



SAFEGUARDING ANNUAL REPORT

2025-26

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INTRODUCTION

Throughout the past year, safeguarding has shaped some of the most complex decisions made across St Christopher's Hospice.

St Christopher's Hospice provides specialist palliative and end-of-life care for people across South east London, supporting patients, families and those close to them in the place that best meets their needs. Its work includes inpatient care, community specialist palliative care, outpatient and day services, bereavement support, education, research, volunteering and wider community programmes. As a registered charity founded by Dame Cicely Saunders, the hospice continues to combine clinical expertise with compassionate, person-centred care, helping people live as well as possible until the end of life while supporting families, carers and professionals across the wider health and care system.

Progressive illness rarely affects people in isolation. During 2025–2026, colleagues supported people whose serious illness was compounded by social isolation, self-neglect, financial hardship, changing family relationships, carer exhaustion and fluctuating mental capacity. These factors created vulnerability even where statutory thresholds were not met.

A key lesson for St Christopher's is that safeguarding within hospice care cannot be understood solely through referrals, Section 42 enquiries or regulatory responsibilities. Much of the work takes place through careful observation of need, professional judgement, advocacy and partnership working that help people remain safe, uphold their rights and continue to receive care that reflects what matters most to them.

This report describes safeguarding activity during 2025–2026 and the learning that emerged from evidence, audit, multidisciplinary reflection and quality improvement, strengthening practice across the hospice.

The learning described throughout this report belongs to colleagues, volunteers and partner organisations who have contributed to safeguarding practice every day. Their experience continues to shape how St Christopher's Hospice understands safeguarding and how we will continue to develop it in the years ahead.

EXECUTIVE SUMMARY

Throughout 2025–2026, safeguarding remained central across St Christopher's Hospice. Colleagues in inpatient, community and outpatient services supported adults and children experiencing abuse, neglect and other harm, while responding to wider social factors that can increase vulnerability during serious illness. A key role is also provided by volunteers.

A recurring pattern was the way safeguarding concerns developed over time, shaped by progressive illness alongside social isolation, self-neglect, financial hardship, family change, caring pressures and fluctuating mental capacity. Recognising these connections strengthened professional judgement and supported more proportionate, person-centred responses for all people.

The hospice also strengthened its organisational approach through governance, quality improvement and workforce development. The Mental Capacity Act improvement programme enhanced documentation, clinical recording, education and oversight, while increasing confidence in legally informed decision-making.

Safeguarding activity also provided valuable insight into the experiences of the people and families supported by the hospice. Neglect and acts of omission remained the most frequently recognised safeguarding concerns. Financial abuse, domestic abuse, self-neglect and a modern slavery case reinforced the importance of professional curiosity and collaborative working across organisational boundaries.

Statutory safeguarding activity reflects only part of the work undertaken across the hospice. Every day, colleagues recognise emerging vulnerability, balance complex risks and work alongside people, families and partner organisations to reduce barriers to safe, equitable and person-centred palliative and end-of-life care.

The report shows safeguarding as an integral part of hospice care: a way of upholding rights, protecting dignity and supporting people to live, die and grieve in ways that remain true to what matters most to them.

SAFEGUARDING ASSURANCE AND REPORT STRUCTURE

This report brings together assurance in relation to statutory and regulatory responsibilities, governance, workforce competence, safer recruitment, partnership working, equality and inclusion, risk management and forward priorities. These areas provide Board/trustee-level assurance that safeguarding is embedded across the organisation and that learning is translated into measurable improvement.

STATUTORY AND REGULATORY FRAMEWORK

Safeguarding practice at St Christopher's Hospice is underpinned by the Care Act 2014, the Mental Capacity Act 2005, the Children Act 1989 and 2004, Working Together to Safeguard Children, relevant domestic abuse, modern slavery and human rights legislation, Charity Commission expectations and the Care Quality Commission's fundamental standards.

The organisation also aligns its safeguarding arrangements with the NHS Safeguarding Accountability and Assurance Framework, recognising that safeguarding is everyone's responsibility and that providers of NHS-funded care must be able to demonstrate clear leadership, accountability, workforce competence, partnership working and evidence-based assurance.

This framework provides the basis for evaluating whether safeguarding arrangements are safe, effective, responsive, well led and capable of continuous improvement.

PART ONE:

SAFEGUARDING IN THE CONTEXT OF HOSPICE CARE

UNDERSTANDING SAFEGUARDING IN HOSPICE CARE

Safeguarding within hospice care is shaped by serious illness. People referred to St Christopher's Hospice are often living with progressive disease, frailty and changing independence, alongside social isolation, financial hardship, unsuitable housing, caring pressures or concerns about mental capacity. These factors can increase vulnerability and affect access to care and support.

This understanding underpins safeguarding practice across St Christopher's Hospice: vulnerability is often shaped by the combined effect of illness, relationships, environment and access to support.

Safeguarding is therefore understood as more than responding to abuse or neglect when statutory thresholds are met., understanding the cumulative impact of illness and social circumstances, and responding proportionately to protect people's rights, dignity and autonomy throughout their care.

Relationship-based hospice care enables colleagues to notice gradual changes that may otherwise go unseen. Declining ability to manage daily tasks, increasing isolation, family changes or growing dependence on others can together indicate rising vulnerability requiring coordinated support.

This broader approach continued to develop during 2025–2026, strengthening professional judgement and reinforcing the importance of recognising vulnerability before avoidable harm occurs.

The sections that follow explore how this understanding shaped safeguarding activity, governance, quality improvement and workforce development across St Christopher's Hospice during the reporting year.

SAFEGUARDING AS PART OF HOSPICE CARE

Safeguarding is part of high-quality, person-centred palliative and end-of-life care. Safeguarding conversations, Mental Capacity Act assessments, multidisciplinary discussions and partnership meetings all help people remain as safe as possible while respecting their wishes and autonomy.

This frequently requires colleagues to balance complex legal, ethical and clinical considerations. Decisions are rarely straightforward. They rely on professional curiosity, careful judgement and close collaboration with patients, families and partner organisations.

Safeguarding therefore supports not only protection from abuse and neglect, but also equitable access to hospice care, ensuring that wider social circumstances do not become unnecessary barriers to receiving the care and support people need.

ORGANISATIONAL LEARNING

During the year, safeguarding was increasingly used as a source of organisational learning rather than simply assurance. Activity, audit findings, supervision, multidisciplinary reflection and partnership working all contributed to a deeper understanding of the experiences of people receiving hospice care.

Rather than focusing only on referral numbers or statutory enquiries, St Christopher's Hospice considers the quality of professional judgement, multidisciplinary collaboration and support for people to remain safe while exercising choice and maintaining their rights.

This broader perspective provides the foundation for the sections that follow, each exploring how learning from practice continues to strengthen safeguarding across the organisation. The next section sets out how this learning is governed, reviewed and translated into assurance for senior leaders, Board members and trustees.

GOVERNANCE, ASSURANCE AND ACCOUNTABILITY

St Christopher's Hospice has a clear safeguarding leadership and supervision structure that supports accountability from Board level through to frontline practice. A nominated Trustee provides Board-level oversight for safeguarding, ensuring that safeguarding remains visible within governance discussions and that trustees receive assurance in relation to statutory duties, organisational risk, learning and improvement. Executive accountability is held by the Executive Lead for Safeguarding, who provides senior leadership, ensures appropriate escalation of significant concerns and supports the translation of safeguarding priorities into organisational action. St Christophers has a Trustee with a key role in leading Board-level safeguarding with a nominated Executive Lead and also a Lead for Safeguarding. Supervision is in place at all levels.

The Safeguarding Lead provides operational leadership for safeguarding adults and children across the hospice. This includes advice and support to colleagues, oversight of safeguarding concerns and referrals, liaison with local authority safeguarding teams and partner agencies, contribution to policy development, delivery of learning, monitoring of themes and coordination of improvement activity. The Safeguarding Lead works closely with clinical, operational, volunteer and corporate leaders so that safeguarding is embedded across services and not held as a separate or isolated function.

Safeguarding supervision is available at all levels and provides a structured opportunity for reflection, case discussion, professional challenge and support with complex decision-making. Supervision supports colleagues to apply safeguarding legislation, the Mental Capacity Act, Making Safeguarding Personal and local multi-agency procedures in practice. It also

helps identify learning themes, workforce development needs and areas where organisational processes or systems may need to be strengthened.

Clinical and operational managers are responsible for ensuring that safeguarding concerns are recognised, recorded, escalated and reviewed appropriately within their areas. They support staff and volunteers to seek advice early, participate in supervision and reflective discussion, complete mandatory training and contribute to learning from incidents, audits and case reviews. This distributed model reinforces that safeguarding is everyone's responsibility while maintaining clear routes for specialist advice, escalation and assurance.

Safeguarding governance provides assurance that concerns are recognised, escalated and responded to appropriately. It also ensures that learning informs improvement across the hospice. Oversight is maintained through established clinical governance routes, safeguarding leadership, policy review, audit, incident review, supervision and reporting to senior leadership and Board-level committees.

During 2025–2026, safeguarding assurance was strengthened through regular review of safeguarding activity, monitoring of referral themes, oversight of Mental Capacity Act practice, review of learning from incidents and continued engagement with external safeguarding partnerships.

ASSURANCE AREA	EVIDENCE CONSIDERED	CURRENT ASSURANCE POSITION
Leadership and accountability	Named safeguarding leadership, senior oversight, committee reporting and escalation routes.	Safeguarding leadership is established, with opportunities to strengthen routine Board-level visibility of themes, risks and actions.
Policy and procedure	Review of safeguarding policies, Mental Capacity Act guidance, escalation processes and reporting routes.	Policies remain in place and will continue to be reviewed against national guidance and local partnership expectations.
Practice assurance	Safeguarding activity data, audit findings, supervision themes, incident learning and multidisciplinary review.	Assurance is strengthened by triangulating data with qualitative learning from practice.
Learning and improvement	Mental Capacity Act improvement work, documentation review, education, reflective discussion and audit.	Improvement work is active and will be monitored through the safeguarding improvement plan.

During 2026–2027, the hospice will strengthen the visibility of safeguarding risks, actions and impact measures through a formal annual safeguarding improvement plan, enabling progress to be monitored throughout the year.

PART TWO:

FROM LEARNING TO IMPROVEMENT

LEARNING FROM PRACTICE

High-quality safeguarding depends not only on policies, procedures and compliance, but on an organisation's willingness to examine practice, identify improvements and strengthen care for people and families.

During 2025–2026, one of the most significant opportunities for organisational learning arose through a review of Mental Capacity Act practice. What began as a quality assurance exercise became a catalyst for wider improvement across safeguarding, documentation, workforce development and clinical governance.

Rather than viewing the findings as evidence of poor practice, the organisation used them to ask a different question:

- What would help colleagues feel more confident when making complex decisions?

That question shaped everything that followed.

IMPROVING PRACTICE

The review identified opportunities to strengthen documentation, improve the consistency of Mental Capacity Act assessments and support colleagues in applying legal principles more confidently within everyday clinical practice.

The response went beyond revised documentation. Clinical recording systems were redesigned, guidance updated, education expanded and supervision strengthened, with audit findings informing governance and quality improvement.

Taken together, these developments strengthened both the quality of documentation and the confidence of colleagues responsible for making complex decisions.

BEYOND DOCUMENTATION

One of the most important learning points from this work was that documentation alone does not improve practice. Good documentation reflects good thinking. It cannot replace it.

Meaningful improvement depends on colleagues having the knowledge, confidence and professional support to apply legal principles proportionately, communicate effectively and work collaboratively when decisions become complex. This understanding has continued to influence safeguarding practice across the hospice, reinforcing the importance of professional judgement alongside legal compliance.

A CULTURE OF LEARNING

The Mental Capacity Act improvement programme illustrates something broader about safeguarding at St Christopher's Hospice.

- Evidence is used not simply to measure performance, but to deepen understanding.
- Audit findings become opportunities for improvement.
- Professional discussion informs organisational learning.
- Experience shapes future practice.

This approach recognises that safeguarding is strengthened not by avoiding mistakes, but by remaining curious about practice and being willing to improve it. That culture of reflection has become one of the organisation's greatest strengths.

All safeguarding policies are updated annually.

Audit forms a clear part of our learning and development. Audits conducted include a review of mental capacity documentation, a Do not resuscitate audit and also a Safeguarding Adults Partnership Audit

SAFEGUARDING TRAINING COMPLIANCE FOR ALL STAFF AND VOLUNTEERS

It is key to appraise the mandatory training compliance for Safeguarding Adults and Children.

- **Safeguarding Level 1 adults and children completed by:** Stewards and Transport, Support Services, Clinical Admin, Housekeeping, Corporate services and CARE Professional Learning
- **Safeguarding Level 2 adults and children completed by:** HCAs, Community Action, Welfare and Retail/Trading
- **Safeguarding Level 3 training for adults and children is completed by:** Nursing, medics, bereavement, social workers, AHP, Complementary Therapists, Psychospiritual, CBT, Art/ Music Therapists
- **Safeguarding Level 3 - Mental Capacity Act & Young People** is completed by Candle and Social Workers

See tables for compliance:

Report run on 24 June 2026. Target compliance 90%.

COURSE TITLE	# COMPLETE ASSIGNMENTS	# NON-COMPLETE ASSIGNMENTS	COURSE COMPLETION PROGRESS
Safeguarding Adults - Level 1	154	17	90.1%
Safeguarding Children - Level 1	154	17	90.1%
Safeguarding Adults - Level 2	175	10	94.6%
Safeguarding Children - Level 2	174	11	94.1%

Report run 1 July 2026. There are currently 235 staff enrolled on Level 3 Safeguarding Programme.

SAFEGUARDING LEVEL 3 (ROLLING THREE YEAR PROGRAMME)	STATUS		
LESSON TITLE	COMPLETE	NOT STARTED	GRAND TOTAL
Assessing Mental Capacity	100.00%	0.00%	100.00%
Best Interests	94.12%	5.88%	100.00%
Consent & Refusal by Adults with Capacity	68.75%	31.25%	100.00%
Internet Safety, Suicide and Self-Harm	100.00%	0.00%	100.00%
Mental Capacity Act & Adult Safeguarding	93.75%	6.25%	100.00%
Mental Capacity Act & Young People aged 16 or 17	100.00%	0.00%	100.00%
Mental Capacity Act as Part of Human Rights	100.00%	0.00%	100.00%
Planning Ahead Using MCA	62.50%	37.50%	100.00%
Relationship Between the Mental Capacity Act and the Mental Health Act	100.00%	0.00%	100.00%
Restraint	62.50%	37.50%	100.00%
Safeguarding Adults - Level 2	100.00%	0.00%	100.00%
Safeguarding Children - Level 2	100.00%	0.00%	100.00%
Settling Disputes & Disagreements	100.00%	0.00%	100.00%
GRAND TOTAL	88.27%	11.73%	100.00%

Compliance for Level 4 training (relates to Executive Lead & Safeguarding Lead): 100%.
Annual training to the Board is in place.

Volunteers: Report run 1 July 2026 relating to 1,309 active volunteers

SAFEGUARDING LEVEL	LEVEL 1	LEVEL 2
Completed	1095	214
	100%	91.5%
Incomplete	/	20
	/	8.5%

LOOKING AHEAD

The learning described in this chapter provides the foundation for the safeguarding activity presented in the next section.

The figures that follow should be read as more than organisational data. They reflect people's experiences, colleagues' professional judgement and the learning that continues to shape safeguarding practice across St Christopher's Hospice.

This learning also depends on a workforce that is confident, supported and able to apply safeguarding principles consistently in complex clinical and family situations.

WORKFORCE DEVELOPMENT, SUPERVISION AND SAFER RECRUITMENT

A high-quality safeguarding system depends on a confident, competent and well-supported workforce. During the reporting year, safeguarding education, Mental Capacity Act learning, supervision and reflective practice supported colleagues to recognise concerns, apply legal frameworks and make proportionate decisions in complex circumstances.

During 2026–2027, safeguarding reporting will be strengthened by including training compliance by staff group, safeguarding supervision uptake, themes from supervision, learning from reflective discussions and evidence that staff know how to escalate concerns. This will provide stronger assurance that safeguarding knowledge is embedded in day-to-day practice.

Safer recruitment and management of allegations are also important elements of safeguarding assurance. The organisation will continue to report on Disclosure and Barring Service checks, recruitment compliance, safeguarding declarations, references, induction, volunteer arrangements and any allegations or concerns relating to staff, volunteers or people in positions of trust, including learning and actions taken.

WORKFORCE ASSURANCE MEASURE	ASSURANCE EVIDENCE
Safeguarding training compliance	Compliance by role, level and staff group, including volunteers where applicable.
Mental Capacity Act training	Completion rates, targeted learning and evidence of improved recording and decision-making.
Safeguarding supervision	Access, uptake, themes, learning and impact on practice.
Safer recruitment	DBS compliance, induction, references, role risk assessment and volunteer checks.
Allegations and people in positions of trust	Number, nature, escalation, outcomes and organisational learning, reported in a confidential and proportionate way.
A PiPOT Policy is in place and we have contacts with the IADO DBS monitoring	100% of applicable staff undergo DBS screening at an appropriate level

PART THREE:

SAFEGUARDING IN PRACTICE

UNDERSTANDING THE ACTIVITY

The figures presented in this section summarise safeguarding activity across St Christopher's Hospice during 2025–2026.

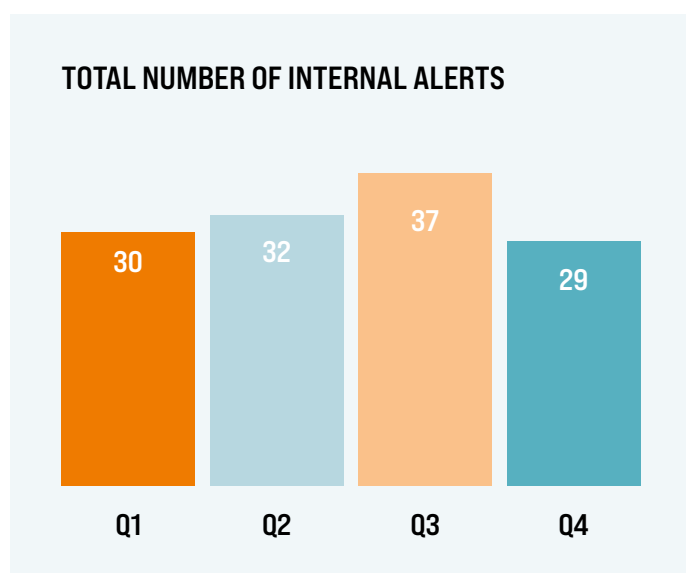
They provide assurance about statutory activity and insight into the experiences of people and families supported by the hospice. However, safeguarding data reflects only part of the work undertaken across inpatient, community and outpatient services.

Many situations requiring safeguarding expertise did not progress to statutory enquiry. Instead, colleagues supported people whose risks were shaped by overlapping factors such as self-neglect, isolation, financial pressure, unsuitable housing, family conflict, caring responsibilities and fluctuating mental capacity.

The activity should therefore be understood not simply as data, but as evidence of the complex circumstances experienced by people approaching the end of life and the judgement required to respond proportionately.

SAFEGUARDING ACTIVITY 2025–2026

The chart below summarises safeguarding activity and related quality improvement work. The hospice supports approximately 1,700 patients at any one time, plus families and informal carers. Most care is delivered at home. The hospice has 32 inpatient beds, although ward refurbishment meant full capacity was not maintained throughout the year.



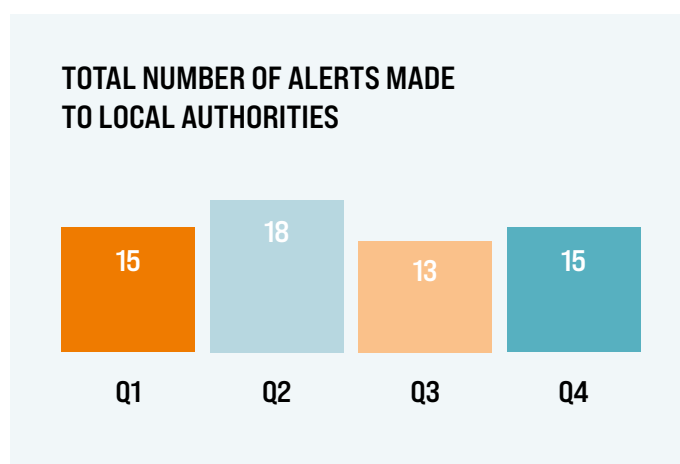
ADULT SAFEGUARDING ACTIVITY

During 2025–2026, 128 adult safeguarding concerns were raised across St Christopher's Hospice. Safeguarding remained an integral part of hospice practice throughout the reporting year. Quarterly variation reflected the complexity of individual situations rather than any sustained increase or reduction in safeguarding demand.

INTERPRETING THE DATA

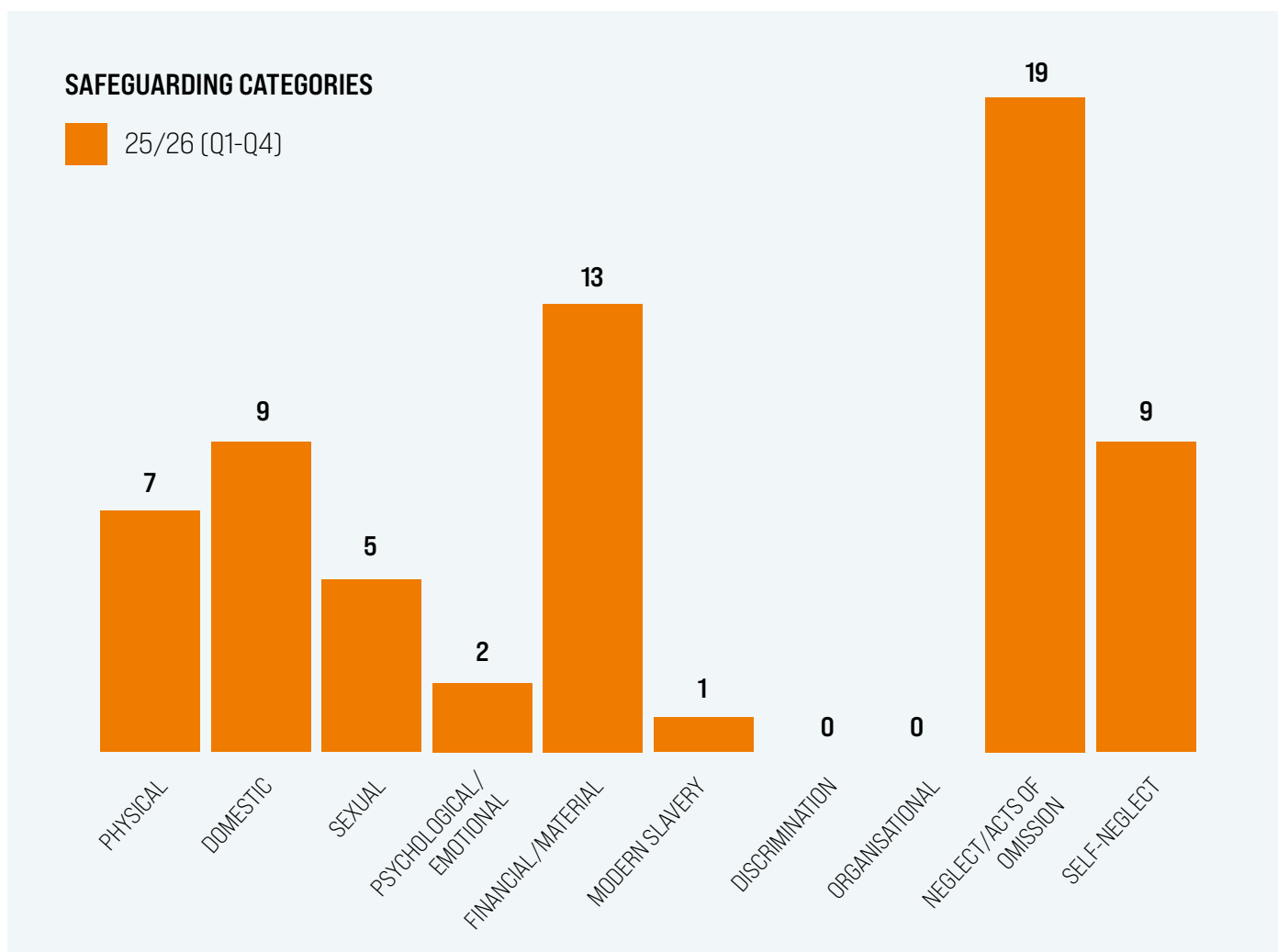
Although safeguarding activity fluctuated modestly across individual quarters, no consistent upward or downward trend was observed. The data reflects the continuing complexity of hospice practice rather than isolated periods of increased activity.

Of the concerns identified by the hospice, a proportion progressed to local authority referral and Section 42 enquiry, while many required sustained safeguarding involvement despite remaining below statutory intervention thresholds.



WHAT THE ACTIVITY REVEALED

Several themes emerged consistently during the reporting year.



Neglect remained the safeguarding concern encountered most frequently. In many cases, it reflected the cumulative effects of progressive illness, declining physical function, social isolation and changing support networks rather than isolated safeguarding incidents.

Self-neglect, domestic abuse, financial exploitation and the hospice's first modern slavery case reinforced the need for professional curiosity, particularly where risks developed gradually and were not immediately visible.

Many situations required assessment, multidisciplinary discussion and coordinated support despite not progressing to statutory enquiry. Earlier recognition helped colleagues respond before risks escalated and often enabled people to remain safely engaged with hospice services.

These situations often required staff to consider symptom burden, fluctuating capacity, family dynamics, treatment preferences and wider social circumstances alongside safeguarding responsibilities, illustrating the distinctive contribution hospice services make near the end of life.

ORGANISATIONAL REFLECTION

One observation stands out: statutory safeguarding activity provides important organisational assurance, but it cannot fully represent safeguarding within hospice care.

Much safeguarding work involved recognising vulnerability early, supporting people below statutory thresholds and working with partners to reduce barriers to safe, equitable and person-centred palliative and end-of-life care.

The figures presented in this chapter therefore describe more than safeguarding activity. They reflect the experiences of people living with serious illness and the continued development of safeguarding practice across the hospice. The following section builds on this activity by describing how partnership working, lived experience and equality considerations strengthen safeguarding responses across the wider system.

PARTNERSHIP WORKING, VOICE AND EQUALITY

Safeguarding effectiveness depends on strong relationships with local authority safeguarding teams, Integrated Care Board colleagues, primary care, acute providers, community services, mental health services, the police, domestic abuse services, housing, voluntary sector partners and safeguarding adults and children's partnerships.

During 2025–2026, multi-agency working was particularly important where concerns involved self-neglect, domestic abuse, financial abuse, modern slavery, housing insecurity, carer strain or fluctuating mental capacity. These situations required timely information sharing, shared risk assessment and coordinated planning across organisational boundaries. During 2026–2027, the hospice will strengthen the voice of

people, families and carers within safeguarding reporting. This will include describing how people felt about safety, being listened to, understanding choices and participating in safeguarding decisions. It will also show how the organisation applies Making Safeguarding Personal and considers equality, diversity, inclusion and health inequalities within safeguarding practice.

ASSURANCE AREA	WHY IT MATTERS	EVIDENCE TO BE REPORTED
Making Safeguarding Personal	Demonstrates that safeguarding decisions are person-centred and rights-based.	Examples of involvement, consent, advocacy, outcomes and feedback.
Equality and inclusion	Shows how safeguarding responds to diverse needs and reduces barriers to care.	Analysis by protected characteristics where available, access issues, language needs and reasonable adjustments.
Carer experience	Recognises the safeguarding relevance of carer strain, family dynamics and informal support.	Themes from assessment, feedback, complaints, compliments and multidisciplinary discussion.
Partnership effectiveness	Provides assurance that risks are shared and managed across systems.	Examples of joint planning, information sharing, escalation and learning from multi-agency work.

PART FOUR:

RECOGNISING CUMULATIVE VULNERABILITY

LOOKING BEYOND INDIVIDUAL SAFEGUARDING CONCERNS

The preceding sections have shown safeguarding through data, governance and organisational learning. Together, they point to a central theme: vulnerability often builds gradually rather than appearing as a single event.

For people receiving palliative and end-of-life care, progressive illness can combine with frailty, isolation, financial hardship, changing relationships, caring responsibilities and questions about mental capacity, affecting safety, independence and access to support.

These circumstances rarely occur in isolation. Instead, they interact over time, creating cumulative vulnerability that may not be immediately recognised when each concern is considered separately.

Recognising these patterns has become one of the most important areas of organisational learning at St Christopher's Hospice during 2025–2026.

WHAT WE SAW IN PRACTICE

In practice, safeguarding concerns seldom presented as discrete events. People experiencing self-neglect were frequently living with deteriorating physical health, reduced mobility, increasing frailty and limited social support.

Concerns about financial abuse often emerged alongside dependence on family members, cognitive impairment or growing reliance on others to manage everyday affairs.

Domestic abuse became more difficult to identify as illness progressed and people's opportunities to seek help reduced.

Carers experiencing exhaustion or emotional distress sometimes found themselves struggling to balance complex caring responsibilities with their own health, employment and family commitments.

Each of these situations required careful assessment in its own right. Viewed together, they revealed broader patterns of vulnerability requiring coordinated, multidisciplinary responses that extended beyond statutory safeguarding processes alone.

WHY THIS MATTERS

Understanding cumulative vulnerability changes the way safeguarding is approached. Rather than identifying isolated safeguarding concerns, professionals are encouraged to consider how illness, social circumstances, relationships and wider environmental factors interact to influence a person's wellbeing, safety and autonomy.

This broader perspective supports earlier recognition of emerging risk, more proportionate decision-making and interventions that are tailored to the realities of people's lives. For hospice services, this is particularly important.

Relationships often develop over weeks or months, helping colleagues notice subtle changes in home environment, physical presentation, family dynamics or engagement with services. Together, these may indicate increasing vulnerability before statutory thresholds are reached.

This approach does not lower safeguarding thresholds. Rather, it strengthens professional judgement by recognising vulnerability earlier and responding proportionately before avoidable harm occurs.

PROFESSIONAL CURIOSITY AND RELATIONSHIP-BASED PRACTICE

Recognising cumulative vulnerability depends on more than safeguarding knowledge alone.

It requires curiosity, continuity of care and the confidence to ask difficult questions with sensitivity and compassion.

Relationship-based care builds trust over time, helping colleagues recognise changes that individuals may struggle to articulate and creating opportunities for earlier conversations, planning and support.

Professional curiosity therefore becomes an essential safeguarding skill, helping colleagues move beyond presenting concerns to understand the wider circumstances influencing people's experiences of illness and care.

ORGANISATIONAL REFLECTION

Cumulative vulnerability became one of the defining themes from safeguarding practice at St Christopher's Hospice. It influenced how concerns were understood, informed multidisciplinary decision-making and strengthened collaboration across teams and partner organisations.

Most importantly, it reinforced that safeguarding in hospice care is not only about responding after harm has occurred but about recognising how illness and wider circumstances increase vulnerability and enabling earlier support.

This understanding continues to shape safeguarding practice across the hospice and provides an important foundation for the organisation's future learning and development. These themes now inform the organisation's safeguarding risk register and improvement priorities for 2026–2027.

SAFEGUARDING RISK REGISTER AND IMPROVEMENT PRIORITIES

Safeguarding risks will be clearly identified, reviewed and linked to improvement actions. This will enable the organisation to demonstrate how learning from activity, audit, supervision, incidents and external reviews is translated into safer practice.

PRIORITY FOR 2026–2027	RATIONALE	MEASURE OF SUCCESS
Strengthen safeguarding data quality	Consistent data supports assurance, trend analysis and early identification of emerging risk.	Quarterly safeguarding dashboard includes concerns, referrals, Section 42 outcomes, themes, location, source, protected characteristics where available and actions taken.
Embed the Mental Capacity Act improvement programme	Capacity, consent and best interests decisions remain central to complex hospice practice.	Audit demonstrates improved completion, quality and consistency of Mental Capacity Act documentation.
Develop safeguarding supervision and reflective learning	Complex safeguarding requires professional support, curiosity and confidence.	Supervision uptake and themes are reported quarterly, with evidence of learning informing practice.
Strengthen Making Safeguarding Personal	Safeguarding should reflect what matters to the person and support rights, dignity and autonomy.	Case reviews demonstrate clear recording of wishes, consent, advocacy, outcomes and involvement.
Improve Board/trustee-level assurance	Safeguarding is a core governance responsibility requiring visible oversight.	Annual and quarterly reports provide clear assurance on risks, compliance, learning, actions and impact.

These priorities should be supported by named leads, target dates, reporting routes and measurable outcomes so that progress can be monitored throughout the year and included in the next annual report.

PART FIVE:

WHAT WE WILL CARRY FORWARD

WHAT WE HAVE LEARNED

Across 2025–2026, safeguarding helped St Christopher's Hospice reflect on the realities of serious illness and the experiences of the people and families it serves.

Safeguarding activity, quality improvement, multidisciplinary discussion and reflection strengthened more than governance. They deepened understanding of how vulnerability develops, how judgement is exercised and how relationship-based hospice care supports safety, dignity and autonomy.

The year reinforced the importance of seeing safeguarding concerns in context. Recognising how illness, relationships and social circumstances interact has strengthened the organisation's ability to respond proportionately to complex situations.

WHAT WE WILL CARRY FORWARD

The learning described throughout this report will continue to influence safeguarding practice across St Christopher's Hospice.

The organisation will continue to invest in professional development, reflective supervision, multidisciplinary collaboration and quality improvement, recognising that safeguarding is strengthened through continual learning.

Just as importantly, the experiences of this year have reinforced the importance of remaining curious, listening carefully to people and families, and understanding the wider circumstances that shape their experiences of illness, care and vulnerability.

These principles are not new. They have long been central to hospice care. What has changed is the organisation's understanding of how closely they are connected to effective safeguarding practice.

OBJECTIVES FOR NEXT YEAR

CLOSING REFLECTION

Every annual report captures a moment in time. This report also reflects a year in which safeguarding became a lens through which St Christopher's Hospice better understood the people and families it serves.

The most significant learning came through everyday conversations, professional judgement and relationships that helped colleagues recognise vulnerability before avoidable harm occurred.

It will continue to shape the questions we ask, the decisions we make and the way we work alongside people and families receiving palliative and end-of-life care.

In that sense, the most important outcome of 2025–2026 is not contained within these pages. It is reflected in the care that continues long after this report has been read.



END OF LIFE CARE THAT'S ALL ABOUT YOU

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Orpington site

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Orpington BR6 9XA

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