



# Quality Account

2024-2025



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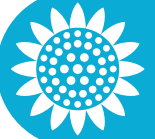
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# Statement on Quality

## From the Chief Executive



**On behalf of the Executive Team and the Board of Trustees, I am pleased to present this, the 2024-25 Quality Account for St Leonard's Hospice. This account gives us the opportunity to provide information on services we have delivered, how we have focused on quality, and enables us to set out the quality improvements to services we are planning for the year ahead.**

Whilst the pandemic and associated lockdowns and restrictions are more a distant memory than an ongoing challenge, the impact and repercussions for the health of the community we serve are still with us. In addition to this, we face increasing challenge relating to increasing costs and a widening gap between statutory income and expenditure. This is leaving us repeatedly with deficit budgets and places significant pressure on our income generation teams and our Board of Trustees to create a strategic vision that is both affordable and meets the needs of our local population.

Workforce challenges have been very real and have had significant ongoing impact for all employers, particularly those in the health and care sector. We are not immune to this and have felt the impact in recent years. I am pleased to note however, that recent recruitment has been strong and the calibre and numbers of applicants for roles within the Hospice are high. The ongoing cost of living challenges, recent above-inflation NHS pay awards for all staff groups, and, most recently, the increase to

employer National Insurance have hit hard and add further pressure on us and our ability to develop sustainable plans for the future.

There is no doubt that recent years have been a difficult time to be a patient, a carer, a family member, an employee or a volunteer in a healthcare organisation. St Leonard's Hospice has lived this challenge and is still facing it, but with the incredible support of our staff, volunteers and local population we continue to rise to meet it, as this report will demonstrate.

St Leonard's Hospice also continues to live up to its commitment to the people of York and North Yorkshire as it has for the last 40 years. We are supported by thousands of donors, volunteers, staff and partners, helping to deliver and fund vital services.

We know that having a sustainable, passionate, and effective St Leonard's Hospice is vitally important for the health of our city. Our vision (Everyone living with a life limiting illness has access to the best possible care and will be supported to die well), is as important today as it was when we first opened to daycare patients in 1984 and admitted our first in-patient in 1985. Our overall strategic vision and that of our clinical services demonstrate our desire to do more for our local population.

The fact that St Leonard's consistently supports thousands of patients and families every year shows how important our role in the local community continues to be. The strength of the Hospice is the commitment of staff, volunteers and supporters, and the vision to improve end-of-life care for the people of York and North Yorkshire.

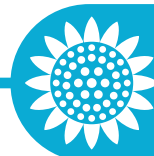


In the last year, St Leonard's Hospice has continued to respond to the system-wide call to help with pressures across local hospitals, reviewing our services and asking ourselves the critical question of how we can care for more people.

Our team of nurses, doctors and allied health and social care professionals have introduced changes to the referral process for our services, to ensure that those in greatest need have priority access. We have been able to increase the numbers of patients in our In-Patient Unit beds because of that. We also completed a full review of our Hospice@Home service to ensure that we can respond to the needs of more people who wish to be cared for at home.

We continue to develop our bereavement offer in response to the needs of our local population. As a result we have been able to support more people who are living with grief. We are leading work across York to create a Bereavement Alliance to ensure, as a city, we can provide as much help as possible to those who need it. This has included developing networks of skilled professionals, and piloting education and bereavement awareness sessions for people who are likely to be supporting those who have been bereaved. This includes working with schools and teaching staff.





Our services will continue to extend and expand in the future, with quality and continuous improvement at the heart of our decision making. Our incident reporting processes, safety huddles and 'learning for safety' processes are all contributing to a culture of learning, development and improved safety for our patients, and we have been delighted with progress toward a more digitally enabled future. We have also strengthened our patient feedback and patient voice, enabling us to further focus on quality as well as patient and family experiences. There are patient stories and feedback contained throughout this report highlighting the impact we have made on families.

We have been blown away by support from members of our local community who have raised thousands of pounds towards our care, including the family who raised money for cuddle beds. To be able to see cuddle beds on our In-Patient Unit now, and to hear how much it means to families, is truly overwhelming.

Our Board of Trustees are fully committed to improving quality and increasing the amount of care and support we provide for our local community. They have quality at the heart of their decision making for our beneficiaries. This focus is reflected in our strengthened corporate governance arrangements that, in conjunction with the operational groups in place, provides assurance to our Board that appropriate policies, procedures and processes are in place to support the care we provide.

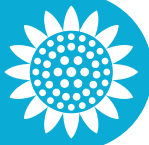
Last year we relaunched and refreshed our mission, vision and values and this year we have focused on staff training and leadership development and the introduction of our CARES

values awards. Our staff are our greatest asset, and I am proud of the work that is happening at all levels in the organisation to ensure that our staff and volunteers are prepared and supported to provide the best quality of care for our patients.

In addition to our care for patients and families, we have also focused time and resources on caring for our environment and the wider green agenda. It is exciting to see this develop, led by our staff. We are already seeing the financial benefits of greener energy, improved recycling, and waste reduction. This will support a more sustainable future Hospice.

This year's Quality Account was prepared by our Director of Clinical Services, with support from teams across the Hospice. I would like to take the opportunity to thank all staff who have been involved with writing the report. It covers just a snapshot of the quality of healthcare services provided by St Leonard's Hospice for the people of York and North Yorkshire. I hope you will agree it is a positive and optimistic review.

[The Board of Trustees have endorsed our Quality Account for 2024/25.](#)



# Statement of Assurance

## From the Board

As the new chair, sitting down to reflect on the past year at St Leonard's Hospice, I find myself caught between pride and humility. It's been a year of quiet triumphs and stubborn challenges. Through it all, I've seen the passion and determination of the team come together to deliver the specialist care and support our community rely on us for. Our Quality Account tells a story of change. Patient admissions up by 15%, with 308 people cared for in our In-Patient Unit, and the frailty project reaching those with complex needs in new ways. We've extended our Hospice@Home service, delivering over 6,000 hours of care, and our Sunflower Wellbeing Hub has welcomed 669 people through its doors. These aren't just numbers; they're lives touched, families supported, memories created and special moments made possible.

Whilst celebrating our impact is something to take pride in, the road ahead isn't necessarily an easy one. The system we are working in often feels complex and disjointed. National priorities and guidance don't always make it out into the regions. The demand for specialist level palliative care is rising, patient needs are growing more complex and the financial tightrope we walk gets narrower. With less than a quarter of our running costs covered by NHS funding, we rely firmly on the generosity of our community to keep going. It's a challenge shared by many hospices nationwide, and it asks us to dig deep and challenge ourselves to find new ways to sustain the care we promise. Yet, in that struggle, I see resilience. Not just in our balance sheets, but in the spirit of everyone who makes this place what it is. With hospice colleagues across the country, we continue to campaign for fair NHS funding in line with the law

and national guidance. This is the only secure route to sustainable hospice care and one we are determined to see happen to ensure we continue helping individuals and families facing the impact and uncertainty a terminal illness can bring.

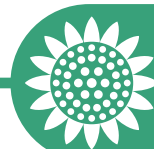
To our paid staff, volunteers and my fellow trustees, I owe a debt of thanks I can't fully express. From our clinicians to housekeeping, catering, administration, income generation, retail and corporate, you've shown what dedication looks like. You've faced long days and tough moments with a grace that humbles me, and I'm proud to be part of your team. To our system colleagues across the health and social care and further afield, your partnership is critical to our success. Collaborations like the Frailty Hub show what we can do together, and I'm grateful for every bridge we've built.

And then there's our community across York and North Yorkshire. Who are the heartbeat of St Leonard's. Volunteers like Cyril, giving 38 years since promising Brenda he'd help, or the Ryan family and friends, raising over £75,000 for cuddle beds. These acts of support keep us going. Your donations, your time, your trust in us with your loved ones, it's what fuels our work. As I write this, I think of Jean's grandsons climbing into a cuddle bed for a hug and I'm reminded why we're here, for the human stuff, the messy, beautiful bits of life and loss.

Looking ahead I'm certain we'll overcome whatever challenges come our way. With your support, we'll meet the growing need, care for more people, and hold true to our mission. Here's to another 40 years of being there, together.

**David Smith** Chair of the Board of Trustees

# Part one: Overview



## Our vision

Everyone living with a life-limiting illness has access to the best possible care and will be supported to die well.

## Our mission

- Developing accessible services based on the diverse and changing needs of our population.
- Campaigning for better public policy and awareness of palliative and end-of-life care issues.
- Encouraging partnership working to improve the quality of care for patients and secure the future of hospice care.

## The values we live by

### Compassion

**Compassion sits at the core of the services we deliver, and our interactions with others.**

We make time to care for patients, their families, supporters, and one another. We listen closely to understand and respond with humility and kindness in a way that reflects our genuine desire to help in a personalised way.

### Accountability

**We take our role of custodians of the Hospice seriously, and act accountably.**

We do what we say we will do, and take responsibility for the experience of patients, families, supporters and colleagues. We stand up for what we believe is right, being open and honest with one another no matter how uncomfortable this feels. We are accountable for our words and deeds and take restorative action if things don't go to plan.

### Respect

**We respect everyone, regardless of role or background, and the environment we work so hard to create.**

We value every person and seek to understand and work with their priorities, needs and abilities. We are welcoming and make sure nobody is excluded, discriminated against, or left behind. We take the sensitive nature of our work seriously and respect confidences, each other and the environment.

### Excellence

**For us excellence is a habit, and we set and hold high standards for our service and behaviour.**

We support everyone to perform at their best so we can deliver exceptional individual care. We constantly seek to learn and improve. We welcome feedback from each other, service users, families, carers, volunteers, supporters, partners, and the public to help us to innovate and break new ground that shapes best practice for end-of-life care.

### Synergy

**We are a group of people with a shared passion for our Hospice who create synergy through collaboration.**

We create great outcomes by building trusting relationships. We collaborate with patients, staff, volunteers, families, carers, supporters, and the communities we serve, and integrate with fellow professionals, practitioners, and partners outside of St Leonard's. We prioritise the needs of the service user.



## Our clinical services strategy

In 2024/25 the clinical leadership team worked on our strategic vision aligned with the wider organisational mission. We have engaged staff across the organisation to discuss and shape these plans.

### Our clinical strategy focuses on:

- **Increasing the number of people we support.**

This means more people in York and North Yorkshire have access to the best possible care, whether they are living with a life-limiting illness or have a friend or relative cared for by the Hospice.

- **Improving access and equity.**

Most of the people we support have a cancer diagnosis. We want to ensure we are there for more people with progressive life-limiting illnesses regardless of the diagnosis.

- **Providing the best possible care and support.**

We know the difference that palliative and end-of-life care makes. We are committed to providing the best possible care and are continuing to invest in our staff to ensure we have the skills, knowledge and support to achieve this.

We want people who have been told they have a life-limiting illness, and their loved ones, to know about the support the Hospice offers and to be able to access it from the moment they're diagnosed.

To make this happen, we would add people to a virtual caseload so we can give them the right care and support, at the right time and in the right place. This helps us get to know people earlier in their illness, so we can explain what's available and help them make informed choices about their care and treatment.



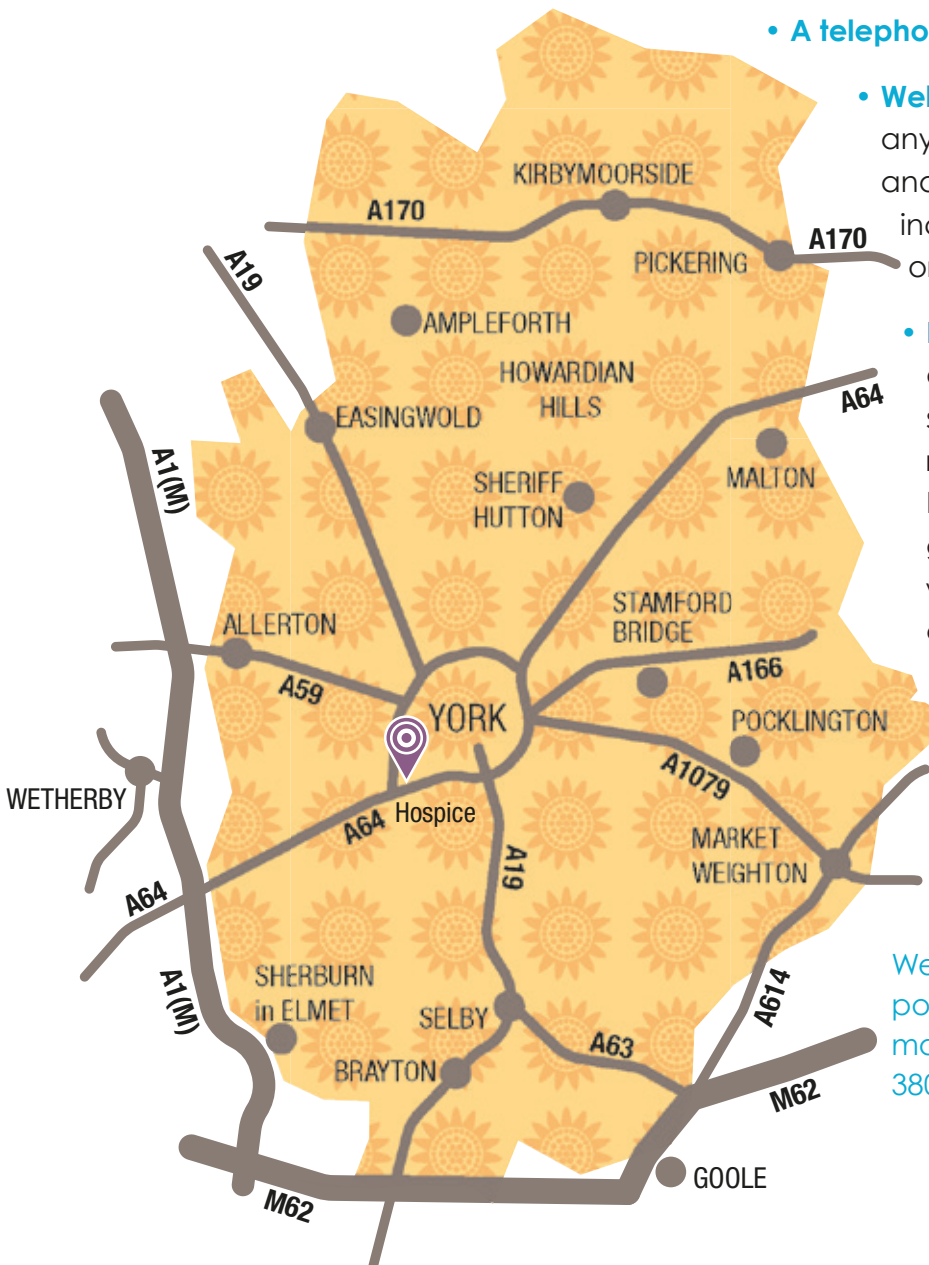
## Our services

We care for people in their home, in the community and at the Hospice. We do everything we can to ease our patients' pain and worry, so they can focus on what's important to them and make the most of their time with loved ones.

Thanks to the incredible support of our communities, our care is always provided free of charge.

### An overview of our services:

- **In-Patient Unit (IPU):** a specialist short-stay unit providing expert, round-the-clock care.
- **Hospice@Home:** this service enables people to remain at home at the end of their life.
- **Carer Support Service:** providing a much-needed break for people caring for a family member or friend who is living with a life-limiting illness.
- **A telephone support and coordination service.**
- **Wellbeing and outreach support:** for anyone living with a life-limiting illness and those they care about. These include access to our drop-in services or one-to-one support.
- **Bereavement Support Service:** our dedicated team provide one-to-one support for adults who have had a relative or friend cared for by the Hospice. We also offer a six week group programme, Living with Grief for anyone in our community.



We cover a population of more than 380,000.



## Summary of performance

Data covers the period of 1 April 2024 to 31 March 2025.

All clinical services provide compassionate, safe and effective care, responding to the needs of patients and those important to them.

### Total number of people cared for

1,750

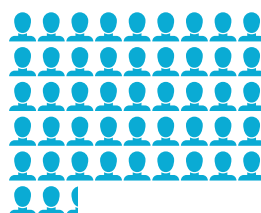


## In-Patient Unit (IPU)

Over the last year, we have cared for more patients in our IPU. Admissions have increased by **15%** and our bed occupancy averaged **82%**. This means we have supported 308 admissions on our IPU, our highest number since the coronavirus pandemic. There were 12 beds available, the average length of stay for patients in 2024/25 was 10 days.

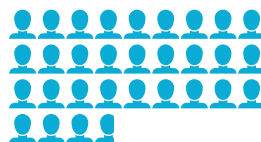
In 2025/26, we are aiming to increase the number of admissions by a further 20%.

The Responding to Urgency Need - Palliative Care (RUN-PC) triage tool was implemented in the Hospice in August 2022. The tool has allowed the patients referred to the Hospice to be triaged and a bed or community input to be offered in a fair, responsive and timely manner. The patients with the greatest palliative care requirements are offered an IPU bed based upon the urgency of their need. **63%** of admissions were for complex symptom management.



474

patients have been referred for an IPU bed



308

patients have been admitted



213

patients admitted within the allocated RUN-PC response times = **69%** of all admissions





	Patient admitted within target RUN-PC response times	Time on the waiting list prior to admission	Patients deemed to be in a crisis admitted within 24 hours
2023/2024	71%	2.42 days	73%
2024/2025	69%	2.72 days	76%

We have set a target for 2025/6 that 80% of patients deemed to be in a crisis via our triage tool are admitted to palliative care within 24 hours.

## Hospice@Home

In 2024/25, 520 people were referred into the service and we delivered 6112.5 hours of care. This service enables people to remain at home at the end of their life. We have also reviewed the service to ensure that we can reach more people.

In 2025/26 we hope to increase the number of people we support by 20%.

## Carer Support Service

In 2024/25, 244 people were referred for a carers break. We provided 4293.5 hours of care which is an increase of 41% from last year. What this means is we have provided more hours of carers breaks but to a similar number of people. So, we have reviewed the service offer and made changes to support more carers.

In 2025/26, we hope to increase the number of cares we support by 25%. We understand the incredible difference carers make to help their loved ones stay at home.



## Wellbeing and Outreach

We have seen increased demand for our wellbeing and outreach offer. We know how important emotional and social support is to people and their loved ones when they are living with a life-limiting illness.

Over 669 people have attended our Sunflower Wellbeing Hub, which offers a range of drop-in sessions to support anyone living with a life-limiting illness. A further 50 people received one-to-one support.

We have delivered over 240 complementary therapy sessions for people living with a life limiting illness and their loved ones.

We have worked closely with the Motor Neurone Disease Association (MNDA) York Group for anyone who has been diagnosed with the condition and their loved ones, supporting 142 people in total. The Group has part-funded some of the costs associated with delivering complementary therapy.

The support we deliver in our wellbeing and outreach service has been made possible thanks to the amazing support of our 40 volunteers.

## Bereavement support

We have provided 1,219 one-to-one bereavement support sessions. Again, this support is provided by our bereavement team which includes paid staff and volunteers.



## Neil's story shows the power of compassionate, joined-up care

Neil was a patient at St Leonard's Hospice after a long stay at York Hospital due to bowel cancer. At the time of leaving the hospital, Neil's family were told he had just days left to live.

Neil said: "I was at St Leonard's for just over three weeks, and although I was very poorly, the care was brilliant. The staff were so kind. They'd ask if I wanted my bed moving so I could see out of the window, and they even made special ice lollies for me because that's all I could manage to eat. They knew I liked John Smith's, so one of the staff made some lollies out of that as a treat."

Neil's wife Susan said: "We'd been through hell, but when we got to St Leonard's my daughter and I felt we could finally breathe again. It felt calm and relaxing."

Neil's grandchildren visited during his stay and created wonderful memories together, including testing a Virtual Reality headset at the Hospice!

With the support of the team, Neil's medication was brought under control and his health improved. He said: "I was able to go home just in time for our golden wedding anniversary!"

The family received weekly visits at home from our Carer Support Service. Susan said: "Having someone there to take care of Neil for a while gave me the chance to meet friends for a coffee and have a bit of a break."

Now Neil is feeling much stronger.

"We couldn't have managed without all the help and care we received from St Leonard's."



## Jean's story

"St Leonard's Hospice has transformed my life. Everyone has treated me with such kindness and love. I know I'm here for my health, but it feels like so much more, it's holistic. My family has been by my side since I came in, including my little grandsons.

I'm being cared for in one of the cuddle beds, which means my grandsons can have a hug with me. Even the dog got in! My husband Danny was cared for here in 2012, they looked after us so well then, just as they are now. Since I've arrived, they've got on top of my pain, and I'm eating a bit more now I'm here. I've even had sessions with the complementary therapist, like a foot massage, which has been so relaxing."



## Our funding

The running costs of St Leonard's Hospice in 2023/24 were £9.9 million. Over £7 million of this we needed to raise through voluntary income such as retail, fundraising and gifts in Wills.

The core grant income received from the NHS of £2.3 million is less than a quarter of the total income generated by the Hospice in 2023/24. All the financial support received from the NHS is spent on patient services.



## Care Quality Commission (CQC)

St Leonard's Hospice is required to register with the CQC, the independent regulator of health and adult social care services in England.

In April 2022, the CQC inspected the Hospice to assess compliance with the legal requirements and regulations under the Health and Social Care Act 2008.

Overall, our services were rated as Good. The following domains were rated good: Safe, Effective, Caring and Responsive. The Hospice was given a rating of Requires Improvement in the following domain: Well-led. We reviewed all the recommendations they made and implemented these immediately. We continue to monitor and update evidence of how we meet the fundamental standards and prepare for our next inspection.

Since our last inspection we have reviewed and improved our service delivery, workforce and education offer for staff. We introduced a Freedom to Speak Up post. We've also strengthened our governance and have a new Registered Manager and senior leadership team in post within clinical services.

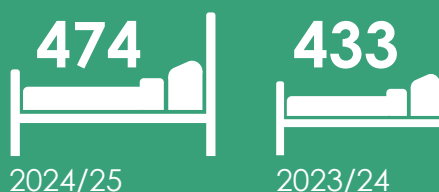
In 2024/25, we were not subject to an inspection or visit by the CQC.



[View the full report on our website](#)

## Annual summary

### People referred for an IPU bed



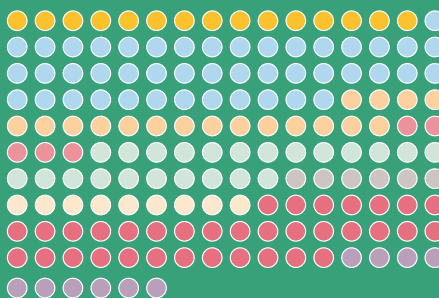
### People admitted



**213** people were admitted within the allocated RUN PC response time.  
This is **69%** of all admissions.

### Reason not admitted

- 15 Too unwell to travel
- 45 Died on the waiting list
- 18 Declined offered bed
- 5 Clinically improved, bed not required
- 23 Admitted to another hospice or community hospital
- 6 Admitted to acute hospital
- 9 Bed not required, community care input
- 35 Inappropriate referral
- 10 Patient's data not available



**“Coming to the Sunflower Wellbeing Hub each week is an absolute lifeline. There’s a lot on at home, and this gives me a couple of hours in a calm space.”** Emma



# Part two: Hospice experience



## Patient and family experience

We are committed to ensuring that everyone with a life-limiting illness has access to the best possible care and is supported to die well. We value feedback so we can develop and improve our services. Most of the feedback received is from patients' loved ones.

Patients and loved ones can give feedback on ongoing care via our 'Tell us Now' forum, however little feedback is given this way. We plan to develop new ways to get more feedback from patients in the future, so they have a direct role in shaping care at St Leonard's.

Feedback is recorded and then it is reviewed by the Clinical Services Senior Management Team and Board Committees. We also have plans to share feedback with staff so they can see how they are making a difference to people's lives.

**99% of respondents, who had completed feedback forms about our care, told us they felt they, or family members, were always treated with dignity and respect.**

**"Staff went above and beyond to treat my husband with care and respect at all times."**

**"Your care staff were unbelievable... we could not have been better looked after... wonderful caring staff. Not just for her, but for the whole family."**

**"We were made to feel as important as the patient."**

**99% of respondents also told us they felt their overall experience with St Leonard's had a positive impact.**

**"The service, support and care shown was perfect at a time we all needed it. Outstanding service."**

**"Myself and family will never forget how well the team cared for him. With such quiet calm and compassion. Can't praise them highly enough."**

**"I cannot thank or praise the Hospice and staff highly enough. They all take time to talk with patients and families. There is much more to the Hospice than a place to die. It's also a place to relax, reassure and heal."**

**"The bereavement service helped me to know the feelings I was experiencing were completely normal."**

**"The group helped me feel I wasn't alone. Everyone goes through grief."**



## Our community

Our community is at the heart of St Leonard's. Our mission involves campaigning for better public policy and awareness of palliative and end-of-life care issues. We want to ensure that our community understands what the Hospice does and that it is more than just a building where people come to die.

Our communications and marketing team initiate campaigns throughout the year, raising awareness of St Leonard's Hospice, our range of services, and how individuals can access them. We also highlight the various ways our community can get involved, whether shopping in one of our 14 charity shops or taking part in our many fundraising initiatives.

In addition, we celebrate the incredible generosity of our supporters who go above and beyond to raise funds to support our care.

Through our strong connections with local and regional media, we ensure our work is regularly featured across print, online, TV and radio channels. Our exclusive partnership with the BBC to highlight a family's fundraising campaign for new cuddle beds for the Hospice resulted in extensive coverage across BBC Radio York, BBC Look North, and nationally on Radio 2's Jeremy Vine Show.

We are also actively involved in commenting on key issues impacting the hospice sector, with significant features on the Assisted Dying Bill and hospice funding challenges featured in the York Press, BBC Look North, and the national BBC Breakfast.

Our social media channels are a key platform to share stories showing life at the Hospice. Our reach, engagement and followers are steadily growing. Patients, families, and supporters often use our posts to share their experiences and thank our teams. We also actively interact with our key audiences on these channels to build connections and provide support.

We consistently leverage topical dates such as Dying Matters Week and Hospice Care Week to engage with our community through both Hospice-based and local events. These offer a valuable opportunity to raise awareness and educate people about the ways we support individuals living with a life-limiting illness and bereavement.

This work is complemented by ongoing print and digital advertising, along with regular email communications to our supporter database.



## Our approach to income generation

As a cause rooted in our local community, we aim to be the charity of choice for everyone who has the will and ability to support social change by generously giving their time and money.

We want as many people as possible to understand the difference the Hospice's work makes; to give them a choice of ways they can help make it happen and to make sure they feel good about doing so.

St Leonard's Hospice is reliant on public goodwill for most of our income every year.



We celebrate our 40th anniversary in 2025, marking four decades of providing care and support for our local community. The idea of a Hospice in York began with four members of the Royal College of Nursing, and we've been here ever since. We remain committed to supporting people for at least the next 40 years by developing our services and providing specialist palliative care for local people with life-limiting illnesses.

## Retail

Our 14 shops are more than places to look for a bargain. They are a great way to engage with local communities and promote the Hospice. Our newest shops in Pocklington and Malton have interactive screens for people to find out more about how we can support our communities.

We also have a small shop in the Hospice reception area, giving patients and their visitors a chance to take a break from the In-Patient Unit and enjoy a familiar, everyday activity.

### Rob, shop volunteer turned manager

"For me, volunteering helped with my grief, got me out of the house, and reduced stress. It gave me focus without pressure. I had a career before, but caring for family was tough, and when that role ended, I needed something meaningful."

Volunteering at St Leonard's shop in Pocklington was perfect. Jo, the shop manager, provided amazing training and support, which gave me confidence and prepared me for my current role. Now, I'm a full-fledged staff member! The future is exciting for retail and the Hospice, there's never been a better time to get involved!"

**Over 400 volunteers support our work, and we wouldn't be here without them.**



## Cyril's story

Thirty-eight-years-ago Cyril Reynolds, 87, said his last goodbyes to his dear wife Brenda when she died in St Leonard's Hospice, aged 53. The Hospice had been open just two years then and her last words to him were "Will you do all you can for the Hospice?" So, that is when Cyril first began working as a volunteer.

Initially he helped out at weekends and evenings, doing odd jobs and helping with fairs, whilst working as an installation service manager for part of the EMI Group. Once retired, however, his volunteer work increased and he became assistant caretaker. He soon became involved in the retail section and was part of the team involved in setting up seven shops.

Over the years Cyril has helped raise thousands for the Hospice.

"I've really enjoyed it, it's kept me busy, kept me occupied," he said. "It's about patients getting better and out of the Hospice if they can. That's the aim of what we're doing it all for," he added.

When his health deteriorated, having a stroke and then a heart attack, he had a break, but still went back to volunteering. In total he has helped run 30 charity walks with the last one being just four years ago in Haworth.

"I've had plenty of enjoyment and satisfaction in doing it. Payment doesn't matter. If they asked me, I'd just do it! I told them Brenda asked me to do it and that's all the enjoyment I need to get from it."





## Engagement survey

Following the launch of our vision, mission and values in early 2024, we surveyed our staff to better understand their experiences of working at St Leonard's Hospice.

We were proud of the feedback that our staff provided, particularly that 95% of staff reported feeling proud to work for the Hospice. Staff expressed that they feel extremely strongly aligned to our new vision, mission and values and understand their contribution to this. We have engaged staff in creating and implementing plans in the areas they identified as having room to further improve.

We have created culture champions to help promote a positive workplace culture and developed plans to make ongoing improvements where needed.

## CARES Awards

Our culture champions have developed and launched the CARES Awards to continue to embed our values into our daily work. The scheme, run by colleagues, recognises peers for their contribution and demonstrating each of our values (Compassion, Accountability, Respect, Excellence and Synergy).

## Development of our leaders

In early 2025 we launched a values-based leadership development programme, 'The Leader Who CARES', for 45 leaders at the Hospice. This programme helps our leaders better understand their roles, appreciate the challenges of leading in the Hospice sector, and lead in a way that reflects our CARES values. It also supports them to build sustainable, healthy, high-performing environments.

One current delegate said:

"What I found was a group of peers who were honest and open. It was incredibly refreshing to be on a leadership course that celebrated the differences in style and personality and made them all worthy of leadership at St Leonard's Hospice. I look forward to continuing this journey with my cohort. This is a brilliant opportunity to grow as a leader in this organisation."

## Investing in the development of all staff

We have continued to build our learning management system and enhance its accessibility for all staff to support their personal and professional development. We have supported our staff to complete apprenticeships and professional qualifications (such as the Professional Nurse Advocate programme and the European Certificate in Palliative Care).



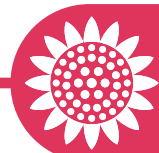
## Building a pipeline of talent for our sector

We continue to work closely with education providers to raise awareness and encourage people to work in our sector. In 2025, we welcomed three newly qualified nurses to our new Preceptorship programme as they commence their career in nursing. They are enjoying being able to work in clinical teams in our In-Patient Unit and within our Hospice@Home team.



Aimee, Molly and Laura on their induction day for our year-long Preceptorship programme at the Hospice.

# Part three: A look back



## What we have achieved in 2024-2025, progress against priorities

### 24-hour Hospice@Home

During 2024/25 we extended our operating hours to cover 24 hours a day. Whilst this enabled us to provide support to our patients and enable them to remain at home, we were unable to support people not known to us or in crisis and the costs associated with running this model were not sustainable.

During 2024/25 we completed a review of our Hospice@Home service with people with life-limiting illnesses, their loved ones and supporting community professionals. Feedback about our care and support was positive.

As part of the review, we identified areas for improvement. We have now made the following changes:

Amended the referral criteria to support more people and to increase equity of offer.

- **Palliative patient deteriorating and in the last 4 weeks of life**
- **Person in palliative crisis** (for example, awaiting admission onto IPU/period of adjustment whilst symptoms not controlled)
- **Bridging a gap in Fast Track care** (to enable timely discharge from hospital/IPU)

Patients must be over 18, may require hands on care and be registered/going to be registered with a District Nurse, Fast Track paperwork does not have to be submitted for a patient to receive care.

During 2025/26, we will continue to make further changes:

- Operating hours have changed so we have more staff available to meet people's needs at our busiest times of the day
- Care and support will be provided by our experienced healthcare assistants, with our registered nurses providing more specialist nursing input
- We are introducing a responder nurse role to help us be as responsive as possible

We have strong connections with our community partners and plan to build on these, helping to make sure we provide the best possible outcomes for our patients and those important to them.



## Right Care, Right Place

In 2024/25 we reviewed all our community-based services to help us meet the needs of as many people as possible. We continue to work with partners to look at our role within an integrated neighbourhood model of care to support more people. We have extended our wellbeing and outreach offer to meet the needs of more people.

### Supporting our community

"I come to the weekly Sunflower Wellbeing Hub, where I've had practical support with setting up an advance care plan and help in making sure other health professionals are aware of my plan and my wishes. As a Buddhist, it's important to me to know that I have a plan in place for the end of my life, and that my values will be respected. Other professionals have told me I'm thinking about it too soon, but for me, it matters. St Leonard's is the only place where I feel I can talk openly, and express myself and my fears, where no one shuts down my feelings. I live alone, so having these plans in place gives me peace of mind. The staff at St Leonard's took the time to help me write my advance care plan in a way that can be easily accessed by other services. What's incredible is that here, people genuinely take the time to listen."

Michelle, York

## Collaboration with York Integrated Care Team, Frailty Hub

In 2024/5 we secured grant funding for a 12-month frailty project. Research shows that, given a choice, more people living in York would prefer to die at home. Currently, however, people living with frailty are more likely to die in hospital. The new role, in collaboration with the health and social care community, aims to address this inequity.

The frailty nurse started in post in January 2025. Over the next year, we will be monitoring the impact of this role on people with frailty and the demand for this new support.

### Key project outcomes are:

1. To reduce admissions to hospital
2. Increase the number of people dying at home
3. To provide support to those patients considered to be approaching their last months of life
4. Provision of education

To date we have supported 48 patients to plan their care and support and provided a reactive service to another 15 patients. Additionally, we are strengthening links with health and social care partners, alongside the delivery of education and support.





## Implementing Patient Safety Incident Response Framework (PSIRF)

We are committed to delivering compassionate and high-quality care, so every person living with a life-limiting illness receives the best possible support during their time with us.

In 2024/25 we reviewed all clinical incidents and highlighted areas of key risk and harm specific to our patient cohort. To reduce harm, we are tailoring training, education, assessment and management of risks.

Our Head of Patient Safety continues to liaise with colleagues at the Integrated Care Board (ICB) about this.

### Patient story

York Integrated Care Team requested we visit a patient living in their own home, following a request from their daughter to talk to someone about end-of-life care. Our nurse visited and on reviewing the patient it was clear they were dying. Whilst the patient had some equipment in place they had no anticipatory medicines prescribed to alleviate symptoms at the end of life, no one had discussed the patient's wishes for care or treatment and there was no care support in place. Our nurse was able to refer to our Hopsice@Home team who were able to start to provide care and support straight away. Our nurse discussed with the patient their wishes and established they wanted to die at home and avoid a hospital admission. They prescribed medicines and liaised with the community nursing team who visited the following day. The patient died peacefully in their own home a few days later.



## Single Point Of Coordination (SPOC) review

This telephone service brings together end-of-life care specialists from across the community, rapidly responding to patient and family needs to provide an exceptionally high level of care in the local area.

In 2024/25 we reviewed the service in partnership with the local NHS Trust. A SPOC Working Group, established in September 2024 with representatives from both the Hospice and Trust, focuses on clarifying roles, enhancing technology, and improving efficiency.

In 2025/26 we will continue to develop our partnerships with people across the palliative care network. This helps us deliver higher quality care for people with life-limiting illnesses.

## Environmental sustainability

We have reviewed our energy usage and efficiency, waste reduction, greenhouse gas emissions and overall carbon footprint. In late 2023, an environmental sustainability working group was set up with staff members.

To further our work improving environmental sustainability within palliative care, we were granted an opportunity to take part in the inaugural Association of Palliative Medicine's Greener Care Award scheme 2025. Work on this started in February 2025.

The main Hospice site building's energy efficiency has also been assessed, with many recommendations for improvement. We also marked Recycling Week in October 2025 in our communications, showing how we have reduced landfill by selling pre-loved donated goods in our charity shops across York and North Yorkshire.





## Assisted dying

As an organisation we have been acutely aware of the heightened debate around assisted dying, and proposed change in the law as triggered by the Bill brought to the House of Commons by MP Kim Leadbeater.

The stance of the Hospice is a neutral one. This means we recognise and respect the opinions on both sides of the debate, and the profound impact this debate has, and will continue to have, on healthcare professionals and our patient population, with or without a change in the law.

Having a neutral stance, does not mean, however, that we are idle in this debate. As an organisation we see our role as two-fold.

Firstly, we wish to be leaders in providing an open and non-judgmental forum for our stakeholders on both sides of the debate to express any considerations, aspirations or concerns. As a service we pride ourselves in being able to provide excellence in care and support to people in the most complex of situations, in individuals faced directly and indirectly with advanced and life-limiting illness. The debate around assisted dying, and its impact is no exception. As part of this role St Leonard's Hospice has actively participated in media coverage, including articles on BBC Look North and national BBC coverage. We have also held education and discussion sessions for staff, with further sessions to be organised as the debate and parliamentary process evolves.

Secondly, the assisted dying debate has brought valuable and much-needed attention to the work carried out in palliative and end-of-life care. It has also helped to highlight the inequity of palliative service provision across the nation and for different patient groups, in addition to the funding crisis of multiple independent services, which are crying out for a sustainable funding model. We again at St Leonard's are striving to be one of the leaders in this debate, which helps to guide the destiny of palliative services. As part of this work, we have sought out and subsequently submitted to the Commission on Palliative and End-of-Life Care and are in regular contact with the MP for York Central, Rachel Maskell, who will sit on this commission and has been a prime advocate for the plight of palliative services.

In view of the significant number of unknowns in any change in law on assisted dying, we are presently not in a position to express a stance and response to any potential new legislation. We can, however, assure our stakeholders that our response will be based on thorough, well-considered and transparent assessment of the law and its impact on all Hospice stakeholders and our mission as an organisation.



## Priorities for improvement 2025-2026

### **Priority one: Listening to our patients, and those important to them, to improve our care**

We have several methods by which people using our services and those important to them can provide feedback or raise concerns including questionnaires, QR codes, postcards and feedback from the Medical Examiner's Office.

Our Patient Safety Lead has recently set up a Patient Experience and Effectiveness group which brings together teams across the organisation to focus on learning from feedback and improving engagement with people who use our services. Together they will help us better understand the experiences of a greater number of people and contribute to service development.

### **Priority two: Implementing our clinical strategy**

We will continue to ensure we support more people to access the range of services we provide. We have evaluated how we work internally to make sure all our teams are working with the same approach to support people under our care in the best way possible.

In 2024/25, we implemented a single referral hub to help us review all referrals to the Hospice and to look at how we can best support the people we care for. Previously, people would have been discharged from services and re-referred when or if they needed support again. Now, people only require one referral rather than multiple referrals or discharges.

We are also now offering follow-up support after Hospice admissions and discharges. Previously, people on our In-Patient Unit may have been discharged and not re-referred or until they needed our clinical support. However, now we are referring more patients to a 'virtual caseload' without discharge, so they can access support such as a monthly phone call, outreach and other forms of support to monitor their care.

This will help people and their loved ones to maintain Hospice support until they decide they no longer need us.

In 2025/26, we will look to extend opportunities for self-referral, so more people do not require a healthcare professional to access our support.

### **Priority three: Integration to achieve improved outcomes**

People in the last year of their lives require more input from health and social care professionals. In 2024/25 we worked with colleagues across York Place (part of the ICB) to help us take a system-wide approach to the services we offer.

In 2025/26, we hope to continue to provide more support for people with life-limiting illnesses to remain at home. Our work as key partners on the York Integrated Community Model Joint Delivery Board will help us to do this.





## Review of Quality Performance

### Quality indicators

Our regulated activities are treatment of disease, disorder and injury.

The Board of Trustees receives quarterly reports about our clinical services, and what the outcomes are for the people we care for. Our Governance committee, reporting to the Board, receive quarterly reports which include clinical incidents that have been reported, themes and trends, actions taken, and lessons learned. They also include information about our audit programme, patients' experiences and feedback and any complaints or compliments received.

We are determined to provide the very best care and support possible and are committed to further improving our services to help us achieve this.

In 2024/25, we received four cuddle beds at the Hospice. These have advanced patient safety technology to help people at risk of falls. They can be nursed in these beds and staff are alerted quickly should they attempt to get out of bed. We hope to see a reduction in falls because of this exciting technology. Additionally, we have installed a new patient safety monitoring system to help patients call for assistance. In 2025/26 we plan to be able to download information from this new technology about our responsiveness and show the impact that we are having for people.

### Family's fundraising provides four cuddle beds for the Hospice

When Dominic was diagnosed with a brain tumour, aged 45, his family spent time at his bedside in the Hospice. This is where they came up with the idea of fundraising for a cuddle bed so that families could be closer to their loved ones.



The special new cuddle beds look like a single bed and have all the functions of a hospital bed, but at the touch of a button, turn into double beds, allowing families to make the most of their time together.

The family and their friends fundraised over £75,000 to buy four cuddle beds in memory of Louise's late husband, Dominic (Nick) Ryan, who died in the Hospice in October 2023.



"I didn't even know the beds existed," said Louise. "When we were sat next to him, we wanted to hold his hand, lean in and be close to each other like we were at home. But this wasn't easy so that's how we started talking with the staff about this special type of hospital bed that is available, called a cuddle bed."

The ability for families to get into the same bed as their loved one, as they usually would, and have a cuddle or offer comfort at the most tender of times, is extremely beneficial, bringing a really important part of home life into the Hospice.

Louise said: "It's emotional seeing the beds here now, to know how they would have helped me and my family, and to know how beneficial they will be to people in the future. Doing this has brought positivity to a really sad situation for us, it gave us something to focus on, and to see all that hard work with the beds now in situ is amazing."

Thank you so much to the Ryan family and their friends for their fundraising efforts.



In 2025/26, we have committed to securing a cuddle bed for as many of our patients as possible



## Clinical incidents

We have developed a more robust reporting culture to help us review trends and patterns and make sure we are always learning and improving. In January 2024, we moved to a new web-based Vantage risk management system.

Each quarter a report is provided to the Governance Committee which reports to our Board of Trustees. This also includes our quarterly benchmarking data which is submitted to Hospice UK and Controlled Drugs Network.

All clinical incidents are reviewed by the Service Lead and there is a monthly 'Learning for Safety Meeting' chaired by the Head of Patient Safety where incidents are reviewed, with key learnings talked about and shared across clinical services.

Every year our Head of Patient Safety reviews all clinical incidents. Their report is reviewed via our Governance structure.

### What assurance it provides:

Clinical services show an embedded culture of transparency, learning, and proactive reporting. High engagement demonstrates that staff feel supported to raise concerns.

### What it means going forward:

Incident data will continue to drive Patient Safety Incident Response Framework (PSIRF) updates, policy change, and education. The Hospice will prioritise responsive analysis to emerging patterns across all our services.

## Infection Prevention and Control (IPC)

A standard operating procedure for staff in the management of people with coronavirus remains in place and has been updated in line with national guidance as required.

There have been no incidents of Hospice acquired COVID-19, Methicillin-Resistant Staphylococcus Aureus (MRSA) or Clostridioides Difficile (C-Diff).

### Prevention and management of pressure ulcers

Patients admitted to the Hospice, or cared for by our Hospice@Home team are at increased risk of developing pressure damage due to their general condition and comorbidities. This risk is assessed on admission and throughout their stay with us. This ensures that they are being nursed on the right pressure relieving equipment and the relevant interventions are in place to reduce the risk of development, or deterioration, of pressure damage already present.

An online education module 'react to red' is completed by staff and we continue to use the Purpose T tool developed by Leeds Teaching Hospitals NHS Trust. In addition, we have adopted the national guidance in relation to categorisation and management of pressure damage.



The table below shows the number of pressure ulcers by category that developed whilst the patient was in our care during 2024/25.

	IPU	H@H
Category 2:	15	23
Category 3:	3	7
Category 4:	0	0
Deep Tissue Injury (DTI)/Ungradable:	9	37

Of these there was one injury which was attributed to our care. This was in respect of some equipment used which was not secured in line with the instructions for use. This has resulted in changes to working practices which were shared via our safety huddles. In addition, we have a recently formed wound care group and plan to develop some materials for staff to be able to give to patients/families regarding pressure care, so that they can make informed decisions regarding repositioning and use of equipment.

## Safeguarding

In 2024-2025 St Leonards Hospice made 13 safeguarding referrals. Only one of these related to our services, the others related to concerns about care and treatment from other providers or people known to those in receipt of support, such as allegations of financial abuse or neglect. The one incident we reported related to a patient safety issue on our inpatient unit and robust actions were taken to reduce the risk of a reoccurrence.

Safeguarding incidents are discussed via our Learning 4 Safety forum and at a quarterly safeguarding meeting which is chaired by our safeguarding lead. Within this meeting we discuss incidents along with wider evidence of systems based learning, education, and collaboration with partners across the region.



## Education and training

### Clinical placements

The Hospice continues to provide a safe and structured learning environment for undergraduate and post graduate students in healthcare. We have close links to the universities of York and York St John and the Hull York Medical School, and have supported the training of 48 medical students, 17 nursing and healthcare assistant students and 4 therapy students over the past year. We have also provided clinical observation days for local GPs and the medical director of a teaching hospital in Sri Lanka.

### In-house training

We have appointed an experienced palliative care nurse to our workforce education and development team. Investing in our people is important to us. This role will help us continue to embed a learning culture in our clinical teams, and promote wellbeing, resilience, and engagement of the workforce restorative supervision and practice. It will also help us to respond to the challenges facing the hospice sector and the changing needs of the communities that we serve.

We offer opportunities for staff to reflect, process and learn from situations they may have faced at work. These sessions are weekly, and monthly, and help support staff wellbeing and resilience. They conclude with a brief meditation or mindfulness exercise.

Here are some of the sessions which have taken place or are planned:

- An introduction to restorative clinical supervision
- Restorative supervision session 1 – managing a range of emotional reactions of relatives/ those who matter most to a patient
- Dysphagia training
- Defensible documentation
- Restorative supervision session 2 – making errors
- Frailty
- Choice to die at home
- Mouthcare
- Understanding the dying process for nNon-clinical Staff
- Finding the right words

We will base further sessions on what staff would like to see.

This is also supporting the roll-out of Single Nurse Administration of Controlled Drugs on the In-Patient Unit and the development of a Wound Care Working Group who will lead on the ongoing education of all clinical staff in this important aspect of end-of-life care.



## Eye donation

In the last year, St Leonard's Hospice has partnered with NHS Blood and Transplant (NHSBT) to promote discussions around eye donation, also known as corneal donation, in hospices.

Up to 56% of patients cared for in a hospice setting are eligible to donate their eyes after death, according to research carried out by the University of Southampton and NHSBT.

For each person who donates, up to 10 recipients can receive sight saving surgery. Despite this, and a national shortfall in eye donors, most healthcare professionals and patients are unaware that there is an option to donate. There is shown to be strong support from people and their carers for the option of eye donation to be included in end-of-life care planning discussions. At the Hospice, we believe this is an integral part of achieving patient choice at the end-of-life.

We have been developing services and promoting discussions on eye donation since January 2024. We have seen high motivation and significant engagement from Hospice staff. Since January 2025 this has led to 12 referrals for eye donation, and six patients have successfully donated. As discussions are further embedded into routine clinical practice, and awareness developed in the communities we support, we predict that the number of successful donors will increase.

Eye donation has been shown to have a significantly positive impact on patients, bereaved relatives and staff morale.

Our appeal to raise awareness about eye donation has been covered by York Press and ITV Calendar news.

In July 2025, the Hospice and NHSBT plans to hold a forum to share individual patient stories, and the positive impact this work is having on all involved.



**“This place is joyous, the staff, the building,  
the care. It’s marvellous.”** Stewart







## Humber and North Yorkshire Integrated Care Board

Humber & North Yorkshire Integrated Care Board (ICB) are pleased to be given the opportunity to review and comment on St Leonard's Hospice's Quality Account for 2024/25, highlighting the ongoing work across the last year in relation to the excellent range of high-quality services provided at St Leonard's Hospice.

We would like to take this opportunity to thank all the staff and volunteers for their continued hard work, commitment and dedication and truly appreciate the way in which St Leonard's maintains the close and collaborative partnerships with both the ICB and wider partner organisations in and around York and across the Integrated Care System (ICS); both in the community and in-reaching into the local Acute Trust.

We thank all at St Leonard's for their continuous contributions, innovation and support. As a partner we acknowledge your strategic involvement and continue to value the breadth of contribution offered, in various forums and partnerships and in improving services for our population. Examples of this being your voice in the Hospice Collaborative and the Community Health and Care Collaborative. We thank you for your continuous commitment in improving the care and support to people with a life-limiting illness.

We note the St Leonard's Hospice "vision, mission and values" have been relaunched and particularly noting the focus on staff education and leadership. The recognition of staff being the Hospice's greatest asset is to be admired. We wish to highlight the staff survey results with 95% of staff stating they feel proud to be part of the Hospice team and have the feeling of a strong alignment to the St Leonard's "vision, mission and values". We note the positive narrative in the Account in relation to the CARES Awards and wholly congratulate all celebrating success.

We commend the St Leonard's Board's continued commitment to leadership and governance, the clear focused working since the last CQC inspection in 2022 and the ongoing improvements and achievements. We note the Chair's statement in the Quality Account who recognises the passion and determination of the team to deliver the best services and the full appreciation of collaboration at "all levels". Furthermore, the development of the Hospice clinical strategy that underpins the ambition of improving access to support more people to provide the best care and support is testament to the hard work by all from St Leonard's.

We note the participation in research activity and having read the information contained within the Quality Account about the eye donation work we look ahead with interest to hear about the joint Hospice and NHS Blood and Transplant Forum planned for July 2025.



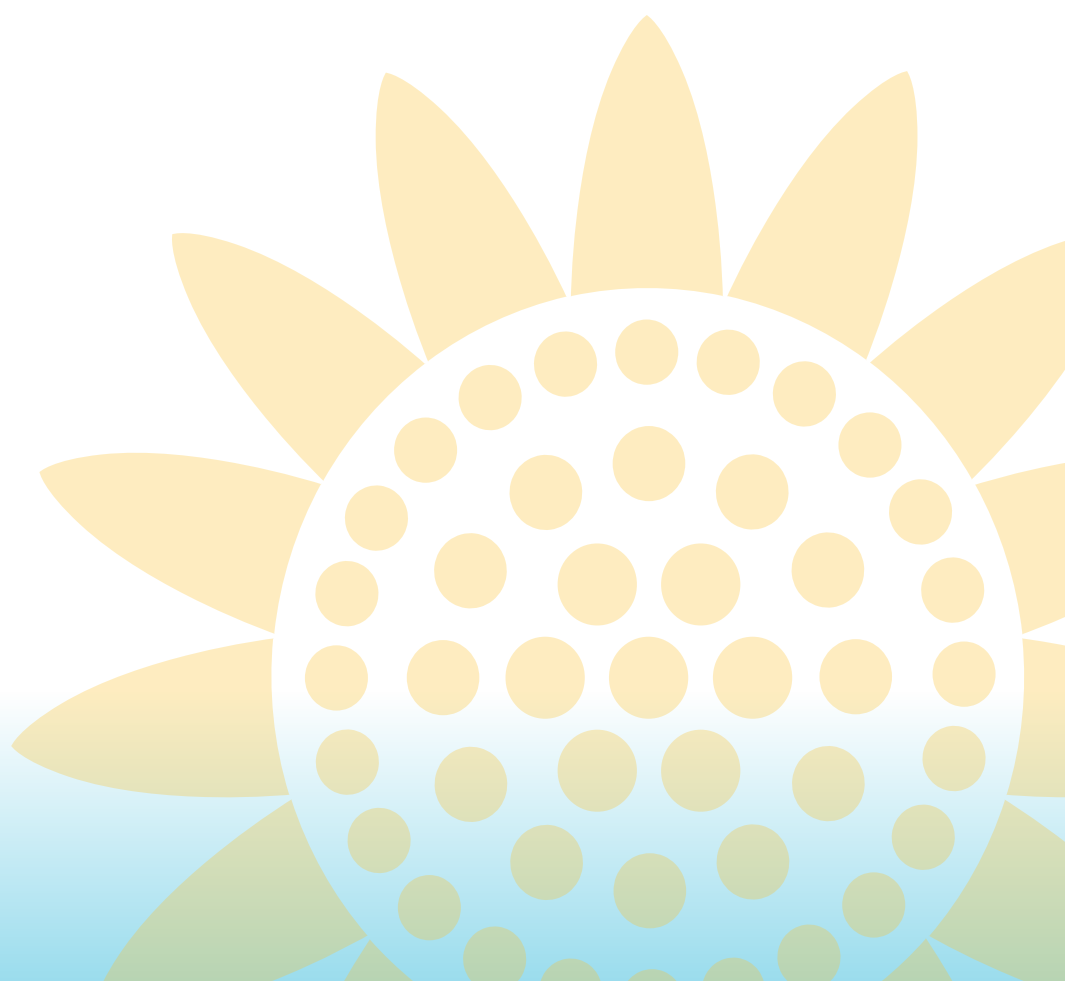
The ICB recognises the continuous commitment; in supporting those working for and using the services, we acknowledge the work to enhance carer support and the telephone and coordination service support. Neil's story was heartwarming to read and provides one of many examples of your commitment to personalised care. The support that St Leonard's provides to staff, volunteers and the local population is to be commended, and we acknowledge all the support given to patients and families. The "Tell Us Now" forum being another creative idea in which to capture feedback and how it is reported up to the Senior Leadership Team and the Board to help shape future services.

The Humber and North Yorkshire ICB would like to finally take the opportunity to thank colleagues at St Leonard's Hospice in continuing to work towards further improving the quality and safety of services available in providing continued excellent quality in palliative and end-of-life care as we move across 2025/26. We look forward to hearing more on the improvement work identified in your Account and planned for the future.

The ICB agrees that the Quality Account is presented as a transparent picture of St Leonard's Hospice's achievements across 2024/25, and we can confirm that to the best of our knowledge, the report is a true reflection of the quality of care delivered by St Leonard's Hospice and that the data and information contained in the report is accurate.

**Deborah Lowe**, Director of Nursing- Safety, Quality and Experience, Nursing and Quality Directorate, NHS Humber and North Yorkshire Integrated Care Board





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