



# ST ANDREW'S HOSPICE QUALITY ACCOUNT 2025-2026



St Andrew's  
Hospice

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## WELCOME TO ST ANDREW'S HOSPICE

St Andrew's Hospice is a charity providing care at no cost to patients, their families and carers. The hospice has been providing palliative care, advice and support to people with life-limiting illnesses for 45 years.





## INTRODUCTORY STATEMENT FROM THE CHIEF EXECUTIVE

On behalf of the Board of Trustees and Senior Management Team, it gives me great pleasure to present the 2025-2026 Quality Account for St Andrew's Hospice.

Quality is central to everything we do at the hospice. Within this report we will be open and transparent and provide assurance on the quality, standards and safety of care and support we provide to our patients, of all ages, and their families and friends. This account reviews the achievements we have celebrated over the last year, outlines our key priorities for improvement and shares with you the excellent work of our hospice teams. The hospice has a culture of continuous quality monitoring, in which any shortfalls are identified and acted upon quickly. It is a tribute to the hard work and dedication of every member of staff working for St. Andrew's Hospice.

St Andrew's is an independent Hospice charity that delivers its services to NHS patients in our local area, without charge. We are funded principally by the enormous generosity of our local community, supported by NHS Humber and North Yorkshire and Lincolnshire Integrated Care Boards.

Despite the current economic climate, the hospice has continued to provide a high-quality service and remains financially sound. Our resilience and adaptability have continued to be key to our success, and our teams continue to strive for excellence in all they deliver. It's been another difficult year, but every single staff

member, whether they be paid or voluntary, has risen to the challenge and as a result we have continued to provide the very best end of life care for our local communities.

We continue to evolve and reflect the constantly changing NHS landscape by moving to a more collaborative approach and providing care in the community much nearer to the patient's home. Our priorities are detailed in our five-year strategy, 2024-2029, and cover three key areas of Informing and Influencing, Increasing our Impact, and Involving and Integrating.

We recognise there will always be challenges and we will continue to strive for the highest quality in all care provided, putting our patients, their families, friends and carers at the heart of everything we do.

I am proud to be the Chief Executive of such a compassionate, professional and committed organisation. Our dedicated and passionate people provide excellent care for every person who touches our services.

Michelle Rollinson  
Chief Executive



## OUR VISION, MISSION AND VALUES

### Our vision

Our vision is of a community where people can openly discuss death and dying; make each day count; and die with dignity and respect, in the place they choose, knowing their loved ones are supported.

### Our mission

Our mission is to provide individualised, high-quality holistic care and support, advocating for personal choice, for those affected by a life-limiting illness.

### Our values

Care, compassion and respect for all.  
Work together and value difference.  
Be positive, proud and professional.  
Innovate and strive for excellence.



As custodians, we strive to preserve and enhance the reputation and brand of St Andrew's Hospice for the future, ensuring we are always advocates for our values and purpose.

## OUR SERVICES

St Andrew's Hospice offers a number of different services to provide care and support to people experiencing life-limiting conditions.

St Andrew's, the adult inpatient service, and the services offered to adults by the support and wellbeing team, delivers care to people aged 18 and above with a life-limiting illness who live in Grimsby, Cleethorpes, Immingham and the surrounding areas.

Andy's is the children's and young person's service, which delivers care to people aged from birth to 25 years old. It includes services offered by the support and wellbeing team. Andy's services are available to young people with a life-limiting illness living in Northern Lincolnshire, Lincolnshire, Hull and the East Riding of Yorkshire.

Our services include the following:

- In-patient beds (consisting of 16 single rooms) providing 24-hour care
- Children's community service, providing hospice care in the home
- Andy's Amigos (children's therapeutic groups)
- Adult wellbeing service, providing clinical and therapeutic booked services Monday to Friday. These services aim to give patients extra support to manage symptoms, live independently at home and maximise their quality of life
- The Retreat, offering therapies and rehabilitation in a spa environment, including: lymphoedema care and treatment, physiotherapy, complementary therapies, hair studio, assisted bathing
- Patient and family support services, providing support and guidance to patients and their families, including spiritual care and welfare advice
- Bereavement support and counselling service, providing support to all families accessing St Andrew's Hospice and anyone requiring support who resides in North East Lincolnshire
- The Butterfly Suite, a temperature-controlled suite where care can continue for a child after their death
- Fully-equipped family accommodation
- Training and education, both in-house and external.

## ENHANCING OUR UNDERSTANDING AND MEETING THE NEEDS OF PATIENTS AND FAMILIES

### DUTY OF CANDOUR

Whilst we pride ourselves on providing safe, quality care, from time to time we know incidents can happen. The effects of harming a patient can have devastating emotional and physical consequences for patients, their families and carers. It can also be distressing for the professionals involved. Being open and honest about what happened - discussing the incident fully, openly and compassionately - can help all those involved cope better with the consequences of harm, whether potential or actual, in managing the event and also in coping in the longer term. In addition, being open and candid when things go wrong ensures that the investigation identifies the root cause of the event and promotes organisational learning. The Duty of Candour is a contractual requirement for all bodies delivering patient care in the UK and St Andrew's Hospice supports this approach wholeheartedly, as we recognise our responsibility to patients and their families and staff.

### COMPLAINTS AND DISSATISFACTIONS

All concerns and complaints are fully investigated within agreed timescales. We ensure an open and honest approach to investigations and responses. We always offer meetings with a view to resolution, to all complainants and those raising concerns.



## CASE STUDY: TANYA HONOURS "BEST MUM" AT SUNRISE SPARKLE

Hospice supporter Tanya took part in the new-look Sunrise Sparkle walk in memory of mum Pamela, a former volunteer at the Andy's shop in Louth. Pamela was a secondary school French teacher until her retirement, after which she "passionately" volunteered for St Andrew's Hospice for 15 years.

"Every Tuesday or Wednesday, she used to jump on the number 51 bus and trotted off to "work", she used to call it," Tanya said. "She would spend all day there sorting all of the donations and pricing it, then eventually she moved onto the tills."

Unfortunately, at age 75, Pamela was diagnosed with cancer. She continued working at the shop after her diagnosis up until she "just became too poorly", which is when she decided she wanted to access the support the hospice offered.

Tanya explained: "To begin with, she was an outpatient and went in for activities and beauty treatments to help her feel good about herself. She passed in the hospice, that's where she wanted to go. She knew what they could offer and she knew she would be at peace there, and she didn't want to put that pressure on me and my dad if she was at home. It was nice that after giving to the hospice after all those years, the hospice could give something back."

When Tanya heard Sparkle Walk was returning, memories began flooding back.

"The very first Sparkle Walk, I did with my mum. She probably persuaded me because it was a very well-known charity and she obviously had a connection to the hospice since she volunteered there. Plus, it was something we could do together."

And in 2025, with her own three daughters and Pamela's twin sister, Tanya put her Sparkle t-shirt back on in memory of her mum.



"I wanted to do the Sunrise Sparkle as a bit of a nod to my mum. Me and my mum did it two or three times together, and I can now do it with my girls and raise money for the hospice after my mum has both helped and used it.

"She was the best. We were really close, she is what I wanted to be like, I wanted to follow in her footsteps. She was my mum."



## LOOKING BACK ON 2025-26

### CHILDREN'S HUBS

Andy's Children's Hospice cares for children, young people and their families across North/North East Lincolnshire, Lincolnshire County and Hull and East Riding and as a children's hospice we continue to recognise the challenges that families face in accessing our services due to the catchment area we cover. Hospice care is about promoting the best possible quality of life and care for every child with a life-limiting or life-threatening condition and their family. Giving families real choice has been key to this approach: a choice of place of care; a choice of place of death; and a choice of emotional and bereavement support. This ensures every family receives care somewhere they feel safe and comfortable.

The Deputy Head of Children's Services, alongside the Clinical Nurse Specialist and Senior Palliative Care Nurses, has been proactive and visible to the community. This is reflective in our referral numbers to the Hospice increasing by 20%. This has been

achieved by regular attendance on wards, clinics, multidisciplinary meetings, education/training, 24/7 support and advice, working flexibly across all settings to help provide a consistent, individualised and holistic approach to palliative and end of life care for children in the community.

Having the roles of Clinical Nurse Specialist and Senior Palliative Care Nurses has supported families to be at home, but also to assess when it is the right time to move to their preferred place of care. By being an integral part of the families' care and support, we can guide families and link with the hospitals to arrange timely transfers, symptom management, keeping in touch with families, initiating and reviewing advance care plans. We are also developing and facilitating on-call rotas to support families to receive end of life care at home where possible and linking all the agencies involved in a child's care to enable collaborative working across settings - hospital, home, hospice.

These roles have had a huge impact for children and families, improving equitable access to care in their preferred place. One family, for example, did not think they would ever be able to take their child home, but with this new model of collaborative support, they were able to do so.

The Senior Palliative Care Nurse's focus is building on professional relationships to gain high engagement and community-focused professionals to fulfil the offer of a Community Hub. Having these relationships has enabled us to work with local community teams and acute trusts to deliver specialist care and symptom management. Over the next year, we will continue to grow the service and be an integral part of the community.

Over 2025/2026, with the new structure, we have seen an increase in perinatal referrals due to the engagement with the acute trust and foetal medicine teams. The support we offer is for expectant mothers with babies who are yet to be born, but have been diagnosed with a life-limiting or life-threatening condition in utero. We help by supporting families and teams around babies who have been diagnosed with conditions where they may not survive birth or may die shortly after birth.

The support we offer is individualised to the circumstances and gives the opportunity to meet the hospice team and visit the hospice during pregnancy, support with antenatal advance care planning and/or symptom planning, in-reach support to the acute trusts, working with foetal medicine, community support and 24/7 specialist advice, as well as subsequent bereavement care.

## DIGITAL PROGRESS AND INFORMATION SHARING

As part of St Andrew's Hospice's ongoing commitment to high-quality, coordinated care, further progress has been made to strengthen how clinical information is shared and used in support of patients and their families.

During this reporting period, the hospice has moved forward with the local programme designed to support secure clinical record sharing, known as the Yorkshire and Humber Shared Care Record. This programme enables appropriate health and care professionals involved in a patient's care to access key clinical information, supporting safer, more informed decision-making across organisational boundaries.

The hospice is now in the final stages of this work, with plans in place to "switch on" access in the first quarter of 2026. This represents an important step in improving continuity of care, particularly for patients who receive support from multiple services or who transition between care settings. For patients and families, this helps reduce the need to repeat information, supports joined-up working between professionals, and contributes to more timely and person-centred care.

Alongside this progress, plans are in place to continue reviewing and enhancing this work over the coming year. This includes further development of our data and analytics capability, which will support better insight into patient needs, service delivery, and outcomes. Strengthening how data is used across the hospice will help inform improvement activity and ensure services continue to respond effectively to the needs of patients and families.

To support this next phase, the organisation has undergone a change that strengthens delivery through one of our trusted third-party stakeholders. This change provides additional capacity and specialist expertise, helping to ensure that digital developments are implemented safely, are well-governed, and remain focused on quality and patient benefit.

Together, these developments support the hospice's wider ambition to deliver coordinated, high-quality care, improve communication across the health and care system, and make effective use of information to maximise the time, compassion, and support we are able to offer to patients and their families.

## ADULT PALLIATIVE CARE CONSULTANT

Identified in last year's priorities; to support our 5-year strategy and be the system lead for all age palliative and end of life care, we have explored the opportunity to recruit an Adult Palliative Care Consultant. This has proven to be challenging due to our location. However, our Board have supported the release of hospice reserves in order to extend our palliative services offer and reach more patients who experience more complex palliative symptoms by funding a Palliative Care Consultant and investing in a new medical model which will see the hospice recruit 3 Advanced Nurse Practitioners (ANP's) in the near future.

Having a palliative care consultant in post has enabled us to build on the following:

- Provide clinical leadership within the hospice, influencing and supporting the direction of travel that we need to go in
- Provide the medical and nursing teams with leadership and support
- Provide training and education to our staff and to the wider specialist palliative care community teams
- Writing protocols to support more complex care
- Supporting change to working practices to benefit patients and families
- Work has started on building relationships with other medical leads/consultants to improve working relationships and increase in MDT working within North East Lincolnshire but also across Northern Lincolnshire. Work on this will be ongoing.

There is still lots of work to do and things will evolve over time, but we have seen the benefits having a consultant brings and will continue with this work.



## SPECIALIST PALLIATIVE CARE EDUCATION UPDATE

**Course One:** Creation of Palliative and End of Life Care Education Course.

This is in progress. Co-ordination of different agencies has impacted speed of development but on track to roll out the planned programme starting July 2026.

Detail is as outlined in previous Quality Accounts; co-produced with Macmillan CNS team and SAH Head of Training and Education. The course will run one full day per month as a rolling programme to build 'Palliative Essentials Foundation Programme'.

The first cohort is at present open to CPG and SAH. Evaluation will influence the next cohort which will be rolled out to wider palliative care providers across North East Lincolnshire.

**Course Two:** Care of the person with Motor Neurone Disease (MND)  
Engagement from a specialist has been agreed and the programme content created.

This course planning is running on a revised timeline due to competing internal priorities. Planning activity is scheduled to resume, with the delivery of the training programme aimed for later this year.

The planned collaboration of specialist providers, content and beneficiaries remains unchanged.

### Other training and education activity that has been achieved in 2025/26

- Engaged with Humber Partnership to review and shape palliative training and education across the patch. Early engagement but intent to influence and be a provider of specialist training and education to wider stakeholders. (priority 1, 2 & 3)
- Scoped national Verification of Death (VOD) procedure updates, reviewed and amended SAH policy, implemented VOD training to clinical staff. Engaging with a local provider to support the implementation of their VOD training. Potential to offer training to wider workforce. (priority 2& 3)
- Sought engagement with Humber Health Partnership to collaborate with Intravenous Therapy (IV) policy review, procedures and associated training. Reviewed national and partnership IV Passport and incorporated into Hospice practice development, pending Governance processes, consistent with partnership providers. (priority 2 & 3)

- Developing training and education structure, and associated competencies, to support implementation of IV therapy. (2&3)
- Co-ordinated planned university student clinical placements, re-engaged with Lincoln University and ensuring student tariff payments are made. (3)
- Engaged with local Caldicot Guardian inter agency Information Governance network. (3)
- Challenged quality of some practical mandatory training, reviewed statutory expectations and sourced alternative provider to ensure quality. (2)
- Successfully recruited two Level 3 Health Care Support Worker apprentices and continue to engage with the apprenticeship provider to support the ongoing course. (2)
- Scoped statutory training, sought engagement in local pilot collaboration to implement new statutory mandatory training (Oliver McGowan) (2,3)
- Supported expertise within clinical teams to deliver training to clinical staff (2)
- Produced first organisational Apprenticeship Procedure pending final governance approval to co-ordinate consistent approach to apprenticeships. This is a foundation for potential staff development using apprenticeship routes where appropriate. (2)
- Created and delivered clinical skills training including for example phlebotomy, including the associated competency framework to develop clinical skills and support safe clinical practice. (2)
- Sourced training for staff and created resilience-based supervision policy, activity now implemented in organisation. (2)

## APPRENTICESHIPS ACTIVITY

Our Level 2 Health Care Support Worker Apprenticeship is well underway and on track to for a successful completion in the autumn.



APPRENTICE WEDNESDAY  
**LET'S MAKE IT A  
WINNING WEDNESDAY**  
#NAW2026



Two Level 3 Senior HCSW apprentices have been successfully recruited from within our own clinical teams, integrating with a local college provider. Effective relationships with the providing body have been established to support all apprentices.

Additionally, two non-clinical Level 5 Coaching Professional apprenticeships were recruited to from within our teams.

Both apprentices have managed the challenge of balancing the off-the-job requirements with their work roles, and report enjoying the opportunity to further their skills and applying them already at work.

Apprenticeships remain an option for staff development. Proposals must continue to demonstrate that the long-term benefit outweighs the significant investment of fees and the extended time away from core duties.

To increase our internal readiness to facilitate apprenticeships, relationships with CPG; a partner in 'People and Skills Pledge' (Supporting Health & Social Care Employers to Attract, Recruit & Retain Workforce Talent) have been developed. The CPG Employability Team can support St Andrew's Hospice with sourcing and recruitment to apprenticeships.

Furthermore, the creation of an organisational 'Apprenticeship Procedure for Existing Staff' gives structure and guidance to ensure a consistent approach across the hospice. Our hospice Apprenticeship Agreement has been revised to ensure compliance with national Apprentice Standards.

Funding options and payments structures were explored in collaboration with our Head of Training and Education, HR Manager and Director of Finance, with successful registration of Apprentice Service Accounts (formerly Digital Apprenticeship Service [DAS] account).

Looking forwards, the Nurse Associate and RN apprenticeships have been scoped with Hull University to consider the most appropriate skills routes, cost, and capacity implications. Senior leadership meetings are scheduled to collaboratively review and finalise next steps.

## OUR ACHIEVEMENTS DURING 2025-26



### GRANT FUNDING FOR SPECIALIST BUS

Andy's Children's Hospice was delighted to receive a £11,130 grant towards a specialist bus, thanks to players of the Health Lottery.

The funding was used towards the purchase of Andy's bus, which has been pivotal in bringing vital specialist hospice care to babies and children in their homes across Lincolnshire, Hull and the East Riding.

Mel Elwis, Bids & Grants Officer at St Andrew's Hospice, said: "On behalf of everyone at Andy's Children's Hospice and St Andrew's Hospice, I would like to extend our heartfelt thanks for your generous grant of £11,130 towards Andy's bus.

"This gift is both overwhelming and uplifting. The Andy's bus will be pivotal in helping us reach and support children and young people with life-limiting conditions across the region. Your generosity has brought this vision significantly closer to reality, and we are deeply grateful."

Thanks to players of The Health Lottery, £751,180 has been distributed to 45 charities across Britain, making a tangible difference to the health and wellbeing of young people.

Delva Patman, Chief Executive of The Health Lottery Foundation, explained: "Over 2 weeks in June we received almost 2,400 applications for funding. We planned to give out £500,000 but during our shortlisting process we decided to increase the volume of donations. We are thrilled with the projects we've chosen to support and look forward to sharing more about their achievements."

## ANDY'S CHILDREN'S HOSPICE SET TO SHARE IN £80MILLION GOVERNMENT FUNDING

Andy's Children's Hospice is amongst the children's and young people's hospices in England set to receive a share of almost £80 million in government funding over three years.

This is expected to account for between around 25 and 30% of the annual expenditure of the children's services at St Andrew's Hospice, which provide care for children, young people and families living with life limiting illness across Lincolnshire, Hull and East Riding.

The multi-year revenue funding builds on the government's £100 million investment in hospices – the largest in a generation – and will allow compassionate care to continue to be provided for thousands of children and their loved ones across the country. This funding will be adjusted for inflation and distributed through local Integrated Care Boards (ICBs), on behalf of NHS England.

Around 99,000 children across the UK are living with life-limiting conditions – such as cancer, cystic fibrosis, brain or spinal injuries – a number that has tripled in the last 20 years. Hospices provide care, support and wraparound services for children with life-limiting conditions and their families.

This commitment for the remainder of this Parliament gives children's hospices certainty so they can plan ahead and continue to deliver high-quality, compassionate care to children with life-limiting conditions and their families during some of the most challenging times in their lives.

As part of the 10-Year Health Plan, the government will shift more care out of hospitals and into the community, to ensure patients and their families receive more personalised care in the most appropriate setting. The palliative and end-of-life care sector, including hospices, will have a big role to play in that shift.

Lucy Williamson, Head of Children's Services at St Andrew's Hospice, said: "We very much welcome the news of the government's investment in children's hospices, which will support the care we provide children and young people across Lincolnshire, Hull and the East Riding. The funding we receive will account for between 25 and 30% of our children's services expenditure, which provides some certainty in what are very uncertain times for the hospice sector.

"We value the continued support of our community as we work hard to meet the shortfall, enabling us to continue to make each day count for children and families with life limiting illnesses across our region."

Minister of State for Care, Stephen Kinnock, said: "Children's hospices provide invaluable support to children, families and loved ones facing unimaginable challenges.

"Through this funding we are making sure hospices can continue delivering invaluable, compassionate, and high-quality care to children and their families – and ending the cliff edge of short-sighted, annual funding cycles – providing certainty for children's hospices, but crucially for those they care for."

The revenue funding will be adjusted for inflation and distributed via Integrated Care Boards (ICBs), on behalf of NHS England. It is intended to be spent by hospices to provide high-quality care and support for the children and families they care for, either in the hospice or in the community, including in children's homes.

They could use this funding to provide respite care for children who have high health needs, physiotherapy or occupational therapy, or 24/7 nursing support for a child at the end of their life.

Distributing funding through ICBs will help ensure there is a more consistent national approach, helping to end the postcode lottery of funding for palliative care services and meeting the needs of local populations across the country.

## TRAINING INITIATIVE HIGHLY COMMENDED

Head of Training and Education, Jackie Rizan, was highly commended in the category of Workforce Initiative of the Year at the prestigious North East Lincolnshire Health and Care Excellence Awards 2025. Jackie was nominated for the incredible work she did organising the hospice's internal Learning at Work Week initiative.

The event, which took place in May, saw teams from across the hospice take part in a 'Big Share', giving staff and volunteers the opportunity to interact with each other and showcase the amazing work they do. It was a huge success, with everything from games, quizzes, blood pressure checks, a 3D model depicting the journey through grief, and practical tasks such as inserting a feeding tube.

Everyone enjoyed the opportunity to be able to share valuable insight into their roles and showcase how they can all continue to support each other, patients and families.



## FEEDBACK FROM THE DIRECTOR OF GOVERNANCE AND QUALITY

### IDENTIFIED PRIORITIES

As I look back on the past year, it is rewarding to see how far we have come, thanks to the concerted efforts of our workforce. I am incredibly proud of the teams for transforming our identified priorities into tangible successes.

Patient safety and high-quality patient care is embedded within everything we do within our clinical services. The hospice fosters a 'no-blame' culture, encouraging staff to confidently report incidents and raise any concerns through our Vantage incident management system. Last year saw the roll out of the Patient Safety Incident Response Framework (PSIRF), which will only make this process more robust and transparent for our stakeholders, ensuring we are responding to patient safety incidents and issues for the purpose of learning and improving patient safety.

All hospice incidents are reviewed daily by me or a Senior Manager, and monthly by the Service Quality and Improvement group managers. The group reviews all patient safety incidents to identify themes, sharing key learnings with staff and relevant external partners in a timely manner. A summary of these findings is reported to the Board of Trustees quarterly.

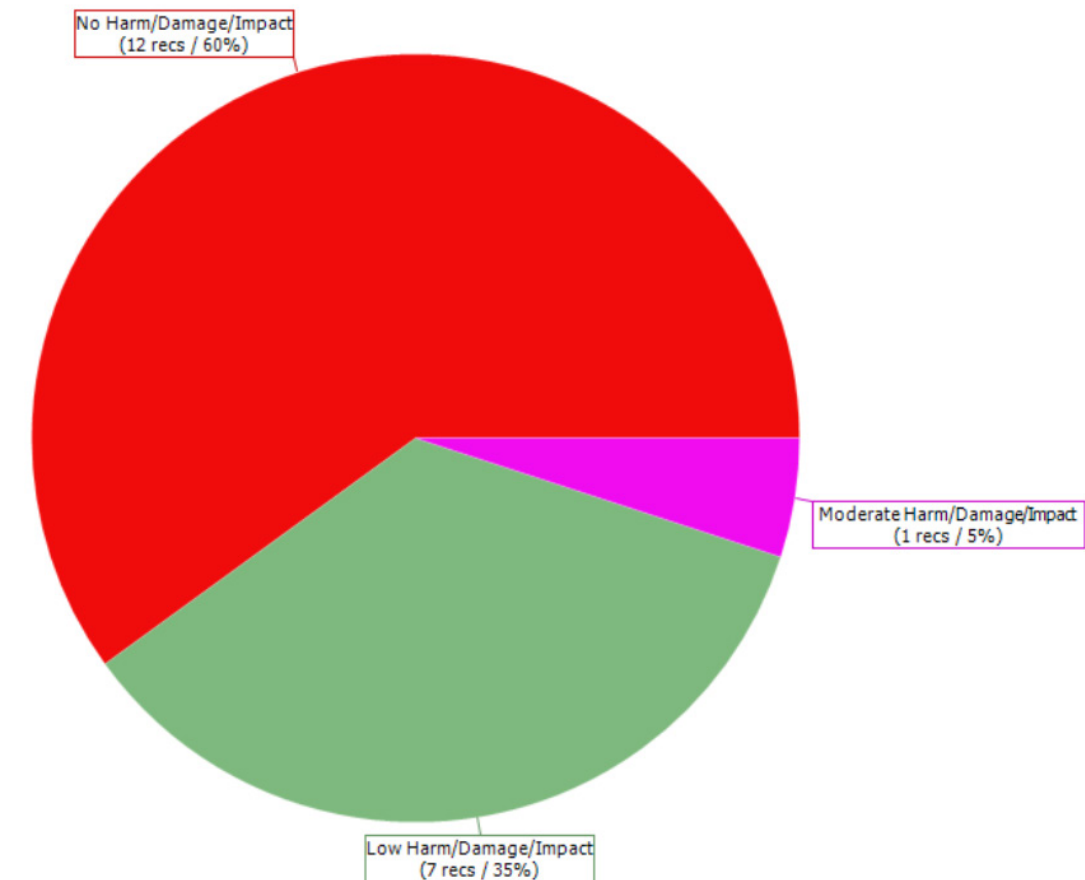


In accordance with Regulation 20 of the Care Quality Commission (CQC) and the Department of Health (2014), the hospice operates with a formal Duty of Candour policy to ensure open disclosure and provide patients with the transparency we feel they need. Should a patient safety incident occur whilst in or care, St Andrew's Hospice staff will provide a sincere apology from the most appropriate person. We guarantee that a Senior Leadership Team member will lead a thorough investigation, ensuring patients and families feel assured that our

hospice policy is being followed (and reviewed if necessary).

Detailed below are figures for both Adult and Children's services, which demonstrate the impact of safety improvements implemented during 2025-26.

### FALLS PATIENTS



The pie chart displays the distribution of harm levels for the Adult and Children's unit patients who experienced a fall whilst in our care. Following a review by our Service, Quality and Improvement group, all falls were determined to be within safe, low-risk parameters.

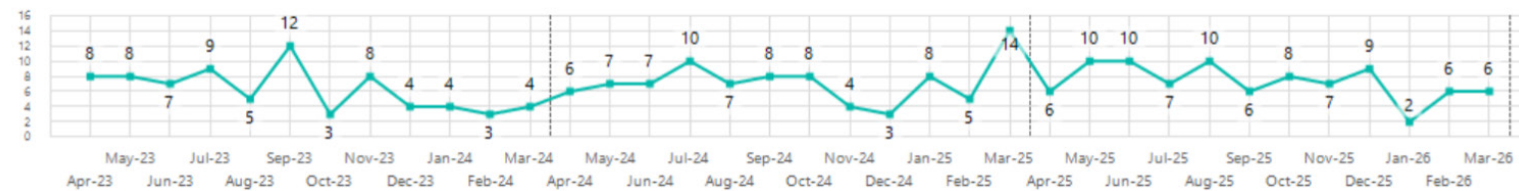
The one 'moderate harm/damage/impact' record pertains to an individual who sustained a fracture and therefore required further treatment.

All patients who fell in our care had the appropriate care plans, equipment and monitoring.

Compared to 2024/25 statistics, there has been a decrease of 29% in falls in the 2025/26 period, which is pleasing to note.

## PRESSURE DAMAGE

Total Pressure Ulcers by Financial Month- 2025-26, incl. 2 prior financial years



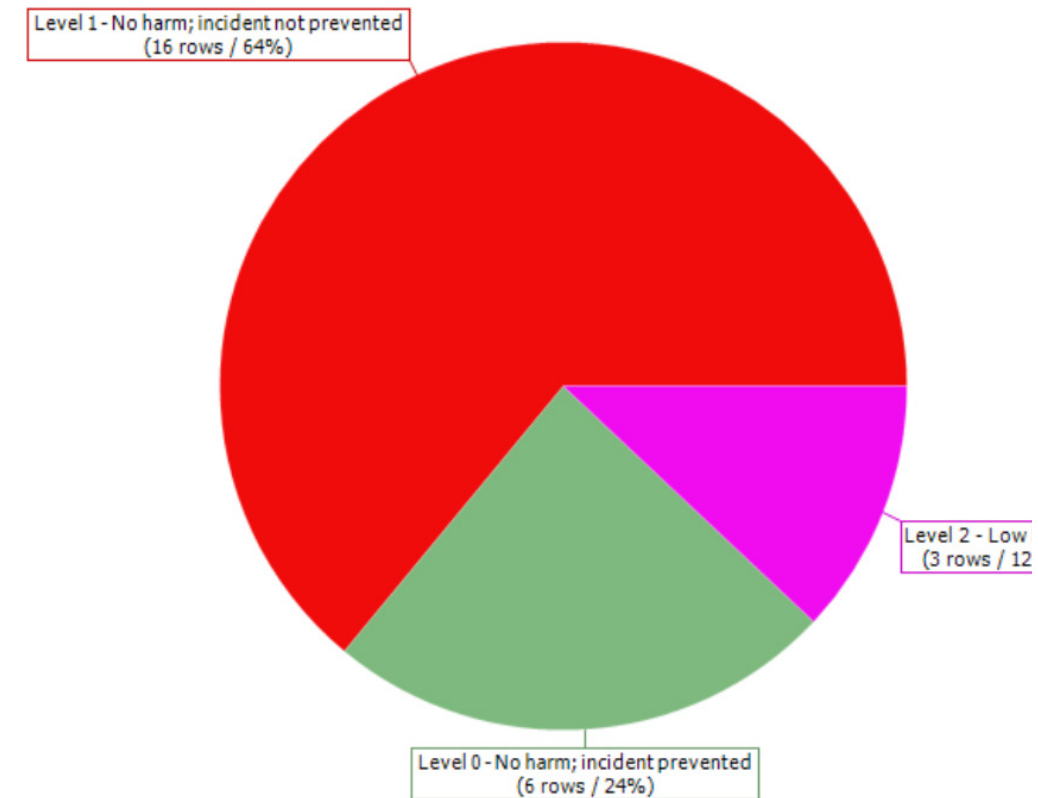
Pressure damage in 2025/26 is exactly the same number (86) compared to 86 incidences in 2024/25.

Of the 86 incidents reported, it can be seen that 58 of the Adults and 1 of the Children's were inherited (were admitted to the hospice with pressure damage) and therefore SAH has no control over this figure as patients are admitted with this pressure damage which has developed from home, hospital or another health/ social care establishment. Of the new pressure damage reported (27), these have decreased from 2024/5 (29). On closer examination, a number of these are:

- Patients with a history of healed pressure damage; skin remains highly vulnerable to breakdown during deterioration, with staff flagging potential for DTI/MASD to develop into active pressure damage
- Medical device related e.g. a hearing aid has rubbed behind the ear causing skin damage
- Patient demonstrated capacity and declined repositioning, despite education regarding their risk assessment
- Patients who have now deceased and therefore as their body is closing down to keep vital organs working, pressure areas are the first places to be starved of blood, mobility is reduced and food and drink intake is limited. Whilst patients are supported with the appropriate care and equipment, with this catalogue of issues, the breakdown of patients' skin is expected
- Patients at the end of their life - As the body prepares for end of life, it focuses energy on essential organs, causing circulation to the skin to slow down. Because of this, even with the best care and equipment, skin can become very fragile, making pressure sores an expected part of the body 'shutting down'.

As Director of Governance and Quality, I will continue to provide quarterly updates to the Board throughout 2026/27. These reports will reflect data reviewed in consultation with clinical managers during Service, Quality, and Improvement meetings.

## MEDICATION ERRORS



The pie chart displays the distribution of harm levels for the Adult and Children's unit patients who experienced a medication error whilst in our care. The same number of medication errors have occurred in 2025/26 as in 2024/25.

20 of the overall medication errors can be attributed to the SAH medical and nursing teams. The remaining are through external factors which show mature reporting.

Of the 25 medication errors experienced, 10 were medications which are classed as 'controlled drugs'. Some of the 10 errors are attributable to external factors. The remaining 7 have been dealt with according to hospice policy. All have been reported to the CD intelligence network as legislation requires.

Looking ahead to 2026-27, we will continue to enhance our medicines management. However, given the massive scale of medication administration, the staff's record of fewer than 0.0017% incidents is a testament to their dedication to safety.

## PATIENT SYMPTOM MANAGEMENT AND EXPERIENCE

The below IPOS improvement scores show improvement in all areas of symptom management, with a 38% improvement overall for our patients. These scores are gained from asking the patients or their families questions on admission and relevant timeframes throughout their stay on the inpatient unit (Adults only).

## TRUSTEES

Beyond monitoring the patient safety and quality data mentioned above, our trustees are actively committed to a structured, year-round program of departmental visits. These rotational visits enable trustees to engage directly with the hospice community - patients, staff, and visitors - while strengthening working relationships. Beyond observation, these visits provide critical, invaluable insight and context to validate performance data reviewed during board meetings.

## APPRENTICESHIPS

We continue to support our current apprentice cohorts, anticipating successful completion of two of the apprenticeships later in 2026. Organisational agreement is pending for potential Nurse Associate / RN qualifications apprenticeships, for our current clinical staff. Depending on the outcome, apprenticeship providers will be agreed, and clinical capacity confirmed to support off-the-job learning. Levy transfer funding, the most likely option, will be investigated; with sourcing and agreement to be confirmed.

The process will follow our 'Apprenticeship Procedure for Existing Staff' procedure.

## CONCLUSION

Thank you for reading this year's Quality Account, highlighting the dedication of our staff at SAH. We are already making great strides on our 2026/27 priorities, aligned with our core strategy, and I look forward to sharing further updates with you next year.

On behalf of the Leadership Team, I want to thank all St Andrew's Hospice teams for turning last year's priorities into reality and for your ongoing dedication to delivering exceptional care to our patients and families.

As lead author, I would like to thank our external partners including NEL Place, HNY ICB and our dedicated patient reviewers for their valuable contributions to this Quality Account. Above all, I extend my gratitude to our brilliant staff, who work tirelessly to provide exceptional care to our patients and families. I am delighted to share this report, which highlights our evidence, progress, and the impact our services provide to our community.

Warm regards,

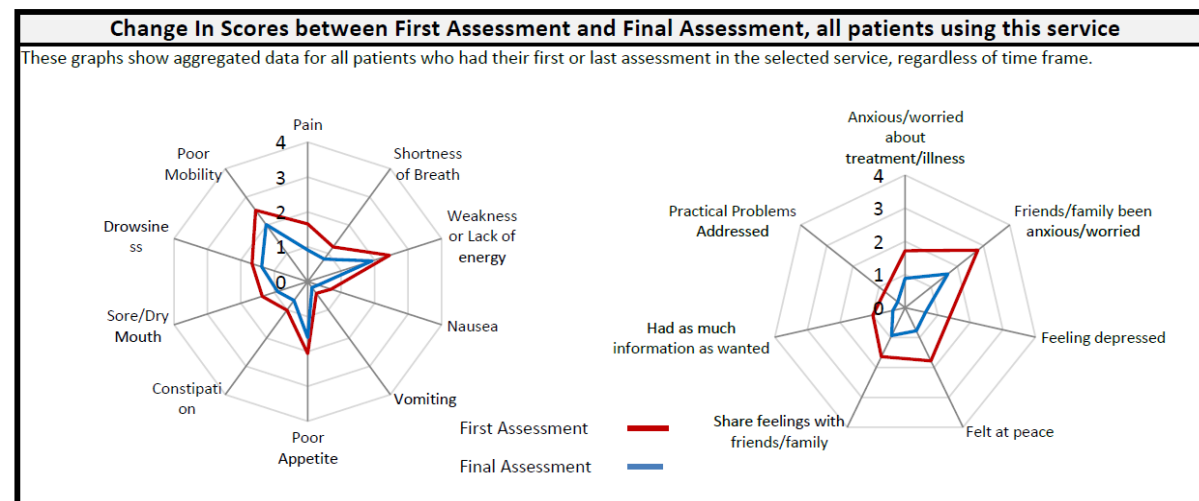
*Shelley Burrows*

Director of Governance and Quality

Average Scores for each Indicator (2086 pts)	First Assessment	Final Assessment	Net Change	% Change
Pain	1.66	0.91	-0.75	45% decrease
Shortness of Breath	1.23	0.80	-0.43	35% decrease
Weakness or Lack of energy	2.44	1.92	-0.52	21% decrease
Nausea	0.69	0.31	-0.38	55% decrease
Vomiting	0.42	0.21	-0.21	51% decrease
Poor Appetite	2.06	1.60	-0.46	22% decrease
Constipation	1.01	0.67	-0.34	34% decrease
Sore/Dry Mouth	1.36	0.91	-0.46	34% decrease
Drowsiness	1.67	1.38	-0.29	17% decrease
Poor Mobility	2.53	2.02	-0.51	20% decrease
Feeling anxious/worried about treatment/illness	1.72	0.88	-0.84	49% decrease
Friends/family have been anxious/worried	2.78	1.63	-1.15	41% decrease
Feeling depressed	1.35	0.63	-0.73	54% decrease
Felt at peace	1.78	0.77	-1.01	57% decrease
Share feelings with friends/family	1.63	0.93	-0.70	43% decrease
Had as much information as wanted	0.99	0.37	-0.62	62% decrease
Practical Issues have been addressed	0.78	0.28	-0.50	64% decrease
<b>Average</b>	<b>1.54</b>	<b>0.95</b>	<b>-0.58</b>	<b>38% decrease</b>

### IPOS Audit - All Services, 01/04/25 to 31/03/26 (inclusive)

Developed collaborately by LOROS, St Barnabas Lincolnshire, St Andrews Hospice Grimsby and Leathen Healthcare IT Solutions



## MANDATORY TRAINING AND ADDITIONAL COURSES

Throughout 2025/26, mandatory training compliance consistently exceeded 90%, rising above 95% in the second half of the year and surpassing internal policy standards. We have continued to expand our additional training curriculum, broadening the competencies of our staff to deliver enhanced, comprehensive care. Our dedication to ongoing clinical development remains pivotal to empowering our teams, allowing us to support more patients at home and avoid unnecessary hospital admissions, keeping patients in the community.



## IDENTIFIED PRIORITIES FOR 2026-27

### CHILDREN'S COMMUNITY HUBS ONGOING WORK

The work that we do is a lifeline for our children, young people and their families, providing more care and support than ever before. Rising costs and an ongoing lack of sustainable funding has meant the future is becoming increasingly unsustainable. At Andy's we rely on our local community and their generosity with raising funds to allow us to support the development of the hubs and the resources that they require. We will be continuing to grow these relationships to raise awareness to support the Hub's essential equipment, portable sensory equipment and clinical equipment, enabling us to complete a full assessment of the baby, child or young person within the community. This reduces the disruption to the family, reduces travel costs and creates a sense of community.

Our Community Hubs have been our priority over the past year to reach those further afield, offering services that we deliver out in the community being equitable and sustainable. The Community Hubs have been identified and are still in the early stages of being established.

This year is the big push to develop the Hubs in Lincolnshire, North Lincolnshire, Hull and East Riding. Progress has been made in the Hull and East Riding area with an identified Hub. We are working with the local nursing community teams and acute trusts to ensure that our patients have the access to specialist care, by integrating the complex needs service supporting our local community. Combining medical/specialist expertise in our established peer support creates a powerful "one-stop" hub for these families, making it much smoother for our children, young people and families to access the services they need.

Looking towards the future, in 2026/2027 we will be implementing the Hubs on the east coast. Babies, Children and young people across the east coast are to benefit from the Hub, which will be targeted in areas with high levels of referral numbers. We hope that these Hubs will transform the lives of babies, children, young people and families by taking the hospice experience into the communities, removing the barriers to accessing the services we deliver. The Hubs will build on existing services in the area and create safe, welcoming spaces, bringing a range of local support services under one roof. Babies, children and young people aged 0-25 will have access to trusted adults who will provide wellbeing support, therapeutic play, symptom management, family support and positive activities like sport, arts and volunteering. Giving both the family, babies, children and young people access to safe and trusted advice and

### SPIRITUAL CARE

St Andrew's Hospice is committed to delivering holistic, person-centred care that recognises the importance of spiritual wellbeing alongside physical, psychological and social needs. As part of this commitment, we are aiming to provide spiritual care training to all our clinical staff to enhance their awareness, confidence and skills in identifying as well as addressing the spiritual needs of patients.

The training will focus on developing an understanding of spirituality and that it encompasses meaning, purpose, beliefs, values and connections. It will equip staff to recognise signs of spiritual distress, engage in sensitive and compassionate conversations and respond appropriately within their roles and to signpost to the spiritual care lead for complex spiritual needs. The training will also aid in breaking the myths around spiritual care.

This initiative contributes to improving the experiences of our patients and families by ensuring that their spiritual needs are acknowledged and supported throughout their care journey on a timely basis.

## OUTPATIENT CLINICS

Outpatient clinics are recognised as an important part of modern hospice care. They allow patients with life-limiting, palliative conditions to receive specialist advice and support, including symptom management, emotional support and help with advance care planning. Through assessment and further discussions by medical professionals, patients can also be signposted and referred to other relevant services, further enhancing their quality of life, a main focus of palliative and end of life care.

Outpatient clinics also promote self-management of long-term conditions through health education, helping them to develop the knowledge skills and confidence they need to manage their conditions effectively (NHS England, 2026). Access to specialist clinics can help reduce GP waiting times, ensuring patients can access specialist care rather than more generalised care usually seen in general practice. Furthermore, reviewing patients in a clinic setting can help prevent avoidable hospital admissions by recognising deterioration and acute problems, potentially at an earlier stage, allowing the patients to stay within the community for care and treatment, which is often a preference for patients with palliative conditions.

As part of our quality priorities for this year, we have identified the development of a structured outpatient clinic offer as a key area for service improvement. The introduction of regular hospice-based clinics will enhance our ability to support patients with life-limiting illnesses living in the community, ensuring timely access to specialist palliative care expertise.

These clinics will provide a dedicated setting for proactive symptom control management, enabling earlier intervention for patients with complex needs. By offering specialist review outside of crisis situations, we aim to reduce avoidable hospital admissions and improve overall patient comfort and quality of life.

A core benefit of the clinic model is the ability to allocate protected, longer consultation time for patients. This allows for more meaningful and timely discussions around advance care planning, including ceilings of treatment, DNACPR decisions, and escalation planning. Such conversations are often difficult to facilitate within the time constraints of primary care, and this service will complement and support our GP colleagues by managing more complex palliative cases.

In addition, clinics will act as a central point for coordination and signposting, ensuring patients and families are connected with the most appropriate services,

including community nursing teams, allied health professionals, and specialist support services. This integrated approach will improve continuity of care and reduce fragmentation across the system.

The clinic setting also provides an opportunity to promote self-management and patient empowerment. Through tailored education and support, patients and their families can develop the knowledge, skills, and confidence required to manage symptoms more effectively at home. This aligns with our wider aim of supporting patients to remain in their preferred place of care wherever possible.

Furthermore, the introduction of a weekly clinic will improve accessibility and responsiveness, offering a clear and consistent referral pathway for both internal teams and external partners. It will also support earlier identification of deterioration, allowing for timely adjustments in care plans and more anticipatory management.

Overall, the development of hospice outpatient clinics represents a shift towards a more proactive, patient-centred, and community-focused model of care. By strengthening our interface with primary and community services, we aim to deliver high-quality, coordinated care that meets the complex and evolving needs of our patients.

References:

<https://www.england.nhs.uk/personalisedcare/supported-self-management/>

## APPRENTICESHIPS ACTIVITY

We continue to support our current apprentice cohorts, anticipating successful completion of two of the apprenticeships later in 2026.

Our focus is to also scope senior organisational agreement of potential Nurse Associate / RN qualifications apprenticeships for our current clinical staff. Depending on the outcome, we will finalise apprenticeship providers and confirm clinical capacity to support off-the-job learning. Levy transfer funding, the most likely option, will be investigated; sourcing and agreement to be confirmed.

The process will follow our 'Apprenticeship Procedure for Existing Staff' procedure.

## THE DELIVERY OF IV THERAPIES ON THE INPATIENT UNIT

The UK Government's 10-Year Health Plan (2025–2035), built on 'Modern Service Frameworks' (MSFs), aims to shift the NHS from an analogue, hospital-centric, and reactive system to a digital, community-based, and preventative model.

The proposed delivery of IV Therapies on the Adult Inpatient Unit will support the MSFs by providing the service within the hospice setting, preventing a hospital admission in most cases, and with the aim of a short stay and timely discharge back home to the patient's preferred place of care.

The proposal is for the following:

- IV fluids where deemed appropriate
- IV bisphosphonates for patients with hypercalcaemia
- IV antibiotics to treat infections.

All these interventions could prevent a hospital admission.

In conversation with community services, it has been identified that there are a high number of patients being admitted to hospital for bisphosphonates when they are found to have Hypercalcaemia. If we can provide this service on the unit, this would prevent an admission and ensure the patient can be discharged home as soon as is safely possible. Many patients state they would prefer not to be admitted to hospital, even for reversible causes. In the case of bisphosphonates, this can increase life expectancy and quality of life for the individual. This could be the same for an infection which isn't responding to oral antibiotics.

Initially, three senior clinical members of the organisation will attend a "train the trainer" session on IV therapies. Once completed, the training on administration of IV therapies and cannulation will be rolled out to all nurses and advanced nursing assistants on the unit. There will be competency assessments in place and once these are completed, we will start to roll out the administration of IV therapies, where appropriate. We estimate we will be able to start IV therapies in around 9 months (February 2027).

## NEWS: SPECIAL THANKS TO "TRUE HOSPICE AMBASSADORS"

We were honoured to help say thank you and farewell to Keith and Judy Clifton – two very special supporters who have truly become part of our hospice heart.

The couple, who run Cliftons Dance Academy, have relocated to be closer to family, but not before an emotional event celebrating their incredible contribution to the area. Their support of St Andrew's Hospice has spanned more than two decades, and has seen the Cliftons give "their time, their energy and their hearts" to raise over £16,500.

Hospice Head of Fundraising Emily Aitken attended the event at Grimsby Town Hall to say a "very special thank you" to the couple.

She said: "Keith and Judy are not just supporters, not just fundraisers, but true ambassadors for everything St Andrew's Hospice stands for. "They have given their time, their energy and their hearts. They've brought smiles, lifted spirits, and created memories for so many people here — patients, families, staff, volunteers, and the wider community. And they've done it all with warmth, generosity, and, of course, a little bit of sparkle.

The Cliftons, along with daughter and dance professional Joanne, have supported events like Danceathon, taken part in our very own Strictly, performed for our wellbeing groups and read to young patients at our children's hospice.

Speaking on the night, Keith and Judy said the hospice has "been in our hearts for a very long time". They added: "We came along to entertain a group of patients, and it just went to our hearts. We knew we had to support the fine job done by everyone there.

"We've always supported St Andrew's Hospice and have been very pleased to do so. We didn't know how much we had raised; it's a wonderful amount, but we have tried to also offer our services to come along and support however we can.

"We've enjoyed our relationship with St Andrew's Hospice, and long may it be so wonderful."



## STATEMENT OF ASSURANCE

The following statements are mandatory for providers to include in their Quality Account. Many of these statements are not directly applicable to palliative care providers and therefore explanations are also given.

### REVIEW OF SERVICES

During 2025-26, St Andrew's Hospice provided the following services through its three core clinical service areas listed below:

- Inpatient Care
- Support, Welfare and Wellbeing
- Paediatric Community Care.

This was delivered by two distinctive units:

- Adult Services
- Andy's (Child and Young People's Services).

Whilst being supported by multi-disciplinary teams comprising of:

- Medical practitioners
- Nursing professionals
- Social work professionals
- Spiritual Lead
- Counselling and support professionals
- Allied health professionals
- Physiotherapists
- Occupational Therapists
- Complementary Therapists
- Therapeutic Activity Co-ordinator
- Play Specialists.



### PARTICIPATION IN CLINICAL AUDIT

As a provider of specialist palliative care, St Andrew's Hospice is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2025-26 audits or enquiries relate to specialist palliative care.

### LOCAL AUDIT AT ST ANDREW'S AND ANDY'S

Audits are a quality improvement measure and one of the seven pillars of clinical governance. They promote transparency and support consistent, high-quality patient care and service delivery whilst highlighting areas which require further attention.

We continually refine our audit calendar based on the outcomes and work undertaken in the previous year. Auditing, and the importance of it, is discussed with all staff on induction to the organisation. Further training is given to those staff directly involved in undertaking audits to ensure they have the necessary skills and competencies to provide high-quality reports.

Considerable emphasis has been placed on the audit cycle and the need to re-evaluate action plans during the auditing process, to ensure the second cycle audit is undertaken at an appropriate time if required. This allows for any changes to practice to be identified, implemented and re-evaluated. The learning from these audits are shared through team meetings and operational meetings, with an overview at Board level to complete the governance cycle.

## CLINICAL AUDITS

Clinical audits cover but are not limited to:

- Nutrition and hydration
- Intentional rounding
- Management of controlled drugs
- Management of pressure ulcers
- Record keeping
- Provider compliance with the Mental Capacity Act
- Spiritual care and bereavement
- Caldicott Guardian.

We have also carried out overarching audits which cover all clinical services such as environmental, information governance and infection, prevention and control audits.

## NON-CLINICAL AUDITS

Non-clinical audits cover but are not limited to:

- Health and safety
- Fire
- Retail
  - General product safety regulations
  - Trading hours and consumer rights
- Fundraising
  - Lottery compliance
  - Consumer contract regulations
  - Gift Aid
- Human Resources
  - Professional registration
  - Disclosure and Barring Service
  - Recruitment

## FINANCIAL AUDIT

An independent audit of our financial statements for the year ending 31st March 2025 has been carried out and no concerns have been raised.

## RESEARCH

We have continued to participate in clinical research during the year of 2025-26, with research approved by the Local Research Ethics Committee.

## DAMPEN- DELIRIUM II - IMPROVING THE DETECTION, ASSESSMENT, MANAGEMENT, AND PREVENTION OF DELIRIUM IN SPECIALIST PALLIATIVE CARE UNITS (SPCUS)

DAMPen-Delirium II



Are you the missing piece?

### What is the issue?

It is common for people to suffer from acute confusion (delirium) towards the end of their life. One-third of people have delirium when they are admitted to a palliative care unit or hospice and a further one-third develop delirium during their stay. People with delirium may see or hear things that aren't there, say or do things that are out of character, and can't 'think straight'. This is distressing for the person, their family, and staff. Delirium also causes unnecessary 'downward spirals' in a person's day-to-day abilities. This results in them having increased care needs in the community and unplanned and expensive hospital admissions.

There is clear national guidance on the actions needed to prevent, detect, assess, and manage delirium. However, it is difficult for hospices to put this guidance into practice because delirium care is complex and involves lots of different people, including family, friends and health professionals. St Andrew's Hospice has been actively recruiting patients with informed consent into this study since November 2025, allowing the research team to collect information they need from patients' notes and hospice staff in a reliable and timely way in order to improve patient delirium care.

### What do we want to achieve?

We are 1 of 20 hospices who want to work with the Hull and York Medical School to improve the quality of life of the 28,000 people in the UK each year who have delirium whilst in a hospice. We also want to improve the wellbeing of the 112,000 carers (family and friends) who witness the damaging effects of delirium on their loved ones.

### How will the research findings be shared?

Through Plain English summaries, evidence briefings and policy papers, as well as presenting evidence to policy makers (including All-Party Parliamentary Groups) and working with the NIHR Palliative Care Policy Research Unit. We will also publish papers in peer-reviewed journals and present our findings at conferences.





## INCOME GENERATION

The hospice continues to take a “mixed economy” approach to its income generation, establishing diverse income streams that include our retail and trading activity, donations, legacies, lottery, fundraising, trusts, grants and, in 25/26 a circa 19% contribution (as a percentage of total expenditure) from Government via the NHS. In common with most others in the hospice sector, the pace and impact of spiralling costs (including pay) is a significant challenge. The extensive national lobbying for a fairer funding framework by the hospice sector was successful in securing some additional capital-focused funding for hospices over the two financial years 24/25 and 25/26. We are incredibly grateful to receive this support and have deployed the funding wisely in improving hospice premises and patient comfort as well as making investments in income generative and expenditure reduction projects. The sector will continue this awareness raising of the need for a fairer funding framework to ensure that hospice care can be sustained into the future, particularly given the predicted increases in demand for hospice services of all types. A Government review of hospice services and the way they are funded under a Modern Service Framework is underway nationally and we are cautiously optimistic that this will result in changes to funding over the coming years.

In the meantime, whilst we are incredibly proud of our ability to independently generate and grow income as borne out by the increases (particularly) in our charity retail business and charitable grant funding, we also recognise that there are, unfortunately, many factors in the economy that we simply cannot control. And so, in common with most hospices, St Andrew’s has its eyes very wide open to the challenges of the current economic environment, the projected increases in future demand and the cost of meeting those needs.





To enable us to meet this challenge (and whilst the national funding picture plays out over time), we continue to see much importance in developing our ability to earn our own income and will be looking to grow and diversify our trading business further in the coming year. In parallel to enhancing our own 'earned' contribution, we are also working hard as part of the hospice sector (as referenced above) to ensure that there is more equity in the funding St Andrew's receives from statutory sources, as hospice funding varies significantly across the country.

We also continue to remain incredibly grateful for the unwavering and incredibly essential fundraising support we receive from our communities and corporate supporters through their donations, fundraising, playership of our lottery, donations to our retail shops and legacies (the latter of which has made a major contribution to our income in 2025/26). Such support is absolutely at the heart of our sustainability and our engagement with supporters and donors remains a vitally important part of our work.



## A YEAR IN NUMBERS

**15**  
NIGHTS

Average length of stay

**275**  
PATIENTS

Cared for in our Wellbeing service  
in 2025-26

**218**  
PATIENTS

Cared for in our Adult Inpatient  
Unit

**77**  
PERCENT

Average occupancy in our Adult  
Inpatient Unit

**78**  
PATIENTS

Number of patients discharged  
home from our Adult Inpatient Unit

**1,537**  
REFERRALS

Number of new referrals to the  
whole organisation

**967**  
REFERRALS

Number of Adult Services  
referrals (including all primary and  
secondary referrals in our S1 unit)

**35**  
REFERRALS

Number of Children's Services  
referrals

**338**  
REFERRALS

Number of Social Work referrals

**70**  
REFERRALS

Number of Spiritual Care referrals

**431**  
REFERRALS

Number of Bereavement referrals

**1,348**  
APPOINTMENTS

Number lymphoedema treatment appointments

**1,118**  
APPOINTMENTS

Cared for as part of our Hospice at Home programme (plus 113 for CPHB)

**67**  
CHILDREN

On the Hospice at Home caseload for the year there was an average of 67 children

**2**  
COMPLAINTS

Clinical complaints

**2**  
CONCERNS

Clinical dissatisfaction

**308**  
PEOPLE

Andy's Amigos - Group session attendees

**0**  
PEOPLE

Reportable safety incidents to the Care Quality Commission (Registration) Regulations 2007: Regulation 18

**275**  
COMPLIMENTS

These compliments spanned the whole organisation and have been fed back to the appropriate team to praise them for going above and beyond

**17**  
SUGGESTIONS

These suggestions have been taken on board and been forwarded to the appropriate manager to discuss further, in the relevant meeting

**0**  
INTERNAL SAFEGUARDING CONCERNS

There were 0 reportable safeguarding concerns raised within or about the organisation. Staff have contacted safeguarding regarding the safety of other establishments and families as per their duty of care.



## CARL'S STORY - HOSPICE UK LEGACY CAMPAIGN 2026

Art has been a prominent feature in Carl's life. His parents were artists, he went to art school and was even mentored by local artist David Tartelin, before ultimately putting his pastels down to become a builder. Carl said: "I started doing art at a very young age. My Mum was a good artist, my Dad was a good artist and I continued through school to get my A level. Then I went to art school which was at Eleanor Street, and then I didn't touch another pen until another 30 years."

But, after receiving a cancer diagnosis, he was able to pick them back up and dedicate his life to his love of art. Although he has been paid for commissions before, he's never had his art on display to the public – until now. He explained: "I was unemployed for a short period of time and so started doing a few portraits for people and friends. Then, when I got cancer, that's when it opened the doors to start doing something regular."

After being referred to the hospice for wellbeing support by Macmillan, he began working with our Spiritual Care Lead, Ben, to achieve his dream of a gallery opening. Ben said: "Initially when I start work with somebody, I go through their life story, which is what I did with Carl and Carl's wife, Nicole. The obvious question when he told me he had never shown the world his art was, "would you like to do that?" – and that's when we got onto the idea of doing a display in a gallery!"

The gallery were absolutely astounded by the quality of his work. I knew, Nicole knew, and Carl kind of knew, but wasn't 100% sure, that people would like his work.

"It's my vocation. Spiritual care is about the things that most matter to a person and what makes that person who they are – and art is what makes Carl who he is."

With the support of St Andrew's Hospice, and the generosity of people like you, he is finally able to showcase his talent to the whole world.

Talking about her husband and the gallery opening, Nicole said: "Carl is always fun to be around and full of laughter. He has a brilliant imagination which you can see in his art. I'm hoping this gallery opening will help him realise how good his work is so I can say I told you so!"

Carl finished by saying: "When I'm dead in the ground and you get my signature and think "he's famous that lad" – that'd be nice."



"I have good days and bad days, just like anyone with this disease, but when I do my art I really get my head down and tuck into it. You just see four hours turn into ten minutes and what you've achieved on a piece of paper, it's amazing."

"It's like being on stage in front of a thousand people and it's great to see what you've created, like have I really just created this thing. Words can't describe it really."



## WHAT OUR COMMUNITY SAYS ABOUT US

“I don't really know what I'd do without it, actually. Coming here and meeting everybody is lovely, and we have a really nice time.

“We laugh a lot, all of us. I absolutely love it.”

”

“It's been a really welcomed service, the hospice is a lifeline.”

“The hospice is a comfortable safe atmosphere and I love my respite 'holidays' here! The staff are outstanding.”

“To begin with, my mum was an outpatient and went in for activities and beauty treatments to help her feel good about herself. She passed in the hospice, that's where she wanted to go. She knew what they could offer and she knew she would be at peace there.”

“My sister really loved coming to Andy's and she really came out of her shell. It sounds silly because she couldn't communicate but we could all see the difference. She was happy here.”

“You just thought of everything before we even had to. One thing I really loved was the hand and feet casts. It's all the little things that you would never have had a chance to get if you were at the hospital.”

“After arriving at the hospice, my wife only lasted four days, however those four days were out of this world.”

“The work the hospice does is truly amazing!”

“The minute we walked into the building, I just felt so warm and welcome. I decided I wanted to end my time at the hospice.”

“The staff feel like family, and they care for you like family.”

“All the nurses are amazing and when you step into the rooms it's like stepping into a premier inn - you don't realise you're in a hospice.”

“It's like having your own room at home with nurses on hand - and they are on hand! I don't worry about any of the care my mum gets whilst she is here.”

“I cannot fault, in any way, how I was cared for. They are truly gifted professionals born to do the job they do to perfection.”

“Everything I got, he also got. He had as much support as I did from the hospice, and that was so important and special to both of us. It gave him the time off from being my carer and let him relax.”

## FEEDBACK FROM PATIENTS AND CARERS ON THE 2026-27 IDENTIFIED PRIORITIES

At St Andrew's, we truly value feedback from all of our stakeholders. Patients and carers from the Wellbeing service reviewed the identified priorities for 2026-27 and were all in agreement that the priorities set would maintain and improve the high quality of care and support provided by the hospice. They also agreed that the priorities would support the wider community in understanding the work of the hospice, whilst bringing down the barriers of public hospice perception.

### CHILDREN'S COMMUNITY HUBS

"I think this would be a really positive thing."

"Providing a suitable environment for this would be good."

"I think this would be good for the public and for patients."

### SPIRITUAL CARE

"Good for staff to look after their own wellbeing too."

"I think this would be good so more staff are aware of spiritual care."

"This would be good; training is always good and it would be helpful to have more people for us to talk to."

### OUTPATIENT CLINICS

"This is an excellent idea."

"This would be good because you sometimes struggle to get a GP appointment and I feel safe with the staff here."

"This is good as I struggle to get an appointment at the doctor's and I know the staff here."

### APPRENTICESHIPS

"It's good to upskill staff."

"I feel safer with trained staff."

"It's good to give existing employees opportunities to develop."

### IV THERAPIES

"Yes, I think this is good idea."

"Great because it means I wouldn't have to go to the hospital."

"This is good because it's more easily accessible than the hospital and a more welcoming environment."



## CHAIR'S STATEMENT: THE HOSPICE BOARD OF TRUSTEES

As always, I am inspired by the heart-warming stories that I hear every day from the patients, carers and families of how our people go above and beyond to deliver the care they deserve at a time when they are most in need. I, and my fellow Trustees, are proud to witness the care and attention our teams, and individuals, provide to the most vulnerable people in our community.

Like other Hospices, providing high quality care is our utmost priority. Whilst cost should never be a barrier to this level of care, the last year has again provided us with challenges around funding and as Trustees we have been consistent in our approach to supporting investment through innovation, supported by research, and developing models, such as adult palliative care, that provide opportunities for growth and efficiencies that demonstrate excellent practice.

Our strategy and purpose are our anchors, and we continually strive to ensure any investment provides the optimum impact for those we care for and their support groups.

I want to pick out a few examples of the impact I am referring to that align to this. Hospice at Home and Children's Community Services, including the introduction of Hubs (multi-disciplinary outreach teams working together to provide care) continues to be a lifeline for some patients and their families. This goes beyond physical care.

The evidence that supports the improvement in mental health for patients who can be at home whilst receiving their care is without question one of our most important extended Hospice services. Sustainable expansion of these services is critical, and we are working hard to develop the professional relationships with other care providers to ensure the patient's wishes is at the heart of how we collaborate to deliver this.

I also want to highlight how our people development plans are supporting the increase and improvement of skills, knowledge and experience. Whether through attending training courses, apprenticeships, working with mentors or observing others, this element of our organisation is critical to maintaining a high-performing workforce, compliance, retention and recruitment and motivated employees. Our standards are high and that means we must invest in our people.

Finally, I want to mention funding. As a charity, we pride ourselves on being sustainable and financially sound. We have an excellent track record of success in bringing in external funding from a variety of sources and in using our own resources to generate income through, for example, retail sales. Irrespective of the international challenges that we face today, the systemic issues that currently exist in UK health and social care are most certainly impacting on our ability to be sustainable in the long term.

For years now, we have been vocal in tackling the discrimination and lack of transparency for hospice funding. As you will see from this report, our referral numbers are increasing and will continue to do so. This is partly self-fulfilling because of the hard work of our teams in educating others on what the Hospice can provide, but it is also clearly identifying a need for Hospices to be properly and fairly funded so that patients get what they need. Working with others, including using the support from Hospice UK, we will continue to lobby the government for this to be introduced. We will do everything in our control to impress the need for this at the highest level possible.

Whilst our report, as always, only covers a point in time, I believe it provides assurance to our Trustees and re-assurance to others that the Hospice works incredibly hard to design and deliver patient focussed care and services.

On behalf of the Board of Trustees, I can confirm that the details written in this Quality Account, to the best of our knowledge, are a true reflection of the work undertaken within St. Andrew's Hospice during 2025-26.

*Rachel Harvey*

Chair of Trustees

## SUPPORTING STATEMENT BY NHS HUMBER AND NORTH YORKSHIRE ICB

The Humber and North Yorkshire Integrated Care Board (ICB) welcomes the opportunity to comment on St Andrew's Hospice's Quality Account for 2025/26. We recognise the hospice's continued commitment to transparency, improvement and patient safety, and acknowledge the significant work undertaken during the year to strengthen quality, governance and patient experience.

St Andrew's Hospice continues to demonstrate a strong commitment to high-quality, compassionate and person-centred care, with clear evidence of meaningful family involvement and a strong focus on patient experience. We particularly commend the Hospice's progress in developing a more integrated, community-focused model of care, improving access and supporting more patients to receive care in their preferred place.

The Hospice has demonstrated strong performance in quality, safety and patient outcomes, including reductions in falls and improvements in patient-reported symptom management, reflecting a positive impact on both experience and outcomes. This is underpinned by a positive culture of learning, supported by mature systems for learning from incidents and audit activity, alongside a comprehensive programme of research and continuous improvement.

A further key achievement this year is the strengthening of clinical leadership through the introduction of a palliative care consultant role, alongside continued progress in digital integration and workforce development.

Looking ahead, we are delighted to see that the Hospice has set out a clear and strategically aligned programme of quality priorities for 2026/27, and we particularly note the expansion of children's community hubs, the development of structured outpatient provision, and the introduction of intravenous therapies within the inpatient setting. Furthermore, the ICB is interested to read about the continued emphasis on enhancing holistic, person-centred care, including the development of spiritual care capability and strengthened support for patients and families.

Overall, this Quality Account reflects a compassionate, forward-looking organisation committed to continuous improvement, and we look forward to continuing our partnership to enhance outcomes for patients and families across 2026/27.

Humber and North Yorkshire Integrated Care Board confirm, to the best of our knowledge, the 2025/26 Quality Account is an accurate reflection of the quality of care delivered by St Andrew's Hospice. The document is honest, comprehensive and demonstrates the continued commitment to co-production, quality improvement and the delivery of safe, effective care. Looking ahead, the ICB looks forward to hearing of the successes made against St Andrew's Hospice's quality priorities into 2026/27.



## NEWS STORY: NEW GARDEN WORKSHOP FUNDED BY LIONS

We were delighted to officially open our new garden workshop, thanks to a generous donation from the Grimsby and Cleethorpes Lions. The workshop materials were supplied and installed by Platers Fencing and Garden Buildings, in conjunction with the Lions.

Joanne Jones, Bids and Grants Officer at St Andrew's Hospice, opened the event by recognising the effort the Lions have put in getting the project to this stage.

"I first met Paul Teanby back in April 2024," she said. "We started chatting about the Lions possibly supporting us. The timing was perfect as Naomi (Senior Palliative Care Nurse) had just been talking to me about the wellbeing workshop needing to be replaced.

"Over a year later, I am delighted to share with you all our great new workshop, which has been fully funded by the Lions. Your support is so very generous, and we would like to take this opportunity to thank every one of you."

Naomi Turrell, Senior Palliative Care Nurse for Wellbeing, said: "The old shed was falling apart rather quickly, so we've kindly had it replaced. We've got new work benches that are being fitted inside it and a ramp that means our wheelchair patients can access it.

"We can also use electrical appliances in there and it's all watertight, so we can use it in whatever weather."

Paul Teanby, Fundraising Chairman for Cleethorpes and Grimsby Lions Group, added: "You can see people who are here today will be able to come and sit here in the garden and plant some pots. That's what it's all about."



# St Andrew's Hospice

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