



Quality Account

2024 - 2025

Table of Contents

Statement on Quality.....	1
1.1 CEO Statement.....	1
1.2 Statement from the Board of Trustees.....	2
1.3 Executive Summary.....	3
2 Priorities for Improvement in 2025-26	5
2.1 Priority 1.....	5
2.2 Priority 2	5
2.3 Priority 3.....	5
2.4 Priority 5	5
2.5 Priorities for Improvement from 2024-25	5
2.5.1 24-25 Priority One.....	5
2.5.2 24-25 Priority Two.....	6
2.5.3 24-25 Priority Three	6
2.5.4 24-25 Priority Four	6
2.5.5 24-25 Priority Five	6
2.5.6 24-25 Priority Six.....	7
2.5.7 24-25 Priority Seven	7
2.5.8 24-25 Priority Eight.....	7
2.5.9 24-25 Priority Nine	7
2.5.10 24-25 Priority Ten	8
2.6 Mandatory Statements Relating to the Quality of the NHS Service Provided....	8
2.6.1 Review of Services	8
2.6.2 Funding of Services.....	9
2.6.3 Clinical Audit	9
2.7 Participation in Research	12
2.7.1 Use of the CQUIN Payment Framework	12
3 Review of Quality Performance.....	14
3.1 The Hospice	14
3.2 Medical Team.....	16
3.3 Hospice in the Home.....	17
3.4 Compassionate Communities.....	21
3.5 Counselling and Emotional Support.....	23
3.6 Spiritual Care.....	25
3.7 Complementary Therapies.....	27

3.8 Safe Harbour	29
3.9 Equality, Diversity & Inclusion	31
3.10 The My Care Choices Register	31
3.11 Safeguarding.....	32
3.12 Hospice Education.....	33
3.13 Internal Support Groups.....	35
3.13.1 Freedom to Speak Up.....	36
3.13.2 Mental Health First Aiders.....	36
3.13.3 Women’s Health Champions.....	36
3.13.4 Men’s Health Champions	36
3.13.5 Other Initiatives	36
3.13.6 Initial Plans for 2025–26	36
3.14 Quality of the Environment	37
3.15 Volunteering at St Helena	39
3.16 Social Value	40
3.17 Quality Markers.....	42
3.17.1 Infection Prevention & Control	42
3.17.2 Medicines Management.....	51
3.17.3 Tissue Viability	52
3.17.4 VTE.....	52
3.18 Risks and Incidents.....	53
3.19 Information Governance	53
3.19.1 IG Incidents Closed During the Year.....	54
3.19.2 IG Walkthroughs.....	54
3.20 Duty of Candour	55
3.21 Complaints and Compliments	55
3.21.1 Complaints closed during the year.....	55
3.22 Service User Survey	58
3.23 What Others Say	59
3.23.1 2024 CQC Inspection Report.....	59
3.23.2 Response from Healthwatch Essex.....	61
3.23.3 Response from Suffolk & North East Essex Integrated Care Board	63
3.24 Contacting St Helena	64

Acknowledgements

Thank you to the following St Helena staff who contributed to this Quality Account.

Sarah Beer	Media and Stories Lead.
Laura Brisley	Facilities and Health & Safety Manager.
Karen Chumbley	Chief Clinical Officer.
Nicky Coombes	Hospice in the Home Matron.
Greg Cooper	Head of Partnerships.
Mandy Gowers	Head of Finance.
Sarah Hay	Quality & Patient Safety Officer.
Jenni Homewood	Complementary Therapies Team Lead.
Mark Jarman-Howe	Chief Executive Officer.
Tim Leeson	Spirituality Lead.
Wendy Marcon	Volunteer Services Manager.
Kath Oakley	Consultant and Clinical Medicines Management Lead.
Fran Hyde	Chair of the Board of Trustees.
Kimberley Rice	Specialist Physiotherapist and Falls Lead.
Deborah Smart	Operational Medicines Management Lead.
Kirsty Smith	Hospice Matron.
Mandy Summons	Head of Hospice Education.
Melanie White	Associate Director of Clinical Services.
Emma Tempest	Medical Director.
David Traynier	Head of Quality & Compliance.
Caroline Vergo	Infection Prevention & Control Consultant.

...it is important for me to thank you again for the valuable time and effort you put into your sessions. Sometimes it was the only reason I left the house that day and I'm glad I did. The work you do is so important and I wanted to sincerely thank you for all your care and support you offer...

Statement on Quality

1.1 CEO Statement

At St Helena, our core values—**Bold**, **Passionate**, and **Caring**—guide our commitment to supporting individuals and families in north east Essex facing incurable illness and bereavement.

Our Commitment to Excellence

St Helena is recognised for excellence in care. In May 2024, the Care Quality Commission reconfirmed our 'Outstanding' rating.

Our Service Delivery Model

We deliver care through two multidisciplinary teams (MDTs):

1 Hospice MDT (Inpatient Care): Comprehensive care within our hospice.

2 Hospice in the Home MDT (Community and Home-Based Care): Support for patients and families at home.

Over the past year, we developed a successful Virtual Ward, offering specialist palliative care at home as an alternative to hospital or hospice admission, or to shorten stays. We now operate a hybrid model: 50% inpatient and 50% Virtual Ward care, enhancing flexibility and cost-effectiveness.

Our 24/7 SinglePoint coordination centre and end-of-life care hub ensure seamless collaboration across local providers, including GPs, district nursing, hospitals, out-of-hours services, and the ambulance service. From April 2024, we began delivering an integrated night community nursing service, taking on overnight district nursing. The My Care Choices

Register records and shares individuals' end-of-life care preferences.

Compassionate Communities

We offer additional support services, including spiritual care. Our Compassionate Communities programme builds partnerships with local organisations. In June 2024, we were proud to help Colchester become the first city in the East of England to earn Compassionate City accreditation.



...his final weeks were made more bearable with the support from St Helena.

Bereavement Support

We provide comprehensive bereavement support for adults and children, regardless of the cause of loss.

A Pivotal Year

In 2024–25, we supported 4,891 individuals—a record number and a 10% increase on 2022–23. This growth reflects the success of our integrated model and our teams' dedication to meeting rising demand for palliative and end-of-life care.

The year also marked significant financial change. Despite increasing activity, NHS funding has not kept pace with inflation or Agenda for

Change pay awards. We gradually reduced hospice inpatient beds and implemented efficiencies across all areas. These changes position us to return to financial surplus.

However, economic uncertainty and cost pressures, including the April 2025 rise in employer National Insurance Contributions, require further transformation. We anticipate 2024–25 will mark the peak of our service reach in the medium term, as we prepare for a programme of change in 2025–26 that will, for the first time in years, see us reduce rather than expand services.

We remain committed to excellence and to maintaining access to palliative care aligned with national Ambitions and NHS specifications. We will continue delivering holistic, personalised care and tackling inequalities in access and outcomes.

I am deeply grateful to our colleagues, volunteers, supporters, funders, and partners for their ongoing support.

For more information, please visit: www.sthelenahospice.org.uk

Mark Jarman-Howe, Chief Executive Officer

They did not realise the SinglePoint service existed, as they had never needed to use it, but they found it so responsive and supportive.

1.2 Statement from the Board of Trustees

The Board of Trustees remains accountable to all stakeholders for the quality of care provided by St Helena. This accountability is central to the Board's work.

Since the last report, I have taken on the role of Chair of Trustees, with Jo Tonkin appointed as Vice Chair. Richard Pollom continues as Treasurer. To retain the expertise of former Chair Nigel Pye, he has joined the Board of our wholly owned subsidiary social enterprise, St Helena Trading Ltd., as a non-executive director.

As part of our ongoing efforts to support St Helena more effectively, we reviewed and restructured how the Board operates. Following consultation with Trustees and the senior leadership team, we implemented a new model in September 2024. The Board now meets ten times a year as a single group, in addition to an annual off-site development meeting.

We have designated specific areas of responsibility to individual Trustees, who lead discussions on their respective topics during Board meetings. We maintain a healthy turnover of Trustees and use a skills matrix (a tool to identify and match needed expertise) to ensure a balanced mix of corporate knowledge and clinical experience. In response to the challenging external environment, we have also prioritised expertise in areas such as change management and identified further priorities for future recruitment.



Amid continued deterioration in the external trading environment and new pressures like increased employer National Insurance contributions, the Trustees and Senior Leadership Team are conducting a comprehensive review to secure St Helena's future. This will involve planned changes to our service provision, with details to be shared in next year's report. This work runs alongside ongoing efforts through St Helena Trading Ltd. to generate sustainable, growing income for the charity.

The Board extends its sincere thanks to all staff and volunteers for their dedication to the people of north east Essex. We fully endorse this Quality Account.

Fran Hyde, Chair of the Board of Trustees

*Thank you for all YOU did for Dad,
for me and the family - I don't
know where we would have been
without you - you're a Star,
alongside all your SinglePoint and St
Helena Hospice colleagues. The love,
care and patience has been amazing
and we are truly thankful.*

1.3 Executive Summary

In this year's Quality Account, we update you on our activity and achievements throughout 2024-25 and outline our key priorities for the year ahead. These are:

1. Remodel our clinical services.
2. Continue to address health inequalities.
3. Build stronger partnerships.
4. Grow Hospice Education.
5. Champion collaborative working.

For more detail on these priorities, see page 5.

This year, our teams have demonstrated remarkable resilience and creativity. On the Inpatient Unit (see The Hospice, page 14), we maintained an impressive 87% average occupancy despite reducing our bed base, while staff adapted to new models of care and collaborated with Colchester General Hospital (ESNEFT) to deliver a winter contingency service.

The Medical Team launched our Specialist Palliative Care Virtual Ward (page 16), supporting patients at home with complex needs and preventing unnecessary hospital admissions. Their leadership and educational work continue to strengthen palliative care across the region.

In the community, our Hospice in the Home team supported nearly 2,000 new patients, with innovations such as a six-session model of care and the ongoing development of SinglePoint's out-of-hours service (see page 17). Our Queen's Nurses and

dedicated CNSs continued to provide highly specialist support at home.

We are proud of our pioneering Compassionate Communities initiative, which achieved a major milestone with Colchester being named the first Compassionate City in the East of England (see page 21). Plans are now underway to expand the model countywide with support from Essex County Council.

Our Counselling and Emotional Support Team has reduced waiting lists and launched new services, including the private 'Forget Me Not' bereavement offer (page 23), while the Spiritual Care Team has blended pastoral care with innovation, launching new income-generating services and expanding support for religious and non-religious needs (page 25).

Our Safe Harbour Project (page 29) remains vital in improving access for minoritised and marginalised communities, supporting unpaid carers, and helping address health inequalities.

We have also made important strides in Hospice Education (page 33), where our tri-hospice partnership delivered a wide curriculum internally and externally, supporting care homes, student development, and ongoing professional learning.

Finally, our volunteers continue to be the heart of St Helena. With over 900 contributing across all areas—including four who have given an extraordinary 40 years of service—we are immensely proud of their dedication (for more information, see Volunteering, page 39).

Looking ahead, our 40th anniversary year offers the opportunity not just to reflect, but to renew our commitment—to innovation,

collaboration, and compassionate care for all.

From the first point of contact with Ross, shortly afterwards everything was put in place like clockwork. We were given 24/7 access to someone at the end of the line for advice and support which was so reassuring as mum wanted to be at home and not hospitalised un-necessarily. It also provided peace of mind for us being so far away to know that help was at hand for mum, her sister in law and brother in law.

2 Priorities for Improvement in 2025–26

I hope you realise how much you are valued as a team and as individuals, each bringing your different talents to your important work.

2.1 Priority One

We will remodel St Helena clinical services to ensure we continue delivering outstanding, population-based care within a challenging financial climate. This transformation is essential to securing the long-term sustainability of the organisation.

2.2 Priority Two

We will continue to address health inequalities and improve outcomes for the population we serve.

2.3 Priority Three

We will work in partnership with local health and care providers, as well as the wider community, to increase access to advance care planning for people in the last years of life. We will also build on the development of our Compassionate Communities initiative.



2.4 Priority Four

We will expand Hospice Education and continue to strengthen our workforce through apprenticeship opportunities.

2.5 Priority Five

We will remain actively engaged in collaborative work across the evolving health and care system. We will continue to advocate for a population management approach to palliative and end-of-life care, seeking opportunities for innovation and deeper integration.

What amazing and thoughtful people you all are at St Helena's.

2.6 Priorities for Improvement from 2024–25

In this section, we review our progress in delivering the goals we set for 2024–25, as outlined in our 2023–24 Quality Account. The full report is available at: <https://www.sthelena.org.uk/about-us/governance>.

During 2023–24, we undertook significant clinical service remodelling to address financial challenges while maintaining high standards of care for our community. Our 2024–25 priorities reflect this evolving context.

2.6.1 2024–25 Priority One

What we wanted to achieve

We will consolidate the new service model, addressing any associated risks and delivering within budget. This includes embedding the St Helena population model, enabling service information to be shared with people in the last phase of life who consent to receive it.

What we have achieved

The Winter Resilience Project was successfully implemented, and the clinical service was delivered under budget in 2024–25. The night service continues to operate effectively, with regular updates shared with patients and families.

2.6.2 2024–25 Priority Two

What we wanted to achieve

We will work with other organisations and citizens within Colchester to achieve Compassionate City Charter status.



What we have achieved

The Compassionate Communities programme continues with a well-attended schedule of events. Projects to increase access to Advance Care Planning are progressing well.

2.6.3 2024–25 Priority Three

What we wanted to achieve

We will grow and develop the Specialist Palliative Care Virtual Ward model and create a cost-effective, high-quality model of care for people who wish to remain at home but require specialist palliative care input to do so.

What we have achieved

The SPCVW is now embedded as business as usual and has been expanded to eight places.

2.6.4 2024–25 Priority Four

What we wanted to achieve

We will collaborate with other Hospices to create an equitable and sustainable bereavement service model for people in our system.

What we have achieved

The remodelling of the Bereavement Service is ongoing, with early bereavement support and signposting sessions proving successful. Hospice Education continues to grow as a three-hospice collaborative. Collaborative work in infection prevention and control (IPC) and quality improvement (QI) is also progressing well.

2.6.5 2024–25 Priority Five

What we wanted to achieve

We will continue to develop our workforce, implementing the proposed career pathway for nursing and allied health professionals, supporting the 'grow your own' approach, including developing a robust model for implementing the Advanced Nursing Practice Framework.

What we have achieved

The apprenticeship programme continues to support several staff members effectively, and the appraisal and training cycle is well embedded. Preparatory collaborative work on advanced nursing practice is ongoing.

2.6.6 2024–25 Priority Six

What we wanted to achieve

We will work with our commissioners to secure a five to seven-year commissioning agreement to offer stability and security to our clinical service.

What we have achieved

The Integrated Care Board (ICB) has not yet offered a longer-term commissioning agreement, and we continue to operate under the existing grant arrangement.

2.6.7 2024–25 Priority Seven

What we wanted to achieve

We will deliver digital innovation to improve efficiency and improve the day-to-day working experience of our teams.

What we have achieved

Mobile SIMs¹ were distributed to the Hospice in the Home team to support remote working. Although the dictation software trial did not prove successful, we remain committed to exploring this as a future digital innovation.

We are continuing to reinvigorate the My Care Choices Register by widening access, improving staff confidence, and enhancing the quality of recorded information for people in the last phase of life.

Several projects across north east Essex are promoting uptake, including an inequalities initiative in Walton, a collaborative project with Tendring PCN, and two PCN new model programmes. As the NEE dashboard

¹ Subscriber Identity Module. The small card inserted into mobile devices that securely stores

has not been updated since November, the full impact of these initiatives is not yet evident.

2.6.8 2024–25 Priority Eight

What we wanted to achieve

We will embed the new patient and family feedback system, aligned to the priority outcomes, to enable us to continue to improve outcomes and address inequalities.

What we have achieved

This system is now embedded and is business as usual.

2.6.9 2024–25 Priority Nine

What we wanted to achieve

We will create a St Helena carer strategy, and we hope to secure new income streams to enable innovation to support local carers.

What we have achieved

This work has been paused while we consider the challenges posed by remodelling the service in response to new financial pressures following the government's October 2024 Autumn Budget, which included an increase in employer National Insurance contributions effective from April 2025. We hope to resume this work in 2025–26.

the subscriber's identity, authentication information, and mobile network details.



2.6.10 2024–25 Priority Ten

What we wanted to achieve

We will expand the Safe Harbour programme, addressing inequalities for traditionally underserved communities, seeking funding to secure its future.

What we have achieved

The service has been expanded, and we are currently awaiting the outcome of our lottery funding application.

2.7 Mandatory Statements Relating to the Quality of the NHS Service Provided

2.7.1 Review of Services

During 2025–26, St Helena provided the following services:

- **Inpatient Services** – Specialist palliative care beds supported by the Inpatient Unit multidisciplinary team (MDT), which includes the Nursing Team, the Operational Hub, a Specialist Physiotherapist, a Specialist Occupational Therapist, Counsellors, and Family Support Workers. This MDT also hosts the Complementary Therapy Service for both inpatients and

community patients, as well as the Spiritual Care Lead and volunteers. At the end of 2024–25, the Inpatient Unit had 8 beds open for specialist palliative care (see page 14 for further details).

- **Community Services** – Acting as the End-of-Life Hub for north east Essex, St Helena coordinates all out-of-hospital care. Services include the SinglePoint Service (24/7 advice, support, and information), the Specialist Palliative Care Virtual Ward, and the Community Clinical Nurse Specialist (CNS) Team. The Hospice in the Home MDT comprises the Nursing Team, the Operational Hub, a Specialist Physiotherapist, a Specialist Occupational Therapist, a Therapy Assistant, Counsellors, and Family Support Workers.
- **Medical Team and Specialist Palliative Care Virtual Ward** – Providing clinical support across both MDTs, including home-based specialist interventions and admission avoidance.
- **Counselling and Emotional Support Team (CEST)** – Delivering psychological support to individuals over the age of five affected by life-limiting illness or bereavement. The team supports patients, families, friends, and carers, working across both of St Helena's MDTs. The Bereavement Service accepts referrals for adults and children, regardless of the cause of death.

- **Compassionate Communities Programme** – Including the Safe Harbour Project and the Compassionate Workplaces Programme, this initiative fosters inclusive, community-based support for those facing end-of-life and bereavement.

Hospice Education – Delivered in collaboration with St Elizabeth Hospice, with St Nicholas Hospice joining the partnership during the year to further strengthen regional training and development efforts.

2.7.2 Funding of Services

St Helena is an independent charity using a differentiated commercial model to fund delivery of care in line with our charitable objectives. In 2024-25 our NHS grant funding represented 25% of our total income, meaning that for every £1 of NHS money that was invested in our services, we were able to deliver £1.78 of value of care to our patients and their loved ones. Our diverse range of income streams include commercial ventures, lottery services (through which we also support a range of other charities), High St. and online shops, and the valuable help we receive from our supporters via corporate events, donations, gifts in wills, and other fundraising activity.

2.7.3 Clinical Audit

2.7.3.1 National Audits

St Helena did not participate in any national audits during 2024–25.

2.7.3.2 Local Audits

The annual clinical audit programme ran from April 2024 to March 2025, designed by the Quality and Patient Safety Officer with service leads. The table below summarises the 2024–25 audit programme:

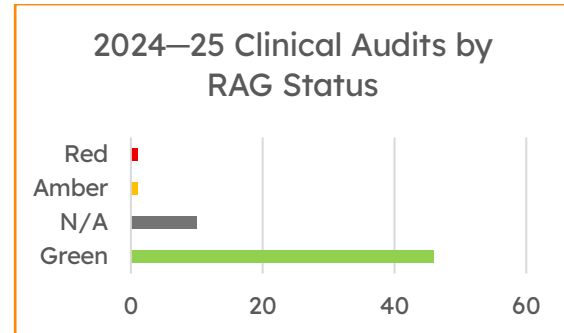


Figure 1 Clinical audits by RAG colour.

Six audits were not completed due to resource constraints and will be reconsidered in the current year's programme. Note: figures reflect each overarching audit, not each cycle. Total audit instances are therefore higher. Frequencies vary from weekly to annually.

The Clinical Quality Group meets bimonthly to oversee audit activity, quality reporting, and patient experience. The audit programme is managed on Sentinel, allowing for real-time tracking, completion rates, and RAG ratings. The programme is supported by ad hoc audits, with staff assisted by the Quality and Patient Safety Officer.

‘How I’m now helping others through grief’

I HAVE lived in Colchester for 27 years after my husband, Chris, swept me off my feet in a whirlwind romance and brought me here from Canada. We married and had two beautiful children, Hugh, 22, and Ella, 18.

We lost Chris to alcoholism in 2017 and it was a moment which changed all of our lives forever.

Working in sales and then marketing, I set up a small agency to have more flexible working around my husband's illness. After he died and then the pandemic hit, I started to learn to be still and listen to what I really needed.

Starting to share my story made me feel both vulnerable and open to scrutiny. I gave a TedX talk which has had more than 138,000 views and more than 3,000 comments. That led to me establishing a non-profit group called Blossome, which helps families who are bereaved or affected by a loved one's addiction through learning and practising self-care.

I came across Colchester Compassionate Communities in 2022, when I started to get involved with the end-of-life care team. The North East Essex Health and Wellbeing Alliance funded our pilot self-care programme, which was aimed at people who were bereaved due to alcohol or addiction.

For me, compassion is something which is innate in all of us.

I think in our busy lives we can get caught up in the doing, the surviving, the day to day and we can forget about the human



■ Happy times - Kim Moore and her husband Chris in Rome

Supported by St Helena Hospice, Compassionate Communities is a network which works together to help others facing death or bereavement. Here we meet KIM MOORE, a Compassionate Community ambassador who has used her own experience of grief to help others

For me, compassion is something which is innate in all of us



experience, connecting with one another, supporting one another.

Compassionate Communities helps to bring people together, enhancing relationships, building hope and resilience while also promoting and enabling positive action in our

community. It's also important to remember to show compassion for ourselves. The more we do this, the more compassion we will have for others.

My role as an ambassador involves helping people understand self-compassion is a skill we can all learn.

I teach micro-moments of self-compassion, which helps people to support themselves through difficult moments and emotions.

I'm hoping more people will become aware and skilled at being kinder to themselves, showing more compassion to themselves and the positive impact this can have on their lives and the lives of everyone around them.

Becoming a Compassionate Communities ambassador fosters personal growth, enhancing skills such as communication and leadership. You build meaningful relationships within the community, creating a network of support and shared values. You'll find ways to connect with others in a meaningful way - you may even find a sense of greater purpose.

You can find out more about becoming a Compassionate Community ambassador by visiting www.sthena.org.uk/compassion



■ Kind - Kim is a Compassionate Communities ambassador

2.7.3.2.1 Selected Audit Summaries

Hospice UK Management of General Medicines [28-2425]

This annual audit ensures compliance with the Medicines Act (1968), Misuse of Drugs Regulations (2001), and Health Act (2006) for safe non-controlled medicines practice. All seven topics scored 100%:

- 1 Standard Operating Procedures
- 2 Purchasing and Supply
- 3 Storage and Destruction
- 4 Prescribing

5 Administration

6 Patient's Own Medicines

Non-Medical Prescribers Re-audit due April 2025.

Hospice UK Controlled Drugs Self-Assessment [24-2425]

This audit ensures the Controlled Drugs Accountable Officer (CDAO) meets legislative duties. Four areas were reviewed:

- 1 Appointment of the CDAO.
- 2 Role and Responsibilities.
- 3 Annual Review.
- 4 Continuous Monitoring.

The audit scored 99%. Re-audit in April 2025.

Management of Pressure Ulcers on the Inpatient Unit [29-2425]

Audited by the Tissue Viability Lead and Clinical Compliance Officer, this annual audit assessed documentation quality following the introduction of Purpose T in November 2023. The audit, brought forward to April 2024, showed excellent documentation. The only action was to update the Tissue Viability Policy [133]. Re-audit in April 2025.

Admission Process Audit [48-2425]

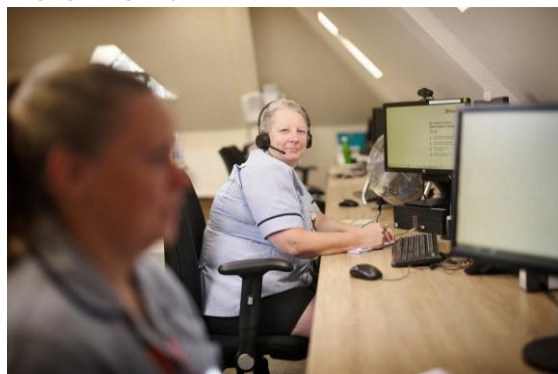
Following revised care plans in November 2023, this audit reviewed the updated admission process and Rounding Care Plan. A December 2023 audit found strong documentation but noted technical issues, later resolved. A March 2024 re-audit showed marked improvement. A further audit in October 2024 confirmed excellent documentation. The Operational Hub was commended. Re-audit due October 2025.

Pain Management (Nursing Care) [45-2425]

This re-audit evaluated documentation of pain assessment and care plans. A review of 16 patient records in December 2024 showed strong documentation; 14 had a completed body map. Re-audit due December 2025.

Audit of IPU Admissions and Alternative Care Settings [54-2425]

This audit explored whether inpatient admissions (24 between 20th January–2nd March 2025) could have been managed elsewhere. For 16 cases reviewed, 4 had previously received Virtual Ward care. Clinician feedback indicated all 16 needed inpatient care. A&E was cited as the primary alternative, but this would have strained acute services further and limited access to specialist palliative care. Re-audit recommended for March 2026.



Mortality Review [35-2425]

The Mortality Review Group (MRG) shifted focus to review deaths not aligned with patients' preferred place of death (PPD). 28 deaths were reviewed, fewer than usual due to staffing and scheduling pressures. Key reasons for not achieving PPD included hospice bed shortages, acute illness, and limited urgent care access. Positive outcomes noted included hospital palliative support and

spiritual care. MRG will meet in Q2 2025–26 to set future focus.

Hospice UK Management of Medical Gases [26-2425]

This joint Nursing and Estates audit ensures compliance with medicines legislation for medical gases. The audit scored 96% across eight areas. Actions included updating the Medical Gases Policy and ensuring all oxygen concentrators have PAT test stickers. Re-audit due April 2025.

Admission Avoidance [50-2425]

This audit, conducted 7–20 October 2024, assessed prevention of acute admissions by the Hospice in the Home Team. 26 cases were documented as avoided. Due to lower staff engagement, a new SystmOne (St Helena's patient administration system) code was added to support future data collection. Re-audit due October 2025.

Role of the Referrals Clinical Nurse Specialist (CNS) [58-2425]

A seconded CNS post (March–November 2024) supported one-off triage assessments, reducing PCN CNS caseloads and increasing access to palliative care and advanced care planning. The role improved MCCR registration, ReSPECT documentation, and SinglePoint use. The role is now permanent. Re-audit due November 2025.

Patient Story Care Plan Documentation [52-2425]

Changes to the Rounding Care Plan in late 2023 led to duplication in documenting Patient Story notes. In November 2024, the Patient Story Care Plan was reinstated as a standalone document. A January 2025 audit confirmed excellent, daily documentation in all 11 reviewed records. Re-audit due January 2026.

Clinical Nurse Specialist Team Bereavement Calls [44-2425]

This audit assessed whether bereavement calls were made, support offered, and documentation completed. Of 35 cases, 5 calls were not made and most others lacked record of sending the bereavement booklet. Documentation methods varied. The CNS team will decide on standard practice for follow-up and documentation. Re-audit six months after decisions are finalised.

2.8 Participation in Research

We concluded our participation in the CHELsea II study, which investigates the role of artificial hydration at the end of life. St Helena successfully recruited its allocated number of participants and now awaits the study's findings.

Advanced Nurse Practitioner Debbie Dyer was awarded the Nursing Prize at the Palliative Care Congress in Belfast for her poster presentation, "Bridging the Gap: Frailty and Palliative Care."

Words can never be enough for what you all done for us as a family, you made my last five days with him special I could be his wife again



2.8.1 Use of the CQUIN Payment Framework

St Helena's income for 2024-25 was not linked to quality improvement or innovation targets under the Commissioning for Quality and Innovation (CQUIN) framework, as we are not party to any NHS National Standard Contracts.

I wanted to say a massive heart felt thank you to you all for the care you gave to my mum ... over the years and in her final days/weeks, before she passed away in the hospice. Mum so was appreciative of your support and being available at the end of the phone day and night. You are all so kind and caring. I would like to personally thank you for the support and advice you have given me during this time. You are all truly the best!



3 Review of Quality Performance

My family will be forever grateful for everyone who made his last month so wonderful – especially when he met the reindeers

3.1 The Hospice

Overview

The Hospice multidisciplinary team (MDT) comprises Registered Nurses (RNs), Clinical Support Workers (CSWs), Physiotherapists, and Occupational Therapists based on our Inpatient Unit (IPU), alongside the Medical Team, Counselling and Emotional Support Service, Spiritual Care Team, and Complementary Therapy Service, which we share with the Hospice in the Home MDT.

The IPU is a short-stay unit with 18 beds, of which 8 were operational during 2024–25. It provides specialist palliative care for people with life-limiting illnesses, delivered by the full MDT.

Activity, Achievements, and Contribution to Quality

During 2024–25, the IPU recorded 350 admissions. Staff maintained a high standard of care and met the admission target of three days on average.

Average bed occupancy by quarter was:

- Q1: 91%.

- Q2: 81%.
- Q3: 87%.
- Q4: 89%.

The annual average was 87%, exceeding our 85% target. Bed reductions—from 18 to 15, then to 12, and ultimately to 8—were strategic decisions by the Senior Leadership Team in response to financial pressures.

To optimise use of space, we entered a winter contingency contract with East Suffolk and North Essex NHS Foundation Trust (ESNEFT), making 10 of the remaining beds available to appropriate patients requiring end-of-life care or awaiting nursing home placement/care packages. We collaborated closely with ESNEFT's Transfer of Care Hub (ToCH) to manage patient flow and supported 47 individuals over the three-month period.

Staffing

Staffing resilience was a consistent focus throughout the year. In the early part of 2024–25, the team continued to experience long-term sickness, which was managed by increasing use of bank staff. Apprenticeship students were supported through the final phase of their training, and a new student nurse began her course.



As the year progressed, recruitment for Registered Nurse posts was frozen, placing additional pressure on the

existing team. To mitigate this, further bank RNs were brought in. Two apprenticeship students successfully completed their second year, and another continued her development.

Midway through the year, the Senior Sister transitioned to the role of Hospice Matron, and the Senior Sister post, along with remaining RN vacancies, remained frozen. The team continued to navigate staffing gaps using bank support. In the final quarter, agency staff were brought in to help deliver the winter contingency bed contract with ESNEFT. To maximise existing staff resources, IPU CSWs, who were over-established for the reduced bed base, began working flexibly to support SinglePoint's night Healthcare Assistant (HCA) shifts.

Challenges and Problems

The year presented several operational challenges. In the first quarter, unplanned staffing cover led to additional costs. The respite beds did not generate the expected income due to limited admissions, and ongoing discussions with Continuing

Healthcare (CHC) commissioners did not result in a formal contract.

Vacancy rates in the RN team increased in the second quarter, but recruitment remained on hold, necessitating higher bank staff usage. At the same time, negotiations with the Integrated Care Board (ICB) for the use of IPU beds had yet to be concluded.

In the third quarter, the decision was made to reduce IPU bed numbers from 15 to 12, and then from 12 to 8. This period also involved planning for the winter contingency arrangement with ESNEFT. The fourth quarter focused on supporting staff through ongoing organisational change, including the adjustments required to accommodate the new bed model and external partnership.

Plans for Next Year

- Resume planning for the respite service following the conclusion of the ESNEFT contract
- Continue supporting staff through organisational change.

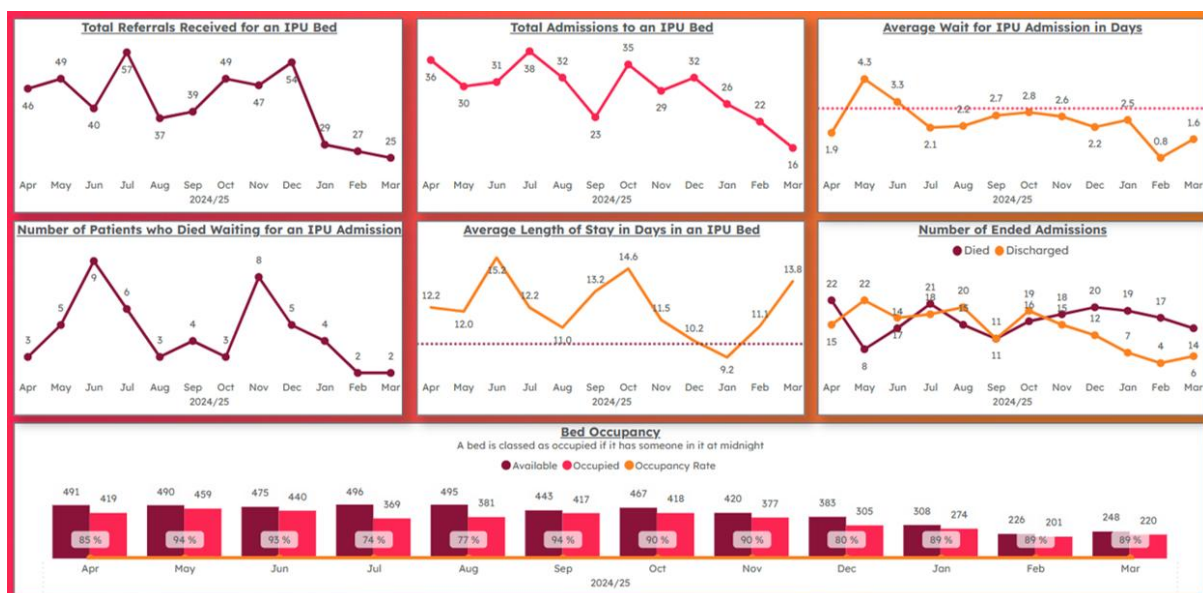


Figure 2 2024-25 Hospice activity statistics

3.2 Medical Team

The Medical Team provides 24/7 support to both multidisciplinary teams (MDTs), covering inpatient and community services, advising local healthcare professionals, attending disease-specific multidisciplinary meetings, and making home visits. The team also offers out-of-hours support to patients at Colchester General Hospital, with several clinicians working across both sites to enhance teamworking and continuity of care.

Thanks to SinglePoint, we were able to keep him at home to the end, as he wished.

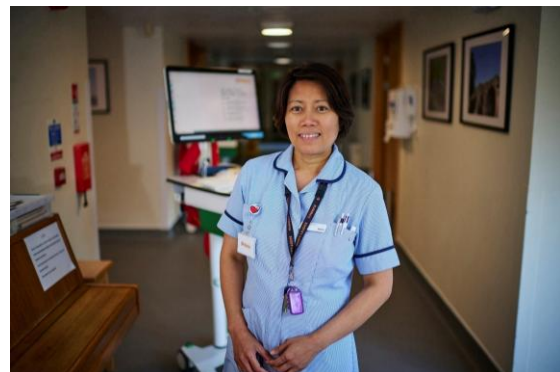
The team includes Palliative Medicine Consultants, Specialist and Specialty Doctors, Advanced Clinical Practitioners (ACPs), a Pharmacy Technician, and a Medical Secretary. We also host placements of up to 12 months for trainee hospital doctors, General Practitioners, Palliative Medicine Consultants, and medical students.

Team members hold leadership roles in medicines management, serve as the Training Programme Director for the East of England Palliative Medicine Training Programme, and act as Leads for End-of-life Care and Guardians of Safe Working across East Suffolk and North Essex NHS Foundation Trust (ESNEFT). They are also active in research, quality improvement, teaching, and audit.

We have continued to work flexibly across the Inpatient Unit (IPU) and community settings in response to service needs. In April 2024, we launched the Specialist Palliative Care Virtual Ward (SPCVW), which enables us to manage patients in their own homes who require frequent

monitoring or specialist interventions to avoid or bridge to hospice or hospital admission. In the first three months, 29 patients were supported through the SPCVW; 20 remained at home, three were admitted to hospital, and five were bridged to an IPU bed, thereby avoiding a hospital admission. The service has now been fully embedded, and an evaluation is underway.

Following the reduction in IPU beds to eight, we conducted an audit of admissions to assess whether patients could have been managed elsewhere. All admissions were deemed appropriate. One quarter of the patients were already known to the SPCVW prior to admission, and only one quarter could potentially have been managed outside hospital if no inpatient beds had been available.



Our Advanced Clinical Practitioners have continued to play a key role in the IPU, including participation in the on-call rota. They oversaw patients in the Winter Contingency Beds and, with the reduction in bed numbers, are now beginning to see more patients in the community, primarily through the SPCVW. We continue to support colleagues undertaking training in assessment and consultation skills, non-medical prescribing, and Advanced Clinical Practice qualifications. We remain involved in a Suffolk and North East Essex (SNEE) system-wide review of the ACP role,

and we are also reviewing the role internally to ensure it reflects the four pillars of practice and supports service delivery.

ESNEFT appointed a third Specialist Palliative Care Consultant who has now joined our on-call rota, providing advice to services across north east Essex out of hours. A diary review of the rota showed that the role has become significantly busier since it was last evaluated.

...my family and I wish to thank you for your help, kindness and care you gave to my lovely husband ... Without it I would not have managed to have him at home for so long.

Since June, one team member has dedicated a weekly session to enhancing support for patients with heart failure. This work has focused on symptom management, advance care planning, and use of subcutaneous furosemide for fluid offloading, and has helped to strengthen links with heart failure services.

In September 2024, national changes to death certification removed the requirement for separate cremation paperwork. Previously, completion of this documentation attracted a fee, providing a small income stream for the team. This is no longer the case.

We now offer regular caseload reviews to the Primary Care Network Clinical Nurse Specialist (PCN CNS) team, supporting caseload management, education, and clinical supervision.

We have welcomed sixth form students, medical students, and doctors from other specialties on placements, many of whom were experiencing hospice care for the first time. We have also been contacted by former trainees now considering incorporating palliative and end-of-life care into a portfolio career.

Beyond clinical work, the team actively participates in wider hospice life, including the Birkett Long £50 Challenge, regular quiz nights, and the St Helena Fun Day.

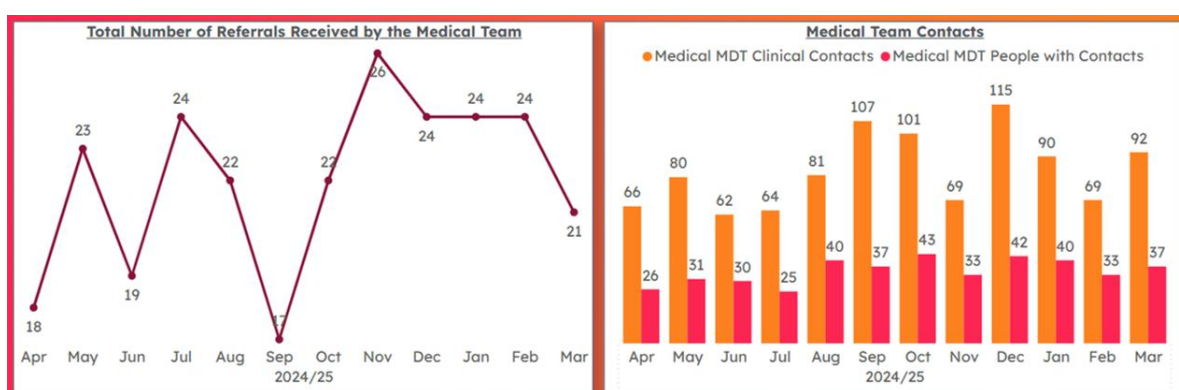


Figure 3 2024-25 Medical Team activity statistic

3.3 Hospice in the Home

The Hospice in the Home multidisciplinary team (MDT) coordinates all out-of-hospital end-of-

life care. The MDT includes the Operational Hub, SinglePoint, Primary Care Network Clinical Nurse Specialists (PCN CNSs), and the Rehabilitation team.

Mid Essex no longer falls under St Helena's care, with services transferred to Farleigh Hospice.



We are pleased to say that, during the year, three of our nurses became Queen's Nurses. Queen's Nurses are community nurses in the UK who have demonstrated a high level of commitment to patient care and nursing practice. The title, which is a mark of excellence, is awarded by the Queen's Nursing Institute (QNI), a charitable organisation that supports community nurses.

3.3.1 PCN CNSs

The PCN CNS team supports Level 3 and 4 patients with complex, specialist palliative care needs, including pain and symptom management and advance care planning. Each CNS works within a defined geographical area and supports designated GP surgeries.

Level	Explanation
1	GPs case manages these patients.
2	The District Nurses case manage these patients.
3	Non intense CNS caseload (generally requiring only telephone calls).
4	Intense CNS caseload (requiring regular visits from the CNS).

Table 1 PCN CNS caseload levels.

- Level 1: Managed by the GP.
- Level 2: Managed by District Nurses (DNs).
- Level 3: CNS-managed, non-intensive (primarily telephone-based support).

- Level 4: CNS-managed, intensive (requires regular in-person visits).

Activities, Achievements, and Contribution to Quality

Two CNSs were transferred to the Operational Hub following a successful pilot. They assess patients requiring one-off visits, reducing CNS team referrals, and provide specialist support to Registered Nurses (RNs) in the hub.

One CNS in the hub also dedicates one day a week to the project addressing inequalities in Tendring, scheduled to conclude in September 2025.

The CNS team received 1,964 referrals in 2024–25.

To manage increasing caseloads, the team implemented a six-session model of care. Patients are offered up to six face-to-face home visits; if further support is needed, cases are discussed at the morning MDT. Each CNS also has caseload supervision with a member of the medical team to ensure care plans are in place, reducing overall caseloads.

We were blessed to have you as our nurse and helped up both navigate that awful time. If we had any issue you were our super can-do woman, caring, compassionate and honest. Something we both appreciated. You were stoic when you had problems of your own and your professionalism was just amazing. What would we have done without you on speed dial!

Challenges and Problems

Team capacity was affected by long-term sickness and adoption leave.

Strain on external services (e.g. community nursing, GPs, hospitals) increased workload and expectations of CNSs.



Plans for Next Year

Support emerging projects as needed.

Embed and refine the six-session model and caseload review.

Support the expanding Specialist Palliative Care Virtual Ward (SPCVW).

3.3.2 SinglePoint

SinglePoint handles calls related to end-of-life care and provides rapid response visits when required. The team includes nurses, senior nurses, paramedics, call handlers and non-medical prescribers.

Activity, Achievements, and Contribution to Quality

In 2024–25, SinglePoint received 44,371 calls and supported 3,425 individuals. The team completed 4,334 rapid response visits, with an average wait time of 64 minutes.

Following the launch of the night integration service, visit volumes increased. SinglePoint now handles all out-of-hours community nursing service calls, including those for

patients not receiving end-of-life care. Criteria include catheter care, bowel management, and end-of-life care.

The night service conducted 2,665 rapid response visits with an average response time of 46 minutes.

SinglePoint's non-medical prescribers also support the specialist medical Virtual Ward in collaboration with the medical team.

Challenges and Problems

- Staff have had to adjust to the implementation of the night integration service.
- Low morale due to service changes.
- Staffing shortages due to unexpected long-term and maternity leave.
- Increased pressure from external services and rising expectations of SinglePoint.
- Difficulty sourcing care via Continuing Healthcare (CHC) or social care.

Plans for Next Year

- Strengthen collaboration with community services and acute hospitals. This will be measured via engagement at MDT and whether patients are presented.

3.3.3 Operational Hub

Activity, Achievements, and Contribution to Quality

The Operational Hub triages all community referrals to St Helena, directing them internally or externally for appropriate support. It also manages referrals to the Home Ward and leads admissions and discharges to and from the Inpatient Unit (IPU).

The hub team includes CNSs and Senior RNs, following a successful pilot. CNSs now line manage the Senior RNs, supported by the two MDT Matrons.



Challenges and Problems

Training Senior RNs across all elements of the role (now complete)

Staffing disruptions due to unexpected and maternity leave

High expectations from external referrers, exacerbated by pressures on community services, GPs, and hospitals

Difficulty sourcing care through CHC or social care

Plans for Next Year

- Maintain timely triage of referrals.
- Continue coordinating admissions and discharges to the IPU.

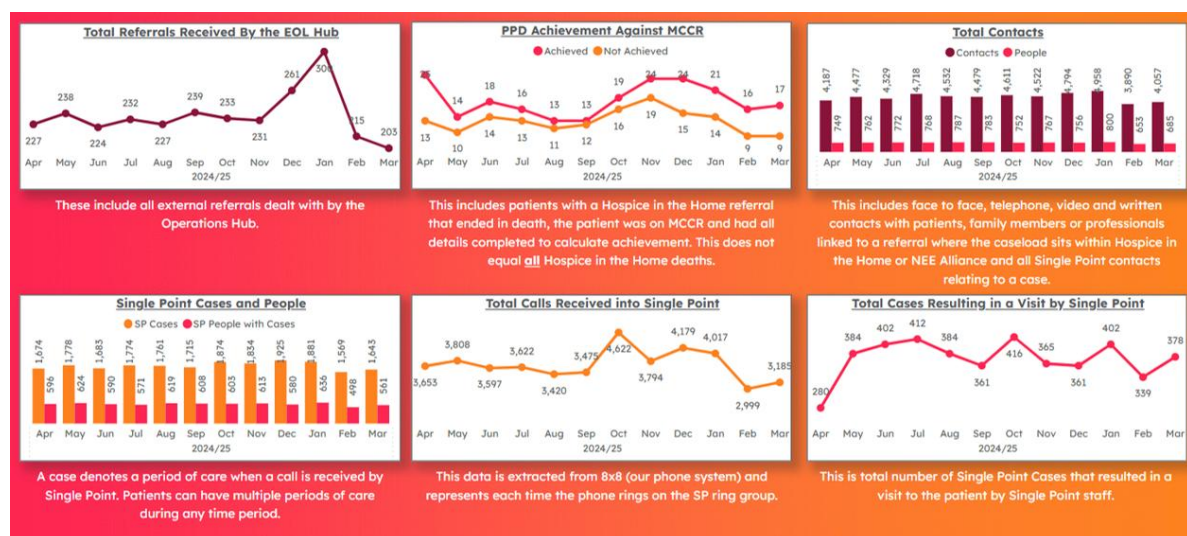


Figure 4 2024-25 Hospice in the Home activity statistics

3.4 Compassionate Communities



St Helena supports the development of a Compassionate Communities approach to end-of-life (EOL) care in North East Essex, aiming to improve EOL care and bereavement support for all.

We believe social networks are well-placed to identify and bridge gaps in care, embracing a co-produced public health approach that supports:

- 1 Increased advance care planning before the end of life.
- 2 More discharges to preferred places of care by building community capacity.
- 3 Fewer emergency hospital admissions near end of life.

This model is led on behalf of St Helena by the Head of Community Asset Development Partnerships, working with colleagues, volunteers, strategic partners across sectors, and local community assets.

Each Community is Prepared to Help

St Helena's Compassionate Communities programme continues to transform end-of-life experiences across North East Essex by fostering community-led support and awareness. Through co-produced, asset-based community development, we have built strong partnerships, trained volunteers and professionals, and launched innovative initiatives to address inequalities and empower compassionate networks.

Empowering Local Communities and Ambassadors

We delivered 19 Compassionate Conversations sessions to over 150 participants, with 97% reporting greater confidence in discussing EOL topics. Our Compassionate Community Ambassadors programme continues to grow, with monthly meetups offering a platform for individuals and organisations to collaborate and connect people with appropriate resources.



Recognising and Celebrating Compassion

The Compassionate Champions initiative honoured 21 individuals and projects at Colchester Town Hall, celebrating acts of kindness during life's most challenging times. These ceremonies, based on public nominations and ambassador panel reviews, embody our vision of a community that values compassion.

Compassionate City Status

St Helena led stakeholders through a learning programme supporting a Compassionate City assessment. Approved by a national review panel, Colchester is now the first Compassionate City in the East of England. The charter and action plan adopted by all partners and the Compassionate Communities NEE Steering Group recognise that care during loss and crisis is a shared responsibility, not one limited to health and social care services.



Spreading the Compassionate Model Countywide

Following a successful £220,000 Essex County Council commission, St Helena will expand the Compassionate Communities model to six local authority areas in 2025–26. This milestone will promote best practices across Essex and further strengthen our reputation for excellence in care delivery.



Addressing Inequalities in End-of-Life Care

The Early EOL Assessment in Tendring project focused on one of the UK's most deprived areas, using community workshops, campaigns, and new networks in Harwich, Dovercourt, Clacton, and Great Bentley. This has supported earlier identification, improved planning, and better access for underserved groups.

Collaborative Learning and Compassionate Workplaces

Demystifying End-of-Life Care workshops and awareness sessions were delivered in schools, care homes, law firms, and local councils. Learning from low engagement has shaped a more commercially minded, audience-focused strategy for the future.

Strategic Networking and Growth

Initiatives like Compassionate Businesses, launched with the University of Essex, are fostering cross-sector partnerships. Our Meet & Greet events welcomed over 10 organisations to the hospice, building trust and broadening awareness of our services.



Looking Ahead

Projects such as Expect Respect, Ageing Well, Demystifying Friends & Family Training, and Winter Wellbeing Workshops are set to progress in 2025–26, following delays due to seasonal and operational factors. These initiatives reinforce our values of respect, dignity, and holistic care.

The Compassionate Communities programme exemplifies St Helena's commitment to improving outcomes through inclusive, proactive, and community-driven action, aligning with our strategic goal to double our reach and enhance quality of life in the final year for everyone we serve.



3.5 Counselling and Emotional Support

The Counselling and Emotional Support Team (CEST) provides psychological support to anyone over the age of five affected by life-limiting illness or bereavement. We support

clients, patients, families, and friends, working across both of St Helena's MDTs.

As of the end of 2024-25, CEST comprises two Service Coordinators, three Support Workers, nine Counsellors, four Support Volunteers, three Student Counsellors on placement, and three Sessional Counsellors. The team reports to the Associate Director of Operations, with

plans underway to introduce a Lead Counsellor staffing model.

All our Counsellors are registered with the British Association for Counselling and Psychotherapy (BACP), the UK Council for Psychotherapy (UKCP), or the National Counselling and Psychotherapy Society (NCPS). All staff and volunteers complete regular mandatory training and ongoing professional development.

How I use my love for art to give back to the community

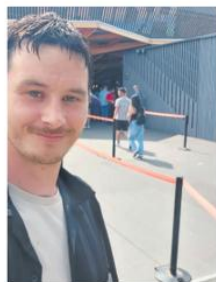
I am a self-employed artist and illustrator who has lived in Colchester for most of my life. I grew up in the area and went to school here and have seen a lot of changes over the years.

Nature is one of my passions and I enjoy helping out with the rangers in Colchester. After I left school, I worked as a gardener and landscaper for different companies and also for myself under the name of The Constant Gardener. I love plants and horticultural work but after years of working outside my body needed a break.

I spent time during my breaks sketching and I found I had the ability to draw and paint. I studied Art in Portsmouth for five years but after gaining my degrees, I returned to my home town.

I first learned about The Compassionate Community network when I was asked to create a mural for them at the NHS Can Do Care Conference in July at Colchester Rugby Club. This involved hearing the different views from people who

James Lejeune is a Compassionate Community ambassador who encourages others through art. Here, he tells us about his work



attended the event and illustrating live during the day. Not long after that, I was invited to join one of the first



I believe a Compassionate Communities approach is vital if we are to survive as a society.

Compassionate Communities steering group meetings and I explored how I could use my skills to give back to the community where I have lived most of my life.

I believe a Compassionate Communities approach is vital if we are to survive as a society in an ever more complex and diverse world. With national governments more focused on geopolitics and economic problems, which mainly help the rich and powerful, local populations need to look to their own for help.

By creating a network to exchange information between businesses, health care and social organisations, members of the community can prevent problems

and reduce stress on other services.

My primary modus operandi is to help spread information and awareness to all those who can benefit from it, especially those who are more vulnerable, and my art helps me to do that. Every man, woman or child is part of the whole and whether you are passive or active, you are the community. Apathy is the death of a caring society and only by helping your neighbours can we survive into the future against whatever hardships come from life.

You can find out more about becoming a Compassionate Community ambassador by visiting www.sthelena.org.uk/compassion

■ **Helping others - James Lejeune, a Compassionate Community ambassador**



The Children's Bereavement Service, launched in July 2022, continues to grow. Our Counsellors advise parents, carers, healthcare professionals, and educational settings on supporting bereaved children. Where more intensive support is needed, we offer 1:1 counselling.

We follow the four-tier model for psychological support, as recommended by the National Institute for Health and Clinical Excellence (NICE), using it to guide triage and staff allocation.

Staffing changes over the year provided an opportunity to refine triage and assessment processes in both the Children's Bereavement Service and palliative care support. Both areas are now managing referrals and caseloads effectively.

This year, we prioritised reducing the waiting list for the External Bereavement Service. We expanded group offerings, reviewed the session model, and increased signposting to other providers where appropriate.

We also reviewed our referral criteria, trialling a self-referral-only

model by removing healthcare professional referrals. However, this was not effective, and we reinstated all referral routes.

Late in the year, we piloted One-Off Information and Support sessions, offered to clients before formal triage. This initiative is in its early stages, and we will monitor its impact in the coming months.

To support the sustainability of our charitable bereavement services, we successfully launched our private Bereavement Counselling Service, Forget Me Not. We have intentionally limited promotion to avoid overstressing the team. To date, the service has supported over 20 clients and generated income for St Helena.

Thank you so much to you all at St Helena Hospice who enabled us to care for our son ... at home as he wished. The equipment alone was so amazing that it enabled us to look after ... until the end.

3.6 Spiritual Care

Over the past year, the Spiritual Care Team has provided essential support to patients, families, staff, and volunteers, while also launching new initiatives and contributing to income generation.

Spiritual Care Provision

In 2024–25, the team received 243 referrals and supported 359 patients across 1,260 individual contacts. Approximately one-third of these had specific religious needs, such as prayers, communion, and last rites, while the remainder sought non-religious spiritual and pastoral care.

Pastoral support was also extended to approximately 50 staff members, including reflective and debrief sessions. Notable services included:

- A renewal of wedding vows for a patient and their spouse.
- A memorial for Paddy, the ward cat, attended by 20 staff.
- A Remembrance Day service attended by 30 patients and staff.
- Two Light Up a Life services, with around 200 bereaved family members.
- Christmas carols on the inpatient unit, involving 15 staff.

Innovations and New Initiatives

This year, the team implemented the Spiritual Assessment Interpretive Framework, an evidence-based tool used by the Spirituality Lead to structure patient conversations. Volunteers have also aligned their interactions to this model.

My husband ... died at home. Without SinglePoint's help I don't know how we would have coped. I will never forget their kindness and empathy.

A bereavement gardening group was launched in Quarter 4, offering monthly sessions for recently bereaved individuals. Attendance has grown steadily, and feedback has been highly positive.

Relationships with local faith communities were strengthened, particularly with Priory Street Mosque, and further efforts are being made to enhance accessibility for Muslim patients and families.

Training and Professional Development

Workshops were delivered internally on spiritual distress and funeral planning. The team remained engaged in regional and national networks including the Association for Hospice and Palliative Care Chaplains, the Essex & East London Healthcare Chaplaincy Group, and the national Chaplaincy Forum.



The Spirituality Lead, completed a postgraduate certificate in healthcare chaplaincy and wellbeing, gaining eligibility for registration with the UK Board of Healthcare Chaplains. He also contributed to national conference planning, including the College of Healthcare Chaplains Conference and an upcoming event for the Association of Hospice and Palliative Care Chaplains.

Income Generation

This year, the Spiritual Care Team has also generated income for St Helena. This includes:

- **Funeral Services:** Our Spirituality Lead is now a registered celebrant with the Academy of Professional Celebrants. Each service generates £250, and discussions are ongoing to expand this offering.
- **Training Delivery:** External training on spiritual care began with a £250 session for another

hospice. A new contract with a local care home provider will bring in £450 per session from Q1 of 2025–26.

- **Public Speaking:** A talk for a local U3A group in March raised £238. Further engagements are being explored.
- **Conference Planning:** Early planning is underway for a spiritual care conference, intended as both a professional development opportunity and a fundraising event.

Staffing and Volunteer Support

The team includes five regular ward volunteers from varied religious and spiritual backgrounds, now covering five days per week. A new volunteer from a Buddhist background joined this year, enhancing the team's diversity.

One volunteer is assisting with community outreach, extending spiritual care beyond the inpatient setting. Integration of volunteer notes into SystmOne has improved communication and record-keeping, thanks to support from the administration team.

Challenges and Problems

While demand has increased, the reduction in inpatient beds has impacted referral numbers. Nonetheless, the team remains committed to maintaining high standards and broad access.

Plans for Next Year

Priorities for 2025–26 include:

- Expanding funeral support services.
- Delivering contracted spiritual care training sessions.

- Launching the planned spiritual care conference.
- Ensuring income generation complements, rather than detracts from, the core mission.
- Supporting the hospice's 40th anniversary and summer fundraising events.

This has been a year of development, innovation, and diversification for the Spiritual Care Team. While our core mission remains providing compassionate care, we are also embracing new roles in education, outreach, and financial sustainability.

The respect each person showed our mum was lovely and even after her passing the nurse who removed her port and driver kept saying sorry ... if that hurts, a very touching and lovely way to deal with a fragile moment. We cannot sing your praises enough.

3.7 Complementary Therapies

The Complementary Therapy (CT) Service provides therapeutic treatments alongside medical care, focusing on emotional, mental, spiritual, and physical wellbeing. These therapies help alleviate symptoms such as pain, muscular tension, stress, hormonal imbalances, depression, poor sleep, and anxiety.



Treatments include aromatherapy massage and inhalers, massage therapy (including the 'M' Technique, aromatherapy, holistic facial, and Indian Head Massage), reflexology, Holistic Facial Therapy, the HEARTS Process (Hands-on, Empathy, Aromas, Relaxation, Textures, and Sound), and Reiki. Wellbeing support also includes therapy dog visits to the Inpatient Unit (IPU), informal 'coffee, cake and chat' sessions for carers and families, and tailored wellbeing interventions for IPU patients.

Recent Activity, Achievements, and Contributions to Quality

In 2024-25, the team delivered 1,521 treatments and accepted 399 referrals. These included:

- 364 Reflexology sessions.
- 196 Reiki sessions.
- 323 Holistic massages (aromatherapy, facial, body, and Indian Head Massage).
- 100 'M' Technique hand and foot massages.

Additionally, 42 aromatherapy inhalers were provided for stress, anxiety, sleep disturbances, and nausea.

The team also made 452 social wellbeing contacts, including PAT dog visits, HEARTS interactions, and coffee morning sessions for carers and families. Twenty staff members

received targeted wellbeing support, particularly for IPU pressures. A paid massage service for staff and volunteers was introduced in January 2025.

Measuring Impact: MYCaW® Evaluation

We use MYCaW® (Measure Yourself Concerns and Wellbeing) to evaluate the effectiveness of our holistic care. This brief, personalised outcomes tool helps individuals prioritise their support needs. Reported concerns typically include stress, anxiety, nausea, and pain.

In 2024–25, users reported an average 60% improvement in wellbeing and concern scores; 30% reported no change. This indicates that around two-thirds of patients, carers, and clients experienced a positive benefit.

Training, Events & Income Generation

The team actively engaged in training and external delivery, contributing to quality improvement and income generation:

- Four Namaste Care training sessions (advanced dementia care), commissioned for care home staff and managers via Provide and Essex County Council
- Four HEARTS training sessions delivered for the care home sector, with strong feedback and plans for rebooking.
- Four Compassionate Workplace Awareness sessions delivered across North East Essex, receiving excellent feedback.

The Team Lead qualified as a HEARTS facilitator and led a two-day training for therapists from St Nicholas

Hospice, Helen Rollason Charity, and St Helena volunteers.

The paid massage service launched in Q4, with 8 staff/volunteer bookings to date.

Staffing

While no new staff joined in 2024–25, volunteer participation increased. Twenty-four volunteers contributed across complementary therapies, social wellbeing in the IPU, and Look Good Feel Better (LGFB) support. By March 2025, the team comprised 21 active volunteers. Recruitment is ongoing, led by the Volunteer Services Team.

What you all do every day is beyond humbling and I'm so glad and proud Colchester has such a special place like St Helena. You truly made [her] comfortable and allowed her to swear freely!

Challenges and Problems

To meet rising demand, the Team Lead works closely with the Volunteer Services Team to recruit qualified therapists and volunteers. Volunteer availability was occasionally impacted by health and personal challenges, but all received support and remained flexible and committed.

Plans for Next Year

LGFB Masterclasses We plan to offer Look Good Feel Better workshops to support cancer patients' wellbeing throughout 2025–26.

Therapy Dog Support

We aim to recruit additional Volunteer Hospice Therapy Dogs, recognising their role in easing anxiety and bringing comfort.

Workshops and Training for Care Staff

With support from Provide and Essex County Council, we will deliver:

- Namaste Care workshops.
- HEARTS for Care Homes workshops.
- Wellbeing workshops, a new course supporting both staff and residents.

Internal HEARTS Training

A full two-day HEARTS course will be delivered internally for new staff and volunteers. We are also engaging external hospices, therapists, and hospital teams interested in joining future sessions.



Compassionate Workplace Training

In partnership with the Compassionate Communities Service, we are developing training that highlights the business value of workplace compassion. These sessions aim to foster more inclusive and supportive work cultures.

Staff Wellbeing and Support

Staff wellbeing remains a core priority. Aromatherapy inhalers are available by donation, alongside mental health and wellbeing resources. We also offer reflective sessions, including *SHIFT – Stories of Hearts to Inspire For Transformation*, which promotes shared learning and reflective practice.

Thank you so much for looking after dad. The care you give to your patients and relatives is outstanding.

The difference you make is enormous. I'm so glad dad got his wish to go to the hospice when things got bad. Strange thing to say maybe but if you have to die, I can't think of a better place to do it. It gives me immense comfort that he had a dignified, pain free death, his loved ones around him

3.8 Safe Harbour

The Safe Harbour Project improves access to end-of-life care for minority, marginalised, and vulnerable groups. It is delivered by a part-time Project Manager and Community Connector, in collaboration with St Helena teams, volunteers, and external partners across sectors.

Recent Activity, Achievements, and Contributions to Quality

Socio-economically Deprived Communities

- Developed partnerships in Harwich, Clacton, and Walton through community events and signposting.
- Launched a care home advance care planning project in collaboration with Walton Medical Centre.
- Delivered winter resilience sessions for care home residents, carers, and adults with learning disabilities.

Ethnically Diverse Communities

- Delivered seven cultural awareness sessions with partners Godwin Dadu (C360) and AFiUK.
- Ran a six-week course on end-of-life care for Chinese community representatives.
- Supported a Chinese family to present to the hospital end-of-life steering group.
- Built new links with Ukrainian and African communities, leading to service awareness sessions.

LGBTQ+

- Participated in another successful Pride event.

Learning Disabilities and Autism

- Initiated bi-monthly meetings with LD nursing link nurses, leading to five new referrals.
- Delivered Compassionate Conversations training to 18 learning disability nurses.
- Led a task and finish group to review provision for people with communication needs, consulting BAME communities, disability charities, and internal teams.

have found this an incredibly hard card write, as after losing my beautiful wife ... it feels a little like this is saying goodbye to my St Helena family who I have grown to love. I cannot express the depths of gratitude and thanks for everything you all did for [her], myself and our family during [her] time with you.

From the very first moment we arrived you all showed nothing but care, love and compassion to us all.

Unpaid Carers

- Launched a new carers service following consultation with carers and local organisations.
- Promoted through internal and community events.
- Supported 117 carers with respite, grants, signposting, and referrals.

Patient Care

- Supported 41 patients with issues including social isolation, housing, benefits, and repatriation.
- Organised benefits training with the DWP to equip staff.
- Built links with Adult Social Care through joint shadowing days to streamline patient support.

Staffing

- Secured fixed-term funding for two roles. After one resignation, the remaining contract was extended to support continuity.

Challenges and Problems

- Current funding ends in 2025; awaiting outcome of a three-year funding bid.
- Due to staff loss and increased referral complexity, new patient referrals have been paused. The team continues supporting community staff through guidance and signposting.

Plans for Next Year

- Deliver a focused programme with the learning disabilities

community, including consultation, training, and ACP workshops.

- Partner with the Equality, Diversity and Inclusion (EDI) group to strengthen care provision for transgender patients.
- Continue the carers service and create family carer training videos.
- Participate in the Colchester Diverse Communities Network carnival.

She said coming here was like home from home and she couldn't have been more looked after.

3.9 Equality, Diversity & Inclusion

St Helena is committed to addressing inequalities in end-of-life care for patients and their families. Our Equality, Diversity and Inclusion (EDI) working group supports this aim by focusing on practice improvements, active learning, and implementation.

Achievements in 2024–25:

- A key focus this year was establishing the group's purpose and identity. Membership was refined to ensure consistent attendance by a smaller core group, and terms of reference were agreed.
- Steering group members participated in training to deepen their EDI knowledge.
- We raised the profile of EDI across the organisation by adding it as a standing item at Senior Leadership Team (SLT)

meetings, sharing updates at Trustee meetings, and cascading information through departmental meetings.

- Our ethnicity monitoring dashboard was developed, allowing comparison between the diversity of staff and volunteer teams and the local population.
- A task and finish group reviewed St Helena's accessibility for individuals with communication challenges. Recommendations will be implemented in 2025–26.
- Several care provision issues affecting the LGBTQ+ community were reviewed. A new task and finish group will be formed next year to explore these further and make recommendations to the SLT.
- EDI training for volunteers was reviewed, and a new booklet was produced to provide guidance for both new and existing volunteers.

3.10 The My Care Choices Register

The My Care Choices Register (MCCR) is a digital platform that records advance care plans and future care preferences for individuals in North East Essex (NEE) living with incurable illness, dementia, or frailty. St Helena has hosted and managed the Register

since its inception in 2013.



The Register is well established locally, with over 50% of people who die in NEE having recorded a care plan. More than 2,000 people living with dementia or frailty currently have records on the Register, including over 1,500 residents of local care homes.

Evidence shows that individuals who record their preferences for end-of-life care are more likely to receive care in their preferred place and are significantly less likely to die in hospital. Among survey respondents listed on MCCR, all reported being treated with dignity and respect all or most of the time, and 84% stated that they were receiving care appropriate to their needs.

You all made him the most comfortable he could be in his last few weeks. It was all done with dignity and was very much appreciated, and nothing was too much trouble. I found all of this very comforting and it takes special people to be able to do this.

3.11 Safeguarding

Safeguarding is the protection of an individual's health, wellbeing, and human rights, ensuring they are free from harm, abuse, and neglect. It is a

core element of high-quality healthcare provision.

At St Helena, safeguarding is led by the Safeguarding and Prevent Lead, supported by Safeguarding Deputies who offer staff guidance and support. This structure reinforces the principle that safeguarding is everyone's responsibility.

We work closely with partner agencies to maintain a coordinated and robust approach to safeguarding individuals at risk. In 2024-25, St Helena raised 24 adult safeguarding referrals and one child safeguarding referral. All were reported to the Care Quality Commission (CQC) in accordance with protocol and reviewed by the Safeguarding Group, chaired by the Safeguarding and Prevent Lead, and subsequently by the Risk and Incident Group, chaired by the Associate Director of Clinical Services.

Staff and volunteers receive safeguarding training in line with the Intercollegiate Framework. All new clinical staff and trustees are introduced to St Helena's safeguarding structure and policies during induction, along with those of the Local Authority.



The Safeguarding and Prevent Lead regularly shares safeguarding updates, resources, and training opportunities via the staff intranet to promote ongoing awareness.

Our Adult Safeguarding Policy and Procedure [008] was reviewed during the year to ensure currency. In Quarter 1, a training session on mental capacity assessments was delivered, using case studies to reinforce learning.

The Safeguarding Group launched a 'knowledge check' audit to identify potential training needs. Although initially intended as a monthly activity, resource limitations reduced frequency. Completed audits to date have not identified any knowledge gaps.

In Quarters 2 and 3, the Safeguarding and Prevent Lead began a six-month, one-day-per-week secondment to St Elizabeth Hospice, supporting review and improvement of their safeguarding practices and policies.

During Quarter 4, safeguarding oversight was maintained by the Associate Director of Clinical Services and the Safeguarding Deputies due to the absence of the Safeguarding and Prevent Lead.

Those final few days, hours and minutes were made just a little easier by your kind words, professionalism and empathy.

3.12 Hospice Education

Hospice Education is a jointly branded partnership between St Helena, St Elizabeth Hospice (Ipswich), and St Nicholas Hospice Care (Bury St Edmunds). It serves as a shared education department, delivering internal training across all three organisations and offering a range of external education opportunities. The team comprises a Head of Department, Team Leader, Advanced

Clinical Practitioner, four Practice Educators, one Clinical Trainer, four Administrators, and two Volunteers.

Care Home and Care Agency Accreditation

We are currently working with 13 care homes in North East Essex, of which four have achieved full accreditation. Alongside this, we have delivered training to Radfield Care Agency staff on pressure ulcers, stoma care, and supported attendance at a Healthcare Assistant study day at St Elizabeth Hospice. Topics included equality, diversity and inclusion, neurological conditions (including MND), dementia care, conflict resolution, and mouth care.

External Commissioned Training

Essex County Council commissioned two half-day education sessions covering frailty, patient care, and compassion fatigue for clinicians working in care homes across North East Essex.

In addition to work within the Care Home Accreditation Programme, we delivered training on:

- Verification of Expected Death (VoED).
- ReSPECT awareness.
- Symptom management.
- Syringe pump use.

Mandatory Training and Internal Delivery

By the end of Q4, mandatory training compliance across staff and volunteers stood at 95.6%.

In Q4 alone, St Helena Hospice Education delivered sessions to approximately 100 participants, including:

- Basic Life Support.
- Syringe pump training.
- Catheter care.
- VOED.
- Reflective discussion groups.
- Advanced care planning and ReSPECT.
- Advanced communication skills.
- Management of chronic pain.
- Study days for Clinical Support Workers and Registered Nurses.

Staff Development and Competencies

Clinical staff attended over 26 professional development sessions across the year. Most inpatient staff

have completed their role-specific competencies. Five Registered Nurses are still completing competencies relating to admission and discharge planning, requiring time with the Operational Hub.

A 2025 programme of study days has been developed across all three hospices for Registered Nurses, Clinical Support Workers, and HCAs. Topics include brain tumours, dementia, delirium, conflict resolution, equality, diversity and inclusion, motor neurone disease, and PICC/portacath care.

Mum was old school in that she didn't say much but I know she didn't want to pass anywhere else and her wishes were granted.

Apprenticeships

We continue to optimise use of the apprenticeship levy. There are currently five active apprenticeships:

- One staff member completing Accounts/Finance Level 2.
- One completing Nursing Associate Level 5.
- One who completed Nursing Associate training and is now undertaking Registered Nurse training.
- One enrolled on Healthcare Assistant Practitioner Level 5.
- One enrolled on the Advanced Clinical Practitioner qualification.

Staffing and Collaboration

Staffing changes during the year required recruitment across the three sites. The team now includes a Head of Department, Team Leader, three Practice Educators, one Clinical

Trainer, four Administrators, and two Volunteers.

Cross-site team meetings and observation sessions are enabling effective collaboration, consistency of delivery, and shared use of knowledge and resources.

Budget

Income for the year was £39,780 against a budget of £54,835, resulting in a deficit of £15,055. The year-end forecast is £59,820.

Challenges and Problems

- Planning and delivering training under budget constraints and staff retention pressures.
- Coordinating IT systems across three hospices.
- Accreditation is restricted to care homes rated 'Good' or above, though some homes have not been re-inspected for over five years.
- Ongoing reductions in funding across health and social care are prompting collaborative cost-saving discussions.

Plans for Next Year

- Promote free leadership and management training opportunities.
- Expand access to Hospice Education through the Synergy platform and deliver regular HCA and RN study days.
- Develop collaborative opportunities with Priscilla Bacon Lodge and explore establishing a base in Norfolk and Great Yarmouth/Waveney.
- Improve Basic Life Support training to align across the partnership.

- Launch a targeted campaign highlighting the three-hospice collaboration and streamline marketing pathways.
- Continue partnership with the University of East Anglia to deliver Advanced Communication Skills training.
- Launch a suite of frailty and dementia education packages for internal and external learners.

Deliver the full programme approved through the End-of-life Working Group business case



3.13 Internal Support Groups

St Helena continues to prioritise staff wellbeing through a range of internal support groups, including Mental Health First Aiders (MHFAs), Freedom to Speak Up Guardians (FTSUG), and Health Champions focusing on both women's and men's health.

Throughout 2024–25, these teams provided confidential support, resources, and awareness activities, all contributing to the organisation's compassionate culture. Our Level 3 accreditation from Essex Working Well remains a key indicator of our sustained commitment.

3.13.1 Freedom to Speak Up

Freedom to Speak Up Guardians promote a culture where staff feel safe to raise concerns. The team consists of two staff members and one trustee. No formal concerns were raised during the year, though several informal conversations took place, creating a safe environment for openness.

3.13.2 Mental Health First Aiders

The MHFA team comprises nine staff members and one volunteer, trained to recognise mental health issues and provide short-term first-aid support before signposting individuals to professional services. Over the year, the team supported 31 initial contacts—18 related to work-related stress and 13 to personal challenges. Most cases included follow-up support. Resources promoted internally included Essex Working Well workshops, wellbeing podcasts and webinars, in-house massages, and participation in ‘Time to Talk’ Day in February.

3.13.3 Women’s Health Champions

The Women’s Health Support Group includes two Menopause Champions and one Women’s Health Champion, the latter role introduced during the year to broaden the scope beyond menopause. Together, they raise awareness and provide support across a spectrum of women’s health issues. Over the year, two individual contacts were recorded. The team shared resources covering menopause, neurodiversity, migraines, endometriosis, and led celebration of International Women’s Day. A well-attended menopause drop-in session

and ongoing internal communication helped maintain visibility.

3.13.4 Men’s Health Champions

Men’s Health Champions continue to provide informal peer support, aiming to bridge the gap between isolated individuals and formal health services. Although no formal contacts were logged during the year, information was shared on topics such as men’s cancer awareness, male menopause, online peer groups, and the launch of Colchester’s Men’s Shed group.

3.13.5 Other Initiatives

Two well-received SHIFT sessions (Stories of Hearts to Inspire for Transformation) were held in Q4, providing a space for reflective practice and storytelling. SHIFT is recognised for clinical revalidation. Additionally, two new Workplace Health Champions (WHCs) were trained via Essex Working Well, with a WHC group now formed to support wellbeing activities across the organisation.

3.13.6 Initial Plans for 2025–26

- Update the Health and Wellbeing Policy [617].
- Gather evidence for Essex Working Well Level 3 re-accreditation.
- Launch wellbeing drop-in sessions for staff across departments.

I just want you all to know how much you are appreciated by my mum ... who you cared for and by all her family. We could not have

asked for better care in the last 3 weeks of her life. Personally I would not have coped at home in those last weeks and I cannot tell you how much you helped me get through the most difficult time in my life.

3.14 Quality of the Environment

Recent Activity, Achievements, and Contributions to Quality

We appointed a new Maintenance Manager early in the year.



We completed a Hospice UK Facilities Questionnaire in relation to the Fuller Inquiry, sharing details of our processes and improvements.

Six fire extinguisher training sessions were delivered at Myland Hall, offering hands-on experience with extinguishers and fire blankets. Fire safety training was also provided by our external contractor at each shop site.

We completed the Government's Energy Saving Opportunity Scheme (ESOS) Phase 3 submission in Q2 and submitted our ESOS action plan in Q4, setting out our carbon reduction strategy.

The Estates and Maintenance teams supported multiple Fundraising events. These included preparing the

Myland Hall site for the Community Fun Day, setting up gazebos and lighting for the Midnight Walk midpoint, and equipping the garden with a stage and lighting for Light Up a Life.

The Head of Estates initiated fire training sessions for Inpatient Unit (IPU) shift leads, focusing on procedures and responsibilities.

In Q4, we implemented new business waste regulations, installing recycling facilities and promoting the updated system across all sites.

Additional Control of Substances Hazardous to Health (COSHH) training was provided to the Domestic team by our new cleaning consumables supplier.

We received a record number of corporate volunteers supporting maintenance activities at Myland Hall, including painting, gardening, event preparation, and fencing.

Health & Safety

Site-specific fire training materials were created with visual guides for the IPU, Farmhouse, Learning and Development Centre, Joan Tomkins Centre, Phoenix Square, and Angora Warehouse.



In December, Type II mask use was reintroduced for all patient-facing roles and in the IPU. This prompted a review of personal protective equipment (PPE) stock and centralised

ordering within Estates. In February, mask requirements were relaxed again, and Estates retained responsibility for PPE stock management.

The upgraded lone working device rollout was completed across the organisation. Activation compliance improved throughout the year:

- Q1: 64%.
- Q2: 68%.
- Q3: 82%.
- Q4: 83%.

With the industry benchmark at 65%, we continue promoting device use, aiming for 100% compliance.

Water Hygiene

In Q1, routine sampling revealed an unsatisfactory legionella result at the Joan Tomkins Centre. The outlet was replaced, the system disinfected, and results were clear by Q2.

In Q2, 24 pseudomonas aeruginosa samples were taken at Myland Hall; one failed, but was resolved through pipework replacement. Follow-up testing under HTM 04-01 Part C guidance returned satisfactory results.

The water tank enclosure was rebuilt after the original temporary structure deteriorated.

PLACE Assessment

In November 2024, the NHS Patient Led Assessment of the Care Environment (PLACE) was conducted with new patient representatives. A 58-point action plan was developed and continues to be implemented.

Staffing

In June 2024, a new Radfield contract began, including a Handyperson

service to ensure home environments are suitable for hospital discharges. Three staff were formally transferred under TUPE regulations from Sanctuary to the Maintenance team.

The final Handyperson was permanently appointed to a Maintenance team vacancy after a successful trial, enabling broader team coverage and quicker response times.

By the end of March, Maintenance team hours were reduced, requiring adaptations to ensure service continuity through careful prioritisation.

From 1st April 2025, the Catering team will fall under Estates line management. Efficiency reviews will follow to align with reduced bed numbers.

Plans for Next Year

- Embed new waste regulations across all sites for cost-effective compliance.
- Continue adapting to changing service space demands.
- Participate in local hospice estates forums to share best practices.
- Maintenance Manager to complete Water Responsible Person training.
- Finalise and implement a carbon reduction plan in line with ESOS.
- Manage tender processes for upcoming contracts and services.
- Maintain and exceed the lone worker device compliance benchmark.

- Encourage staff and volunteer engagement in health and safety initiatives.



3.15 Volunteering at St Helena

The Volunteer Services Team is part of the wider People & Culture Team and manages all volunteer-related Human Resources activity across St Helena. This includes delivering the volunteer strategy, overseeing recruitment and retention, and supporting both line managers and volunteers. By promoting best practice, the team ensures compliance and creates a rewarding volunteer experience.

My mum could not fault the care and dignity you gave her, she thought you were ALL amazing including the nurses, support staff, volunteers etc. she also enjoyed the laughter she shared with you.

Since St Helena's founding in 1985, thousands of volunteers have supported people facing incurable illness and bereavement. We welcome individuals from a wide range of backgrounds, offering diverse roles across the hospice, community, and commercial teams. Volunteers make a vital contribution to the care we provide, bringing valuable skills, interests, and experience.



Volunteer engagement continues to grow, with over 900 individuals supporting the organisation. Of these, almost 700 volunteers in our retail operations, which include 23 shops, cafés, eCommerce, new goods, and donation centres. This support is crucial to generating the income that sustains patient care. With plans to expand our commercial footprint, further volunteer growth will be essential.

This year marks 40 years of hospice care at St Helena. We are proud to celebrate four volunteers who have given 40 years of continuous service—a remarkable achievement that reflects the positive and enduring culture of volunteering at St Helena.

Interest from students and educational institutions has grown significantly. We've welcomed Duke of Edinburgh participants and received new placement requests from training academies. These opportunities offer young people valuable experience, boost confidence and employability, and may encourage careers in healthcare. Participants can also complete our Skills Pathway, a certificate-based programme.

We continue to partner with the Fundraising Team to offer corporate volunteer days. The Estates and Maintenance Team and Donation Centre have especially benefitted. Partnerships, including with the Department for Work and Pensions—

whose staff volunteered for a total of 31 days—allow us to offer rewarding opportunities that help businesses fulfil their social responsibility commitments.

Volunteer recruitment is aligned with service needs. We work with line managers to review roles and introduce new ones to improve service efficiency and the volunteer experience.

Our volunteers' dedication, generosity, and impact underpin our ability to deliver outstanding care. Their commitment reflects the mutually rewarding nature of volunteering at St Helena.

Volunteer Data 2024–25:

- Number of volunteers at year end: 906.
- Number of new starters: 270.
- Number of volunteers that ceased: 292.
- Number of retail volunteers at year end: 690.
- Work experience placements: 49.
- Corporate volunteer organisations: 19.
- Hours of regular volunteering: approx. 200,000 (excluding ad hoc fundraising support).

I'm desperate to get home but will miss all of you, you are all so lovely and so kind under what looks to me like sometimes almost impossible conditions! It's very difficult to deal with what we're going through but all of you have made it a million

times better and we will never forget it.

3.16 Social Value

St Helena is uniquely positioned in north east Essex to deliver a broad range of social value as a funder, provider, and advocate of end-of-life care. In 2023–24, we began developing our approach to social value measurement in alignment with the Model Award Criteria (MAC), and this work continued into 2024–25.

MAC Theme 1: COVID-19 Recovery

We directly supported patients at the end of life, alongside their families and carers, and provided mutual aid to system partners. Our work across diverse communities helped identify and reduce barriers to care, alleviating pressure on NHS services.

In 2024–25, we supported over 4,800 individuals through more than 169,000 clinical contacts—interventions that would otherwise have fallen to primary or secondary care. Between January and March 2025, we made 10 inpatient beds available to Colchester General Hospital, enabling timely discharges and improved patient flow.

SinglePoint received over 44,000 calls, covering 21,000 cases, delivering rapid response care within two hours and significantly reducing ambulance and A&E demand.

Our Hospice in the Home service, including eight virtual beds and the Home Ward, supported people to remain at home, reducing unnecessary hospital admissions. Our bereavement services, in partnership with local providers, improved access and reduced waiting times.

MAC Theme 2: Tackling Economic Inequality

Through the Compassionate Communities and Safe Harbour programmes, we addressed inequalities by improving access to end-of-life and bereavement care across underserved groups. Our involvement helped Colchester achieve Compassionate City status in 2024.

We employ over 500 staff and host more than 900 volunteers across varied roles. These opportunities promote social inclusion and skill development, with several volunteers progressing into paid employment. Staff development is supported through internal training and promotion pathways.

Our procurement practices require suppliers to align with our social value principles, reinforcing a supply chain committed to community benefit.

MAC Theme 3: Fighting Climate Change

By centring care in the community and supporting people to remain at home, we reduce the carbon footprint of healthcare delivery.

Our 25 retail shops promote reuse and reduce landfill waste, with customers now able to view environmental impact data from their purchases. Recycling and waste reduction are embedded in our operations.

Our grounds, maintained by volunteers, offer peaceful green spaces that enhance patient wellbeing. Features include a wildlife pond, mature gardens, and habitat areas.

We use solar panels, electric vehicles, and offer EV charging and cycle storage to promote sustainable travel. Our internal Green Group

champions low-carbon initiatives such as bike repair sessions. We publicly report our carbon footprint in our Annual Accounts.

MAC Theme 4: Equal Opportunity

As a Disability Confident employer, we champion equality for staff and volunteers. Our Equality, Diversity and Inclusion Policy guides action against discrimination and is supported by an internal working group and outreach activities.

Our Safe Harbour and Compassionate Communities programmes improve service access for marginalised groups, promoting equitable care.

MAC Theme 5: Wellbeing

We promote holistic wellbeing for patients and families, offering charity-funded complementary therapies and training in compassionate conversations. Animal visits, for example, have demonstrably reduced patients' need for pain medication.



Staff and volunteer wellbeing is supported through flexible working, counselling, training, and events such as our annual Wellbeing Day. We achieved 'Working Well Essex' Level 1 accreditation in 2023-24 and are pursuing Levels 2 and 3 in 2024-25. Our wellbeing champions provide peer support in areas including mental health, men's health, and menopause.

Volunteer opportunities are designed to foster community and reduce loneliness, offering roles for all abilities—from physical activity at the Christmas Tree-cycle to jigsaw checking before resale.

Towards the end I found it incredibly difficult to walk through the door seeing her struggle – but you guys were there in the difficult moments.

3.17 Quality Markers

3.17.1 Infection Prevention & Control

Details of IPC work undertaken from 1st April 2024 to 31st March 2025 are documented in the Quarterly IPC Reports. Audit reports for this period follow this section, with explanatory notes as required.

A display of selected IPC audit results at the entrance to the Inpatient Unit (IPU) offers reassurance to staff, visitors, and patients about the high standards of IPC maintained at St Helena.

During the year, four patients with COVID-19 were cared for in the IPU. In each case, the diagnosis was known at admission or within 48 hours. This marks a notable reduction from 12 cases in 2023–24 and 26 in 2022–23, reflecting a general decline in community transmission and the efficacy of the national vaccination programme.

St Helena has consistently followed national guidance on COVID-19 case management and precautions, occasionally implementing additional measures to protect vulnerable patients. In alignment with local acute

trusts, face mask use was reintroduced at the end of December 2024 in response to a surge in flu and other respiratory viruses. Staff were advised to wear facial protection during all patient interactions in the IPU and community settings; visitors were also asked to wear masks. These measures were stepped down in early February 2025, again mirroring acute sector practice.

here was so much kindness, compassion and respect, at the same time having such a happy upbeat nature, helping the family and their loved ones to enjoy the time left during the hardest, saddest time of their lives.

Staff may continue to wear masks if they choose and will do so at a patient's request. Visitors are no longer routinely asked to wear masks. The use of personal protective equipment (PPE) continues on a risk-assessed basis, in line with standard IPC precautions, particularly for contact with blood or body fluids or when patients are COVID-19 positive.

The hospice COVID-19 policy is reviewed and updated in accordance with any new national guidance.

Six patients with *Clostridioides difficile* (formerly *Clostridium difficile*) were cared for in the IPU during the year. Three were toxin-positive and three toxin-negative (i.e., colonisation without active disease). Of the toxin-positive cases, two were identified after 48 hours of admission. Internal investigations were conducted and learning shared. Both patients had complex medical histories and prior antibiotic use. One toxin-positive case was identified at admission and

appropriately isolated. Two of the toxin-negative cases were identified within 48 hours. No links were identified between any cases.

To enhance understanding, the IPC Nurse Specialist delivered a teaching session on *Clostridioides difficile* in March 2025, which was well attended by a wide range of clinical staff.

Throughout the year, the IPC Nurse Specialist supported Facilities and IPU staff following intermittent identification of *Pseudomonas aeruginosa* in IPU water outlets—an issue first noted in autumn 2022. *Pseudomonas aeruginosa* is a waterborne bacterium that poses minimal risk to healthy individuals but can cause infections in immunocompromised patients.

As per IPC guidance, patients in affected areas are risk assessed. If necessary, outlets are taken out of use, particularly for patients with open wounds or invasive devices. Water quality continues to be monitored, and results are reported to both the IPC Group and Water Safety Group.

Periodic quality issues with laundry provided by an external contractor have been identified through contact plate testing. Surveillance results are reviewed by the IPC Group and remain under continuous monitoring.

The IPC Nurse Specialist remains the principal source of IPC guidance, supporting staff across St Helena through site visits, remote consultations, virtual meetings, and email and telephone advice.

3.17.1.1 Infection Control Audits

We conduct a range of Infection Prevention and Control (IPC) audits, the results of which are reported monthly to the IPC Group, chaired by the Medical Director. Any areas of lower compliance are reviewed in detail, and actions taken are recorded in the meeting minutes. These audit outcomes are also summarised in our quarterly quality reports.

The charts below present the results for the 2024–25 reporting year.

Note: Figures in brackets within tables and charts indicate the number of individuals (e.g. patients or staff) audited.



Thank you so much for the care you showed my brother ... who passed away at the hospice. ... was extremely grateful for the care he received in your care, especially regarding pain management. In his darkest hours you showed him compassion, empathy & support which gave him his dignity.

Hand Inspection, Hand Washing, PPE, Commode Hygiene

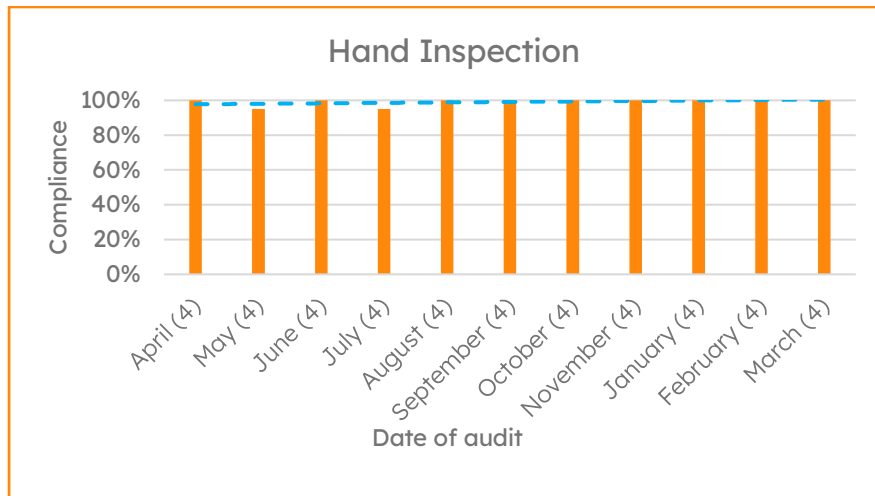


Figure 6 2024-25 Hand inspection audits.

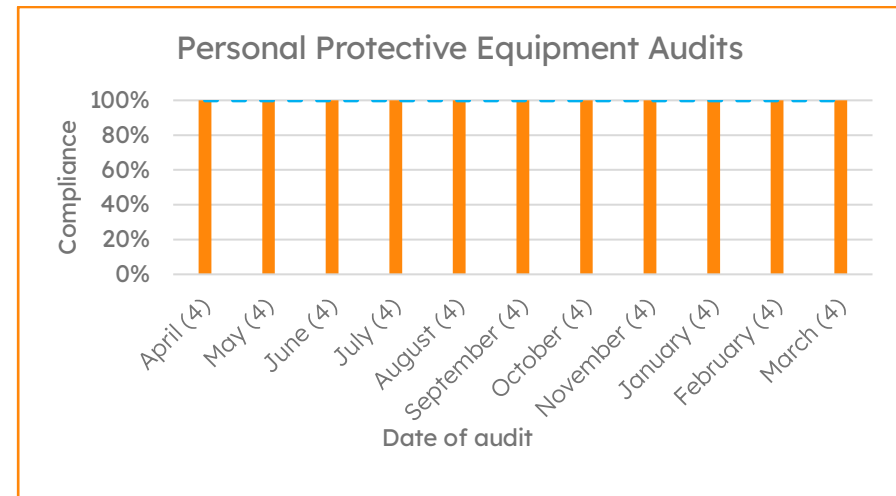


Figure 7 2024-25 PPE compliance audits.

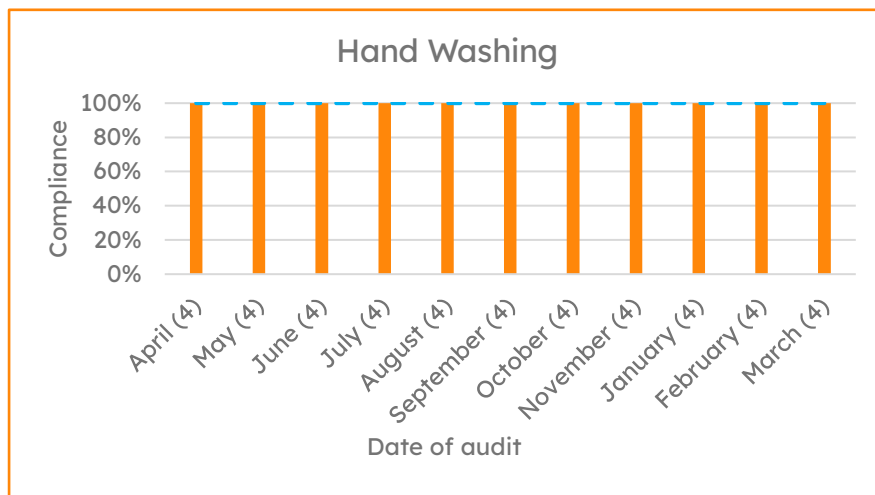


Figure 5 2024-25 Hand washing audits

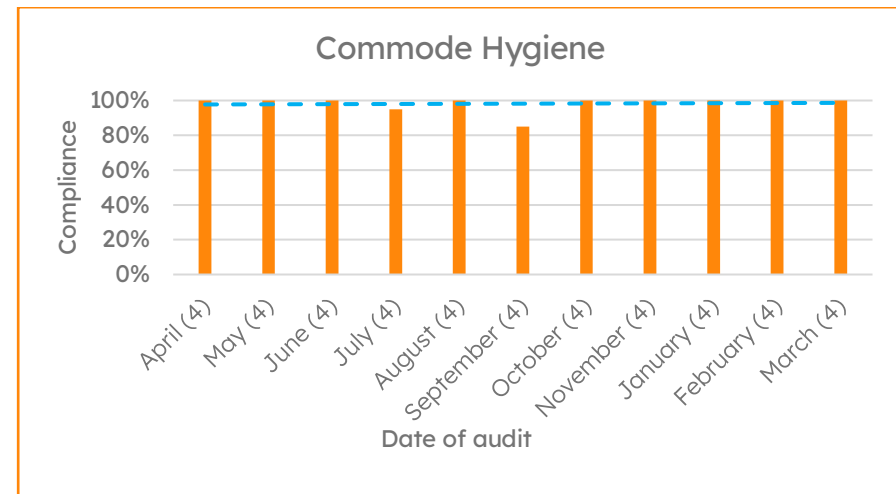


Figure 8 2024-25 Commode hygiene audits.

High Impact Interventions

High Impact Interventions are a set of national audit tools used to assess the effectiveness of clinical processes and identify areas for improvement. These tools designed to reduce the risk and spread of healthcare-associated infections by focusing on key risk factors, such as hand hygiene and the use of intravenous lines.

High Impact Interventions - Catheter Insertion and Ongoing Care

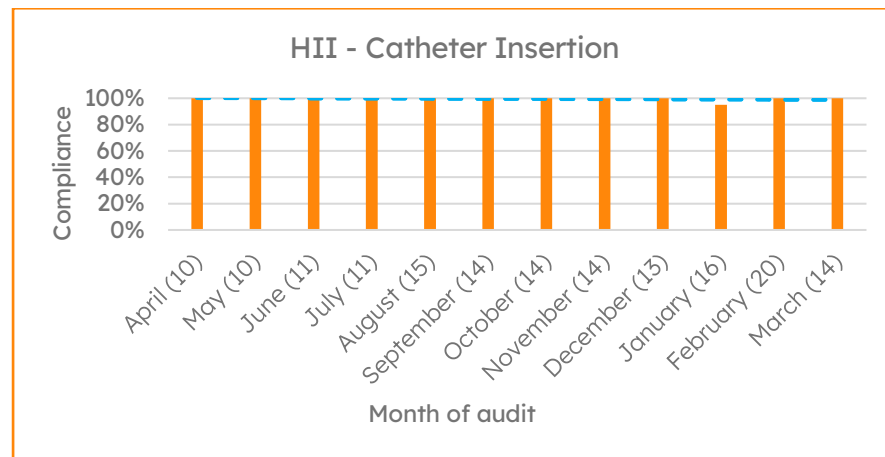


Figure 9 2024-25 Catheter insertion audits.

High Impact Interventions - Cannula Insertion and Ongoing Care

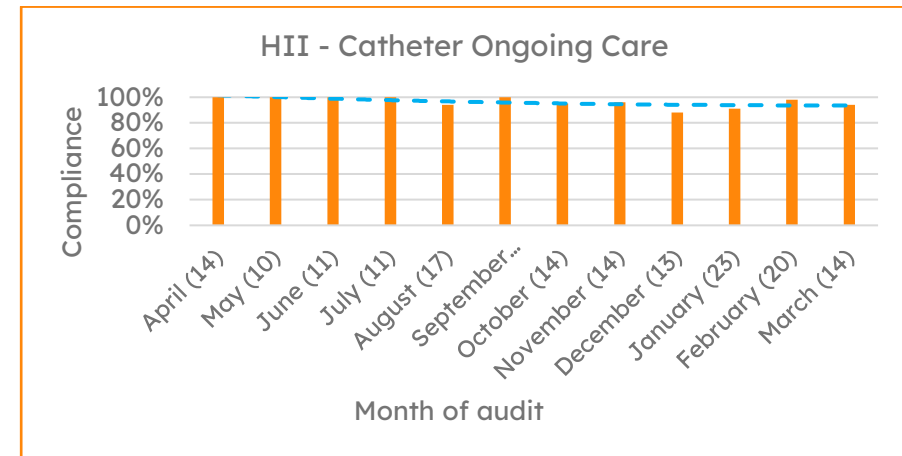


Figure 10 2024-25 Catheter care audits.

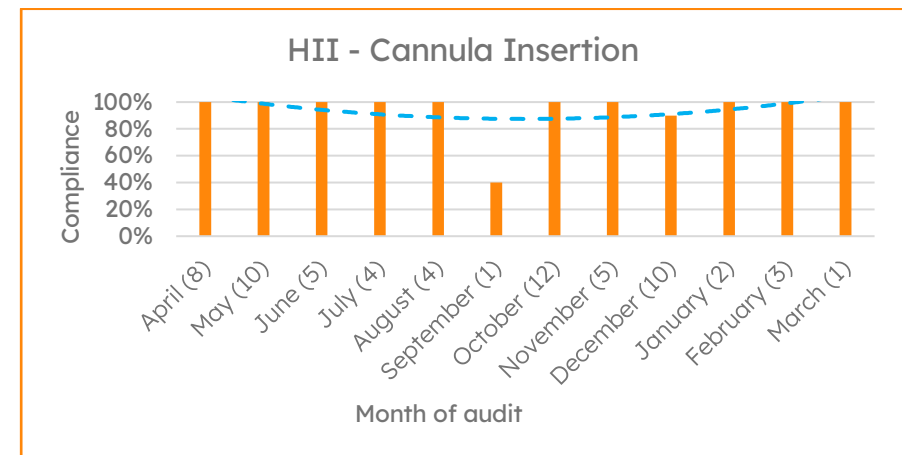


Figure 11 2024-25 Cannula insertion audits.

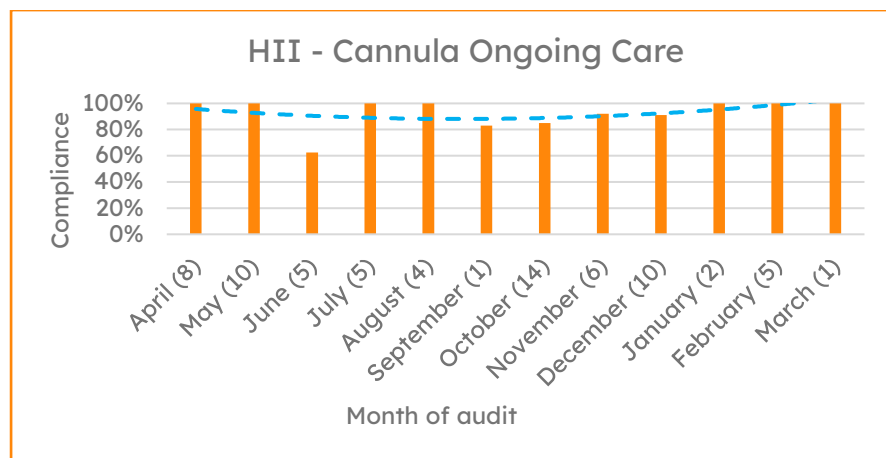


Figure 12 2024-25 Cannula care audits.

High Impact Interventions – Central Venous Access Device (CVAD) Ongoing Care

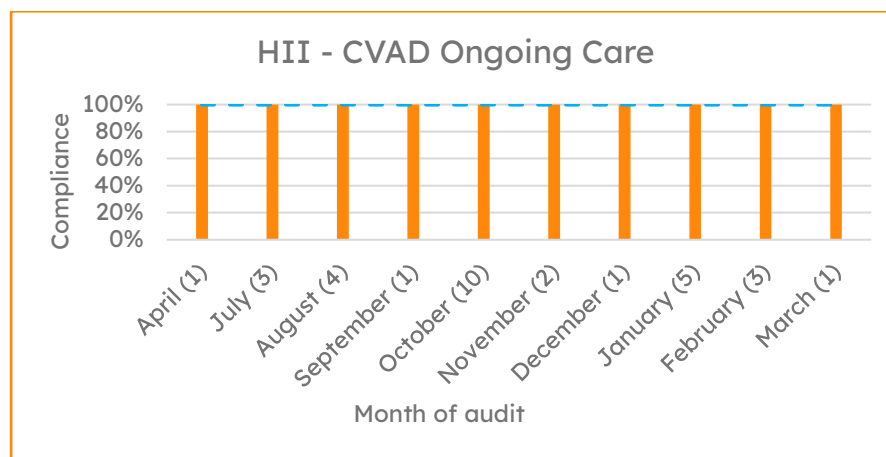


Figure 13 2024-25 CVAD care audits.

High Impact Interventions – Antimicrobial Prescribing

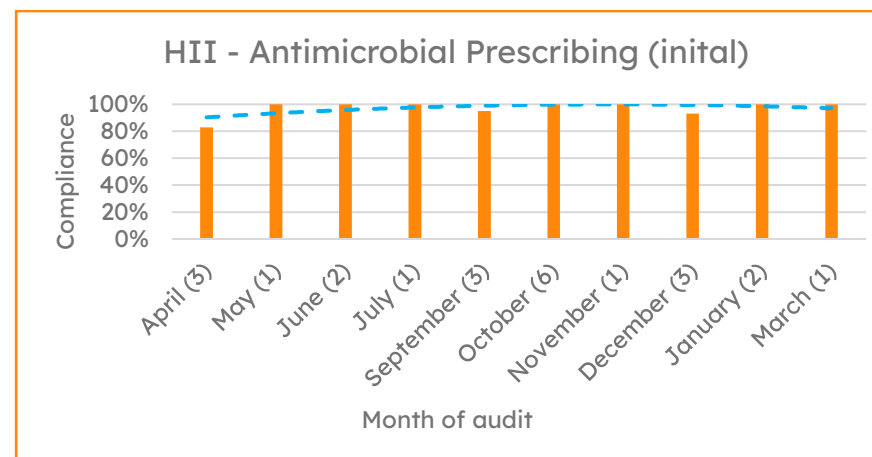


Figure 14 2024-25 Antimicrobial prescribing audits.

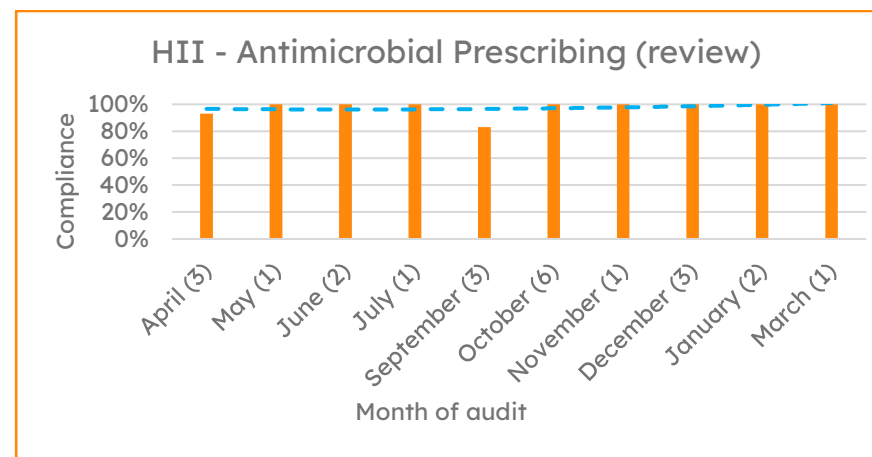


Figure 15 2024-25 Antimicrobial prescribing (review) audits.

The antimicrobial prescribing audit is conducted monthly as a snapshot review, so the number of patients receiving antibiotics at the time of each audit may be limited. For example, no patients were on antibiotics during the audits in August 2024 or February 2025.

Action plans for any instances of lower compliance are discussed and recorded in the minutes of the IPC Group meetings. The Group recognises that such scores typically reflect issues with documentation rather than clinical practice.

Note: When only a small number of patient records are audited, this can significantly affect the results when expressed as percentages. The IPC Group takes this into account when reviewing monthly outcomes.

Dress Code Audits

Our Hospice MDT Matron and Hospice in the Home MDT Matron audit compliance with the standards set out in St Helena's Clinical Staff Uniform Policy [300]. The results are

shown below.

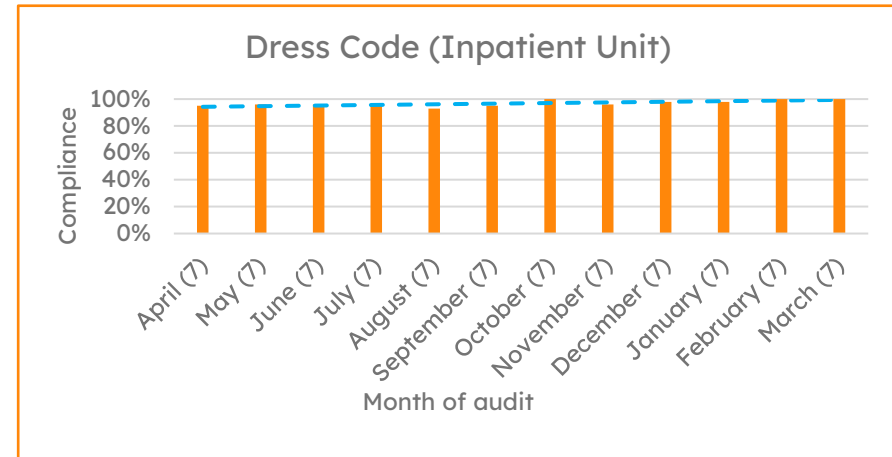


Figure 16 2024-25 Dress code audits (IPU).

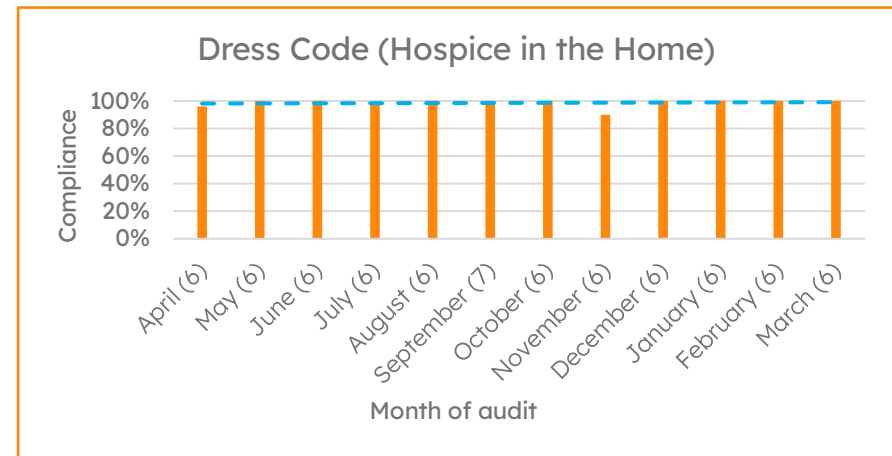


Figure 17 Dress code audits (HiH).

Weekly Kitchen Audit

The Catering Business Development Manager conducts a weekly audit of the main kitchen, focusing on cleanliness and

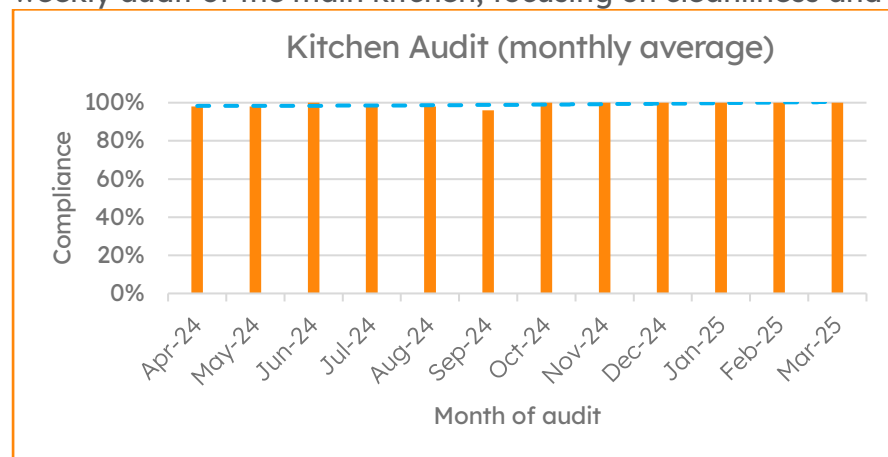


Figure 18 TBC 2024-25 Kitchen audits.

Cleaning Audits

Cleaning audits are carried out in accordance with the National Standards of Healthcare Cleanliness (2021), ensuring a consistent and high-quality approach. The results are presented as a five-star rating system, which is shared openly by displaying them in patient-facing areas to provide transparency and reassurance.

ensuring that procedures in areas such as dry stores are being followed. The chart below presents the monthly average of these weekly audit scores.

FR2 – Fortnightly audit (including the Inpatient Unit)		FR3 – Monthly audit (Ground floor of the Joan Tomkins Day Centre)		FR3 – Every two months (including non-IPU areas of the Myland Hall Farmhouse)		FR6 – Six monthly audit (Learning & Development Centre)	
Date of audit	Star rating	Date of audit	Star rating	Date of audit	Star rating	Date of audit	Star rating
04/04/2024	★★★★	04/04/2024	★★★★	04/04/2024	★★★★	04/04/2024	★★★★
27/03/2025	★★★★	27/03/2025	★★★★	27/03/2025	★★★★	27/03/2025	★★★★

Table 2 2024-25 Cleaning audits.

Infection Surveillance

Infection surveillance is a vital aspect of infection prevention. The Infection Prevention and Control (IPC) Group monitors healthcare-associated infections, including catheter-associated urinary tract infections (CAUTIs), Clostridioides difficile (toxin positive), and MRSA bacteraemia. During the year, six cases of Clostridioides difficile were recorded, two of

which were toxin positive. Further information is provided on page 42.

Laundry Dipslide Audits

We monitor infection levels in the laundry process using dipslides. Our Domestic Supervisor conducts fortnightly swab tests on a variety of items, including laundry bins, trolleys, processed linen, and mop heads. These dipslides are analysed for colony forming units, which help indicate the presence of

contamination. Any results above the established threshold trigger immediate cleaning with Actichlor.

The charts below display the number of items swabbed with results below the threshold for action (shown in green), and those exceeding the threshold (shown in red). The data is separated into items laundered internally and those handled by an external contractor. When elevated contamination levels were identified in externally laundered items, our Domestic Supervisor worked closely with the contractor to ensure necessary improvements were implemented.

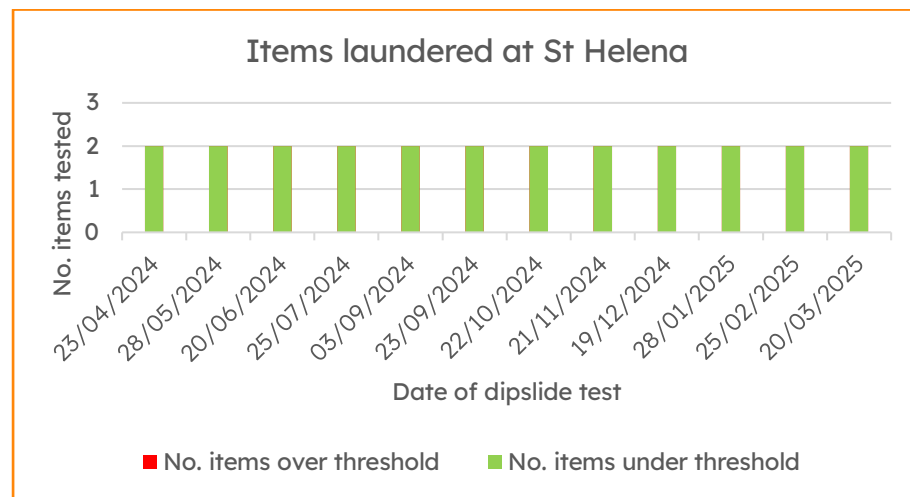


Figure 19 2024-25 Laundry (internal) dipslide tests.

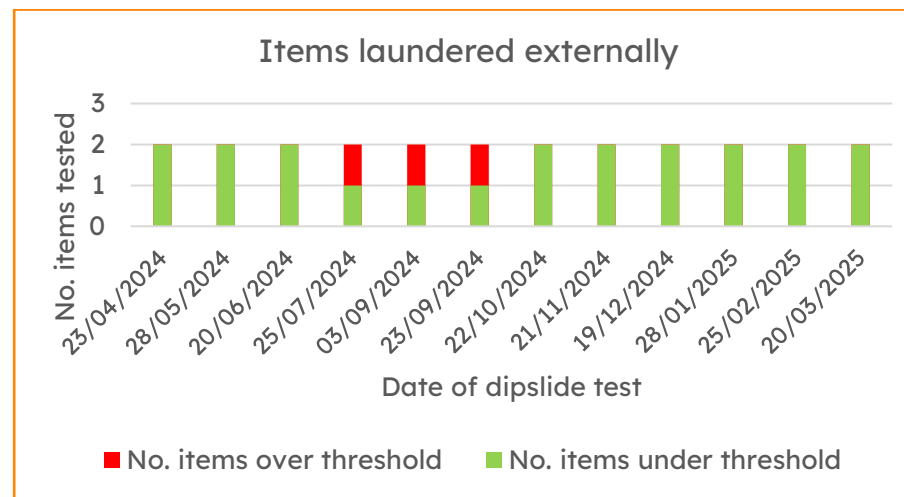


Figure 20 2024-25 Laundry (external) dipslide tests.

3.17.2 Medicines Management

The Medicines Management Group (MMG) oversees the auditing of prescribing and administration practices on the Inpatient Unit (IPU) and investigates all medication-related incidents. The group is jointly led by a Palliative Medicine Consultant and the Senior Pharmacy Lead. The Controlled Drugs Accountable Officer (CDAO) provides quarterly reports of controlled drug errors to the Local Intelligence Network. In addition, benchmarking of errors is conducted with Hospice UK to support shared learning and continuous improvement.

An example of the group's work includes the enhancement of SystmOne (S1) to highlight critical medications. This helps ensure that time-sensitive drugs—such as those used in Parkinson's disease—are identified clearly, allowing nursing staff to prioritise administration. Medications that may safely be omitted are also highlighted, improving safety and supporting informed clinical decisions.

Key activities of the MMG in 2024–25 include:

- Development of a methadone flowchart to assist Registered Nurses (RNs) and prescribers with safe and effective use on the IPU.
- Review of suppliers for long-acting morphine and a new immediate-release formulation; changes implemented in May 2024 across the IPU, community, and hospital settings to improve cost-effectiveness and medication safety.
- Integration of the opioid conversion chart into SystmOne for easy access.
- Clostridioides difficile (C. difficile) risk profiling for all patients on admission, captured during the medicines reconciliation (MR) process.
- Standard prescribing of urokinase on the IPU for patients with indwelling lines.
- Teaching sessions for RNs on the role of the CDAO and the Controlled Drugs (CD) policy.
- Monthly therapeutic review monitoring data collection, now regularly reported to MMG.
- Transition from glycopyrronium to Buscopan to align with regional prescribing standards.
- Updated medicines policies, including:
 - Management of FP10 prescriptions.
 - Administration and destruction of CDs.
- Use of ketamine and topical morphine.
- Delivery of medicines to the IPU.
- Community lockbox use.
- Carter administration of medication (policy agreed with the Integrated Care Board [ICB]).
- Improved prescribing clarity by grouping medicines administered via different routes (e.g. subcutaneous and oral) to prevent unintentional duplication.

- Ongoing monthly antibiotic stewardship audits, with results reviewed by the MMG.
- Implementation of formalised weekly CD destruction processes, supported by additional staff training to ensure safe and secure handling of controlled drug waste.

...cannot thank you enough for the care and support for both ... and ourselves in his final days. It allowed us to stop being carers and to spend much valued quality time with him.

3.17.3 Tissue Viability

A pressure ulcer is localised damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device. The ulcer can present as intact skin or an open ulcer and may be painful. The ulcer occurs due to intense and/or prolonged pressure.

It is a national standard that all patients are visually assessed for pressure ulcers within six hours of admission. When staff discover a pressure ulcer, they log it as an incident, irrespective of its category, or whether the patient had it on admission or developed it during their stay with us.

Pressure ulcer incidents are reported to our Tissue Viability (TV) Lead and senior nursing team, who are responsible for investigating them and determining whether all appropriate safeguards were in place. If not, we would deem the ulcer ‘avoidable.’ We also benchmark our pressure ulcer incidents with Hospice UK and NHS Improvement.

During Q1 the Tissue Viability Group approved a gel cushion for IPU which is now in use. The tissue viability patient information leaflet was promoted by the Group, as an aid for patients to be aware of their own skin condition.

In Q2, the Tissue Viability Lead provided training on skin integrity to both RNs and CSWs on their study days.

During Q3 we received our new Posiperle microbead pressure relieving aids, which have replaced the inflatable Repose aids. In Q4 we trialled the use of the new aids, which was successful and so during Q1 2025–26 we hope to purchase more.

Regular audits have been completed throughout the year, with any actions completed in a timely manner. Audit results have been very good.

3.17.4 VTE

Venous thromboembolism (VTE)—the formation of blood clots in the veins, including deep vein thrombosis and pulmonary embolism — is a significant risk for patients admitted to hospice care. To mitigate this, all patients admitted to our Inpatient Unit (IPU) are risk assessed by the Medical Team for VTE. As part of this process, they are also informed about the option of receiving a daily injection to help prevent clot formation during their stay.

During 2024–25, 88% of patients admitted to the IPU had a documented VTE risk assessment recorded in their clinical notes. Compliance is reviewed quarterly by the Clinical Governance and Compliance Group, and any instances of non-compliance are investigated by

a senior doctor to ensure learning and accountability.

3.18 Risks and Incidents

All incidents and risks affecting Patient & Family Services are managed by our weekly Risk & Incident Group (RIG). These are logged electronically using our online Sentinel system, which notifies the relevant staff by email. Each incident is investigated by a senior member of staff, with findings reviewed by RIG and follow-up actions assigned where necessary. Actions are embedded in the electronic record and tracked automatically to ensure completion.

Risks are scored according to their impact and likelihood of occurrence. Appropriate controls are implemented to mitigate each risk, which is then reviewed regularly according to its risk rating.

At the beginning of 2024–25, we implemented the NHS Patient Safety Incident Response Framework (PSIRF), which replaces the 2015 NHS Serious Incident Framework. Our PSIRF plan and policy are publicly available on our website at <https://sthelena.org.uk/about-us/governance>.



3.19 Information Governance

At St Helena, we recognise the importance and sensitivity of personal data, especially healthcare information, and we take every step to ensure it is handled with the highest level of care and security.

Our Data Protection Officer (DPO) oversees compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, and the Privacy and Electronic Communications Regulations 2003. This role is embedded across the organisation to ensure that all departments adhere to relevant data protection standards.

All confidentiality and data protection incidents are recorded through our incident management system. We maintain an electronic Record of Processing Activities to document how personal data is handled, and an Information Asset Register to monitor the location and flow of data. Any new initiative involving personal data is subject to a Data Protection Impact Assessment (DPIA), ensuring early identification and mitigation of potential risks.

We routinely carry out data retention audits to confirm that personal data is not held for longer than necessary. Our Information Governance Policy is publicly available on our website, alongside selected DPIAs at <https://www.sthelena.org.uk/about-us/governance>. Our Privacy Policy can be accessed at <https://www.sthelena.org.uk/privacy-policy>.

In addition to the DPO, our Medical Director serves as Caldicott Guardian, responsible for protecting

the confidentiality of patient information and ensuring it is used appropriately.

3.19.1 IG Incidents Closed During the Year

During 2024–25, St Helena closed a total of 13 Information Governance (IG) incidents. All were categorised as minor, though several involved avoidable errors such as misdirected emails, misfiled or mislaid documents, and minor breaches of confidentiality. In each case, remedial actions were taken and learning shared with relevant teams. One incident led to the dismissal of a volunteer for gross misconduct. The remainder were managed internally or in collaboration with external organisations. These incidents reinforce our commitment to maintaining the highest standards of data protection and learning from all events, however small.

3.19.2 IG Walkthroughs

We continued our programme of quarterly IG walkthroughs across key locations: the Inpatient Unit, the Joan Tomkins Centre, the Farmhouse offices, and the Learning and Development Centre. These spot checks assess physical security, visibility of confidential information, and staff awareness through brief Q&A sessions.

Location compliance remained consistently high throughout the year, averaging 98%. Minor issues included unattended but logged-in devices, unsecured printouts, and unattended patient data. All were addressed immediately.

Staff awareness compliance fluctuated, beginning at 90% in Q1, dipping to 70% in Q3, and improving to 95% in Q4 following increased internal communications and training prompts.

Common gaps included lack of knowledge about secure emailing procedures and the identities of the Caldicott Guardian and Data Protection Officer. All gaps were addressed at the time of audit.

Overall, the walkthrough programme remains an effective tool for reinforcing best practice, identifying training needs, and maintaining robust IG compliance across the organisation.

3.19.3 Data Security and Privacy Toolkit Self-Assessment

Each year, St Helena publishes a Data Security and Privacy Toolkit (DSPT) self-assessment, to demonstrate our high standard of information governance. All organisations that have access to NHS patient data and systems must use the DSPT to publish an assessment against the National Data Guardian's 10 data security standards. We published our DSPT for 2024–25 on 25th June 2025. Our certificate is shown in, below.

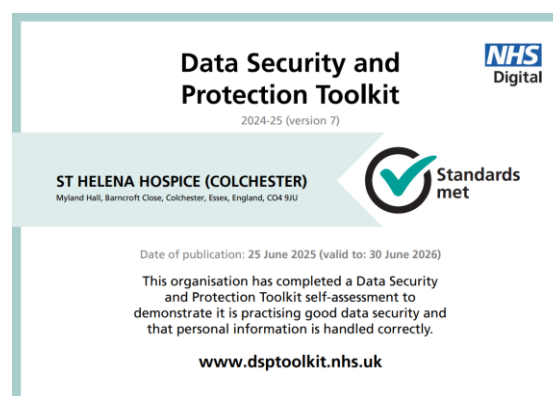


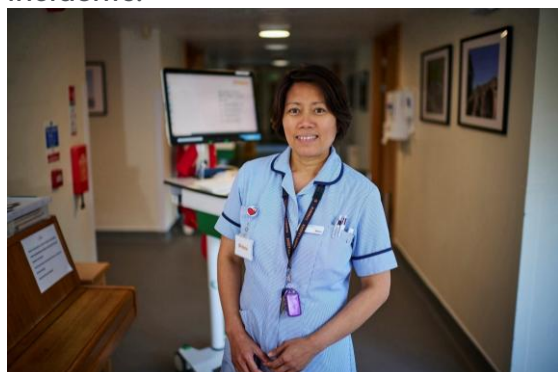
Figure 21 2024–25 DSPT certificate.

Our status can be verified by visiting <https://www.dsptoolkit.nhs.uk/OrganisationSearch> and using our organisation code: 8A784.

3.20 Duty of Candour

The Duty of Candour, established under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, requires providers to be open and transparent with service users. It outlines specific obligations when care or treatment results in harm, including informing the individual, offering reasonable support, providing truthful information, and issuing an apology.

In April 2024, St Helena updated and renamed its policy to the Duty of Candour and Patient Engagement Policy to align with the NHS Patient Safety Incident Response Framework (PSIRF). This policy promotes transparency and reinforces our commitment to learning from incidents.



Duty of Candour is embedded in our reporting processes, including as a mandatory element of our incident reporting form. Staff must record the information shared with the patient or carer, enabling effective audit and oversight. These principles are also reflected in our complaints management and incident response training.

² Please note that the complaint reference numbers may appear non-sequential as our

3.21 Complaints and Compliments

3.21.1 Complaints closed during the year.

During 2024–25, St Helena closed 13 complaints, which are listed below.² We take all complaints very seriously and value them as opportunities to learn and improve our services.

504 A granddaughter of a SinglePoint patient raised concerns regarding unrelieved agitation and pain during the patient's final eight days, a lack of equipment provision, inadequate medication dosing, and the impact of the patient's distress on visiting great-grandchildren.

Findings: We found that our team had not escalated appropriately and missed an opportunity for a timely home visit. Earlier medication review could also have improved symptom management. Equipment provision was the responsibility of community nurses. We recognised that the patient's distress may have affected visits from family members.

Outcome: Partially upheld.

Actions: We apologised to the family and made several recommendations around escalation protocols, managing terminal agitation, and improving case reviews.

518 We contributed to a complaint coordinated by Colchester General Hospital. Concerns related to delays in SinglePoint involvement, lack of advance care planning, missed visits during CNS leave, and pressure sores at the time of death.

electronic reporting system is shared with other departments across the organisation.

Findings: A delayed referral due to miscommunication was acknowledged. Once referred, the patient was admitted the same day. The family had chosen to defer visits during the CNS's leave. The patient was admitted with pre-existing pressure ulcers.

Outcome: Partially upheld.

525 A complaint was received regarding a SinglePoint RN's failure to re-catheterise a patient, lack of communication with professionals and the complainant, and poor care.

Findings: We identified significant concerns about the quality of care provided. One of our Register Nurses (RNs) had not thoroughly reviewed the patient's history or coordinated effectively with others and lacked appropriate training.



Outcome: Upheld.

Actions: We suspended the RN pending disciplinary action and raised a safeguarding referral with Essex Social Care. We also issued an apology and updated our training to prevent recurrence.

529 A relative raised concerns about inadequate care, poor bedside manner, and miscommunication over medication.

Findings: Our team provided frequent visits and support, but we recognised that we could have done more to guide the family on access to end-of-life medication and out-of-hours support.

Outcome: Partially upheld.

Actions: We apologised and implemented recommendations to improve documentation, staff use of on-call support, and advanced communication training.

531 A complaint was referred by SNEE ICB regarding SinglePoint's delayed crisis response, communication issues, and inappropriate medication suggestion.



Findings: We acted promptly in most instances, but there was an eight-hour delay in one case. The main challenges arose from communication breakdowns with other services.

Outcome: Not upheld.

Actions: We had previously apologised for the delay and shared learning with our team.

527 A relative complained of rudeness and rough handling by a SinglePoint RN and HCA.

Findings: We could not substantiate poor behaviour, but we acknowledged the distress reported by the family.

Outcome: Partially upheld.

Actions: We offered a sincere apology and will use the anonymised case for staff training.

543 We contributed to a multi-provider complaint managed by ESNEFT. Concerns specific to us included missed visits, incomplete DNAR documentation, and failure to implement a palliative care pathway.

Findings: We accepted that documentation was lacking, and the staff member involved required more experience and support.

Outcome: Not formally upheld or rejected.

Actions: We apologised through ESNEFT and recommended earlier ReSPECT³ form training, improved

³ Recommended Summary Plan for Emergency Care and Treatment

support for junior staff, and more accessible information for families.

544 A daughter complained about a delay of over three hours for SinglePoint staff to attend her parent.

Findings: A review of visits and geography on the night in question showed that an earlier visit would not have been possible due to workload.

Outcome: Not upheld.

Actions: We apologised for the distress caused.

546 A patient reported that a nurse used an expired catheter, causing a UTI⁴ days later.

Findings: The nurse recognised the error promptly and replaced the catheter. There was no conclusive link between the catheter and the UTI.

Outcome: Partially upheld.

Actions: We apologised to the patient, notified the CQC and Adult Social Care, and strengthened our procedures around catheter storage and checking.

564 A patient's wife complained that SinglePoint refused overnight catheter care and showed reluctance during a subsequent visit. A voicemail message was also not returned.

Findings: The triage decision was appropriate, and we found no evidence of reluctance. However, we recognised that we failed to respond to a voicemail.

Outcome: Partially upheld.

Actions: We apologised for the missed communication and acknowledged the distress caused.

570 A complaint referred by ESNEFT involved multiple providers.

Findings: We confirmed that we had not been involved in the aspects of care referenced.

Outcome: Not applicable.

578 A family reported delays in accessing medication prescribed by a GP.

Findings: We found that a staff oversight contributed to the delay. Our Medical Team could have issued the prescription directly.

Outcome: Upheld.

Actions: We apologised and shared learning with the team, focusing on clear documentation, effective GP communication, and timely responses.

3.22 Service User Survey

At the end of July, we put into operation our new electronic patient survey, which is called Synapta.⁵ The system uses a set of web-based questionnaires that respondents are invited via SMS to complete. These SMS invitations are triggered by clinical staff at appropriate points in a patient's pathway.

We currently run four separate questionnaires, one each for the Hospice, Hospice in the Home, Complementary Therapies, and the Counselling & Emotional Support Team. The Hospice, Hospice in the Home, Complementary Therapies questionnaires are identical, but the CEST questionnaires are also sub-divided into separate question sets depending on whether the respondent is a patient or a care/family member.

⁴ Urinary tract infection.

⁵ Supplied by Always On Mobile.

With around 100 questions asked, across all four surveys, we cannot summarise the results here. However,

we can present the aggregated results for the question on overall experience.

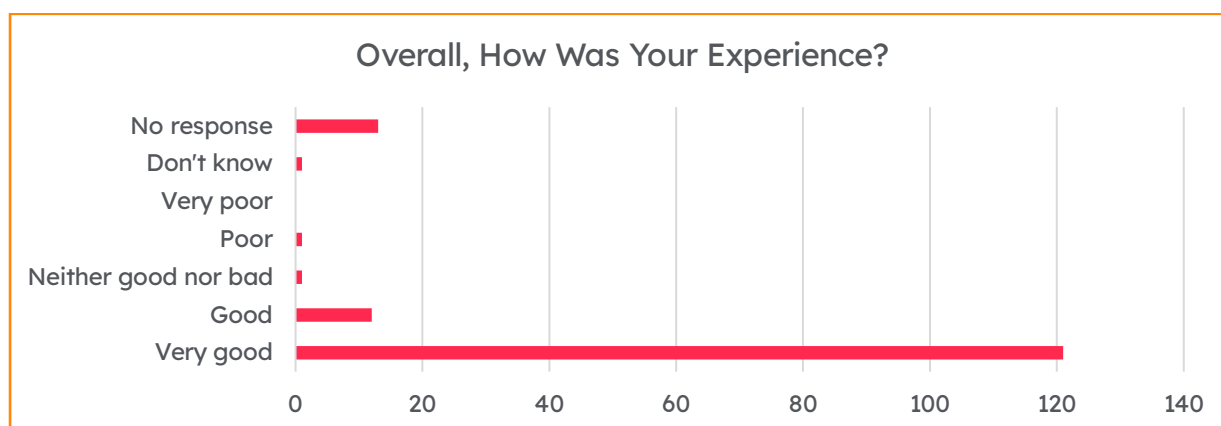


Figure 22 2024-25 User survey results.

The CQC summarised their findings as follows:

‘Throughout the assessment, we received positive comments and feedback from people who used the service, relatives, staff, and health professionals. All patients felt safe, well cared for and knew who to contact should they need to. They reported they were involved in the planning of their care and were kept informed of what would happen next. Patients felt staff delivered care that enabled them to remain well and independent physically, emotionally and mentally. They were supported to live as they wished, and care was coordinated with staff working to support patient choice. Comments included, “Staff are very approachable”, “Staff are phenomenal, they are people of peace”, and one patient reported his experience had “surpassed my expectations”.’⁶

3.23 What Others Say

3.23.1 2024 CQC Inspection Report

St Helena is registered with the Care Quality Commission (CQC) to provide treatment for disease, disorder, or injury. We are required to comply with the CQC’s regulatory standards, as set out in the Health and Social Care Act 2008 and associated regulations.






Our most recent CQC inspection took place in February 2024 and involved a one-day unannounced visit. Following this inspection, we were once again rated ‘Outstanding’—the highest rating awarded by the CQC. This outcome continues the rating we received following our previous inspection in 2017.

⁶ Available at <https://www.cqc.org.uk/location/1-116828568/reports/AP1414/overall>

Overview

Latest assessment: 15 January 2024

Report published: 10 May 2024

Safe	<u>Good</u> 
Effective	<u>Good</u> 
Caring	<u>Outstanding</u> 
Responsive	<u>Outstanding</u> 
Well-led	<u>Good</u> 

[Read the latest assessment report for St Helena Hospice - HTML](#)

Published 10 May 2024

Figure 23 CQC Rating (source: <https://www.cqc.org.uk/location/1-116828568>)

3.23.2 Response from Healthwatch Essex

Background

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user, the carer, and other members of the public to access services should be at the heart of transforming the NHS and social care as it faces current challenges.

We recognise that Quality Accounts are an important way for local NHS services and other health care and social care providers to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive, and patients' experiences of care. They present a useful opportunity for Healthwatch Essex to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by St Helena. In this case, we have received no additional feedback about services provided by St Helena so offer only the following comments on the St Helena Quality Account.

What is encouraging to see?

- It is encouraging to see that St Helena are continuing to expand and innovate the support that they provide. This is evidenced through their successful introduction of a Virtual Ward and the increased number of people that St Helena support.
- Healthwatch Essex recognises the valuable role that St Helena played in supporting Colchester to obtain Compassionate City accreditation.
- We are reassured to see that St Helena have embedded a new patient and family feedback system across their services to improve outcomes and address inequalities by listening to the voices of patients, service users, and their families.

- The Quality Account demonstrates the high levels of commitment and care demonstrated by St Helena staff.
- It is encouraging to see St Helena's commitment to cross-sector partnerships to develop their services and continue to enhance engagement.
- We are also heartened to see their growing provision of spiritual care and complementary therapies, enhancing St Helena's holistic, person-centred approach.
- Healthwatch Essex are reassured by St Helena's commitment to improve access to end-of-life care for minority, marginalised, and vulnerable groups.

Is there anything that can be improved?

- It is disappointing to see that financial pressures have meant that St Helena have had to pause the pursuit of new income streams to enable innovation to support local carers as part of their Carers Strategy.
- We recognise the steps that St Helena are taking to ensure enhanced engagement with outreach activities, including their workshops demystifying End-of-Life Care workshops.
- The complaints that St Helena have received over the past year highlight individual incidences of poor care that generated high levels of distress for the patients and their families. We recognise St Helena's efforts to enhance communication and training opportunities amongst their staff in response to these concerns raised.

Dr Kate Mahoney

Research Manager, Healthwatch Essex

13th June 2025

3.23.3 Response from Suffolk & North East Essex Integrated Care Board

Date: 18 June 2025

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that St Helena Hospice have consulted and invited comment regarding the Annual Quality Account for 2024/2025. This has been submitted within the agreed timeframe and SNEE ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous twelve month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of St Helena Hospice to provide a high quality service.



Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

Dear all the nurses. Thank you for looking after daddy. I hope you can do that to the other patients too.

3.24 Contacting St Helena

If you wish to give feedback or comment on this Quality Account, please contact:

*Mark Jarman-Howe,
Chief Executive Officer
St Helena Hospice
Barncroft Close
Colchester
CO4 9JU
Tel. 01206 931450
Email:*

mjarmanhowe@sthelena.org.uk

www.sthelena.org.uk

Follow us:

@StHelenaHospice

<https://en->

[gb.facebook.com/StHelenaHospice/](https://en-gb.facebook.com/StHelenaHospice/)





01206 845 566 | www.sthelenahospice.org.uk

Registered Office: Myland Hall, Barncroft
Close, Colchester, CO4 9JU

St Helena Hospice is a company limited
by guarantee. Registered in England and
Wales Number 01511841.
Registered Charity Number 280919.