

Quality Account 2025-26



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CEO statement

I am delighted to introduce St Giles Hospice's Quality Account for 2025-2026. This year marked the final year of our three-year strategy for 2023-2026. In 2023, we were proud to mark our 40th anniversary of providing hospice care for local people, and their loved ones, and we set a strategic direction for 2023-26 that would ensure that we are here for another 40 years, and beyond.

We committed to:

1. Deliver **excellent care**
2. Be an **outstanding team**
3. Be **innovative**
4. Grow our **income**
5. Be **sustainable**
6. **Communicate** well

As we enter a new strategic period for St Giles, we are proud of what we have delivered in the last three years, both for our patients and families, but also for our future sustainability and growth. The strategic objectives we set in 2023 were marked against an increasingly challenging landscape for hospices nationally, with a real terms reduction in statutory funding, and significant increases in operational costs. The ongoing cost of living crisis continues to impact our ability to raise voluntary income, as supporters face their own financial challenges.

Data released in 2024 estimated that the UK hospice sector, which supports 300,000 people annually, was facing a collective deficit of £77 million in the financial year 2023-2024 and unfortunately, we were not immune to the impact of this.

Therefore, it was imperative that our 2023-26 strategy delivered future financial stability for St Giles as well as a continuation and development of the outstanding care we are known and loved for.

We recognise that the landscape in which hospices operate is evolving, and we need to continually adapt to keep up with changes and challenges currently being faced in palliative and end of life care, whilst ensuring good financial management. I am pleased to confirm that the financial position of St Giles today is much firmer than that of 2023 and, by navigating the organisation through a period of significant change, we have achieved a reduction in our budget deficit by over £1 million.

Whilst the organisational changes we embarked on were challenging - we made a commitment to continue to deliver all our core services, from inpatient services to community nursing, bereavement support and living well programmes.



Elinor
Eustace,
CEO

CEO statement (continued)

We continue to operate 15 specialist palliative and end of life care beds, this is in addition to a highly skilled community nursing team – who, in 2025, have welcomed new Advanced Nurse Practitioners and a Consultant Nurse - making ours one of the most highly skilled palliative care teams in our region.

These teams are further supported by a multi-disciplinary team of medical staff, healthcare workers, therapy professionals and family support and wellbeing staff, truly enabling us to achieve our purpose of providing specialist palliative and end of life care for our community, and to support families and loved ones with all aspects of terminal illness, death, dying and bereavement.

Despite the challenges faced by hospices, we can also celebrate many positives including an incredibly successful inaugural Winter Gala raising over £40,000, the opening of five new retail stores in the last two years, and significant capital improvements across our site in Whittington, supported by funds from the Department of Health and Social Care (DHSC).

In December 2024, the DHSC announced a £100m funding package for hospices, specifically to be used for capital improvements across hospice sites in England. Whilst this one-off investment has been very welcome, it's critical that hospices continue to work with the Government to secure long-term funding reform to ensure hospice care is there for everyone who needs it, when and where they need it.

The capital funding provided was designed to help hospices improve their physical environment and that's exactly how St Giles has spent its allocation, with developments including a dedicated quiet room providing families with a private space for difficult conversations during end of life care, a spa bathroom featuring sensory technology and mood lighting where patients can enjoy a relaxing bathing experience, and a family lounge with comfortable facilities and a dedicated children's area.

Additional capital projects have included an overnight family stay space allowing loved ones to remain close during their final days together, and two refurbished pilot bedrooms showcasing planned improvements across the unit. We have also upgraded our family support and wellbeing spaces and our education and training facilities to support clinical excellence and professional development.

These improvements have transformed our ability to deliver the exceptional care our patients and families deserve, but we know that the hospice sector as a whole continues to face significant financial challenges nationally.

With the latest figures showing that 60% of hospices in England face possible cuts to services due to funding, it is important to recognise that capital funding alone cannot solve the fundamental challenges facing hospice care.

CEO statement (continued)

Less than a quarter of our £10 million running costs come from Government funding, leaving us dependent on community support for our daily operations. While we appreciate the Department of Health and Social Care (DHSC) investment in our infrastructure, the sector urgently needs sustainable operational funding to restore services and meet growing demand. We will therefore continue to work alongside Hospice UK and hospices nationally to advocate for sustainable funding solutions for the sector.

Looking forward, we have developed an exciting new strategic plan to see us through the coming four years. This plan is centred around growth - reaching more people, growing our income and strengthening our community presence. Our strategic objectives remain front and centre of all that we want to achieve.

Our strategic objectives for 2026-30:

- 1. We will reach more people in our communities by:**
 - Diversifying and expanding our core services
 - Engaging our community with our charitable purpose
 - Creating a physical estate that welcomes our community
 - Communicating well with all our stakeholders
- 2. We will build diverse and profitable income streams by:**
 - Advocating for a fair funding model for hospices
 - Diversifying our voluntary income activities
 - Being commercially innovative
 - Developing our external education offering
- 3. We will pioneer the way hospice care is delivered by:**
 - Being leaders in palliative and end of life care research
 - Driving income generation to deliver clinical excellence
 - Creating cutting-edge end of life care facilities
 - Being a centre of excellence for end of life care
- 4. We will create a culture in which our people can thrive by:**
 - Connecting with our communities
 - Aligning our organisation with one vision and voice
 - Creating an exemplary workplace environment
 - Nurturing an inclusive and diverse workforce



Past patient,
Hayley

A lot has changed for St Giles in the 2023-26 strategic period and I want to recognise and thank our dedicated and passionate staff for continuing to deliver outstanding care to our patients through such tough times - their commitment to St Giles and the wider hospice sector is phenomenal.

I also want to thank our volunteers and supporters who have continued to support St Giles through this year. Without them, we simply would not be able to provide the outstanding care that our patients, and their loved ones, deserve.

Thank you, *Elinor*

Statement of responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 - as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the hospice's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

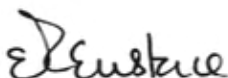
By order of the Board



Chair

30/06/2026

Date



Chief Executive Officer

30/06/2026

Date

Looking back: Priorities for improvement from 2025-26

Clinical services and quality

What we did

During 2025-26, we continued to strengthen the quality, safety and consistency of care provided across St Giles. This has been a year of consolidation and development, building on our wider transformation work and focusing on stronger governance, safer systems, improved patient experience and greater integration across inpatient, community and wellbeing services.

Strengthening our clinical workforce and leadership capacity across the directorate has been a significant focus during the year. This has included successful recruitment into several new and existing roles, alongside the development of a more robust and visible clinical leadership structure. Key appointments across inpatient and community services have improved senior clinical oversight, supported decision-making, and enhanced continuity of care. These developments have not only stabilised service delivery during periods of workforce pressure, but have also strengthened our position for future service development and growth.

Patient safety and risk management

A strong safety culture has been sustained, reflected in high levels of incident and near-miss reporting. Transition to the Patient Safety Incident Response Framework (PSIRF) has supported a systems-based approach to learning. PSIRF is an NHS approach to managing patient safety incidents that focuses on learning and system improvement rather than blame. It promotes proportionate responses to

incidents, including near misses, to identify risks early and improve the quality and safety of care. Falls management, medication safety, and incident reporting systems were strengthened, alongside implementation of patient safety crosses and quality bulletins.

Clinical effectiveness and quality assurance

Clinical audit processes were embedded, National Institute for Health and Care Excellence (NICE) benchmarking completed, and Royal Marsden guidelines adopted. The Run-PC triage tool was piloted with positive feedback. Pharmacy risks were addressed through Service Level Agreement (SLA) review, and competency frameworks and governance structures were strengthened.

There has also been a strengthening of clinical audit processes across all areas, supporting greater assurance, consistency, and alignment with evidence-based practice. This has enabled improved oversight of clinical quality and ensured that learning from audit is embedded into service improvement.

Gold Standards Framework (GSF) accreditation has been initiated across clinical services. This programme supports more integrated working with healthcare partners by providing structured tools and frameworks to deliver high-quality supportive care. It promotes effective communication, coordinated care planning, and improved outcomes for patients in the final stages of life, while also strengthening consistency and standards across services.

Clinical services and quality (continued)

Patient and carer experience

There has been a strong focus on patient and carer experience, ensuring that feedback and learning are systematically embedded into service delivery. This approach supports continuous improvement and ensures that the patient voice is consistently heard and reflected across all clinical services. A new Patient Reported Outcome Measures (PROMs) and Family Reported Outcome Measures (FROMs) feedback model was introduced, achieving 92% satisfaction. A patient experience group and forum were established and our family support services expanded significantly, improving community reach and support provision.

Service responsiveness and access

Our Inpatient Unit (IPU) bed model was clarified, improving access and flow. We enhanced triage and collaboration with our community services and we expanded outpatient and group services at our site in Sutton Coldfield.

The Run-PC triage tool was embedded within our Community team, supporting a more structured and consistent approach to referral management. This has improved prioritisation and ensures that patients are assessed in a timely manner, based on clinical need. The tool is also enhancing decision-making, reducing variability in triage processes, and contributing to a more responsive and equitable service.

Electronic referrals were enabled across all services, improving efficiency for clinical teams and streamlining administrative processes. This also enhanced accessibility for referrers, providing more flexible and responsive routes into services.

Seven-day admissions to the IPU were embedded, resulting in a significant improvement in access to services.

This enhanced responsiveness and ensured more equitable access for patients requiring inpatient care.

Leadership, governance and workforce

We strengthened our governance through structured reporting and Care Quality Commission (CQC) readiness work. Key roles were recruited, though workforce pressures persist. Infection Prevention and Control (IPC) gaps were identified with plans for improvement implemented.

Progress was enabled through structured governance, collaboration, digital development, and a systems-based improvement approach aligned to PSIRF.

The outcome

Collectively, these developments led to measurable improvements across clinical services.

There is clear evidence of a more mature and open safety culture, with increased incident and near-miss reporting enabling earlier identification of risks and more proactive system-wide learning. This has supported a reduction in avoidable harm and strengthened overall patient safety.

Clinical effectiveness and consistency have improved through strengthened audit processes, use of evidence-based standards, and the introduction of structured tools such as the triage model and e-prescribing. These changes have enhanced decision-making, reduced variability in practice, and improved coordination across teams.

Access to services has become more responsive and equitable. The introduction of seven-day admissions and clearer Inpatient Unit criteria has improved patient flow and ensured more timely access to care. Similarly, improvements in triage, referral processes and electronic systems have streamlined pathways into services for patients and referrers.

Clinical services and quality (continued)

Patient and carer experience has also improved, supported by more robust and meaningful feedback mechanisms. The introduction of PROMs and FROMs, alongside expanded family support and wellbeing services, has ensured that feedback is not only captured more effectively but is actively used to shape service delivery.

Workforce and leadership developments have strengthened clinical oversight, improved team stability, and enhanced the organisation's ability to deliver safe and effective care despite ongoing pressures.

Overall, the organisation is now operating with stronger governance, better systems, improved integration across services, and a clearer focus on continuous improvement - providing a solid foundation for delivering measurable outcomes in 2026-27.

Our Clinical
Management
team



Looking back: Priorities for improvement from 2025-26

Financial sustainability

What we did

Following the successful delivery of our Transformation Programme in 2024-25, which reset the Hospice's financial position, our focus during 2025-26 was on maintaining financial discipline and embedding a sustainable operating model focused on supporting our patients and families in the best way we can.

This included a continued emphasis on strong cost control across all areas of the hospice, supported by robust financial oversight and accountability. Alongside this, we prioritised the development and exploration of diversified income streams, recognising the importance of reducing reliance on any single source of funding within an increasingly uncertain external environment.

Particular focus was placed on strengthening the performance and contribution of our trading subsidiaries, alongside identifying new and innovative approaches to income generation that align with our values and strategic objectives.

The outcome

During 2025-26, we maintained a stable financial position, building on the progress achieved through the previous year's Transformation Programme.

Both trading subsidiaries performed broadly in line with expectations during the financial year, providing a consistent and reliable contribution to the wider charitable purpose. In addition, we experienced a strong legacy income performance, which has made a significant contribution to the recovery of our reserves position.

We recognise that legacy income, while invaluable, is inherently unpredictable and cannot be relied upon as a stable funding source. As such, we continue to apply prudent assumptions within our financial planning and forecasting. We remain deeply grateful for the generosity of those who have chosen to support St Giles in this way.

Overall, we strengthened our financial resilience during the year, ensuring that resources were carefully stewarded and directed towards the delivery of safe, effective and compassionate care. This provided a more secure foundation as we move into the next phase of our strategic development.

Looking back: Priorities for improvement from 2025-26

People and culture

What we did

As part of our strategic plan for 2023-2026, and the deliverable ambition objective 'to be an outstanding team', we developed feedback surveys for staff and volunteers. The surveys aimed to identify how we could improve as an organisation, recognising the importance of colleague feedback in shaping the future of St Giles. From the results, we developed a full action plan built around five key themes:

1. Communications and engagement
2. Pay and benefits
3. Equality, diversity and inclusion
4. Learning and organisational development
5. Workplace wellbeing

From April 2026, we will build a people strategy that will be centred around our staff and volunteers, and that will continue to nurture an inclusive and diverse workforce.

The outcome

Following our Transformation Programme in 2024-25, we introduced our 'POD Hub' a dedicated area on our Intranet for all our People and Organisational Development information and updates (affectionately known as POD). We also completed an extensive review of our workforce lifecycle for staff and volunteers, including Trustees.

Internal communications

We continued to embed our internal communications framework for both staff and volunteers, including introducing our new Volunteer Management System (VMS). Building on the success and positive feedback from earlier in-person sessions, we delivered further face-to-face sessions following our staff and volunteer survey, alongside strategy drop-in sessions led by the Executive Leadership Team (ELT). These in-person engagements were well received, helping staff and volunteers better understand our objectives and priorities.

Employee Assistance Programme

Following our pay review, we reviewed our Employee Assistance Programme (EAP) and its accessibility by staff. We made key improvements by providing clear communications as well as setting all services available on our intranet space – 'The POD Hub'. To support our staff and volunteer wellbeing programme, we developed a framework to deliver wellbeing workshops for our managers. These workshops were designed to empower managers with practical tools to manage stress, build resilience and support emotional balance. To support our wellbeing framework, we also developed wellness action plans, stress toolkits and guidance for managers to support their teams.

People and culture (continued)

Staff and volunteer lifecycle

As part of our staff and volunteer lifecycle review, we introduced a clear volunteer induction plan supported with a handbook. For staff we updated all clinical and non-clinical induction plans, and implemented a new staff handbook and managers induction plan.

Training Needs Analysis (TNA)

We conducted a full training needs analysis and, as part of our 2026-2030 strategy, we will be working through priorities including developing a non-clinical mandatory study day where topics can all be covered in one day to ensure we are always compliant. We conducted a full review of organisational compliance and have implemented additional roles to support information governance and clinical services. We also reviewed our clinical mandatory study agenda to ensure we are in line with regulatory guidelines and policies and to also build confidence and professional development across our clinical workforce.

As we move forward, we will conduct a full review of our intranet space to ensure it is accessible to all our staff and volunteers enabling us to improve engagement and for them to feel connected to the organisation.

Wendy, Annette
and Sam, IPU
team



Priorities for improvement 2026-27

Clinical services and quality

How was this identified as a priority?

Our priorities for 2026-27 are aligned to the organisation's strategic objective for 2026-2030 - to **reach** more people in our communities.

We will focus on strengthening existing services, and developing new models of care that deliver both high-quality outcomes and long-term sustainability. Our priorities are firmly aligned to our core strategic pillars, which underpin all aspects of service delivery and organisational development:

- **Deliver excellent care** – providing safe, high-quality, compassionate and person-centred care for all patients and families.
- **Be an outstanding team** – developing and supporting a skilled, inclusive and resilient workforce, with strong clinical leadership and a positive culture.
- **Be innovative** – embracing new ideas, technologies and models of care to improve outcomes, efficiency and sustainability.
- **Communicate well** – ensuring clear, timely and effective communication with patients, families, healthcare partners and across teams.

These pillars provide a clear framework to guide decision-making, prioritisation and continuous improvement across clinical services.

To **reach** more patients and loved ones, we aim to ensure equitable access to hospice services across the communities we serve.

This will be achieved through building on established services, improving pathways into care, and expanding provision where unmet need has been identified.

We will continue to enhance and develop services that provide value, quality and choice for patients and families, while also supporting income generation and organisational sustainability. This includes exploring innovative service models and strengthening our role as a provider of specialist palliative and end of life care.

As part of this, we aim to **pioneer** the way hospice care is delivered and position the organisation as a leader and innovator in palliative care, driving forward best practice, research, and system-wide collaboration.

We will also focus on strengthening relationships with the diverse communities we serve, ensuring our services are inclusive, accessible and responsive to local need. Alongside this, we will continue to invest in our workforce, creating an environment where staff feel connected to, and rooted within, the communities around them.

Collectively, these priorities will support the organisation to grow sustainably, improve outcomes for patients and loved ones, and **thrive** as a leading provider of palliative and end of life care.

Clinical services and quality (continued)

What are we aiming to achieve?

In 2026-27, we will build on the foundations established over the past year, with a clear focus on quality, expanding community provision, and improving the use of data to drive quality and efficiency.

We will further embed newly established roles and continue to strengthen clinical leadership across the directorate. This will enhance senior oversight, support consistent decision-making, ensure strong professional leadership across all services, and keep quality of service at the heart of what we do.

A key priority will be the development and delivery of enhanced community services that better meet the needs of patients and loved ones. This will include a greater focus on crisis intervention and the expansion of service hours, improving responsiveness and ensuring greater access for the communities we serve.

We will continue to build on our work with patients and loved ones to ensure that all services are responsive to their needs. This will include strengthening engagement, actively listening to feedback, and ensuring that patient and carer voices inform service design, delivery and ongoing improvement.

We will also strengthen the use, accuracy and integration of data across clinical services. This will support more effective planning, improve responsiveness, and ensure services are efficient, deliver value for money, and maintain the highest standards of care.

Alongside this, we are committed to supporting our workforce through supervision, providing opportunities for professional development, and promoting a culture of continuous learning and research.

Together, these aims will support the delivery of more accessible, responsive and sustainable services, with improved outcomes for patients and families.

How will progress be monitored and reported?

The progress of our strategic priorities is monitored through an established operational governance and assurance framework, with oversight maintained by our Board of Trustees. A robust clinical governance framework is in place, with clear lines of accountability and reporting. Clinical quality, safety and service performance are reviewed across a number of governance committees and collectively reported via the Clinical Oversight Subcommittee (COSC), which provides detailed scrutiny of clinical services and associated risks at an operational level.

This subcommittee reports quarterly to the organisation's Governance Oversight Committee, which in turn reports directly to the Board Assurance Committee - namely the Hospice Operations Committee. This enables effective oversight, insight, and appropriate challenge of performance, quality and safety across all levels, whilst ensuring emerging risks are identified, monitored and addressed in a timely and structured manner.

We are also in the process of implementing new performance data dashboards to support dynamic and real-time reporting. This will enable more responsive decision-making and support new ways of working across clinical services.

Clinical services and quality (continued)

The Chair of the Hospice Operations Committee provides formal feedback to the Board of Trustees at subsequent meetings, ensuring that assurance, risks and progress against strategic priorities are clearly communicated at Board level.

How will we know what we have achieved?

Through our clinical governance structures, we will continually review and refine our 12 month quality agenda, ensuring it remains responsive to emerging priorities and supports our ambition to deliver high-quality services to our local population.

Progress will be monitored and reported through the Hospice Operations and Strategy and Innovation Committees, with oversight provided via the Board Assurance Framework. This ensures that delivery against our priorities is regularly assessed, risks are identified and managed, and appropriate assurance is provided at Board level.

Leon, Director of Clinical Services



Priorities for improvement 2026-27

Financial sustainability

How was this identified as a priority?

Our priorities for 2026-27 are aligned to the organisation's strategic objective for 2026-2030 - to **build** diverse and profitable income streams.

As St Giles enters a new strategic planning cycle from 2026-27, financial sustainability remains a core priority, within a context of growth and service development.

Building on the financial reset achieved in 2024-25 and the subsequent stabilisation in 2025-26, the hospice is now positioned to explore opportunities to expand its **reach** and impact - supporting more patients and families, in more ways. This includes the development of new clinical service models, particularly within community and outpatient settings, alongside the continued evolution of our income generation approach.

This next phase reflects a recognition that sustainable growth must be underpinned by resilient and diversified income streams, strong system partnerships, and continued financial discipline. This will ensure that service expansion enhances the quality of care delivered and that the fundamental aim of providing excellent palliative and end of life care to all those who benefit from our services is achieved.

What are we aiming to achieve?

During 2026-27, we will focus on enabling sustainable growth through a balanced approach to income stream development, service innovation, and financial stewardship.

Key focus areas include:

- Progressing the development of new and enhanced clinical services, with particular emphasis on increasing community and outpatient reach.
- Working in partnership with NHS system stakeholders to explore and develop future funding models that support these evolving service offers.
- Expanding and diversifying income generation activities, including the development of our retail estate and exploration of new commercial concepts.
- Piloting and evaluating new approaches to prize-led and innovative giving mechanisms to broaden supporter engagement.
- Maintaining strong cost control and financial oversight to ensure that growth is delivered within a sustainable financial framework.
- Continuing to align estate utilisation and capital planning with service development priorities.

Financial sustainability (continued)

How will progress be monitored and reported?

The progress of our strategic priorities is monitored through an established operational governance and assurance framework, with oversight maintained by our Board of Trustees. A robust operational governance framework is in place, with clear lines of accountability and reporting which include monthly departmental finance reviews.

This financial monitoring is reported quarterly to the Governance Oversight Committee, which in turn reports directly to the Board Assurance Committees - namely, the Finance and Strategy & Innovation Committees. This enables effective oversight, insight, and appropriate challenge of performance, quality and safety across all levels, whilst ensuring emerging risks are identified, monitored and addressed in a timely and structured manner.

We are also in the process of implementing new performance data dashboards to support dynamic and real-time reporting, forecasting and scenario modelling.

As new service models and income streams are developed, appropriate governance structures and evaluation mechanisms will be established to ensure that opportunities are delivered in a controlled, evidence-based manner, with clear alignment to organisational strategy and appetite for risk.

How will we know what we have achieved?

We will continue to apply the principles of strong financial management and strategic alignment to assess progress toward lasting financial sustainability.

Achievement will be demonstrated through the successful delivery of sustainable income growth, the establishment and scaling of new service models supported by that income growth, and the maintenance of financial balance.

We will continue to deliver a cyclical and forward-looking approach to financial planning, ensuring that resources are deployed effectively to support both current service delivery and future innovation. This includes maintaining a culture of financial awareness and accountability across the organisation.

Ultimately, success will be reflected in our ability to expand our reach and impact - particularly within community and outpatient care - while maintaining high standards of quality, safety and patient experience, and ensuring long-term organisational resilience.

Katrina, Staff Nurse
and Kirsty, IPU
Ward Manager



Priorities for improvement 2026-27

People and culture

How was this identified as a priority?

Our priorities for 2026-27 are aligned to the organisation's strategic objectives for 2026-2030 - to create a culture in which our people can **thrive** and to **pioneer** the way hospice care is delivered.

Our aim is to create an exemplary workplace environment - where people feel happy, supported, equipped and motivated to do their best work.

Listening to what is important to staff is key and 'wellbeing at work' has been identified as a key theme from our recent workforce survey. We intend to implement a wellbeing programme that nurtures a culture where everyone is supported, welcome, respected and able to **thrive**.

Wellbeing means different things to different people, and recognising the diversity of our workforce is key. Our wellbeing programme will be based on feedback from our staff and volunteers and will support the differing needs of our workforce. It will include workshops, a staff supervision framework and a menopause action plan.

Continuous improvement and innovation is also a key strategic focus as we aim to **pioneer** the way hospice care is delivered. Therefore our learning and development programmes are vital to ensure we continue to provide the best possible care to our patients whilst achieving our ambition to be leaders in palliative and end of life care.

What are we aiming to achieve?

Our people are at the heart of everything we do - whether that be our patients and their loved ones, our staff or our amazing volunteers. We cannot do what we do without our people.

Listening to and acting on feedback is critical to developing a culture in which our people can thrive. We will therefore continue to regularly engage with staff, volunteers, patients and donors and use their feedback to directly inform future initiatives.

Our values and behaviours remain a key part of who we are and are the principles that underpin our vision, our purpose and our culture.

People and culture (continued)

How will progress be monitored and reported?

The progress of our strategic priorities is monitored through an established operational governance and assurance framework, with oversight maintained by our Board of Trustees. A robust operational governance framework is in place, with clear lines of accountability and reporting which include monthly departmental HR reviews.

This HR monitoring is reported quarterly to the organisation's Governance Oversight Committee, which in turn reports directly to the Board Assurance Committee - namely the Hospice Operations Committee. This enables effective oversight, insight, and appropriate challenge of performance, quality and safety across all levels, whilst ensuring emerging risks are identified, monitored and addressed in a timely and structured manner.

We are also in the process of implementing new performance data dashboards to support more dynamic and real-time reporting.

As new initiatives and service models are developed, we will ensure there is continuous focus on our people ensuring good recruitment, onboarding, training and retention.

How will we know what we have achieved?

We will continue to encourage feedback via short 'pulse' surveys, an in-depth annual workforce survey and monitoring of recruitment and retention metrics including sickness absence and staff turnover.

Review of services

Core services

Throughout 2025-26, we provided specialist palliative and end of life care across the following services (part-NHS funded):

- Multi-professional Community team, including Medics, Allied Healthcare Professionals and Specialist Nurses
- Hospice at Home services, including personal care and respite
- Inpatient care for specialist palliative care, symptom control and end of life care
- Lymphoedema clinic
- Bereavement and psychological support

The NHS statutory income, which contributes to our core charitable palliative care services, has decreased from 20% to 17% of total income. £2.5 million was generated through fundraising, £3 million from legacies, and £1,159,000 from our own subsidiaries (£388,000 from retail and £771,000 from lottery).

Research

St Giles continues to integrate research into clinical practice and service delivery. Holding a formal partnership with University of Birmingham and supported by Professor Cara Bailey, we are developing a track record in research funding and recognition. We continue to implement our research strategy to:

- Increase research capacity
- Build a research and evidence base
- Create and strengthen research partnerships and reputation

We are leading our own National Institute for Health and Care Research (NIHR) Research for Patient Benefit (RfPB) study into Motor Neurone Disease communication.

The study commenced in September 2025 and runs for two years. The study is in collaboration with University of Birmingham and University of Nottingham and will recruit patients, loved ones and healthcare professionals across three hospices and two hospital trusts across the Midlands.

Two nurses at St Giles have secured prestigious research internships from the NIHR Researcher Development Programme for Social Care Nurses. The year-long programme, which started at the beginning of October 2025, gives both nurses one day a week to develop their research skills, with funding provided by NIHR. They receive formal training, expert mentorship and protected research time to support research within the organisation.

Within the Inpatient Unit and community services, we have supported recruitment for various research studies including a PhD study led by Adrian Millard on Spirituality and a PhD by Pretty Mayanomi on Complexity in Specialist Palliative Care. We successfully recruited for the NIHR funded 'Discharge Communication' study led by Dr Katie Weetman at University of Birmingham. The study has led to important policy and practice implications for discharging patients from hospices which we are using to redesign our own processes to improve patient experience and reduce hospital readmissions when discharges fail.

This year funding was secured from the NIHR Research Delivery Network, led by Professor Bailey to develop the Hospice Research Hub. We are a key partner in this project and will see the appointment of a part time research nurse at St Giles to support activity across the region.

Review of services

Assurance for Commissioners

During 2025-2026, we continued working collaboratively with the five Integrated Care Boards (ICBs) who commission services.

Quarterly quality reporting has continued, alongside regular meetings with our two principal ICBs to support quality improvement and develop our partnership working model.

During 2025-2026 there were no nationally mandated clinical audits or confidential enquiries covering the NHS services St Giles provides. None of the NHS income received was conditional on achieving quality improvement through the Commissioning for Quality and Innovation (CQUIN) programme via the ICBs. The CQC has not taken any enforcement action against St Giles during this period, nor completed any periodic reviews.

We ensure we follow the correct procedures for managing information for healthcare providers. Each year we complete the NHS Data Security and Protection Toolkit (DSPT) self-assessment, which looks at how we manage our data. The 2025-2026 self-assessment is currently underway and is due to report by the deadline of 30th June 2026.

Clinical effectiveness

During 2025-26 we continued our aim to deliver high-quality care to our patients, and their loved ones, through a cycle of continuous review and learning, use of evidence-based practice, adherence to national guidelines such as NICE for end of life care, palliative care outcome measures, regular review of clinical policies and procedures and gap analysis, and a strengthened governance framework.

We remain committed to delivering a clinically-effective evidence based care that priorities comfort, dignity, and individual choice. Staff development and support underpins our approach to improving patient and family experiences.

During 2025-2026 we implemented the Patient Safety Incident Response Framework (PSIRF). This replaced the NHS Serious Incident Framework (SIF) for investigating patient safety incidents. PSIRF enables the development and maintenance of more effective and responsive safety processes, providing opportunities for learning for all patient safety incidents. It encourages compassionate engagement and gives staff involved support for reflection and learning.

We have implemented a learning response process categorised levels 1-4 which includes Rapid Review (SWARM huddles), After Action Reviews (AARs), and development of a Patient Safety Incident Response Plan (PSIRP). We have also updated our web-based incident reporting platform (Vantage) to align with the PSIRF methodology and our learning response approach.

The outcomes have been an improved response to learning from incidents, a more systems-based approach to learning from incidents, and encouragement of a 'Just Culture' approach to responses.

Patient safety

Safeguarding

St Giles has a comprehensive safeguarding policy and process, overseen by our Safeguarding Group and supported by our Safeguarding Leads and team. We work hard to ensure we follow safeguarding best practices. During 2025-2026 a training cycle was developed further, and delivered by the team, to raise awareness and assurance for early safeguarding work and interventions, collaboration with other services, and how to record this.

The recording of safeguarding considerations and actions taken has been strengthened through a centralised and confidential process.

During 2025-2026 there were no safeguarding referrals accepted by the Local Authority that met the Local Authority threshold for an adult or child to become eligible for support or intervention for care and protection, and therefore no reporting requirements to the CQC. Staff have continued to utilise the Local Authority safeguarding teams enquiry line for support and advice where there have been low level concerns, or to discuss cases that had the potential to meet the threshold.

Duty of Candour

We promote a culture that encourages openness and honesty at all levels of the organisation; this is essential to improving and maintaining patient safety.

Statutory Duty of Candour is a legal (statutory) duty to be open, honest and transparent with patients and their loved ones when an unexpected or unintended incident occurs during care delivery that has led to significant harm. It applies to all health and social care organisations registered with the CQC as the regulatory body.

St Giles Hospice Duty of Candour Policy provides guidance to clinical staff about being open and the Principles of the Duty of Candour. The policy also provides guidance on the processes to be followed and how to support patients and their families.

The statutory and professional Duty of Candour was implemented for all our incidents that met the harm level in 2025-2026 in-line with the regulatory requirements.

Patient safety

Prevention and management of infection

St Giles is committed to the prevention and control of infections. We continue to work with our external IPC (Infection Prevention Control) NHS team via a Service Level Agreement (SLA) with the University Hospitals of Derby and Burton to aide real time delivery of IPC guidance throughout the organisation.

Our patients are frequently vulnerable and susceptible to illness and as such we take our IPC responsibilities very seriously. However, as a small organisation we are not always able to keep abreast of new and emerging outbreaks, or new techniques that may be adopted by the wider system and having the SLA aides us in this preparedness.

Our IPC work, which includes training for staff and an audit programme, is supported by our IPC link staff who are part of the established clinical services workforce.

We use the National Infection Prevention and Control Manual for England as a basis for our policy and practice.

An audit programme is in place to ensure we maintain standards in complying with cleanliness and infection prevention recommendations.

We also reviewed local IPU cleaning schedules and allocations for responsibility for items such as mattresses, reusable items and hoists, which further strengthens IPC assurance.

We have had no incidents of notifiable infections acquired during care delivered by our clinical services for 2025-26. Where patients have been admitted into our services with existing infections, such as C. Diff, the relevant source isolation procedures have been implemented to support the patient/s.

IPC clinical audits during 2025-26:

Clinical audit	Objective	Actions/Improvements
Antimicrobial Audit (quarterly; IPU)	To gain a baseline of standards.	National Standards have been implemented and the audit is based on the NHS National Manual and policy. Procurement and installation of: <ul style="list-style-type: none"> • Equipment to improve linen storage standards • Spill kits • Improvements to sharps trays and sharps bins • Switch from plastic to disposable items e.g. urinals, vomit and wash bowls • Review of IPC information and posters
Handwashing all clinical services (monthly)	To gain a baseline and deliver quality improvements.	Significant improvement across all clinical services for hand hygiene compliance. Handwashing training provided in mandatory study days. Community managers have provided all staff with equipment and storage that supports IPC best practice when they are completing their community visits.

Patient safety

Medicines management

To ensure that we continue to evidence safe working practices we have continued to undertake regular medicines audits during the year, including:

- Self-Assessment Audit for Controlled Drug Accountable Officer (CDAO)
- Management of Controlled Drugs Audit
- General Medicines Audit

We also introduced a new audit titled 'Palliative care for adults: strong opioids for pain relief' based on NICE guidelines. This is aimed at ensuring prescribing is safe and effective for pain relief in adults with advanced and progressive disease and to clarify the clinical pathway improving patient safety.

Based on learning from some medicines incidents we initiated a review of the layout and processes of the IPU medication room to improve standards and support staff and reduce risk of errors.

Our Medicines Management Group meets on a quarterly basis and acts as the delegated body for approving recommendations in relation to medicines across St Giles. This group is supported by our pharmacy colleagues from Walsall Manor Hospital, who provide our pharmacy service and support via a dedicated SLA. During 2025-206 we further improved our expertise for medicines management governance through direct employment of a dedicated one day per month Pharmacist Lead.

Learning from incidents

We are committed to a learning culture that supports staff and volunteers to feel comfortable to raise concerns and report incidents.

Through our web-based incident reporting and management system (Vantage) staff are enabled to record incidents as soon as they are identified. This system provides the function to ensure that all incidents can be reviewed in a timely manner by managers at all levels, including our Executive Leadership team.

Numbers and trends in incidents are captured through learning response reviews process at Clinical Leads Group on a fortnightly basis, via the patient safety crosses which are developed monthly and shared across teams (these are specific to pressure ulcers, medication incidents, falls, and hospital escalation incidents), through the specific groups underpinning the COSC, and via the quarterly reporting mechanisms to ICBs and our Board.

The data is reviewed for any emerging trends and themes, which are then used to establish if a risk is represented to the Hospice. Any identified risks are escalated to our quarterly COSC via reporting mechanisms such as departmental and Group reports.

Learning from incidents is shared using various methods, such as daily huddles, team meetings, Clinical Leads briefings, and presentations at the various clinical governance group meetings.

Patient safety

Learning from incidents (continued)

During 2025-26, 368 patient safety incidents were reported. Of these 305 related to pressure ulcers, medicines incidents or falls. 99.5% of our patient safety incidents were classified as causing no harm or low harm.

A combination of a high level of incident reporting and low levels of harm is recognised as a positive safety reporting culture within health care settings.

Staff are supported in identifying and reporting incidents and we are working towards enabling a process where staff get direct feedback on the outcomes or improvements made via their individual incident reports on Vantage.

Examples of learning from incidents and actions taken in 2025-26:

- To help reduce incidents, and provide a safer solution than paper records relating to medicines in the Community team, we moved to electronic prescribing and medicine administration.
- To better support staff involved in medication errors, considering specific circumstances and the needs of those affected as per our PSIRF policy, we have introduced a new policy that supports a more systems-based approach.
- After an incident that identified a lack of clarity in prescribing for syringe drivers, a gap analysis of controlled drug policies and standard operating procedures has been conducted leading to development of new policies and procedures.
- After a falls incident, work was completed to improve the post-falls protocol to better support staff.
- Learning from multiple incidents relating to referral issues led to an AAR and improvements in communication and referral process.
- An AAR following equipment availability issues led to clear agreed guidelines on roles and responsibilities.

Kirsty,
IPU Ward Manager
and Helen, Associate
Director of Clinical
Services



Complaints

During 2025-26 we continued to work hard to provide the highest standards of care to patients and their loved ones and we view complaints as an opportunity for us to learn and improve. We continue to ensure that any learning because of a complaint raised is disseminated to the individuals and teams involved to embed a learning culture and to support quality improvement. We also ensure that any changes in policy or procedure identified as required during the course of any investigation are actioned and shared.

There were seven formal clinical complaints during 2025-26. The themes in these cases were regarding expectations of care and access to services.

In this year we have reviewed and updated our referral process. During its first implementation we saw a rise in the number of complaints we received in regard to the new referral process. The feedback has given us the opportunity to make further changes to improve access to all of our services.

Where patients or relatives do not wish to make a formal complaint but have a concern around any aspect of care or service delivery, these are acknowledged without delay. The concern is escalated to the relevant manager who will discuss with the person raising the issue, in order to address and resolve wherever possible. Response to this approach has been positively received and has negated the need for escalation to a formal complaint. Learning and outcomes from these concerns are identified and shared with staff for learning and information.

All clinical concerns and complaints are reviewed at Clinical Leads Group for assurance, with oversight at COSC and exception reporting to Board.

Jack, Community Nurse Specialist



Other organisational developments

Community engagement

Our Family Support and Wellbeing (FSW) team has continued to engage with our local communities through providing 'Understanding Bereavement Workshops' in schools and charitable organisations to raise awareness of the importance of conversations around death and dying, and equip and empower staff to feel confident in having appropriate conversations.

Our FSW team is actively involved with the Voluntary, Community and Social Enterprise (VSCE) sector across Staffordshire and actively contribute to the Palliative Care and End of Life ICB programme through our role as nominated representatives.

Our Bereavement Help Points continue to grow and thrive in ten locations across our region. We have increased our support group offering by establishing a wellbeing programme at our site in Sutton Coldfield, including a carers group, MND group, gardening group, friends and family group and a variety of women's cancer support groups open to anyone in our community.

Community services

During 2025-26, our community services have focused on strengthening the workforce, improving service delivery, and enhancing patient flow. A strong recruitment drive and successful retention of staff have been a key highlight. New staff are now fully embedded within the team. This has improved team stability, continuity of care, and staff morale.

Our Community team also held its first away-day, providing a dedicated opportunity to reflect, collaborate, and identify service improvements. Key outcomes included a shared focus on improving patient access, reducing delays, and ensuring timely access to care. Ongoing partnership working with internal and external stakeholders continues to support integrated, person-centred care. These developments place community services in a strong position to respond to increasing demand while maintaining high-quality, safe, and effective care for the population served.

Other organisational developments (continued)

Inpatient services

2025-26 marked the beginning of redesign and refurbishment projects on our IPU. This included the development of a family lounge, spa bathroom, overnight accommodation, and two new pilot bedrooms - all of which have already had a significant positive impact on patients, loved ones, visitors, and staff.

We continue to strengthen our core relationships with primary and secondary care organisations, while also recognising a substantial increase in collaborative working across all in-house clinical services, further enhancing the experience of patients and loved ones.

Family support and wellbeing

2025-26 was a year of growth and development for FSW, implementing and embedding a new structure and working across organisational boundaries to establish clear processes to enable departments to utilise FSW to its full potential and for the benefit of patients, loved ones and staff. The team is developing and embedding a multi-layered approach of support through one-to-one counselling, support groups and 'meet and greets' for all new patients and have introduced bereavement follow-up calls. These have led to an increase in positive feedback being shared across teams.

Additionally, a new structure for FSW volunteers has been embedded, with regular group supervision and monthly meetings to review practice. Volunteers report feeling more supported and confident.

There has been continued development of the wellbeing offering at our site in Sutton Coldfield, with the launch of the Fatigue, Anxiety and Breathlessness (FAB) group pilot which has received positive feedback. Evaluation and review have led to an agreement that FAB will continue as a regular programme going forwards.

Our complementary therapy service has continued to develop and grow, with the recruitment of new volunteers, and plans to incorporate complementary therapy into our staff wellbeing offer.

Spiritual care has also developed with the successful implementation of regular religious services which have been positively received on our IPU, alongside sessions of guided meditation and mindfulness. There is an acknowledgment that this offer needs to increase and become more inclusive of a range of faiths and for those of no faith.

The Women's Cancer Support Service continues to offer support to women who have a diagnosis of either curative or non-curative cancer, and an evaluation of this service has commenced to ensure it aligns with our wider strategy and core service offering.

Finally, a highlight of 2025-26 has been the design, delivery and completion of the three key projects:

- Quiet space
- Family overnight stay space
- Family Support and Wellbeing suite

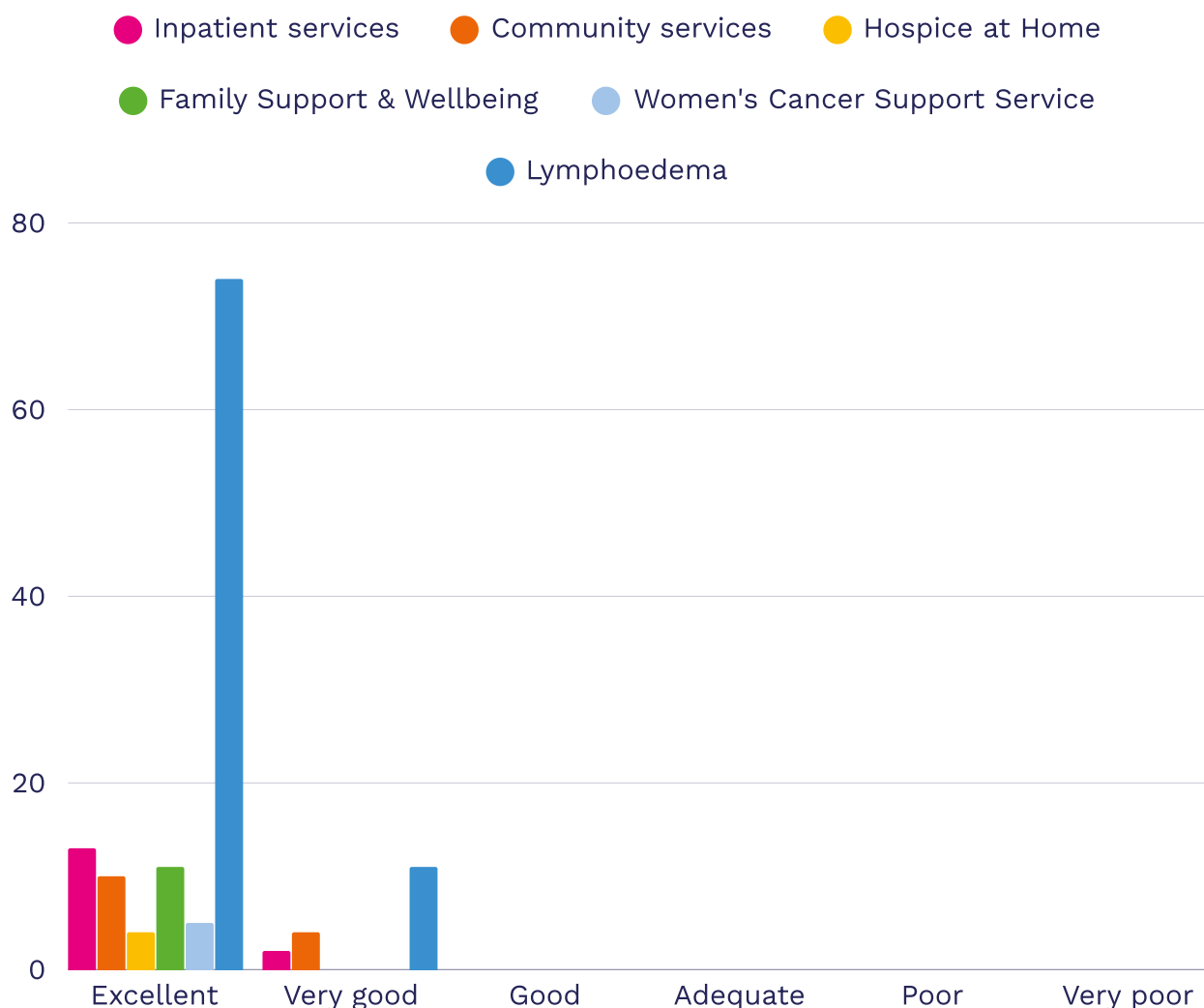
These spaces afford our patients, loved ones and staff, the opportunity to deliver care and compassion in an appropriate, fit-for-purpose environment and contribute to the expectation of gold standard care for all.

What patients say about our organisation

St Giles aims to ensure that patients and carers understand the care, treatment and support choices available. Gaining feedback helps us monitor clinical effectiveness and responsiveness, and identify areas where quality improvement can be focused.

Following the end of our contract for 'I Want Great Care' (iWGC) we are now utilising our own feedback forms which are bespoke to our organisation and capture new categories such as communication and spiritual care.

Currently paper-based, work is underway to digitalise the collation of feedback including the use of QR codes around the site.



The above graph shows responses received by department:

- Women's Cancer Support Service | 5
- Lymphoedema Clinic (Whittington and Sutton) | 85
- Inpatient services | 15
- Community services | 14
- Hospice at Home | 4
- Family Support and Wellbeing | 11

Feedback | Inpatient Unit

“My experience of St Giles was excellent. From people cleaning the rooms to the Doctors who treated me, everyone was courteous and polite.”

“Went beyond expectations, the care empathy and overall experience has been fantastic.”

“As a nurse myself who worked in a community hospice I felt so supported and was spoken to with such respect that allowed me to be 'just mom's daughter' so a special shout out to [Name & Name] who were there to catch me when I had an emotional wobble. Mom said she was in a hotel; as all her needs were constantly met.”

“Thank you to everyone who helped make our dear sister's last days of life comfortable and pain free. Thank you for giving her the kindness, care and, peace and dignity. We will be forever grateful.”

“You welcomed us in like a family, and somehow made a heartbreaking time feel like we were surrounded by family. You all treated our mom with such kindness, respect and dignity. Every small thing you did for her mattered - you'll always have a special place in our hearts.”

Patient, Nicky,
with friend, Kelly



Feedback | Community team and Hospice at Home

“The nurse that came was very helpful and spoke with empathy and polite.”

“My mother-in-law has received three home visits from St Giles relating to her cancer pain management. Each visit she has been treated with the utmost priority. She's been listened to with understanding and new advice and support has been offered with her consent and actioned.”

“In the last few weeks when St Giles Community and Hospice at Home got involved, has been amazing and they have such an appreciation of the situation and seem to know what to say and guide us correctly.”

“The care support and kindness your care team have shown [Name] and myself is exemplary.”

“The love, care and compassion from Hospice at Home was truly amazing. The way we spoke to her mum and her family made the end so special and meaningful. Cannot thank Hospice at Home enough. my mum called them her angels and always light up every time she was told her angels were on their way. Each member of staff from HAH was so caring and really made a difference to their lives and will never been forgotten.”

Leia, Deputy Clinical Lead, Community team



Feedback | Women's Cancer Support Service, FSW team and Lymphoedema Clinic

"The nurse that came was very helpful and spoke with empathy and polite."

"When I first went I was full of dread, however every time I have visited it has been excellent both in advice and caring. It has surpassed any other hospital where I have been."

"Both the facility and staff are above expectation. The facility environment was calm and hygienic and the staff, super professional and empathic."

"Excellent service; very open, understanding and non-judgmental conversations. Feel listened to. Also valuable to access other support/signposting services at same site."

"I was treated with the utmost care and respect. My needs as a grieving mother were recognised and understood. This helped me process my grief and begin to come to terms with it."

Katherine Rouse,
Women's Cancer
Support Service

Jayne Mansell,
Lymphoedema
Clinical Manager



Data quality

In 2025-26 we offered the following support

- 957 patients were supported at home, 873 of which were new patients
- 291 patients stayed in our Inpatient Unit at Whittington
- 1,473 attendances at our Lymphoedema Clinic and 410 telephone assessments, totalling 1,882 appointments
- 2,033 visits were made by our Hospice at Home team to patients at home
- 2,951 visits were made by our Community Nurse Specialists to patients at home

Inpatient Unit

- There were 301 admissions to our Inpatient Unit (20 patients had more than one admission)
- 1 in 4 admissions were discharged home or to a care home
- The average length of stay was 12 days

Community

Community Nurse Specialists handled 18,317 calls.

Referrals

We received a total of 3,996 referrals across our clinical departments:

- 1,730 for community services
- 520 for our Inpatient Unit
- 1,013 for our Lymphoedema Clinic
- 158 for our Hospice at Home service

Family Support and Wellbeing

We received a total of 169 new referrals to our Family Support and Wellbeing service:

- 132 adults
- 37 children

326 patients were referred to other FSW services, such as our Women's Cancer Support Service and complementary therapies (including therapies on IPU).

Our participation in clinical audits

To ensure that St Giles is providing a consistently high quality of services, we undertake our own cycle of clinical audits throughout the year as part of ongoing monitoring of standards and quality.

The Clinical Audit Group and the Clinical Oversight Subcommittee develop and approves the clinical audit schedule for the coming year. Priorities are selected in accordance with regulator and national requirements, and for any areas where a formal audit informs risk management processes and quality improvement, such as:

- An increase in a particular type of incident
- Patient and family feedback
- Assurance required to assess if an existing or new policy or procedure is embedded

Through the clinical governance framework, the Board of Trustees is kept fully informed of audit results and any identified shortfalls. Through this process, the Board receives assurance of the quality of services provided and the management of clinical risks.

Alongside the medicines audits and the IPC audits programme, we completed a further eight audits of varying frequencies throughout the year which provided assurance on a wide range of topics and led to quality improvement work.

Our participation in clinical audits (continued)

Clinical audits undertaken during 2025-26:

Clinical audit	Objective	Actions/Improvements
Antimicrobial Audit (quarterly; IPU)	To gain a baseline of standards.	Identified that documentation relating to sample results could be improved. Medical team brief focused on this area.
Medical Gases Audit (annual)	To gain assurance of compliance with relevant standards	Awaiting results and outcomes.
Nutrition and Hydration Audit (quarterly)	To establish if appropriate assessments and care plans are in place and being completed as standard.	We currently use the Malnutrition Universal Screening Tool (MUST) to assess nutrition status. A plan is being developed to pilot the Patient Led Assessment of Nutritional Care (PLANC) which is used in other palliative care settings and seen as meeting the needs of our cohort of patients better than MUST.
ReSPECT (quarterly; community services and IPU)	To assess the level of completion of the document and identify barriers and solutions.	Through the cycle of audit improvements have been noted in the completion of the documentation. Noted some disparity in access electronically dependent on the ICB area on SystemOne.
Woundcare Audit and Monitoring (quarterly; IPU)	To review the pathway.	A full review of policy is underway to ensure pressure area management is based on palliative care needs and balanced with promotion of healing. Additionally, a Senior Nurse with Tissue Viability responsibility completes incident audits on Vantage for each pressure ulcer treated on the Inpatient Unit to ensure continuity of treatment and care.
Documentation Moving and Handling Audit (quarterly; IPU)	To establish if appropriate assessments and care plans are in place and being completed as standard.	Identified need for procurement of equipment to support staff in safe moving and handling practice. Key staff completed ROSPA training to provide further expert support and guidance to staff.
Lymphoedema Records Audit (quarterly; in clinic service)	To review the documentation used in the lymphoedema pathway.	The audits identified high levels of compliance with documentation standards. Improvements to SystemOne templates have aimed to streamline documentation for the team.
Documentation Audit (quarterly; in Community and FSW services)	To review the documentation used in the services pathways.	The audits identified high levels of compliance with documentation standards, and where there were shortfalls these were discussed at team meetings, resulting in quarterly improvements. The tools were new and have developed and improved throughout the audit cycles.

Supporting staff with personal development

Learning and organisational development

We have a learning and development fund which is ring-fenced for our staff and volunteers. We have further developed our HR workshop offering and this now includes all of the following themes:

- Recruitment
- Sickness absence
- Appraisals
- Performance and conduct
- Difficult conversations
- Sexual harassment (Employment Law Act 2025)

We have continued with our bereavement workshops and there continues to be a strong uptake on these.

Clinical education and training

We continued to deliver mandatory training covering safeguarding, advance care planning, infection prevention and control, moving and handling, medicines management, and nutrition. In addition, a full comprehensive review of our in-house clinical staff education programme, including associated competencies, is underway with the expectation that all UK hospices will deliver the same education programme in the future.

Our clinical skills training room has been fully refurbished including new equipment and storage. This is now an inviting space for staff to learn and practice in a safe environment with the support of the education team, colleagues or independently.

e-learning

The modules remain streamlined to ensure they are appropriate to each role.

Education and training

We have reviewed our agenda for our mandatory training, refreshing all existing topics and introducing new topics including:

- Tissue viability
- Woundcare
- Resolve training
- Advance care planning including 'No Barriers Here' workshop
- Moving and handling, including new equipment
- Professional grief training

We have started a full review on all volunteer training and will be moving to a face-to-face workshop approach rather than online training.

Placements and students

We continue to collaborate with several universities to provide clinical placements within the hospice, both with our Community team and on our Inpatient Unit. In addition, a number of medical students participate in study days throughout the year and attend experience days, during which they shadow our clinical teams in both the community and inpatient settings.

Feedback from student nurses has been particularly positive, with one individual returning to St Giles once qualified.

We remain committed to providing high-quality clinical and medical placements, which continue to be a valuable asset to our workforce. In addition to nurse placements, we have welcomed paramedic students and continue to work with universities to support the learning of medical students.

Supporting staff and our community to have a voice within our organisation

Statement from our ELT

We continue to hold our Managers' Update meetings with senior leaders providing an organisational update relevant to their department. Our face-to-face sessions across the hospice have been welcomed by staff and volunteers as this gives them the space to ask questions and allows them to feel safe and heard as well as contributing to improvements.

We listen to our workforce through surveys which promotes our culture of trust and respect. When staff feel heard it supports them to feel motivated and committed as well as building a positive work environment.

Allowing our staff to have a voice encourages transparency, honesty and accountability within St Giles.

Board commitment to quality

Within the 2023-26 strategic period, there was a comprehensive review and strengthening of our organisational governance. This included launching a new operational governance framework (clinical and non-clinical) as well as the implementation of the Patient Safety Incident Response Framework (PSIRF). In 2024, we recruited a Head of Clinical Quality and Safety cementing our commitment of the organisation to maintaining our quality standards and our 'outstanding' CQC rating.

As part of this significant review into organisational governance, quality and safety we also reviewed our Board committee structure and, in 2025-26, introduced a new structure and reporting format.

Our Hospice Operation Committee reports assurance and risks associated with our quality and safety agenda. Quality standards and indicators are reviewed and scrutinised at this committee, which consists of members of our Board of Trustees and our Executive Leadership team. The committee is chaired by a designated Trustee, and the Trustee membership consists of individuals with prior senior clinical experience and knowledge. All actions and recommendations are captured in the minutes and reviewed at the subsequent committee meeting. The Chair of the committee then reports and appraises our Board of Trustees of the key points discussed at the committee.

This structure is mirrored for our strategic direction. The Executive and Senior Leadership teams hold monthly Strategy Delivery Group (SDG) meetings to ensure strategic aims are being met and actions completed. This group reports directly to our Strategy and Innovation Committee, chaired by a designated Trustee and the Trustee membership consists of individuals with prior senior leadership experience and knowledge. This committee then further reports to the Board of Trustees.

Commissioner Statement

The ICB is pleased to provide comment on the St Giles Quality Account 2025-2026. It is acknowledged that once again this was a challenging period for St Giles with significant efficiencies being made to safeguard the long-term future of the service.

The Quality Account 2025-2026 provides an update on the priorities for improvement previously identified in 2024-2025; these include:

- The strengthening of clinical workforce and leadership capacity.
- Transitioning to the national Patient Safety Incident Reporting Framework (PSIRF).
- Acting upon patient and carer experience to drive continuous service improvement.
- Improving access and flow for Inpatient Unit (IPU) bed model, enhanced triage and working collaborating with community services.
- Enabling electronic referrals, improving efficiency and streamlining administration processes.
- Strengthened governance with improved integration across services with a clearer focus on continuous improvement.

The ICB welcomes the priorities identified for 2025-2026, where the key focus will be on strengthening existing services, developing new models of care that deliver both high-quality outcomes and long-term sustainability. The ICB looks forward to seeing the progress made to these priorities in the future.

This Quality Account provides an overview of the work done by St Giles and the services it offers as well as detailing the governance processes.

St Giles has worked collaboratively with the ICB and system partners in the past year and the ICB welcomes this commitment to ensure all patients and carers receive the care they need.

The ICB wishes to state that to the best of their knowledge, the data and information contained within the quality report is accurate.

Vanessa Whatley

**Chief Nursing Officer
NHS Shropshire, Telford & Wrekin ICB
NHS Staffordshire and Stoke-on-Trent ICB**

Abbreviations and glossary

ACP	Advance Care Plan
CDAO	Controlled Drugs Accountable Officer
CEO	Chief Executive Officer
CQC	Care Quality Commission
FROM	Family Reported Outcome Measure
FSW	Family Support & Wellbeing
GP	General Practitioner
GSF	Gold Standards Framework
HAH	Hospice at Home
HCA	Health Care Assistant
ICB	Integrated Care Board
IPU	Inpatient Unit
iWGC	i Want Great Care
KLOE	Key Lines of Enquiry
NHS	National Health Service
OACC	Outcome Assessment and Complexity Collaborative
PROM	Patient Reported Outcome Measure
PSIRF	Patient Safety Incident Response Framework
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RN	Registered Nurse
SOP	Standard Operating Procedure
SGH	St Giles Hospice
TVLN	Tissue Viability Lead Nurse
UoB	University of Birmingham

Get in touch



Quality Account enquiries

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