resilience-based clinical supervision (RBCS) as standard practice across the service. RBCS is an emerging supervision model supported by Hospice UK and is intended to promote reflective practice and emotional wellbeing for staff who support patients and families through palliative care, grief and loss. This approach also supports staff to process the emotional impact of this work and sustain compassionate, high-quality care.

Referrals

**1,833**

Activity  
(number of contacts)

**44,217**

Patients supported

**1,436**



## IPU

The In-Patient Unit (IPU) provides safe and effective specialist palliative care for patients with complex needs, and support for those important to them. During 2025/26, our focus has remained on maintaining high standards of clinical care, ensuring timely symptom assessment and management, and promoting clear, compassionate communication to support patient experience and dignity. The unit has experienced sustained activity throughout the year. While there were slightly fewer admissions (209 compared to 213 in the previous year), the average length of stay has remained comparable, reflecting continued consistency in patient flow and care delivery.

The team has continued to deliver high-quality care while refurbishment works are undertaken, supported by Capital Grant funding. These improvements will enhance the care environment for patients and families and support staff to deliver care effectively.

As reported in last year's Quality Account, we have supported an Advanced Clinical Practitioner (ACP) trainee role within the IPU. We are pleased to confirm that our first ACP has now qualified, and we will be recruiting to a second trainee post. This investment

strengthens senior clinical decision-making and contributes to service resilience. We are also progressing plans to explore the introduction of nurse-led beds, subject to appropriate governance and workforce arrangements.

Patient outcomes remain consistent with previous years. Around 60% of patients admitted to the IPU died within our care, compared to 63% in the previous year, demonstrating a broadly comparable profile. However, it is important to recognise the increasing complexity of patients being admitted. This reflects wider system pressures, particularly within social care, which are impacting the timeliness of discharge planning and increasing the acuity and dependency of patients at the point of admission. These pressures continue to influence patient flow and length of stay, requiring ongoing clinical flexibility and multidisciplinary coordination.

Following the retirement of our previous post holder, we appointed a new Tissue Viability Lead. The role provides clinical leadership for the prevention and management of skin integrity issues and supports quality improvement in wound care. An updated wound care formulary has been developed to



promote consistent, evidence-based dressing selection and to support effective use of resources. The post holder is also undertaking the Independent Prescribing course, which will support more timely access to wound care products in the community and reduce reliance on general practice prescribing.

Our cuddle bed appeal surpassed its target to raise £30,000 in order to purchase two additional cuddle beds thanks to the generosity of our community. The arrival of the two new cuddle beds increased our cuddle bed total by 100% and as a unit we now have four beds. These beds support personalised care by enabling patients and those important to them to spend time together in comfort, privacy and dignity, including at the end of life.

To reduce unnecessary transfers and improve patient experience, we have identified an opportunity to undertake simple ultrasound assessments within the hospice, where clinically appropriate. Previously, patients requiring these assessments often needed to transfer to Musgrove Park Hospital. Using charitable funds, a handheld ultrasound scanner has been purchased. Training is being supported by the acute service, and we aim to commence use by summer 2026, improving timeliness of assessment and reducing disruption for patients.

**Admissions**  
**209**

**Average LOS**  
**15 days**

**% symptom control and discharge admission**  
**60% died with us and 40% discharged**



## Supportive care

### Social Work

The Social Work team remains a vital component of the Supportive Care Service, working closely alongside patients, their families, and carers to provide holistic and compassionate support. Whilst the model of care transitioned from joint funded posts with Somerset County Council to fully funded Hospice roles, the team have continued to work collaboratively and proactively to improve the service for colleagues, patients, families, and carers. This year, there were significantly more referrals to the Social Work team compared to last year, representing a 42% increase in referrals. This reflects sustained staff education and awareness-raising about the support available, alongside improved capacity and responsiveness through a consistently fully staffed team. Significant progress has been made during this period with policy developments, strengthening professional external networks and improved care pathways.

### Family and Patient Support

The team continues to deliver psychological and emotional support to hospice patients, carers and their families across the community, the In Patient Unit and as outpatients in both our hospice hubs.

This year, demand has increased notably, with 66 more referrals (a 17% increase) compared with last year, involving 106 additional people.

Referrals increased this year, with a greater number of people requiring support, while staffing remained broadly fixed. In response, the team adapted the model of delivery to protect access and responsiveness, prioritising timely assessment and needs based support, using brief and targeted interventions alongside telephone/virtual support, group work and signposting where appropriate. As a result, the service was able to support more people overall, but with fewer sessions delivered in total and a lower average number of sessions per person than last year. This reflects an intentional capacity management approach to ensure equitable access as demand continues to rise.

Support is offered following triage and assessment and may include telephone support, one-to-one, family or group interventions, online/virtual therapy or face-to-face support; the format and intensity of support are influenced by assessed need, risk, client choice where practicable and service capacity/efficient working practices.

Part of the family and patient support role is to support children experiencing the loss of a parent or guardian (pre and post bereavement). Two members of the team have been undertaking a children and young people specialist course this year to further develop specialist knowledge and skills within the service.

The team has also been involved in the Somerset Carers strategic partnership board, transition work with palliative care children transitioning into adult hospice services, and the regional bereavement network and family support network to share best practice, improve care pathways and support collaborative working.



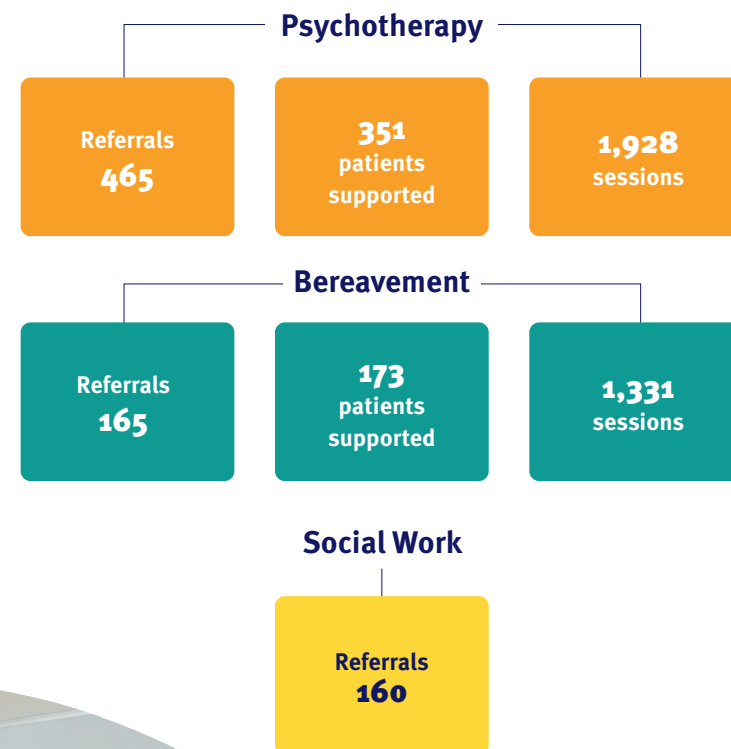
## Bereavement Service

The Bereavement Service continues to expand the knowledge and skills of people supporting others who are bereaved, running an annual one-day course and a more intensive 5 day Bereavement, Loss and Grief course. The Supportive Care team has provided training and support around bereavement and resilience to our Hospice teams. The Bereavement Coordinators developed and produced bereavement cards for the public to send to anyone going through a bereavement of a loved one. These cards contain helpful hints and tips for anyone recently bereaved and will be in our retail shops and Hospice hubs shortly.

The Bereavement Service offers individual clients face to face, online or telephone sessions, and facilitates support groups as required. This year, demand increased, with 10 more referrals received (+6.5%) and 6 more people supported (+3.5%). Within this context,

the number of direct contacts offered reduced, which reflects a fixed staffing/resource model responding to more people being referred and needing timely access. In practice, this means the team has had to prioritise capacity across a greater number of clients, ensuring appropriate triage and responsive support, and using a balanced mix of individual and group input (including telephone/online support) to maintain safe and equitable access.

This year the Bereavement Service delivered closed group sessions in Yeovil and Taunton, offering further support to bereaved family members.



**“To be cared for by the same organisation that cared for my Dad was such a comfort. The counselling given was adapted to suit me in terms of my health, grief, life experiences and my personality. I now have a much deeper and fuller understanding of myself. My counsellor was kind, patient and saw me as a person. To receive such high quality counselling for free means the world to me - I would have struggled to fund it, and I was not in a position to find what sort of counsellor would have been best for me - you paired me up perfectly!”**

**Daughter of patient**



## Outpatients

### Sunflower Centre

Our Sunflower Centres continue to thrive, driven by innovation and a commitment to expanding high quality care. This year the Yeovil and Taunton Day Hospices piloted targeted sessions for people with progressive neurological conditions, delivered alongside their core programme of support. Attendee feedback has been positive, and we are now exploring how the learning from this pilot can be embedded into our wider service model. The teams have also introduced information sessions for people newly referred to the Hospice, helping them understand the range of support available and how to access it. Alongside this service development, we have seen clear signs of rising demand: we received 18 more referrals (a 7% increase), supported 3.5% more people, and delivered 20 additional sessions overall.

In Taunton, work is underway to enhance bathroom facilities to better meet the needs of patients requiring more complex moving and handling support; however, during a two month period we experienced very slightly reduced capacity as we temporarily relocated

to allow renovation work, and slightly fewer people could be accommodated in the relocated Sunflower Centre space. Meanwhile, the drop-in sessions in Yeovil continue to be well attended and valued. Insights from these pilot projects combined with cross county learning will shape the future structure of our sessions as we plan to expand Day Hospice provision in response to rising demand. The team also showcased their volunteer to career project with a poster presentation at the National Hospice UK Conference.



## Therapies

All our therapists work across the inpatient, outpatient and community settings supporting patients to live well for as long as they can.

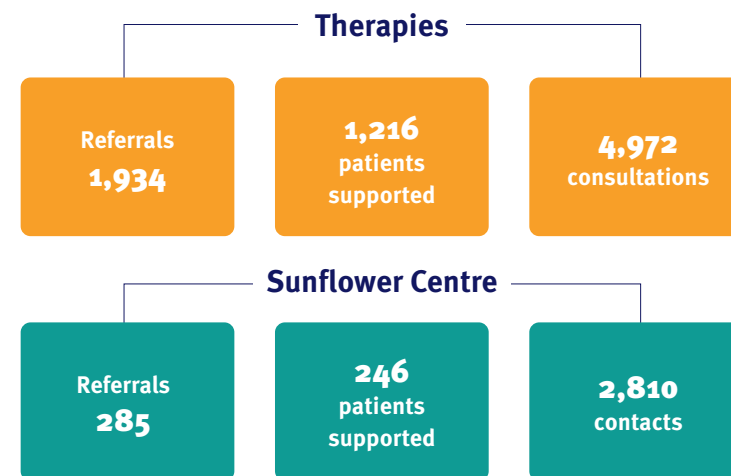
The Physiotherapy service is now working more collaboratively across the county, strengthening continuity and resilience for patients and partners. We also now have greater depth and clarity of understanding in our activity data, which better reflects both demand and the team's response.

We now have Occupational Therapists working across the county, supporting patients both in the In-Patient Unit and in the community. Their specialist expertise enables many people to improve their quality of life and, where possible, to remain at home. Both Occupational Therapists are now accredited to deliver in-house moving and handling training.

Our Complementary Therapy Coordinator presented work on outcomes in palliative care at the National Hospice UK Conference in November. We have also welcomed a second Coordinator, based in Yeovil, ensuring that patients and carers across the county continue to benefit from this valuable service.

This year we received 459 more referrals (a 31% increase) and, with consultations more consistently and clearly described, the team delivered 4,972 direct contact activities for 1,216 people. This demonstrates a tangible rise in need, alongside a determined and agile response from the service to accommodate demand and maintain care that is safe, timely and of high quality.

Our Interstitial Lung Disease (ILD) group remains a core and consistently well attended element of the service. This year we delivered our first annual Physiotherapy training day, which received excellent feedback. This training will play a key role in ensuring the team remains up to date with developments in palliative rehabilitation while maintaining strong core skills.



## Lymphoedema

Over the reporting period, the service supported 2,097 patients, an increase of 146 patients (7.5%) compared with the previous year. Despite this growth in caseload, we delivered 10,737 contact points, which is slightly fewer contacts overall (-6%). Taken together, this indicates increased demand (more people needing support) alongside a more efficient response, with reduced wasted clinic capacity and tighter use of appointments so that available clinical time is directed to patients who need it most, rather than being lost to late cancellations and non-attendance.

Since introducing SMS text reminders for patient appointments, we have audited their impact on late cancellations and non-attendance. This has led to a marked reduction in unused appointment slots, enabling us to use capacity more effectively. Building on this success, we are expanding the use of SMS messaging to support additional patient communications.

To strengthen patient experience and drive service development, the lymphoedema team developed a service specific patient feedback questionnaire to capture patient perspectives and inform future plans. A separate feedback form was also introduced for the prophylactic monitoring service. To improve accessibility

and make it easier for people to respond, QR codes have been incorporated into letters, posters, and appointment cards.

As part of the clinical assessment process, new lymphoedema specific quality of life outcome measures have been introduced and embedded in practice for both adult and paediatric patients. This enables us to evaluate the impact of lymphoedema on patients' health and wellbeing and to monitor change following intervention.

We have also invested in new technology to enhance the quality and efficiency of care, including a portable perometer for limb measurement, new Doppler machines, and specialist lymphoedema treatment couches across both the Taunton and Yeovil sites.

Awareness raising remains an ongoing priority, supported through regular social media posts focused on symptoms and self

management. The service offers shadowing opportunities for a range of healthcare professionals and students, and the team works closely with other specialist services to deliver a holistic approach to care - this includes contributing to a late effects clinic and supporting patients with complex needs. In addition, the service lead has delivered lymphoedema education as part of the MSc Head and Neck module at the University of Bristol and has presented at the Somerset Allied Health Professionals Conference.

**2,097**  
patients  
supported

**Contacts**  
**10,737**



## Access to referral, help and support

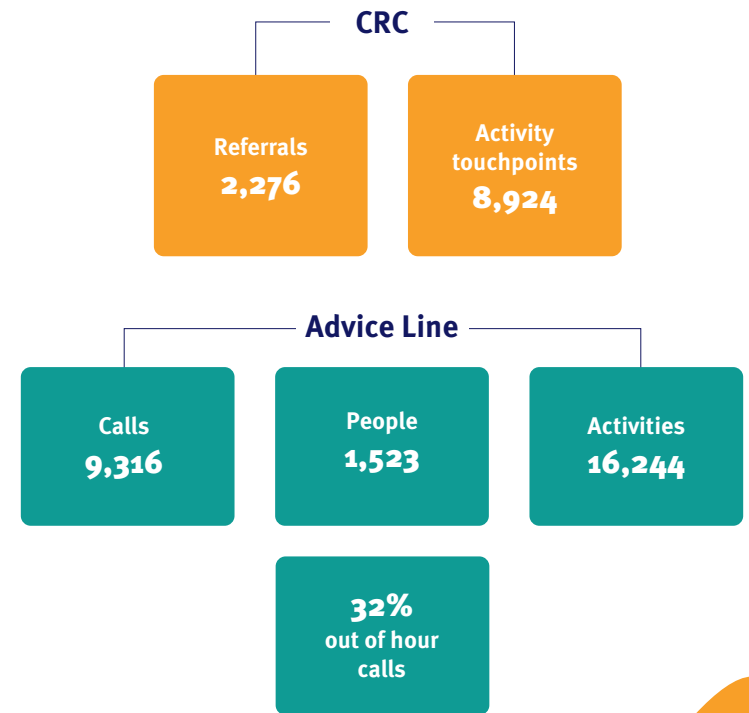
### Central Referral Centre and 24/7 Advice Line

Access to hospice care matters enormously, and our Central Referral Centre (CRC) and Advice Line (ADL) work together as a vital front door to St Margaret's Hospice. Whether someone is being referred for hospice support, seeking clinical advice, needing help to navigate services, or looking for reassurance at a difficult time, these two functions provide an essential and joined-up route into the hospice. This reflects an important strength for St Margaret's: a single point of contact for referral into hospice services, alongside access to 24/7 advice and support for patients, families, carers and professionals.

Over the past year, we have increasingly viewed these two services through the shared lens of access: how people reach us, how quickly and safely they are responded to, and how effectively we support onward care. Through a test-and-learn approach, we have made a number of practical improvements to strengthen this function. This has included introducing Band 6 specialist nurses to support the ADL and refining aspects of process and workflow to improve efficiency, responsiveness and clinical support. These developments have helped CRC and ADL work even more closely together, while maintaining their distinct roles within a single, coherent access model.

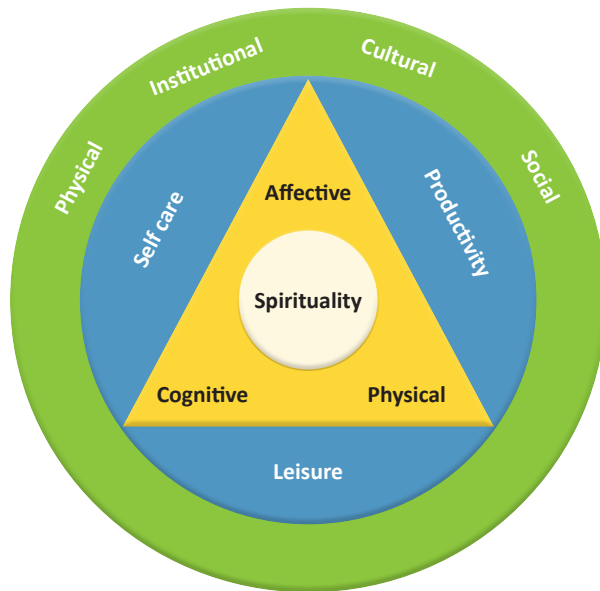
The Advice Line remains a particularly important part of this function, providing support day and night when patients, families and professionals need timely specialist advice. In 2025/26, the Advice Line managed 9,316 calls, representing a 31.3% increase compared with 2024/25. It also supported 1,523 people and recorded 16,244 activity contacts over the year. Out-of-hours calls accounted for 32% of Advice Line activity, which is a nine percentage point reduction from the previous year. Taken together, this suggests growing overall demand for specialist hospice advice and support, while continuing to demonstrate the significance of a responsive 24/7 offer for the wider hospice system.

Looking ahead, CRC and ADL will play an important part in the development of new and more robust key performance indicators for the hospice such as separating out number of referrals and activity. These measures will be pivotal in helping us better understand demand, responsiveness, activity and impact across this essential access function. In turn, this will support service development, strengthen assurance, and help us demonstrate more clearly the value of high-quality access, advice and coordination as a core part of hospice care.



## Spiritual Care

**“The entitlement of every patient” (NICE Guidelines)** and **“the role of every worker” (NHS research)**. Our philosophy, the Canadian Model of Occupational Performance, puts spirituality at the heart of every person..



Environment   Occupation   Person

In patient care we focussed on evidencing conversations towards ‘peace, comfort and spiritual strength’ through training and audits, supported by IPOS (integrated palliative outcome scale) and other documents; for example, a new entry, ‘me as a person’, was

added to the daily handover sheet on the In-Patient Unit. As part of the IPU quality improvement project, the ‘Petals’ reaudit scored 100% in both quantitative and qualitative analysis.

During the year we directly supported 96 people, with many hundreds more benefitting from less formal support, services and advice.

Also on the IPU, spiritual care interview questions have been added when recruiting staff. Volunteers have increased in number, with now six as opposed to three volunteers last year, working mainly in the Sunflower Centres; they also provide phone calls to care for some patients after discharge. The importance of spiritual care is evidenced by 108 staff members undertaking level 1 training on Smile; a further 10 attended a two-day level 2 course and nine attended the one-day level 3 course.

The Spiritual Care team continues to contribute to other activities including the Neurological Support Groups, Dying Matters Week (which promotes the use of clear language when speaking about death and dying) as well as spiritual care, including funeral care for colleagues. The Spiritual Care Lead contributes to provision across

Somerset including with the ICB, GP training, recruitment interviews for spiritual care leads, and in the Diocese of Bath and Wells speaking at the chaplains’ conference and leading workshops..

People supported  
**96**

Activities  
**591**



## Medical Team

Our medical team continues to deliver high-quality, patient-centred care across inpatient and community settings, under the leadership of our Consultant and supported by a skilled and evolving multidisciplinary workforce. The team includes a Specialist Doctor, Specialty Doctors, an Advanced Clinical Practitioner (ACP), General Practitioner (GP) trainees and Specialist Registrars, all working collaboratively to support patients, families and the wider hospice clinical teams. Education and training remain central to the medical team's role. We continue to support fourth-year medical students from the Universities of Plymouth and Bristol, providing them with structured placements that offer insight into hospice and palliative care practice. Feedback from students has remained consistently positive, highlighting the value of early exposure to end-of-life care, multidisciplinary working, and holistic patient management. In addition, we maintain our commitment to supporting GP trainees and Specialist Registrars, enabling them to develop core palliative care competencies through supervised clinical experience across hospice and community settings.

This year has seen important developments within the senior clinical workforce. Our Specialist Doctor has successfully completed

the Focused Acute Medicine Ultrasound (FAMUS) course and is developing her diagnostic ultrasound skills. This work aims to support the management of specific clinical problems within the hospice and community setting, reducing the need for hospital admission where appropriate and enhancing timely, patient-centered decision-making. Our Advanced Clinical Practitioner has now completed her training and is fully established within the medical team. She plays an integral role in day-to-day medical care and participates in the on-call rota, strengthening workforce resilience and supporting continuity of care for patients and families.

Quality improvement has been a key focus during 2025/26. The medical team has led and participated in two quality improvement projects reviewing hospice admission and discharge processes. These projects have involved collaboration with community colleagues, with the shared aim of improving efficiency, communication, and patient flow between teams and care settings. Learning from these projects is being used to inform service development and strengthen partnership working. Through continued leadership, education, workforce development and collaborative quality improvement, the medical team remains

committed to delivering safe, effective and compassionate palliative care while supporting the development of the future workforce.

**“It was nice to know that they were making sure that Dad didn't need to suffer.”**

**Daughter of patient**



**“ St Margaret’s were amazing.  
The team were like angels on  
earth, right to the very end.”**

**Wife of patient**



## Catering and Housekeeping

Our housekeeping and catering teams make a significant contribution to patient safety, patient experience and overall clinical quality. As an integral part of the wider clinical team, they support patients, visitors and families, and help maintain smooth operational flow that underpins high-quality care.

Housekeeping delivers its work in line with the NHS National Standards of Cleanliness and consistently maintains high standards of cleanliness and infection prevention and control. This is evidenced through our monthly cleaning audits. Patients and families frequently tell us that the environment feels clean, safe and well cared for, strengthening confidence in the care we provide.

Communication with patients and families is a vital part of the role. Team members often engage in supportive conversations and may witness emotional distress; we recognise this and provide support through regular 1 to 1 meetings and debriefs.

Our catering teams play a central role in ensuring patients receive nutritionally balanced meals tailored to individual needs.

With face-to-face contact with patients twice each day, the team can respond promptly and flexibly helping to ensure nutritional requirements are met with consistency and compassion.

Food safety standards remain high, supported by strong audit performance and compliance with regulatory requirements. Our Taunton department recently received an unannounced Environmental Health inspection, with feedback to the Hotel Services Lead highlighting the kitchen, management and staff as “gold standard”, and confirming the team maintained their 5 star food rating. The Yeovil catering department also holds a 5 star food rating.

Beyond daily meal provision, the teams also support catering for hospice functions and provide special meals for patients and families on important occasions. Their continued commitment strengthens the hospice’s ability to deliver high-quality, patient centred care and remains essential to maintaining a safe and effective clinical service.



## Safeguarding

Safeguarding remains central to the safe, compassionate care we provide. In 2025/26 we saw an increase in safeguarding activity, with concerns recorded rising from 105 in 2024/25 to 123 in 2025/26, and referrals to our Social Work team rising from 25 to 28. Referrals accepted by statutory safeguarding services remained low overall, but comparable to the previous year.

We interpret this pattern as reflecting both increasing complexity of need and improved recognition and escalation through a more established safeguarding function. The most common themes continue to include self neglect, suicidal ideation and domestic abuse, and our learning and education activity is aligned to these areas.

Alongside this, we strengthened our safeguarding “enablers” during the year, including workforce learning and compliance. For example, by quarter 4, safeguarding awareness training (Level 1) was at 100%, and

higher level safeguarding training showed improvement (Adult Level 3 at 86% and Children Level 3 at 85%). Oliver McGowan learning on disability and autism has risen to 93% at the end of the year.

We continue to work closely with statutory partners and use learning from safeguarding cases to improve practice. Our priority for 2026/27 is to further improve how we present and analyse safeguarding themes so we can target prevention and learning even more effectively.

Concerns raised  
**123**

Submissions made  
**28**



## Clinical Education

Over the past year we supported 18 students across a wide mix of disciplines: four paramedic students, two nursing students, seven student nurse associates (SNAs), one physiotherapy student, one art therapy student, and three T Level students in health and social care, accounting and IT. Alongside placements, we continued to deliver both internal and external training for clinical staff from a variety of organisations and disciplines, covering topics including syringe pumps, verification of expected death, symptom management and communication in palliative care. We also supported University Centre Somerset with sessions for undergraduate and trainee nurse associate courses (and sessions for GPs) and continued to provide online teaching designed to support professionals caring for palliative patients across Somerset in both health and social care settings. In addition, we are strengthening our Clinical Skills offer by developing a refreshed competency process; Lisa Burfoot has joined the team to increase capacity for accompaniment, expand face-to-face training and support competency signoff.

Smile, our new online learning platform, which launched in April 2025 and celebrates its first full year has been a success and well received. It provides a comprehensive review of all training including statutory and mandatory

training that has been carried out across the organisation including volunteers and trustees. This identified new learning requirements which dropped compliance rates initially to 71% at the start of the year but which have returned to a much healthier baseline of 89% at year-end (\*clinical only). Our contractual compliance obligation rate is 85% and we aim for our own standard of 95%. New staff recruited will now also be able to use a passport system to evidence prior in date training which will aid efficiency and reduce unnecessary repetition.



“The most valuable aspect was the opportunity to observe and participate in truly holistic, patient-centred care. I learned how vital communication, compassion, and multidisciplinary collaboration are in palliative and end of life settings. The staff were supportive and took the time to explain complex decisions and care planning processes, which helped deepen my understanding.”

“I truly appreciate the time, guidance, and encouragement you have all given me throughout my placement.”

“What stood out most was the way everyone collaborated within the MDT to ensure optimal patient care, alongside the dedication and expertise each individual brought.”

“My placement at St Margaret’s was an excellent experience. The staff were incredibly welcoming and supportive, and I felt fully included as part of the team. I had the opportunity to learn and develop new skills in a positive and professional environment. Overall, I couldn’t have asked for a better placement experience.”

“I would like to sincerely thank all the nurses and healthcare assistants (HCAs) in the In-Patient Unit (IPU) as well as the community team for their incredible support, patience, and encouragement throughout my placement. Your compassion, professionalism, and dedication to providing the highest standard of care have been truly inspiring.

I felt welcomed and supported from the very beginning, and I learned so much from observing how you care not only for patients but also for their families during such difficult times. Thank you for taking the time to share your knowledge and for creating such a positive learning environment, this experience will stay with me throughout my nursing career.”

“It was helpful to see how health care professionals approach difficult conversations and how much the holistic needs of the patient were cared for.”

## IT and Data Services

A significant focus this year has been strengthening how we define, capture, and use clinical activity data. Robust and consistent definitions for Contacts and Activities across services has been established, creating a clear, standardised baseline to work from. This represents an important step forward in enabling meaningful performance monitoring, benchmarking, and service planning. Business Intelligence have expanded data platforms, improving the quality, consistency, and timeliness of reporting. With more robust, clinically relevant Key Performance Indicators (KPIs), leadership teams can make better-informed decisions and drive a stronger culture of data led continuous improvement across the organisation.

Strengthening our alignment with national data standard by implementing Faster Data Flows, automated and regular activity and performance data reports can be submitted. This ensures contractual obligations are met with increased transparency and comparability within the wider health system. A collaborative initiative with the Integrated Care System (ICS) Joint Data Platform presents significant future opportunities, particularly

in the use of population health intelligence to better understand need, support earlier intervention, and inform strategic service development across Somerset.

Innovation also remains a key priority. We have continued to develop and enhance internally built tools, including our Crosscare Viewer, e-Referral functionality, and Lymphoedema Management systems, reducing administrative burden and improving access to information across services. Our electronic health record, SystemOne continues to be developed to improve user experience by listening to staff feedback. Cyber security remains a priority, aligned to the NHS Data Security and Protection Toolkit (DSPT) standards to safeguard patient data, with emphasis on awareness and engagement, delivering workshops, group sessions, and one-to-one support to support everyone's role in protecting sensitive information.



## Volunteers

The hospice relies significantly on the dedication of its volunteers, whose contribution is essential to the delivery of high-quality care. Their impact is considerable, and the organisation remains deeply appreciative of their ongoing commitment. Currently, we have 110 active clinical volunteers who generously give between 2 to 5 hours per week, with an average contribution of four hours weekly. This equates to approximately 22,800 hours annually, representing an estimated £279,000 in staffing resource, a substantial financial benefit to the hospice and for which we are incredibly grateful.

Clinical volunteers are part of a wider community of 1,440 volunteers who support across retail, fundraising, administration, and community services. Each individual plays a vital role in sustaining and enhancing our services. Within clinical services, volunteers provide both practical support and act as “critical friends,” helping to ensure services consistently meet high standards of quality, compassion, and safety.

The hospice was also one of nine organisations selected to take part in the ‘Volunteer to Career’ pilot programme, delivered in partnership with Helpforce, the Rank Foundation, and Hospice UK. The programme demonstrated the significant value of volunteering as a pathway into education and employment within health and social care. Its successful outcomes are expected to contribute to future workforce development and strategic delivery.



**“If you’ve got time and you like working with people, I can’t think of a better thing to do. I know there’s an awful lot of volunteering out there, but the hospice is a great place to volunteer. I work with a tremendous team, both staff and volunteers. From the moment I walk through the door, we have smiles, we have laughter, and the day goes by very, very quickly.”**

**Volunteer**



## Income Generation

Last year it cost St Margaret's approximately **£16.9m** to run the hospice, including all its services, income generation activities and commercial operations. 80% of this income is self-generated by our expert fundraising and retail teams, working alongside our generous community of supporters to ensure hospice care remains free for local people across Somerset. Our strategy is to maintain a diverse portfolio of income streams, helping to spread financial risk while keeping people and relationships at the heart of everything we do. Whether someone shops in one of our stores, takes part in an event, plays our lottery or donates in memory of a loved one, every act of support helps ensure our care is available for those who need it most.

Legacy giving continues to play a vital role in securing the future of hospice care. We are now in the second year of our Your Gift, Our Future campaign, which was launched to help safeguard our legacy pipeline for future generations. At the start of 2026, we launched the third phase of the campaign, sharing three powerful stories from patients and families to highlight the message that one in three of our patients are cared for thanks to gifts left in Wills. The campaign has

already had a significant impact, resulting in two legacy pledges totalling more than **£600,000**, helping to secure future hospice care for local families.

With 32 charity shops located on high streets, in villages and retail parks across Somerset, our retail operation generated approximately **£6.77m** in gross sales last year, making it one of our largest sources of income. The profits generated by our shops are enough to fund our community nurses for a year, directly connecting purchases made in our stores with care delivered to patients and families in homes and communities across Somerset. Retail continues to evolve as an increasingly important part of how hospice care is

funded. In Taunton, plans are underway to open a third shop on Lisieux Way, improving accessibility for donors and customers while strengthening our donation and distribution network. Nearby at Walford Cross, our retail support hub helps ensure quality donations are sorted and redistributed efficiently across the county.

The continued success of The Old Cinema in Yeovil demonstrates how hospice retail has developed over the last decade. Set within a former Art Deco cinema, the three-storey shop has become one of St Margaret's most



recognisable retail spaces. Recent investment in refurbishing the top floor has created a brighter and more welcoming environment for customers, with early increases in sales reflecting the positive impact of enhancing the customer experience.

Traditional fundraising activities continue to underpin much of what we do at St Margaret's and remain a crucial part of our community engagement strategy. Throughout the year, we welcomed thousands of supporters to events across Somerset while supporting many more people in their own fundraising efforts to celebrate, remember and honour loved ones through giving back to the hospice. As part of our ongoing review of our fundraising portfolio, 2025 saw some of our most successful events in recent years. More than 3,500 people attended our spectacular fireworks event at Taunton Racecourse, themed around Disney and musical classics, making it our best-attended event to date. Following its popularity, the event will return in 2026.

In 2025, we also launched the Hospice to Hospice Hike, where 100 participants took on the ultra-marathon challenge from Yeovil Hospice to Taunton Hospice, raising more than £50,000 - making it one of our most successful fundraising events in several years.

Our 45th anniversary year also saw the success of the ambitious Every Moment Counts appeal, which challenged the community to help raise £100,000 in just 36 hours. Supporters across Somerset embraced the campaign wholeheartedly and, thanks to an incredible collective effort, we not only reached the target but significantly exceeded it, raising more than £190,000 during the appeal period. More often than not, these incredible acts of fundraising are driven by people wanting to celebrate the lives of loved ones and recognise the care St Margaret's has provided to their families. This is where our care and income generation come together at their most powerful - offering comfort, purpose and a positive outlet for grief, while ensuring future generations can continue to access compassionate hospice care when they need it most.



## Communications and Marketing

As we launched the first full year of our *Time to Care – Now & Always* strategy, communications played a central role in delivering against our commitment to Raising Our Voice – helping more people understand hospice care, challenging misconceptions and ensuring St Margaret’s expertise reaches further into our communities.

For many people, hospice care remains misunderstood. Too often it is associated only with the final days of life, overlooking the wider support available to patients and families much earlier in their journey. Throughout the year, our communications team worked closely with colleagues across the hospice to help change this perception and encourage more open conversations about death, dying and the role of hospice care.

One of the most significant initiatives was the launch of our first dedicated hospice awareness campaign, Milestones to Memories. Unlike traditional fundraising campaigns, this activity carried no financial ask. Instead, its purpose was to raise awareness of services many people do not realise the hospice provides and to highlight the importance of living well for as long as possible. Through powerful patient stories, films and photography, the

campaign demonstrated that hospice care is about far more than end-of-life support, helping to educate the public while building greater understanding and trust within our communities.

Alongside this, we continued to develop our digital Hospice Myths campaign, which has become an important tool in challenging common misconceptions about hospice care. Staff from across the organisation – from nurses and therapists to retail colleagues, volunteers and support teams – came together to share myths they frequently encounter and explain the reality of hospice care at St Margaret’s. These authentic and relatable stories helped humanise our services while demonstrating the breadth of expertise that exists across the organisation.

Investment in digital communications has continued to increase our reach and engagement. Through video, photography, social media, media relations and storytelling, we have been able to share the voices of patients, families, staff and volunteers more widely than ever before. By placing real experiences at the heart of our communications, we have strengthened public understanding of hospice care while demonstrating the impact that community support has on the lives of local people.

The team also played a key role in launching our new hospice strategy and refreshed brand, ensuring that our vision, mission and values were communicated consistently across all audiences. This work has provided a stronger platform for future awareness campaigns and helped establish a clear and recognisable voice for St Margaret’s as we look to the future.

Most importantly, communications has helped ensure that conversations about hospice care are happening more often, more openly and with greater understanding. By telling powerful stories, sharing expertise and amplifying the voices of those we care for, we are helping to build a community that better understands the value of hospice care and the difference it can make, not only at the end of life, but throughout it.



## Finance

Our five-year strategy sets a clear clinical direction centred on earlier intervention, service development and ensuring that St Margaret's Hospice continues to provide strong and effective care despite increasing financial pressures across the sector. Following test-and-learn activity in 2025/26, the 2026/27 budget has been aligned to support the priorities identified by the clinical leadership team, allowing a number of important service developments to move towards permanent provision. These include extending day hospice hours and increasing opening days from three to five days a week on one site, with early discussions already underway about how this could be expanded to the second site in future years. Alongside this, we are strengthening our clinical model through a new outreach leadership role, additional physiotherapy capacity, and greater management headroom to focus on service development. Funding has also been identified through staffing restructure for a three-year programme to train a second Advanced Clinical Practitioner, further strengthening support to the medical team. This approach reflects a clear commitment to investing in the clinical leadership and workforce needed to meet future demand, while continuing to work closely with NHS colleagues to deliver outstanding care.

## Estates

Estates management at St Margaret's is provided to support the clinical operations provided by the In-Patient Unit, outpatient services including the Sunflower Centres and office accommodation. The estates team is responsible for the management, maintenance, and strategic development of land, buildings, and facilities across both hospice sites in Taunton and Yeovil. The team strive to ensure that the quality, functionality, and operation of the estate meet current and future needs of the service users, staff and volunteers.

Estates maintenance teams are based at each hospice hub to provide a structured, proactive schedule of inspections, repairs, and replacements for buildings and equipment. Our planned maintenance approach enables the estates team to forecast the necessary investment to ensure each element of the building performs as intended. The estates team support on-call managers, who assume responsibility for urgent estates issues out of hours, through training and provision of procedures and contractor on-call details but are not resourced to provide an on-call service themselves.

The Estate Strategic Review Project commenced construction of phase one of the plan in January 2026 utilising a grant from the Department of Health and Security. This is an evolving ambitious refurbishment project at the Taunton and Yeovil Hospice sites with the objective to delivering improved facilities for patients, staff, and visitors. It is an exciting opportunity for St Margaret's estates team to make the necessary improvements led by our clinical service needs. The Estates Governance Group ensure the hospice operates to meet industry standards and statutory compliance requirements, whilst working in collaboration with all other staff groups to promote the provision of a safe and appropriate environment for our patients and staff.



## Our Clinical Quality and Safety Assurance

### Introduction

During 2025/26, we continued to strengthen and modernise our approach to clinical governance so that our quality and safety systems not only provide assurance, but also better support learning, improvement and high-quality care. This work has been led by our Head of Clinical Governance, whose leadership has driven important developments as we continue to refine our processes, practice and oversight in a more joined-up, responsive and improvement-focused way. Much has been achieved this year, including stronger use of data and metrics, improvements to audit and assurance processes, and a clearer emphasis on gathering, sharing and acting on learning across the organisation.

An important part of this progress has been our ongoing Patient Safety Incident Response Framework (PSIRF) journey. We are already working in line with PSIRF principles, with a strong focus on openness, reflection, compassionate leadership and learning, and we look forward to formalising this further through an agreed policy and plan later in 2026. To support this work, we commissioned an external review of our practice to provide assurance and help us test how far we have

progressed. We were also able to secure funding for a two-year fixed-term role to support a number of key projects, reflecting both the opportunity to progress at pace and our clear commitment to getting this right as part of delivering safe, high-quality care and services.

Alongside PSIRF, several other key workstreams are moving forward, including completion of our clinical governance framework, redesign of the audit process, delivery of the patient experience strategy, and further development of dashboards and risk management processes. This work is increasingly connected with wider organisational assurance, including the Trustee Risk and Audit Group, helping to strengthen alignment, oversight and accountability. Key roles within our clinical teams, including the Controlled Drugs Accountable Officer, Caldicott Guardian, Director of Infection Prevention and Control and Designated Safeguarding Lead, also provide important assurance and oversight. This remains a busy agenda, but it is moving firmly in the right direction and provides a strong foundation for continued improvement in the quality, safety and experience of the care we provide.



## Strategic Governance

The Hospice governance team provides key assurance activity to support the clinical governance function and working together to maintain high standards of care, safety, and accountability across the organisation. Together, we provide a strong and cohesive framework that supports effective oversight, clear accountability, and compliance with regulatory and legal requirements.

The central governance team leads on the development, review, and implementation of organisational policies and procedures, ensuring they remain current, legally compliant, and reflective of best practice. This approach helps to ensure that care is safe, effective, and centred on the needs of patients and their families.

By working in partnership, we deliver an integrated approach to risk management, audit, incident reporting, complaints handling, and organisational learning. This joined-up working strengthens assurance to the Board and senior leadership while nurturing a culture of openness, shared learning, and continuous improvement.



## Medicines Safety and Medication Incidents

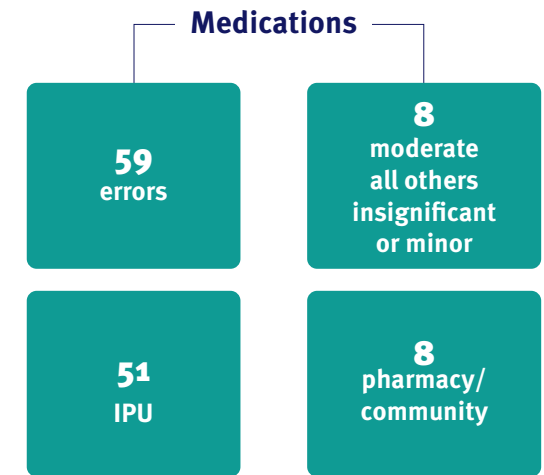
During 2025/26, we recorded 59 medication incidents, compared with 52 in 2024/25, alongside 16 externally identified incidents and one incident requiring onward referral. While all medication incidents are taken seriously, this increase is understood in the context of improved recognition, more consistent reporting and clearer categorisation of incidents, rather than being interpreted simply as a decline in safety.

Importantly, no severe internal medication incidents were recorded, and the year's data shows that most incidents were classed as insignificant or minor, with six near misses also identified. We see the reporting of near misses as a positive sign of a stronger safety culture, because it allows us to learn and make changes before harm occurs.

Across the year, our understanding of medication risk became more detailed. Prescribing-related incidents were more visible in 2025/26, and the source notes that figures in the previous year are unlikely to have reflected the true position, suggesting that this year's data provides a more accurate picture of where risks sit in the medicines process. Documentation-related incidents also remained a significant theme, reinforcing the importance of clear systems, accurate recording and reliable checks.

We have used this learning to make practical improvements. During the year this included strengthening standard operating procedures and competency assurance for infrequent high-risk processes, reinforcing safe e-prescribing behaviours for new starters, introducing clearer prompts and signage, improving discharge checklists, strengthening stock delivery checks, using the hospice-approved translation system to reduce communication risk, and continuing work to improve the layout and accessibility of the controlled drug room.

Overall, the year shows progress in how we identify, report and respond to medication incidents. Our priority for 2026/27 is to continue improving how we analyse trends, including by controlled drug schedule, setting, staff group and stage of the medicines process, so that we can target prevention more effectively and continue to develop incident management through a patient safety and compassionate leadership lens.



## Patient Falls

People receiving end-of-life care can be at greater risk of falling because of the effects of advancing illness, medication and changes in strength, mobility and alertness. At St Margaret's, every patient admitted to the In-Patient Unit has a falls risk assessment within six hours of admission, which is reviewed after any fall so that further steps can be taken to reduce future risk.

During the year, 42 falls were recorded, compared with 49 the previous year. This reduction is encouraging, although falls remain a recognised risk in specialist palliative care because many patients are becoming more unwell and frailer over time. Of the 37 patients who fell, 5 experienced more than one fall, which is slightly fewer than last year.

Most falls resulted in no injury or minor injury only. There were 8 insignificant falls, 33 minor falls and 1 moderate fall, meaning 98% of falls caused low-level harm. Importantly, there were no serious falls this year, compared with 2 in the previous year. This suggests that ongoing efforts to assess risk, review incidents and put preventative measures in place are helping to reduce the most serious harm.

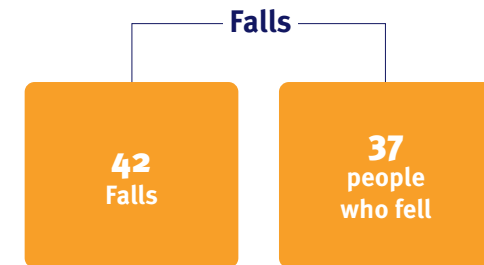
The one moderate fall involved a patient with very complex illness, including bone disease, who sustained injuries requiring notification to the Care Quality Commission. A full review found no lapse in care, but the event was understandably distressing for the family. We have included this to reflect our commitment to being open when harm does occur.

This year we also improved the detail of the information we collect after a fall. This means some of the newer findings cannot be directly compared with previous years, but it gives us a better understanding of why falls happen. The data showed that 62% of patients were unstable or deteriorating at the time of their fall, and in 66% of cases prevention measures were already in place. This highlights an important reality in hospice care: while risks can often be reduced, they cannot always be removed entirely when someone's condition is changing quickly.

We have continued to strengthen our approach by introducing additional preventative measures after falls and by using the modified Australian Karnofsky Performance Scale (AKPS) to help identify patients whose declining

condition may place them at greater risk. This supports earlier recognition of need and more timely intervention.

Although not all falls can be prevented in a specialist palliative care setting, we remain committed to reducing avoidable harm, learning from every incident and continually improving the care we provide.



## Infection, Prevention and Control (IPC)

Infection prevention and control is a key part of providing safe, high-quality care at St Margaret's. During 2025/26, the hospice recorded nine infection prevention and control incidents, compared with seven in 2024/25, representing a small increase over the year.

Importantly, there were no hospice-attributed infections in either year, which remains a strong and reassuring indicator of safe practice.

Audit results continued to show high standards in day-to-day infection prevention. Hand hygiene compliance improved slightly from 93.2% to 93.7%, and sharps audit compliance improved from 87.7% to 89.4%. The national standards of H/C cleanliness averaged 97% in Taunton and 97.5% in Yeovil, thus continuing our 5 star rating. Uniform audits averaged 99%

The report also recorded five patients with a known infection on admission in 2025/26. This was not recorded in 2024/25, so it is not

possible to make a direct comparison, but it does reflect improved data clarity and a more complete picture of infection-related risk.

Overall, the data suggests that infection prevention and control remained a strong area of assurance during the year. St Margaret's will continue to maintain high standards, learn from incidents and audits, and keep a particular focus on further improving sharps management in 2026/27.

Collaboration with local NHS partners and public health teams and other hospices continued to strengthen our approach, ensuring that our policies reflect current evidence and national guidance. Our priority for 2026/27 is to maintain this strong assurance position while continuing to improve audit performance, particularly sharps safety - and to keep strengthening the quality of our IPC data so that learning and improvement

remain targeted and evidence-led. Face to face mandatory IP&C training for IPU staff is at 100%, with E-learning compliance for non-clinical staff averaging 91.5% for the overall year, having increased to 98% for the last quarter of the year.



## Tissue Viability (TV)

Tissue viability is an important part of safe and compassionate hospice care, particularly for people living with advanced illness, reduced mobility and complex wounds. During 2025/26, St Margaret's cared for 103 people which is a 63% increase compared to last year with wounds and recorded 167 wounds, a 70% increase from last year.

This increase reflects the growing complexity of the patients cared for by the hospice, including people with highly complex wounds such as malignant wounds, which can be especially difficult to manage and often require both clinical expertise and emotional support.

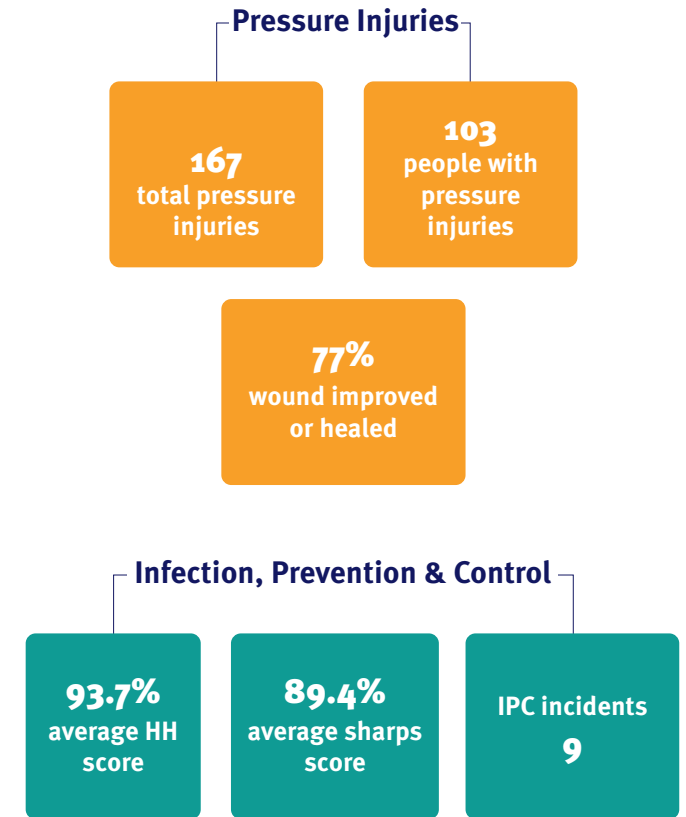
Outcomes during the year were mixed, which is not unexpected in a specialist palliative care setting. In 2025/26, 77% of wounds were healed or improved. The number of healed wounds was 32, compared with 42 in 2024/25, and this is best understood in the context of a larger and more complex caseload rather than as a simple decline in quality.

The service responded positively to this increased demand through service development and improvement work, including a wound care formulary, development of a moisture-associated skin damage pathway, quality improvement work, staff training, and investment in pressure-relieving equipment.

Access and responsiveness have further improved through telephone and video consultations, enabling timely review in line with patient preference and supporting efficient use of resources, including avoiding unnecessary travel and prolonged IPU stays where appropriate. Strong collaboration with community tissue viability teams, district nursing and nursing homes has strengthened continuity and safer transitions of care for patients with complex wound needs.

Targeted prevention has also advanced through continued investment in specialist equipment, including automated tilt systems now available across all IPU beds, reducing the need for transfers at critical stages and supporting proactive pressure injury prevention. The team has also responded to learning needs through focused education and improvement work around MASD and vulnerable skin.

Overall, the 2025/26 data shows both the complexity of the care being provided and the value of specialist leadership in tissue viability. St Margaret's remains committed to improving prevention, reducing avoidable harm and continuing to strengthen wound care practice in the year ahead.



## Patient Experience

At St Margaret's, patients and the people important to them are at the centre of everything we do. As our services continue to grow and develop, our focus remains on delivering high-quality, compassionate care that is safe, effective and responsive to individual needs. We want every person in our care to feel heard, respected and supported, and we are committed to helping people with life-limiting illness live as fully as possible and die with dignity.

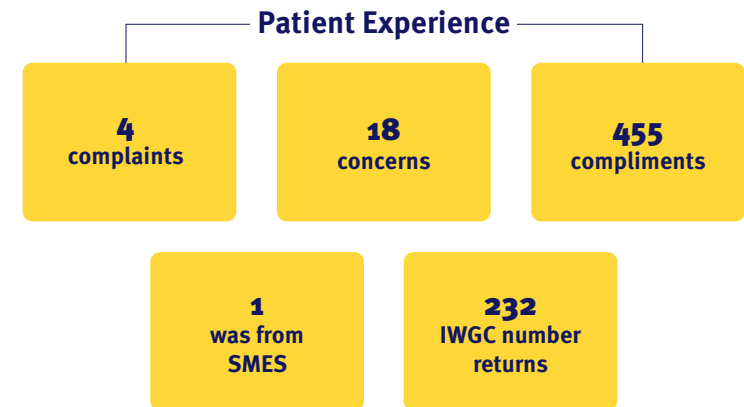
Listening to patients and families is essential to improving care. This year, our annual care survey received 232 responses, with an overall score of 4.8 out of 5, and we received a further 455 comments and compliments through a range of feedback channels. We review this information carefully to understand what is working well and where we need to improve. Alongside this, our complaints and concerns processes continue to provide valuable opportunities for learning. During the year, we received four formal complaints which is a 50% reduction compared to 8 in 2024/25. This is encouraging and suggests progress in experience, responsiveness and local resolution, while also reminding us that there is always more to learn. We had 18 concerns, a similar number to last year, including one case referred through the Somerset Medical Examiner Service. Although we cannot change

the experience of the family involved, we have taken action to improve our documentation and the way we support conversations about wishes and priorities at the end of life.

Feedback has also highlighted the importance of clear communication, especially when care is provided across different services. In response, we have strengthened joint governance arrangements with Somerset NHS Foundation Trust and continue to support staff to have open, honest conversations with patients and families about what to expect as needs change. We have also made practical improvements in areas including medicines management, mouth care support at home and patient transport coordination.

The year also showed the value of having more structured approaches to understanding patient experience. The annual report identifies that patient experience remains strong overall, while also recognising the need to improve the volume, representativeness and insight gained from feedback. In response, a formal patient experience strategy and action plan is being taken forward to strengthen how feedback is gathered, understood and translated into service improvement. This provides a clearer and more systematic route for ensuring that the voices of patients and families directly influence the way services are designed and delivered.

Overall, 2025/26 shows a hospice that continues to place patients and families at the centre of all it does, while strengthening its approach to listening, learning and improving. We are proud that satisfaction remains high, encouraged that complaints have reduced, and determined to keep building on this through a more structured patient experience programme in the year ahead.



## Research

St Margaret's Hospice remains a research-active organisation, committed to ensuring the care we provide is informed by robust evidence and contributes to improving palliative and end-of-life care. During 2025/26, we continued to strengthen our research culture through active participation in high-quality studies, staff development and regional collaboration. This included involvement in several National Institute for Health and Care Research (NIHR) collaborative studies. We remain a Participating in Care (PiC) site for a large realist evaluation led by the University of Plymouth, exploring what works in end-of-life care in rural areas of the South-West across different populations and settings. Staff and patients have contributed to interviews and stakeholder groups, helping ensure hospice perspectives inform future service delivery.

During the year, we also opened the DAMPEN-D study, a cluster randomised controlled trial focused on improving the detection, assessment, management and prevention of delirium in palliative care units. Governance processes have been completed and local recruitment is now underway. Data collection has also been completed for a national collaborative study exploring community palliative rehabilitation, demonstrating successful hospice involvement in research beyond inpatient settings.

Alongside active portfolio studies, preparatory work has continued for the METTL study (Metabolites at End-of-Life), which aims to evaluate a urine-based prognostic biomarker to help predict time to death across different end of life phases. This proposed multi-site hospice study reflects our ongoing commitment to ethically delivered prognostic research that supports advance care planning and patient choice.

Research governance and capability have continued to develop, supported by a dedicated oversight structure to assess feasibility, capacity and governance requirements for all studies. Internal research development has been further supported through our annual Research Study Day, which brought together internal and external colleagues and encouraged staff interest in future research activity. Educational activity, journal discussions and quality improvement work have also continued to support engagement with evidence-based practice.

Regional collaboration remains a particular strength. Our Hospice Consultant continues in the role of Peninsula Specialty Lead for Palliative Care Research, chairing quarterly regional community of practice meetings and a regional research event featuring nationally recognised speakers. This work strengthens links between hospices, universities and

research networks across the South-West, supports shared learning, increases hospice representation in research activity and helps build sustainable research capacity across the region. We continue to value the contribution of patients and families who take part in research, recognising that their involvement helps improve care for future patients. By remaining research-active, St Margaret's Hospice helps ensure high-quality evidence informs clinical practice and contributes to the wider development of palliative and end of life care regionally and nationally.



## Audit

At St Margaret's Hospice, audit and quality improvement are central to how we make care safer, stronger and more consistent. Over the past year, we have been working through a deliberate redesign of our audit processes. We have made significant strides in strengthening oversight, structure and responsiveness, while recognising there is more to do as this work continues to mature.

Our approach now brings together several complementary strands. We carry out regular audits to provide routine assurance around compliance, safety and oversight in key areas of practice. We also complete planned annual audits, which are usually broader and more in-depth, helping us review priority themes across the year against national guidance, regulatory expectations and our own organisational standards. Alongside this, we undertake reactive audits in response to incidents, complaints, concerns or feedback, allowing us to respond quickly, learn from issues and make timely improvements.

Across the year, our programme of regular and ad hoc audit activity increased significantly, including 43 regular audits and seven ad hoc audits. These included audits linked to statutory and contractual requirements, such as hand hygiene and cleanliness, as well as audits on the Inpatient Unit to assure the safe storage and management of controlled

drugs. We also reviewed swipe-card access to controlled areas and visitor sign-in processes, helping ensure that access to clinical spaces remains safe and appropriately managed.

Some of our more detailed audit work has also helped us understand the quality of the care experience itself. For example, the Integrated Palliative Outcome Scale (IPOS) supports teams to assess and respond to physical, psychological, social and spiritual concerns, helping us monitor symptoms, evaluate care and identify where improvements are needed. This work has highlighted the importance of continuing to strengthen our patient experience approach. We also took part in the National Audit of Care at the End of Life (NACEL), which, while designed primarily for other healthcare settings, still provides valuable insight and supports wider learning about quality and equity in end-of-life care.

This year, we also completed 13 reactive audits following incidents, complaints and patient or carer feedback. These included reviews of documentation standards, which identified areas where further staff training is now being developed. Importantly, audit is not a standalone exercise. Alongside audit, we run quality improvement projects arising from a range of triggers, including feedback, incidents, national benchmarking, frontline observations and emerging risks. Together, these approaches

help us continuously improve practice, strengthen safety and improve the experience of care for patients and families.

Finally, where changes are made to practice, policy or procedure, we use follow-up audit and feedback to check whether those changes are working as intended and whether any further refinement is needed. This helps ensure that improvement is not only introduced but embedded.

There has been rich learning and developments from our audit activity this year including improvements in communication, documentation, site safety and security, medical equipment library including track and trace of syringe pumps and a reduction in number of missed lymphoedema appointments. One key change to practice because of an IPU admissions quality improvement project, has been increased efficiency to enable rapid IPU admission for patients in the last days of life where time is of the essence.

# Reporting

## Duty of Candour

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

## Serious Incident Reporting

As all health care organisations, we strive to uphold a transparent and accountable approach to serious incident reporting, ensuring timely documentation, thorough investigation, and proactive measures to enhance patient safety and care quality in accordance with regulatory frameworks. We use the principles from the patient safety incident response framework (PSIRF) and are in the final stages of agreeing our policy and plan which will be formally launched soon. This year we had six deprivations of liberty applications to report (three were for the same patient) compared to one last year. We have made significant improvements to our documentation and

education on DOLs this year as well as some process changes. We had one serious reportable incident. This incident was related to a fall; it was fully investigated and learning taken. Although, no lapse in care found and maximal intervention and assessments were in place at the time, we have improved our communication to patients on admission regarding falls prevention & risk assessment.

## GDPR Compliance

There were 32 data protection breaches this year compared to 45 in 2024-25. Of these 29 were low risk, three medium risk and no high-risk breaches.

## Subject Access Requests

This year there were 34 formal access requests, compared to 19 in 2024-25. Of these 25 requests were for patient notes. All were completed within the statutory timeframe.

## Freedom To Speak Up Guardian

*“Look upon speaking up as an opportunity to raise concerns in order to learn and grow”* - just one of over 100 pledges recorded on SMILE as part of the Speaking Up learning module.

The staff training has been fully embedded with 90% compliance this year. We are looking at how the constructive data from the pledges

can contribute to the Merop Inclusion Project and support organisational development going forward. Freedom to Speak Up has been extended to volunteers, with more work still to be done on training akin to the staff module.

While no concerns have been recorded formally, the Guardian and Champions have continued to be consulted informally on a regular basis. Our aim is to support and empower colleagues to raise issues through St Margaret’s established channels. Nationally, as recommended in the DASH Report, the National Guardian’s Office closes in summer 2026 with functions transferred to NHS England, and additional responsibilities devolved to local commissioners and providers.



## CQC Inspection

We were last inspected in July 2024 and we welcome the return of the CQC engagement meetings as they start in 2026.



## Human Resources

The HR team supports staff across the organisation by providing advice and guidance on all employment matters, including payroll which has been brought in-house under the Finance department requiring considerable training of both the Finance Team to implement and HR Team for changes in process.

Staff wellbeing is a priority and supported through access to occupational health and the Employee Assistance Programme which offers confidential support for physical and mental health, financial wellbeing, and personal challenges. The Health Cash Plan is also well promoted to and utilised by staff.

The Hospice committed to increasing the Employer's Pension Contribution for those under the Auto-Enrolment Scheme, in 2025 from 5% to 5.5% with a commitment over 4 years to increase to 7%.

Working in a hospice setting brings its own challenges to staff who will also be affected by patient or personal bereavement and require support. The HR Hub has improved better access for all staff to their personal data and key activities to support their employment such as easier booking of

annual leave, buying and selling of annual leave, checking approvals, seeing their team's availability, and accessing personal documents. This includes access via a mobile app. It also supports managers to better assist their teams promoting a culture of wellbeing, resilience and inclusivity which is so important and remains a focus in our strategic development of the organisation. Next year data capture in the HR Hub will increase to include 360 feedback and 121s also.

### Diversity, Equality and Inclusion (DEI)

St Margaret's Hospice's commitment to diversity, equity and inclusion remains 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 and so every patient and their loved ones should feel valued, heard and supported. This commitment extends to staff, volunteers and the wider community. We want to reach out and capture a wider audience, embrace differences and enable all to use our services. Translation apps are available to our

Community teams and the IPU to enable easier and improved communication to patients and service users where English is not their first language to enable equity for all.

We have engaged with an external provider, Merop Consulting, to increase our inclusiveness and cultural experience, understanding any current limitations or barriers that we can breakdown and address. This exciting two-year project works on a FAIR model focusing on 4 key areas – fairness, accessibility, inclusion and representation to provide an evidence-based framework that supports organisations to achieve demonstrable impact, strengthen stakeholder loyalty and improve long term performance. It will also revisit and evolve the previous social value research undertaken by the Board. The first phase of gathering insight has just completed and involved our staff, volunteers, patients, and their carers, as well as from a wider perspective from our stakeholders. We now move into phase two – a deep dive programme of creation, action, education and communication and this will evolve into a programme of change over 18 months.

## Progress on Strategy

During 2025/26, we began delivering our Clinical Strategy 2025–2030 through a structured test-and-learn approach, with a clear focus on earlier engagement, wider access and more sustainable models of care, while continuing to provide safe and resilient services during a period of significant organisational and system change. The aim in year one was not simply to respond to current demand, but to begin building practical new ways of supporting people earlier, reaching more people effectively and improving access for those with non-malignant conditions.

Good progress was made across several priority areas. We developed and tested new approaches including Fatigue and Breathlessness group work, early information and introduction sessions, and disease-specific cohorts for people with neurology and interstitial lung disease. These developments were designed to improve self-management, support multidisciplinary care and create models of support that can be delivered more consistently and at greater scale. We also strengthened our strategy volunteer programme using a quality improvement approach, with a standardised pack, feedback tool and PDSA methodology helping us learn and refine the model as it develops.

Annual performance data suggests that this work is moving in the right direction. In 2025/26, the total number of people registered with the hospice increased from 5,884 to 7,382, while the number of people actively using services increased from 4,611 to 4,790 and service access points increased from 7,239 to 7,733. Over the same period, total contact and activity increased from 108,376 to 117,918, while end-of-life care contact and activity increased from 89,173 to 99,402. At the same time, the wider activity data and strategy reporting suggest genuine growth in awareness, reach and referrals, including through strategy volunteer work, earlier engagement activity and sustained front-door demand.

Overall, year one has provided encouraging evidence that earlier engagement, group-based support and condition-specific models can help the hospice broaden access, strengthen its contribution to system priorities and respond to growing expectations around outcomes, value and evidence. The next phase will focus on turning this learning into stronger evidence by completing evaluations, improving outcome reporting, refining primary care engagement and developing a quarterly strategy outcomes pack, with governance data increasingly

reported through clearer and more comparable dashboards. As we move forward, both Board and sub-board KPIs will help map longer-term progress, giving greater visibility of how the strategy is translating into measurable improvement over time.

You can explore the full strategy here:



## 2026/27 Priorities

We have chosen priorities for 2026/27 that reflect our drive and commitment to continuous improvement in quality and safety of patient care and our strategic progress.

**1**

**Complete PSIRF implementation and secure formal approval of the policy and plan through CQ&S, Board and the ICB.**

**2**

**Produce a coherent clinical governance framework manual to articulate our assurance underpinned by consistent dashboards, clearer KPIs and triangulated learning.**

**3**

**Progress recruitment to the Head of Community Engagement role to drive delivery of our strategy, alongside strengthening KPIs and population insight to improve understanding of need, reach and impact.**

## Statement from NHS Somerset Integrated Care Board on St Margaret's Hospice Quality Account 2025/2026

NHS Somerset Integrated Care Board (ICB) welcomes this Quality Account from St Margaret's Hospice. As the Lead commissioner we recognise the hospice's continued commitment to delivering compassionate, high-quality palliative and end of life care for the people of Somerset. The ICB is satisfied that this Quality Account is materially accurate, aligns with information presented through established governance, quality and contractual monitoring processes, and meets NHS England expectations for an independent hospice provider delivering NHS-funded services.

The ICB particularly recognises the hospice's strong focus on:

- Patient-centred care, improved access, early intervention and partnership working across the Somerset health and care system.
- Progress in delivering the Time to Care: Now & Always five-year strategy, including increased service engagement, expanded support for people with non-malignant conditions and innovative models of care through neurological and supportive care services.

- Positive outcomes across patient experience, infection prevention and control, safeguarding, workforce development, education and clinical research.
- Continued investment in estates, digital infrastructure, workforce capability and volunteer development to support future sustainability and service improvement.
- Ongoing commitment to quality improvement, patient safety and organisational learning, including strengthened governance processes, audit and assurance activity, learning from incidents and continued progress towards implementation of the Patient Safety Incident Response Framework (PSIRF).
- Continued investment in hospice estates and refurbishment projects at both Taunton and Yeovil sites supporting future service sustainability.
- Further improve equity of access, strengthen community engagement and widen support for people living with complex and non-malignant conditions across Somerset.

The hospice's transparent approach to reporting and continuous improvement reflects a positive culture of openness and compassionate leadership.

Looking ahead to 2026/27, the ICB supports the hospice's priorities to:

- Complete PSIRF implementation and further strengthen the clinical governance framework and quality assurance processes.
- Development of measurable strategic outcomes and quality indicators.

The ICB values the significant contribution St Margaret's Hospice makes to the wider Somerset health and care system and recognises the dedication of its staff, volunteers and supporters in delivering compassionate end of life care. The Hospice is a highly valued partner, working closely, openly and collaboratively with the ICB and wider system partners, including active involvement in key system workstreams that support the development and improvement of services across Somerset. We look forward to continuing this strong and supportive partnership to improve outcomes and experiences for patients, families and carers.

Yours sincerely,

**Bernice Cooke**  
**Director of Nursing and Deputy Chief Nursing Officer NHS Somerset Integrated Care Board**

# Summary

We are proud to present this Quality Account, which reflects the commitment, compassion and collective effort of colleagues across St Margaret's Hospice in delivering safe, high-quality care to patients and those important to them. This report highlights not only what has been achieved over the past year, but also the openness, learning and continuous improvement that underpin our approach to care. It shows a hospice that remains ambitious for the future while staying firmly rooted in what matters most: dignity, kindness, safety and person-centred support.

At St Margaret's, we know that excellent hospice care is never delivered by one team alone. While clinical services are at the heart of this report, the care we provide is made possible by the wider contribution of support staff, volunteers, leaders and partners across our hospice community. Their shared expertise, dedication and generosity help create the conditions in which compassionate care can flourish every day.

We hope this Quality Account provides assurance, transparency and a clear sense of the values that guide us. It is also an expression of thanks to all those who contribute to the work of St Margaret's, and to the patients and families who continue to shape our learning and improvement. Together, we remain committed to providing outstanding hospice care for the people of Somerset, now and in the future.



Clare Barton  
**Clinical Director**



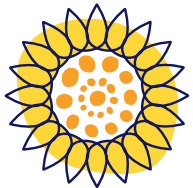
Mette Larsen  
**Head of Clinical Governance**



Clare Marks  
**Associate Director - Clinical Services**



Amanda Simpson  
**Associate Director - Clinical Services**



**St Margaret's**  
Hospice Care