St Leonard's Hospice

Quality Account 2025/2026



St Leonard's Hospice

Contents

Key Achievements 2025-26	page 4
Statement on Quality	page 6
Statement of Assurance	page 7
Part one: Overview	page 8
Our services	page 8
Part two: Hospice Experience	page 20
Patient and family experience	page 20
Our community	page 22
Part three: Review of Quality Performance	page 26

We're here for everyone who needs us.



In summary, April 2025 to March 2026 was a year of growth, innovation and collaboration.

St Leonard's Hospice supported more people, improved access to care and delivered better outcomes for patients and families across York and North Yorkshire.

Key Achievements 2025/26

A record 330 In-Patient Unit admissions, the highest number in the last decade and a 79% increase over three years.

Expanded the In-Patient Unit from 12 to 14 beds, increasing access to specialist palliative care.

Provided Hospice@Home support to 348 people, with 92% achieving their preferred place of death.

Embedded specialist palliative care in the Nimbuscare Community Frailty Hub, reducing hospital admissions and helping more people die in their preferred place of care.

Increased community support, reaching 2,749 people through wellbeing groups, drop-ins and outreach services.

Expanded support for carers and bereaved people, including the introduction of the Living with Grief programme and establishment of the York Bereavement Alliance.

Strengthened partnership working across health, social care and voluntary sector organisations, improving access to coordinated end-of-life care.



Statement on Quality

Welcome to St Leonard's Hospice Quality Account for 2025/26. This report is an important opportunity to reflect on the quality, safety and impact of the care we provide for people living with life-limiting illness, and for those who are important to them, across York, North and East Yorkshire. Reflecting on the year and introducing this account is always a highlight.

During the year, our teams continued to provide compassionate, specialist palliative and end of life care in the Hospice, in people's homes and across the community.

We supported more people through our services, which include the In-Patient Unit, Hospice@Home, Carer Support, Wellbeing and Outreach, bereavement support, telephone coordination and wider community engagement.

Behind every number in this account is a person, a family and a story; our focus remains on helping people live well, receive care in the place that is right for them, and die with dignity.

This has been a year of growth, development and learning. We have strengthened clinical pathways, improved access for people who may not previously have reached hospice services, and deepened our partnerships with NHS, social care and voluntary sector colleagues.

Our work with community frailty services, patient flow, telephone support and coordinated care demonstrates the difference that early identification, joined up working and responsive support can make for patients and families.

Quality and safety remain central to everything we do. This account sets out how we listen to patients, families, staff and volunteers; how we use feedback, incident-reporting and data to learn; and how we continue to strengthen our governance, assurance and preparation for future regulatory requirements.

I am pleased that patient and family feedback remains overwhelmingly positive, while recognising that we must keep improving and making our services easier to access, more inclusive and more responsive to changing need.

As a charity, our care is made possible by the dedication of our staff and volunteers and by the generosity of our supporters, donors, fundraisers, shoppers and wider community. I want to thank everyone who has contributed to St Leonard's Hospice during the year. Your commitment and continued support enable us to provide care that is free of charge and to continue developing services for the future.

Looking ahead to 2026/27, our priorities are clear: to continue providing and developing services that meet the needs of our community; to improve outcomes through integration and partnership; and to ensure that more people can access high-quality palliative and end of life care at the right time and in the right place.

I am confident that the information in this Quality Account gives an accurate and fair reflection of the quality of the services we provide, the progress we have made, and the areas where we will continue to improve.

Emma Johnson
Chief Executive
St Leonard's Hospice

Statement of Assurance

It is a privilege to introduce this year's Quality Account on behalf of the Board of Trustees.

Reading this report, I am struck not only by the scale of what has been achieved but also by the way in which the Hospice continues to evolve to meet the changing needs of our community.

During the year we have supported more people than ever before across our In-Patient Unit, Hospice@Home and community services, while continuing to deliver the compassionate, individualised care for which St Leonard's is recognised. Behind every statistic in this report is a person and a family whose experience has been made better by the skill, dedication and kindness of our staff and volunteers.

One of the strongest messages within this report is the importance of partnership. High-quality hospice care does not happen in isolation. Some of the best outcomes are achieved when organisations work together, sharing expertise and designing services around the needs of patients rather than organisational boundaries.

Throughout the year we have strengthened our relationships with NHS, social care and voluntary sector partners, helping more people access hospice care earlier and in the place that is right for them.

A particularly significant example of this is our work with the Community Frailty Hub. The evaluation of this partnership demonstrates what can be achieved when specialist palliative care is integrated into wider health services. Earlier identification of people living with advanced frailty has enabled more proactive planning, reduced unnecessary hospital admissions and helped many more people receive care, and ultimately die, in the place they would have chosen.

Just as importantly, it has demonstrated tangible benefits for the wider health and care system by reducing pressure on acute services and making better use of resources. It is exactly the sort of evidence-based innovation that should shape the future of palliative and end of life care.

The Board is equally encouraged by the continued focus on quality and governance. We have seen further support in clinical leadership, staff development, patient safety and organisational learning, alongside preparations for future regulatory requirements. At St Leonard's we treat quality as a process of continuous improvement, supported by listening to patients, families, partners, staff and volunteers and by being willing to learn from their experience.

Looking ahead, we know that demand for hospice care will continue to grow. An ageing population, increasing numbers of people living with complex conditions and continuing pressures across health and social care mean that the need for specialist palliative and end of life care has never been greater.

At the same time, charities such as St Leonard's must operate within an increasingly challenging financial environment, balancing rising costs and inadequate NHS funding with the need to generate the voluntary income on which our services depend.

As Trustees, our responsibility is not only to oversee the Hospice today but to ensure it remains strong and sustainable for the future. That means planning ahead, investing in services that meet changing needs, embracing innovation where it improves outcomes and maintaining the highest standards of governance and stewardship. By doing so, we can ensure that St Leonard's Hospice continues to provide outstanding care for generations to come.

On behalf of the Board of Trustees, I would like to thank our staff, volunteers, supporters, donors and partners for everything they contribute. Their commitment makes it possible for local people and their families to receive expert, compassionate care when they need it the most.

David Smith
Chair of Trustees
St Leonard's Hospice

Part One: **Overview**

Our Services

This Quality Account provides an overview of the care, services, and impact of St Leonard's Hospice during the 2025/2026 period.

St Leonard's Hospice is a leading provider of palliative and end of life care across York, North and East Yorkshire. We want everyone living with a life-limiting illness to have access to the best possible care, and to be supported to die well.

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, and their generous financial support, our care is always provided free of charge.

"From Mum's diagnosis in January 2025, we received incredible support. From the ladies coming to chat to mum for a few hours, the support from Heather Bell who I spoke to almost daily sometimes! She would call to check up on me to see how I was doing which was so appreciated. Then when Mum was admitted to the hospice the kindness, caring, understanding and empathy was truly heartwarming. I honestly cannot praise enough everyone involved in Mum's care. Thank you!"

An overview of our services:

- In-Patient Unit (IPU): a specialist short-stay unit providing expert, round-the-clock care.
- Hospice@Home: supporting those patients who want to spend the last few weeks of their lives at home.
- Palliative and Frailty Nurse Co-ordination to support people living with frailty to access high-quality end of life care
- Carer Support Service: providing a much-needed break for people caring for a family member or friend.
- Wellbeing drop-in sessions for anyone living with a life-limiting illness and for those they care about. These sessions include access to our drop-in services or one-to-one support.
- Bereavement Support Service: providing bereavement support for people who are living with grief.
- A telephone support and co-ordination service.

Key Achievements - 2025/2026

This year, St Leonard's Hospice has continued to provide outstanding care and support to people with palliative and end of life care needs.

Our support enables people to live well and, when the time comes, to die well, with support also available for those they love.

It is a privilege to see the dedication of our teams, who always strive to do more year on year knowing the positive impact they have on people's lives.

We're determined to ensure that our services meet the needs of our local population and help more people receive care where it is right for them.

Listening to patients, families, staff and volunteers is at the heart of what we do. Such feedback shapes the development of our services. The quality of our care is reflected in the feedback from people who use our services.

This was the year that we worked more closely with the NHS, social care and voluntary sector organisations to deliver more coordinated and responsive care. We reduced duplication and helped patients, as well as those important to them, to access hospice services earlier – particularly for those who would not ordinarily have done so.

As our services have grown, we've continued to focus on providing safe, high-quality care. We're always looking for ways to further improve. Our clinical teams are proactive, transparent and use data to make our care even better. We're also making sure we're ready for future regulatory requirements and continue to strengthen the way we manage and oversee our services.

Looking ahead, we'll continue to help people live well and have the best possible end of life, while also supporting those close to them.

Clinical Services

At St Leonard's, our In-patient Unit provides care for patients with a life-limiting illness who may require specialist palliative care to support their symptoms, or for patients at the end of their life.

In 2025/26, we cared for 330 patients on the In-patient Unit. This is the highest number in the last ten years a 7% increase on the previous year; with a 79% increase over the last three years.

Our community teams have also provided support to a huge number of people this year. Our Hospice@Home team is made up of registered nurses and healthcare assistants who support people to stay at home for end-of-life care and to die at home. We also provide support in a palliative crisis to avoid an unwanted hospital admission. In total this year the team supported 348 people.

Whilst this is a reduction on last year's figures, a change in reporting provides a more accurate picture of 'numbers of patients cared for' rather than the historic 'number of patients referred to the service' that has previously been reported.

Alongside this, our Wellbeing and Outreach team - including a nurse, social workers, a spiritual and cultural care lead, complementary therapists and support staff - increased the support they provide.

Providing one to one support to 119 people, this is an addition to our offer, ensuring people have practical and emotional support in their own home.

Our group activities and overall community engagement have hugely increased. Referrals to our Carer's Support Service increased by 39%, with 338 people receiving support.

This year we have reviewed our bereavement offer to ensure that we can meet the needs of as many bereaved people as possible. Supporting 156 people on a one-to-one basis and over 50 people through our new 'Living with Grief' group.

Improving access and equity

People at the end of life who are being cared for in an acute intensive care unit now have a smoother transfer pathway to the Hospice, or at home support if they prefer. This is thanks to our collaboration with York and Scarborough Teaching Hospitals NHS Foundation Trust.

"Thank you to everyone. I am (almost) sad to be going home!"

People living with a wide range of life-limiting conditions are now benefitting from the additional services of our Wellbeing and Outreach team. Alongside this, we are working closely with professionals across the community to make sure people get the right care when they need it.

People living with frailty and palliative care needs have also benefitted from our more joined-up approach. This has been incredibly successful in supporting people to remain as independent as possible, avoid unnecessary hospital stays, and access high-quality care and support at the right time. As a result of this successful project, we have embedded this practice within our service offer and are now increasing the number of people with a non-cancer diagnosis that we are supporting across hospice services.

Summary of Performance

During the period of 1 April 2025 to 31 March 2026, St Leonard's Hospice provided the following level of support:

330
admissions to our **In-patient Unit**

348
people supported by **Hospice@Home**

170
people supported through **Carer's Breaks from our Carer Support Service**

168
people supported by our **Palliative & Frailty Care Co-ordinator**

119
people received one-to-one support from our **Wellbeing & Outreach team**

156
people received one-to-one support from our **Bereavement team**

2,749
people reached through groups, drop-ins and **community engagement,** including our weekly drop-in sessions, Parkinson's Group, Motor Neurone Disease Association Group and Heart Failure Group

13,639
telephone calls received by our **Single Point of Co-ordination**

206
people supported through our **Bereavement Groups**

"During the most traumatic time of my life, St Leonard's Hospice@ Home carers made my husband comfortable in the final days of his life. They were also on hand for me. I was caring for my husband at home, and it was frightening at times, but the team were amazingly supportive. At my husband's funeral, we raised £185 for St Leonard's!"

"Within a very short time of arriving at St Leonard's my husband's pain relief was dealt with. He had been in constant pain for almost 9 weeks, so for him and his family it was a great relief to know his pain was dealt with effectively."



Looking Back 2025/26

Summary of Performance

In-Patient Unit (IPU)

Over the last year we have cared for more patients than ever in our IPU. Admissions have increased by 7%, and our bed occupancy averaged at 83%. This year we have increased our bed base from 12 to 14 enabling us to support more patients. The average length of stay for patients in 2025/26 was 12 days.

"I can't convey the sense of peace I felt at the IPU ward. St Leonard's was above and beyond my expectations. I can't thank everyone enough for the care and dignity mum had in her final hours and in her passing."

We have seen demand for services increase, with 550 people referred into our IPU. To prioritise admissions, we continue to use the Responding to Urgent Need - Palliative Care (RUN-PC) tool. This ensures patients with the greatest need can access a bed.

- Of the 550 referrals, we admitted 330 patients
- Of these 330 admissions, 74% were admitted within the allocated RUN PC response time, with 60% requiring complex symptom management
- 86% died in their preferred place of death.

"I am so pleased my husband spent his last week on the IPU. I stayed all the time and the care from the staff to both of us was exceptional. They ensured that I ate, slept and took breaks. I was able to become his wife again for the last week and not just his carer."

In 2026/27 we are aiming to improve patient flow to increase the number of patients we can admit.

Patient Flow

Following feedback about the discharge process from our In-Patient Unit, we have undertaken significant work to shift from discharge to a transfer of care between our services.

Between May 2025 and May 2026, we have transferred the care of 107 patients from the In-Patient Unit to another location. 24 of these people have been transferred to care homes, whilst 83 went home with our support to help them to feel confident with this transition.

To achieve this, we worked with all four local adult social care or NHS Continuing Healthcare departments, collaborated with community nursing teams, clinical nurse specialists, care homes, home care providers and others.

This is the first time this information has been specifically collated in the quality account. It illustrates the need, and continuing hard work, to ensure that IPU beds are used by those most in need.

In 2026/2027, we anticipate that we will increase the flow of patients between our services. This is will help deliver the right care and support at the right time and enable people to return home with hospice follow ups.

Summary of Performance – Hospice@Home

In 2025/26, the Hospice@Home team provided care and support to 348 people, delivering over 5,000 hours of care.

- 69% of people were seen within four hours from initial contact.
- 92% of patients achieved their preferred place of death.

This year we have embedded the changes made to our referral criteria. The 'Palliative Crisis Pathway' has increased the numbers of people who can access Hospice@Home.

People living with a diagnosis of frailty (who have often found it harder to access hospice care) can now receive the support they need at the right time.

We have worked closely with community partners, including taking part in weekly multidisciplinary meetings. This means we can help people with life-limiting conditions to receive hospice care at home earlier, whether they are experiencing a crisis or approaching the end of life.

In 2024/25 we received some feedback that people were being transferred to other care providers and then dying very quickly. By extending assessment periods, we have provided more consistent care.

Fewer patients are being discharged prematurely, which means more patients can continue to receive hospice care at home until the end of their lives.

Looking to the coming year, we will continue to find new ways to reach more people who need us. By utilising our nurses' expertise and skills, we will continue to provide care for people with complex symptoms and respond quickly when urgent assessments are needed.

Shirley's story*

Shirley, an 83-year-old woman, was experiencing severe abdominal pain. She was admitted to the Emergency Department and was found to have a bowel obstruction. After discussing her options, Shirley decided against surgery and needed palliative care. Shirley did not want to be admitted into hospital to die.

Her preferred place of care and death was at the Hospice. However, when she was told there was a waiting list for an inpatient hospice bed, she chose to return home and was supported by our Hospice@Home team.

Our nurse arranged to support Shirley back home the same day and ordered all the equipment Shirley needed to keep her comfortable. Shirley died peacefully in her own home two days later.

The rapid coordination between the Hospital and Hospice at Home team prevented an unnecessary admission and enabled her to have a peaceful, dignified, well-supported death outside of the hospital, even though her preferred place was unavailable. The coordination between teams ensured that her second preference, dying at home, was made possible quickly, safely, and with the right equipment.

*The patient's real name has not been used in this story.

Palliative & Frailty Care Co-ordination

Embedding palliative care within community frailty services

1. Last year, we established a partnership with the Nimbuscare Community Frailty Hub with the following key objectives:
2. To reduce unnecessary hospital admissions
3. To increase the number of people dying at home
4. To support frailer individuals considered to be approaching their last few months of life.

We know frailty is a major cause of unplanned hospital admissions and poor end of life outcomes. People living with advanced frailty are often identified too late in the final phase of life, resulting in crisis care, fragmented support, and hospital deaths instead of receiving care in their preferred place.

The Nimbuscare Community Frailty Hub supports approximately 3,500 people living with frailty across York who are high-risk. By embedding palliative care expertise within the Frailty Hub, we can identify patients at risk of deterioration earlier, giving them the opportunity to talk about and plan their palliative care, and receive the right support in the place they choose.

The model combined two approaches:

1. **Reactive:** rapid response to patients presenting in crisis, supporting admission avoidance and urgent end of life care coordination.
2. **Proactive:** early identification of people with advanced frailty, enabling advance care planning, ReSPECT discussions (which helps patients create personalised recommendations for their clinical care in an emergency) and anticipatory prescribing to prevent future crises.

Results

Across both these approaches, the project demonstrated significant improvements in end-of-life outcomes.

Place of death:

- 56% of patients died at home, compared with a national average of 23%.
- Hospital deaths reduced to 15%, compared with a national average of 47%.
- 85% of deaths occurred in community settings (home, hospice or care home).

Emergency admissions:

Nationally, 60% of patients have more than one admission in the last 90 days of life. 6.2% have more than three admissions.

Among the reactive patients accessing this service, 75% had at least one emergency admission prior to referral, with one-third experiencing multiple admissions. Following intervention however, 94% had no further emergency admissions and recurrent admissions were eliminated.

Among our proactive patients, mean emergency admissions reduced from 1.31 to 0.26 per patient, with 76% experiencing no admissions after referral.

Overall, the model shows that identifying frailty earlier and planning palliative care sooner can reduce hospital admissions in an emergency, reduce pressure on hospitals, and help more people to receive end of life care in their preferred place. As a result of the project, the Hospice has committed to funding the post on a long-term basis and has secured more NHS funding to explore how the service can be further developed.

Summary of Performance - Carer Support

In 2025/26 we supported 170 Carers to have a break, delivering over 3,000 hours of support. We have expanded the referral criteria to ensure the service is available to anyone living with a life-limiting illness.

In the next financial year, we hope to achieve a 25% increase in hours of care so that more families can access the support they need to continue caring at home.

Summary of performance - Wellbeing and Outreach Service

Our Wellbeing and Outreach Services now provide a wider range of support for people in the community. This reflects our commitment to making sure everyone can access high-quality end of life care.

In 2025/26 we:

- Provided 120 people with one-to-one support
- Reached 2,749 people through groups, drop-ins and community engagement. This includes our weekly drop-in sessions, Parkinson's Group, Motor Neurone Disease Association Group, Heart Failure Group.

Our key achievements this year include expanding our outreach support so that more people who are unable to attend the hospice can receive care closer to home.

We have developed dedicated social groups for people living with non-cancerous conditions such as Motor neurone disease (MND), heart failure, respiratory disease, Parkinson's disease).

"Going into the Hospice was like a warm hug for my husband and us as a family."

More people are now accessing support through our Wellbeing Drop-In and condition-specific groups, with attendance continuing to grow.

We have strengthened our connection with local communities through events and targeted outreach work in the Westfield area of York, helping more people learn about and access the support available to them.

Dorothy's story*

Dorothy's story shows the difference that early support can make for people approaching the end of life. By building trusted relationships, helping people understand what hospice care is and how it can help, we can reach them and their families sooner.

This helps people make informed choices, access a range of services at the right time, and receive personal, coordinated and compassionate care.

We met Dorothy at a food bank and coffee morning in a local deprived community. Dorothy had a cancer diagnosis and was already known to the community palliative care team, but neither she nor her family knew about the support the Hospice could provide or that she was eligible to receive it.

By getting to know Dorothy and her family early on, we were able to offer support that met their changing need. Dorothy began attending the Wellbeing drop-in at the Hospice's Sunflower Centre, before receiving support at home from our Carer Support Service and Hospice@Home team.

As her symptoms increased, she was admitted to our In-Patient Unit, where she died. Following her death, her family have continued to receive support through our bereavement service.

Charlotte Hoban (Wellbeing and Outreach Lead) & **Grace Seabrooke** (Senior Sister Hospice at Home)

*The patient's real name has not been used in this story.

Single Point of Co-ordination

This telephone-based service brings together end of life care specialists from across the community. This helps to provide a quick response to the needs of patients, and their loved ones, whist ensuring high quality and well-coordinated care.

In 2025/26 we have:

- Taken 13,639 calls
- Processed 2,736 referrals for all hospice services and the community specialist palliative care team (run by York Hospital Trust)

This year, we built on our already established partnership with York Hospital Trust by introducing a shared role with Nimbuscare in January 2026. This role has quickly become an important part of the partnership-wide multi-disciplinary team, helping to identify and signpost patients to hospice services. We look forward to further developing this role to enhance seamless, joined-up care across organisations.

Bereavement Support Service

In 2025/26, our team has worked to ensure we develop a bereavement offer which supports as many people as possible.

- Bereavement 1-2-1 support: 156 people
- Bereavement Groups: 50 people

Alongside our one-to-one support, which is available for people whose relative the hospice has cared for, we have also devised a 'Living with Grief' course. This offer is open to our entire community, regardless of whether people have a connection to the hospice.

'Living with Grief' is a five-week programme delivered at the Sunflower Centre at the main Hospice site. It helps people bereaved in the last two years.

The purpose of the sessions is to help people understand and normalise grief, develop coping strategies, reflect on memories and continuing bonds, and build supportive connections with others facing similar experiences.

York Bereavement Alliance

To support people with conversations about grief and normalise responses to grief, we have created the York Bereavement Alliance. This has helped to strengthen bereavement support across our local community, bringing organisations together through quarterly meetings for providers of bereavement support.

We have created a directory of local and national bereavement services on the St Leonard's Hospice website, making it easier for people to find the support they need.

Additionally, we delivered Bereavement Listener Training (2.5 hours each) to over 150 people from various organisations across York and North Yorkshire, such as York Neighbours, Menfulness, York Carers Centre, St Leonard's Hospice, Age UK, York College, University departments and more.

Children's Bereavement Work

According to Child Bereavement UK, an estimated 26,900 parents die each year in the UK leaving dependent children; that's one parent every 20 minutes[1].

Through a small amount of funding, the York Bereavement Alliance has been supporting bereaved children in partnership with Bereaved Children Support York and Papyrus. We have collaborated with a local secondary school to design and host five full-day training sessions for school staff, helping them support bereaved children and young people. We shared practical skills, dispelled myths, grew confidence, offered policy advice and helped equip schools to normalise grief.

"St Leonard's came to our rescue for the second time when care was needed and things at home were at their limit."

[1]UK Death Statistics | Child Bereavement UK

This covered:

- 10 local secondary schools (combined pupil numbers: 7,537)
- 16 local primary schools (combined pupil numbers: 4,059)
- 2 further education colleges (over 7,000 students)

We also delivered a specialist session to 15 professionals working with bereaved children, including staff from fostering and adoption services, local youth homelessness charity SASH, York Carers Centre, and the youth offending team.

Demand for these sessions is high and waiting lists are in place. We will seek funding to continue these initiatives, so that more people can benefit from bereavement support when they need it.

"Going into the Hospice was like a warm hug for my husband and us as a family."

Ongoing Innovation

Intensive Care Pathways

In 2025/26, St Leonard's worked on a trial for patients dying on the intensive care unit at York District Hospital.

This allowed patients to die at the Hospice, in a calmer, non-medicalised environment. It also meant their loved ones could access additional help and ongoing bereavement support.

This transfer also freed-up specialist beds on the intensive care unit.

To date, seven people have accessed a hospice bed or received support from the Hospice@ Home team to return home.

Eye donations

Last year, we reported on a project at the Hospice to promote discussions about eye donation, also known as corneal donation.

From April 2025 to March 2026, we made 36 referrals for eye donations. This enabled the NHS Blood and Transplant Team (NHSBT) to undertake 25 successful donations, and between 25-250 sight saving operations.

We regularly have conversations with patients about eye donations. This will be expanded to those accessing our Wellbeing and Outreach services, resulting in a greater number of patients being able to express their wishes at the end of life.

St Leonard's Hospice has also pioneered 'consent in life'. Currently, for anyone wishing to donate their eyes, the official consent process is carried out with the next of kin by NHSBT within 24 hours after a patient's death.

Recording this consent in life will improve the experience for patients and loved ones, as well as enabling more time to collect important details to enable a successful donation.

Each year, there is a need for up to 5,000 more corneal donors. Many people who are eligible may not do so due to a lack of awareness from healthcare professionals and the general population.

"It was an honour and a privilege to experience the Hospice's work, and if the need arose, any friend or family member would be extremely fortunate to be cared for by the Hospice."

St Leonard's Hospice is working with NHSBT to reduce this deficit and carry out the wishes of more end-of-life patients.

How the Hospice's work is funded

In the year 2025-26, it cost £11.2 million to run St Leonard's Hospice.

We received £2.3 million in core funding from the NHS, less than a quarter of the annual cost.

For the remainder, we rely annually on our community, who support us so generously through our charity shops, weekly lottery, donations, fundraising and gifts in Wills. Thank you.

"I can't convey the sense of peace I felt at the IPU ward. St Leonard's was above and beyond my expectations. I can't thank everyone enough for the care and dignity mum had in her final hours and in her passing."

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. In 2025/26, we were not subject to an inspection or visit by the CQC.



Part two:
Hospice Experience

Patient and family experience

We are committed to ensuring that everyone living with a life-limiting illness receives high-quality, compassionate care and is supported to die well. Listening to feedback from patients and those important to them is an important part of how we learn, improve and shape our services.

Feedback is gathered through questionnaires given to patients and their loved ones. This is recorded, reviewed and used to inform service development.

A robust reporting framework is in place, with insights shared with staff via the Hospice Hub, reported monthly to the Executive Team and quarterly to the Board of Trustees. We also receive many cards and letters of thanks which are shared with staff to highlight the impact of our care.

Feedback remains overwhelmingly positive:

- 99% of respondents reported that they or their family members were always treated with dignity and respect, reflecting our commitment to person-centred care and our core values.
- Overall experience of care is highly rated, with 87.6% of respondents 'strongly agreeing' and 11.7% 'agreeing' that their experience had a positive impact.
- Trust in professionals is also strong, with 99.3% agreeing that they had confidence in those providing their care.

While we are proud of these results, we remain committed to continuous improvement and will continue to engage with patients and their supporters to ensure we deliver the best possible care. In 2026/27, we are establishing a group to strengthen our approach by exploring how we can further enhance patients' and families' experiences.



Tom's story*

The importance of holistic care, responsive joined up working and the impact of hospice services beyond specialist caseloads

This story shows the difference that responsive, coordinated care can make for someone at the end of life. By recognising that the patient needed more support, and working closely with partner services, we were able to react quickly, avoiding a hospital admission when he was at his most vulnerable. This helped manage his symptoms at home and supported his wife. Most importantly, it enabled him to remain at home, where he was most comfortable, and to die peacefully with the right care and support in place.

Tom was living with dementia and experienced a rapid deterioration in his condition. He was accessing complementary therapy but was not otherwise receiving hospice or specialist palliative care. During a home visit, the complementary therapy lead identified that the patient was significantly more confused. His wife expressed concern about his increasing confusion, reduced mobility and falls.

After concerns were raised with our community team, we worked quickly with Nimbus Care 'Urgent Care Response' to arrange a timely medical review.

He received care at home for his symptoms, and as it became clear that he was approaching the end of life, he was referred to the District Nurse, Specialist Palliative Care Team, and St Leonard's Hospice in-patient unit and Hospice@Home.

Due to the complexity of Tom's needs, a hospice in-patient admission was considered. However, his wife felt strongly that his wish to was to remain at home. Together with Hospice@Home, Marie Curie and our Carer Support Service, Tom and his wife were supported, and he died peacefully at home a few days later.

Charlotte Hoban (Wellbeing and Outreach Lead) & **Grace Seabrooke** (Senior Sister Hospice at Home)

*The patient's real name has not been used in this story.

Our community

St Leonard's has dedicated itself to the vision of providing the best possible care and supporting people to die well.

What 'dying well', and 'living well until you die' means is not for the hospice to decide. It is a deeply personal decision influenced by our experiences, identities, culture and beliefs. In committing to this vision, we also commit ourselves to listening, understanding and developing services which genuinely meet the needs of our community.

Community engagement this year

Improving Equity of Access

This year, we have continued to strengthen links within our community, with particular focus on reaching those who are less likely to access hospice care, or who experience barriers to getting the support they need.

The Wellbeing and Outreach team have joined events such as the York Health and Arts Mela and Pride, with plans to join Quiet Pride for the first time this year. We have also promoted the Hospice's services during national Dying Matters Awareness Week and participated in the Dead Good Festival.

In Selby, an area with higher levels of deprivation than others we serve, we have continued to build relationships with communities and healthcare professionals. We regularly attend and support activities in the area.

Contributing to wider partnership work in York, we are helping understand and address why some people from economically disadvantaged areas may be less likely to access palliative and end of life care.

Our new Wellbeing Co-ordinators have helped us build new connections with communities in Pocklington, Easingwold and other rural areas. By listening to local needs and working alongside existing services and groups, we can better understand what support people need and how we can help them to access it.

We have continued working with professionals and organisations that support people with learning disabilities, raising awareness of hospice services and better understanding the barriers to accessing end of life care.

Next steps

This work has been guided by the most recent census data for our area, alongside research from Hospice UK, the CQC and others. Two papers have been presented to the executive team to help ensure the hospice meets its vision of serving our whole community: Prepared to Care and Applying the Accessible Information Standard.

We continue working to make sure that the hospice is more than compliant with the Accessible Information Standard and are working towards being a service without barriers for any member of our community.

Income generation

Thank you

We are proud to be part of the local communities we serve and are incredibly grateful to every person who supports us – whether that's through shopping in one of our charity stores, playing the weekly lottery, donating, fundraising or volunteering their time.

The care we provide each year is only possible because of this shared commitment between the hospice and our community. We work hard to ensure people can see the difference their support makes and offer people a range of ways they can help in a way that feels right for them.

Above all, we want everyone who supports the hospice to feel valued and to know that they are helping make compassionate care possible for local people and their families.

Our hospice shops are more than places to browse for a bargain. They are a great way to engage with local communities and promote the value of the Hospice's work.

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

Lauren started volunteering in the Haxby shop this year and has been feeling amazing benefits from her time there.

Having been out of work since December last year due to her health, Lauren was keen to get involved in volunteering at her favourite local charity shop and to build back her confidence and skills. Though at the start she was quite nervous about the impact it might have on her, she has found the team to be amazingly supportive.

In just four months, Lauren has gone from doing two hours a week to two or three full shifts a week! This is a massive step that has allowed her to feel confident about starting to look for jobs again.

Lauren's favourite aspect of volunteering in the shop is the opportunity it gives her to socialise with the lovely team as well as local customers – especially the regulars! She is a hugely valued part of the Haxby team, and we wish her all the best in her job search, even if we know everyone at the shop will be sad to see her go!

Volunteer data

In 2025, we celebrated our 40th anniversary. What began as an idea shared by four Royal College of Nursing members has grown into a hospice that has been providing care and support to people across our local community for four decades. With the continued generosity of our supporters, we can keep developing our services and ensure local people with life-limiting illnesses receive specialist palliative care for the next 40 years and beyond.

We continue to make volunteering more welcoming and accessible by working closely with organisations across our community. This year, those partnerships have helped us connect with and support a more diverse group of volunteers.

Together with York CVS and other local charities, we were proud to help create the city's new Volunteering Quality Mark, which we have now achieved. This accreditation celebrates the positive, inclusive and supportive experience we offer to everyone who gives their time to our hospice.

More than 500 dedicated volunteers give their time, energy and compassion to support our work. Together with our supporters and community, they make everything we do possible.

Our people

Engagement survey

The commitment of staff and volunteers to our cause, our patients and each other is what makes the Hospice a truly special place to work.

Everyone shares that same commitment, from the board and senior leadership team to medical staff and the army of volunteers who bring sunshine into our Hospice daily.

Following the launch of our Vision, Mission and Values in 2024, we have continued to survey our staff to better understand their experiences at work. This includes rolling spot surveys throughout the year, as well as a biennial full survey. Surveys are also shared with our volunteers.

We were proud of the feedback that our staff provided. 97% of staff reported feeling proud to work for the Hospice in our most recent spot survey.

CARES Values Awards

The CARES Awards were introduced to help embed our Vision, Mission and Values into everyday life at the Hospice.

These staff-led awards are designed to highlight how our values - Compassion, Accountability, Respect, Excellence and Synergy - are not just aspirational but actively demonstrated by our colleagues across all roles and teams.

From nomination through to selection and celebration, the entire process is led by staff, ensuring that recognition is rooted in peer appreciation and lived experience.

The CARES Awards provide a meaningful opportunity for staff to recognise each other - celebrating those moments, big or small, that reflect the very best of who we are. By sharing and celebrating these examples, we strengthen our culture of appreciation and support and reinforce the values that unite us in our work.

The CARES Values Awards Survey was launched to coincide with the end of the first year of the awards, providing staff with an opportunity to share views and experiences:

- 100% of staff said they were aware of the CARES Values Awards
- 93% of staff agreed that the CARES Values Awards help recognise and reinforce hospice values
- 87% of staff agreed that the CARES Values Awards help motivate staff and strengthen team morale.

"It's such an effective way to keep the conversation going around the Hospice about what our values are."

"It's great to be able to nominate in the moment and on a regular basis. Even if people don't win, they still get to see the nomination, so that moment of appreciation still lands well. We've heard from others how it's made them feel and how successful it is."

"It was a great event to celebrate winners and demonstrated our values in action. Some real love and engagement from not just the winners but everyone else who attended."

In summary, the CARES Values Awards are viewed as a well-established and valued initiative, contributing positively to staff recognition, morale, and the visibility of the hospice's values in everyday practice. The feedback gathered through the survey provided useful insight to help refine and strengthen the scheme as it moved into its second year.

Development of our leaders

In 2025/2026 we delivered our bespoke valued-based leadership development programme, The Leader who CARES, to our leaders. This programme gave leaders the opportunity to reflect on the importance of their role, understand the challenges of leading in the hospice sector, and think about how they lead in a way that reflects our CARES values while building sustainable, healthy working environments.

At the start of the programme and on completion, all participants received feedback about what they were like as a leader from colleagues across the organisation. 81% maintained and improved their feedback after the programme. A delegate said: "The programme has fundamentally changed who I am as a person, not just as a leader."

Our leaders have played a key role in setting the tone and standards across the organisation. In the most recent employee engagement survey (2026),100% of respondents said they understood and shared the Hospice's values and were able to demonstrate them in their everyday work.

Training, recruitment and education

Investing in the development of all staff

We have invested in developing staff digital skills and improving the content and accessibility of our learning management system. This has made learning easier to access and supports the personal and professional development of our staff.

Staff are encouraged to study for apprenticeships in a range of subjects that support our aims, including business leadership, fundraising, digital and data, project management, as well as learning and development.

We continue to support clinicians with professional qualifications, such as the Professional Nurse Advocate programme, the European Certificate in Palliative Care and a Master's degree in Human Factors for Patient Safety.

We are adding clinical study days and resources to our training offer. We are also building a culture of learning through regular education and information sharing sessions open to all staff, as well as specialist palliative care education sessions for our clinical staff.

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. We have supported student placements for medical staff, nurses, social workers and allied healthcare professionals.

We have welcomed Duke of Edinburgh volunteers and have actively recruited volunteers to give them work experience and insight into working in our sector.

We have expanded our reach by working in partnership with other care providers, helping their staff to build confidence and skills to deliver high-quality end of life care to patients in their homes.



Part Three: **Review of Quality Performance**

Quality Indicators

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

Our Governance Committee, reporting to the Board of Trustees, receives quarterly reports about our clinical services and what the outcomes are for the people we support.

These include clinical incidents that have been reported, thematic analysis of patterns, trends, and learning outcomes. We also include information about our audit programme, patient experience, compliments, complaints and mandatory training compliance.

Clinical incidents

We have a responsive, system-focused analysis to identify emerging patterns across all services, ensuring our investigations deliver meaningful learning.

Pressure ulcers

Pressure ulcers remain the most frequently reported incident. Aligned with our Patent Safety Incident Response Framework (PSIRF) policy, the current priority has been refined with clinical nuance to focus strictly on newly developed pressure ulcers, those that developed in our care, where the patient was not in the last days of their life. This approach allows us to investigate underlying processes where harm is potentially avoidable, while appropriately separating the unavoidable physiological reality of end-of-life of-life skin failure.

In-patient Unit 90 wounds were present on admission and 38 developed or deteriorated in our care.

Pressure Ulcers: Total 128			
	On admission	Deteriorated	New
Cat 1	2	1	4
Cat 2	53	3	16
Cat 3	12	4	0
Cat 4	4	0	0
DTI	7	2	6
Unstageable	0	0	0
Moisture Associated Damage	12	0	2
Total	**90**	**10**	**28**

Hospice@Home 73 wounds were present on admission and 85 developed or deteriorated in our care. Wounds developed in Hospice@Home care occur consistently due to challenges at home, including reduced control over specialist equipment (such as pressure relieving mattresses and profiling beds), reliance on unpaid carers and end of life skin failure.

Pressure Ulcers: Total 158			
	On admission	Deteriorated	New
Cat 1	3	1	10
Cat 2	21	13	7
Cat 3	7	1	0
Cat 4	1	0	0
DTI	26	10	30
Unstageable	8	3	6
MASD	7	1	3
Total	**73**	**29**	**56**

Medicines Incidents

The Hospice is a member of the Controlled Drug Local Intelligence Network and reports any incidents relating to controlled drugs on a quarterly basis to the NHS England Yorkshire Network.

Controlled drug discrepancies have decreased and remain at a low level (in comparison with the numbers of administrations we undertake every year). External weekly audits continue to provide strong independent assurance over controlled drugs. Most reported issues now relate to equipment reliability, charting omissions, or administrative prescribing errors caught early.

The successful rollout of **single nurse administration of controlled drugs** has not resulted in any increased risk, administration errors, or serious harm. The reporting profile demonstrates high staff vigilance, showing that minor administrative discrepancies are being identified and captured for learning before they can escalate into patient harm.

In-patient Unit reported 60 medicines incidents. None of these were classed as moderate incidents or resulted in patient harm.

Hospice@Home reported 9 medicines incidents. None of these were classed as moderate incidents or resulted in patient harm.

Falls

External benchmarking confirms that the In-Patient Unit falls rate has sustained a clear reduction, sitting consistently below both the national hospice average and median. Most falls result in no harm, demonstrating that risks are managed proportionately, and that increased community reporting signifies a positive, transparent culture rather than increased patient harm.

Inpatient Unit reported 29 falls in total. One fall resulted in a suspected hip fracture.

Hospice@Home reported 17 falls in total. None of these resulted in serious harm.

Safeguarding

We recorded 15 safeguarding reports on our internal incident management system. Our clinical staff have sound awareness of abuse and how to address concerns. Two of these reports were referred to the relevant Safeguarding Authority.

Where consent had not been given for a concern to be reported, or where the threshold for a safeguarding report had not been reached, there was clear documented evidence of increased support around the issue being provided by staff, coordination of care with other agencies to ensure safety of a person, and appropriate referrals being made to support the patient e.g. IPU and a care home. It is important to us that we respect the rights of people and provide personalised support.

This year, we have noticed an increase in the number of historic or non-recent disclosures of childhood sexual abuse. None of those making the disclosure wanted to report a concern, but all were offered appropriate support.

Section 42 - Entrusted Enquiry

One safeguarding concern was reported about our care from a local care home when a patient was transferred there from the In-patient Unit. Liam Dodds (Patient Safety Lead) completed a Section 42 Trusted Enquiry, collating all our care plans and records around the patient's pressure area care during his admission. The outcome confirmed that we had taken all appropriate actions during his care on IPU and provided an accurate handover to the care home. Additionally, it was noted that the care records were robust and evidenced a high quality of care and support.



Fundraising: **Cuddle Beds**

Community support brings cuddle beds to every Hospice room

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, remains extremely beneficial, bringing an important part of home life into the Hospice. The built-in technology within the beds also means that our staff are alerted quickly if someone is becoming restless and in need of support, giving people to more privacy in a safe way while reducing the number of falls. So, as well as providing intimacy and normality for our patients and families, we have also seen a patient safety and dignity benefit.

Following the fantastic fundraising efforts of £75,000 by the Ryan family, we were able to introduce four cuddle beds in 2024. Further donations from our community meant the Hospice was able to increase the number of cuddle beds to nine. We then launched a further appeal to fund the remaining beds needed so that every room on the In-Patient Unit could offer them.

Nikki was one of the first people to use a cuddle bed at St Leonard's, spending time alongside her partner Darren during his stay in the Hospice. Nikki now works at the Hospice and has shared how important it was to be able to lie beside him and be close in those moments.

Nikki said: "I can't put into words how much it meant to be able to lie next to him. It brought a sense of comfort and normality when everything else felt so difficult."

The appeal resonated strongly with supporters, many of whom shared their own experiences. One supporter described how they created their own version of a cuddle bed at home so they could "just reach out to hold their husband's hand when he needed to" while another reflected on "what a difference one of these beds would have made."

Thanks to the incredible generosity of our donors and supporters, there is now a cuddle bed in every inpatient room at the Hospice.

Thank you so much to every individual, family and organisation who supported the appeal and helped make this possible.



St Leonard's Hospice

185 Tadcaster Road
YO24 1GL

Telephone: **01904 708 553**
Email: **enquiries@stleonardshospice.org.uk**

St Leonard's Hospice, York is a registered charity, no. 509294 and a company limited by guarantee, registered in England and Wales, no. 01451533