



ST ANDREW'S HOSPICE QUALITY ACCOUNT 2024-2025



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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 Trustee Directors and Senior Management Team, it gives me great pleasure to present the 2024-2025 Quality Account for St Andrew's Hospice.

Our aim is to be open, transparent, and engaging, and provide assurance of the quality, standards and safety of care and support we provide. The account reviews the achievements we have celebrated over the last year, outlines our key priorities for improvement to services for patients and their families, and communicates the excellent work of our hospice teams.

This report demonstrates how, building on the accomplishments of previous years, we have continued to design and deliver services in response to the increasing and changing needs of our local community, with the patient and their family at the very centre of all we do. It reflects how we strive, year on year, to improve the quality and responsiveness of our specialist palliative and end-of-life care services to our patients and those important to them. This is an opportunity to celebrate our successes, learnings and achievements through challenging economic times.

The landscape of hospice care is ever changing with challenges of reducing income and increasing cost pressures. In an era where charitable giving has been hit by austerity, and where research is clearly indicating demand for services is growing, costs have also increased due to National Insurance Contributions significantly increasing and further NHS pay rises having an impact on the recruitment and retention of hospice staff, and by greater regulation and the demands of commissioners and quality inspections.

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, moving to a more collaborative approach, providing care in the community much nearer to the patients 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 vibrant and innovative organisation, and I look forward to what's in store in 2025/26. 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: FORMER PATIENT GIVES BACK

When Anne was told she had stage 3 cancer and was given six months to live, she said her hope that she "wasn't going anywhere". However, when Macmillan suggested she visit St Andrew's Hospice, she was scared.

"I was expecting this really old building full of dying people, and it frightened me," she said. They talked me into going and so I decided to just bite the bullet and go. 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."

Anne accessed all of the wellbeing services such as Knit and Natter and the massages. Richard, Anne's husband, said: "I came along with Anne to her groups like Knit and Natter, and of course I didn't knit but I certainly nattered! Every now and then they had a wellbeing session where you would meditate so we'd go to that too."

Anne added: "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."

After using the hospice for about a year, Anne was given the incredible news that she was in remission. She said: "It was an amazing feeling, and I immediately knew I wanted to give back. I started putting my feelers out whilst I was weaning off the hospice and I found out they were about to open a shop down the road from us. I helped them unload all of the stock ready for opening and have been here ever since."

She was soon joined by Richard, who said: "We really enjoy working here, we make plans around the hospice, volunteering here always comes first. It helps you too, it helps you grow your skills and confidence, not to mention the social aspect."

Anne added: "I'm going into my 8th year of remission. The hospice has given me my life back. They help so many people, all for free, I don't know how they do it. And if they can't help you, they always put you in contact with someone who can, they never just turn anybody away. If you get asked to go to the hospice, just go. I was very sceptical but it was the best thing I ever did. We needed to give back and we will continue to give back. We can't say thank you enough."





LOOKING BACK ON 2024-25

PATIENT INCIDENT RESPONSE FRAMEWORK (PSIRF)

The Patient Safety Incident Response Framework (PSIRF) is a new approach to responding to safety events in healthcare, including hospices. It replaces the old Serious Incident Framework and aims to provide more flexibility and control for organisations in how they respond to incidents, learn from them, and improve patient safety. Hospices are encouraged to use PSIRF to ensure a compassionate and proportionate response to safety events, involving patients, families, and staff in the learning process.

At St Andrew's Hospice (SAH), our current PSIRF policy advocates a co-ordinated and data-driven response to patient safety incidents and the responsiveness of them. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management improvement.

The development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF:

Key aim 1 - Compassionate engagement and involvement of those affected by patient safety incidents

Open and honest disclosure and involving patients and their families aligns with St Andrew's Hospice Duty of Candour policy, whereby, an apology and open disclosure process are mandatory for all incidents resulting in moderate or more severe harm. However, we recognise that any incident made which is our fault we will apologise for, not just serious or severe harm. This is due to having an open and transparent culture.

We recognise that patients and their families may be the most important and informed witnesses to what happened and can provide insight that is critical to preventing a repeat incident. Therefore, we have taken the necessary steps (on an individual basis) to engage and involve these individuals.

In addition to the above we have continued to ensure that when dealing with any incident the 9 principles below are adhered to.

These 9 principles inform the process of engagement:

1. Apologies are meaningful
2. Approach is individualised
3. Timing is sensitive
4. Those affected are treated with respect and compassion
5. Guidance and clarity are provided
6. Those affected are 'heard'
7. Approach is collaborative and open
8. Subjectivity is accepted
9. Strive for equity

Key aim 2 - Application of a range of system-based approaches to learning from patient safety incidents

Our responses do not take a 'person-focused' approach where the actions or inactions of people, or 'human error', are stated as the cause of an incident. We would use the Systems Engineering Initiative for Patient Safety (SEIPS) Framework. SEIPS is a framework that assists healthcare professionals to understand outcomes within complex systems in order to have a more thorough and informed response for patients and their families.

SEIPS Explained	Examples of Performance Influencing Factors (PIFs)			Outcomes
<ul style="list-style-type: none"> SEIPS is the Safety Engineering Initiative for Patient Safety. It is based on a Human Factors systems approach to understanding care systems, processes and outcomes to inform better design and improvement. SEIPS can be used by anyone as a general systems analysis and problem-solving tool e.g. incident investigation; hazard identification; incident reporting & data collection; simulation design; protocol & checklist development; research design and data analysis... 	Person Factors e.g. Physical, psychological capabilities, limitations and impacts (frustration, stress, fatigue, burnout, musculoskeletal, satisfaction, enjoyment, experiences, job control); personality or social issues; cognitive ; competence, skills, knowledge, attitudes; risk perception; training issues; personal needs and preferences; psychological safety; performance variability; personal goals; adaptation to work conditions. Care team e.g. roles, support, communication, collaboration, supervision, management, leadership Patient/client e.g. complexity of clinical condition, physical, social, psychological, relationship factors Others e.g. families and carers, and other health and social services colleagues	Task Factors Specific actions within larger work processes, includes task attributes such as: <ul style="list-style-type: none"> level of task difficulty /complexity; time taken; hazardous nature; variety of tasks; sequencing of tasks workload, time pressure, cognitive load, 	Organisation of Work Factors e.g. Structures external to a person (but often put in place by people) that organise time, space, resources, and activity. Within institutions: <ul style="list-style-type: none"> Work schedules/staffing Workload assignment Management and incentive systems Organisational / safety culture (values, commitment, transparency) Training Policies/procedures Resource availability and recruitment In other settings: <ul style="list-style-type: none"> Communication Infrastructure Living arrangements Family roles and responsibilities Work and life schedules Financial and health-related resources 	Outcomes – System Performance e.g. Safety; productivity; resilience; efficiency; effectiveness; care quality Outcomes – Human Wellbeing e.g. Health and safety; patient satisfaction and experience; enjoyment; staff turnover; staff welfare; job satisfaction
Guiding Step <ol style="list-style-type: none"> As a team, use the worksheet as a prompt to highlight the system-wide factors that contribute to the issue at hand Seek to understand how these factors influence processes and interact to produce outcomes (wanted or unwanted) Link this new knowledge to making improvement recommendations 				

Key aim 3 - Considered and proportionate responses to patient safety incidents and safety issues

There is no remit to apportion blame or determine liability, preventability or cause of death in a response conducted for the purpose of learning and improvement.

Key aim 4 - Supportive oversight focused on strengthening response system functioning and improvement

PSIRF supports SAH to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm. Patient safety incident response integrates with other activities such as clinical governance, human resources and complaints management within St Andrews hospice.

Our patient safety incident response plan is a ‘living document’ that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will review the plan every 12 to 18 months to ensure our focus remains up to date; with ongoing improvement work our patient safety incident profile is likely to change. This will also provide an opportunity to re-engage with stakeholders to discuss and agree any changes made in the previous 12 to 18 months.

Updated plans will be published on our website, replacing the previous version.

Just Culture

Our patient safety ‘culture’

St Andrew’s Hospice promotes a ‘Just Culture’ approach to any work planned or underway to improve safety culture in accordance with the NHS England » A just culture guide <https://www.england.nhs.uk/patient-safety/a-just-culture-guide>

It helps reduce unconscious bias when making decisions to ensure all individuals are consistently treated equally and fairly no matter what their staff group, profession or background.

Our PSIRF Plan maintains an inherent culture of the fair treatment of staff to support a culture of fairness, openness and learning by making staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated.

Looking to the future

Whilst PSIRF continues to develop and embed within our practice, guidance will be needed by staff to move towards understanding systems of work that is internally focused but may extend externally also.

This new way of working will look at the wider aspect of why incidents happen – looking much deeper than the individual, using the SEIPS framework. It will aim to provide more transparency for stakeholders and more in-depth assessment per incident that meets the required threshold to be investigated through the PSIRF and SEIPS model.



ANDY'S AMIGOS

Andy's Amigos continues to deliver a monthly programme of activities for children and young people to attend. The groups are themed and age appropriate and include sensory activities, cinema nights, pamper sessions etc. With the newest Andy's Amigo's events being a Young Person's Day having a range of activities from completing shopping for a specific meal and then cooking it, to attending a festival. We continue to focus on weekends and school holidays, recognising that most children/young people attend school. Those that attend have fun and feedback has been positive:

For some time it has been apparent that for some of our families the distance to travel to Andy's can be a barrier, so we will be introducing Andy's Amigo's Community Hubs to extend our reach to families who live further afield.

ANDY'S AMIGOS COMMUNITY HUBS

Andy's catchment area covers Lincolnshire, North East Lincolnshire, Hull and the East Riding, placing hubs in various towns and villages will serve as accessible focal points for Andy's patients and families. Caring for a seriously ill child with complex medical needs and disabilities can be both financially and practically challenging. Having local community hubs provided by Andy's Amigos gives all Andy's patients and families the opportunity to access a range of services and activities to meet their needs, acting as a central point for community engagement and activity.

The hubs will improve access for children and young people and their families to specialist palliative care medical support; improve wellbeing, support and advice about education, offer new skills and provide events and activity groups. This includes our family support team consisting of social workers, caseworkers, social welfare officers and a spiritual care lead, who will provide practical, emotional, financial and spiritual support on their doorstep.

Work with other partner organisations has started to identify how these hubs can enhance the service they already provide, but further work in this area is needed. These hubs will further strengthen and support the development of relationships with other professionals, building a directory of services and creating a community support network for our families.

TRANSITION

Transition remains a key priority for us in supporting young people as they move from Child to Adult Services. After receiving funding last year for a dedicated post to support this work, it took a little longer than expected to fill this role, but we are pleased to say that a Senior Transition Lead was appointed and started in April 2025.

During the period prior to appointment, the Director of Clinical Services and the Head of Children's Services met with hospice leads in our neighbouring adult hospices to discuss transition and how we can work with them to put a plan in place and support successful transition for young adults accessing Andy's but who live in their areas. This has been positively received. The new Senior Transition Lead has now picked up this work and is leading on developing relationships and working closely with professionals across both local and wider regions to assess the needs of our young people and their families in preparation for transition.

Quite early on in this work, it was identified that there are significant gaps in services for young people post-education in the areas we cover. To address this, the Senior Transition Lead has prioritised engaging with various organisations to explore what support is available and ensure both parents and young people are informed of their options.

At St Andrew's we launched our young adult wellbeing group, the Circle Club, last year, supporting and empowering young people in taking their first steps toward independence in adulthood. This has proven very successful and has given a base to share with other hospices. Recently, with the support of our Wellbeing Service and Adult Inpatient Unit, two of our young adults at Andy's have begun our in-house transition process, which includes participation in Circle Club and overnight stays in the adult inpatient unit. Along with regular transition meetings with the adult hospice and most recently inviting outside agencies to join regarding patients that we have in common to enhance the care provision that we provide locally through the multi disciplinary meeting.

As a hospice, we have been proactive in developing transition, but having this dedicated role will enable us to move at pace and give dedicated time to move transition forward across all our catchment areas supporting our young people to integrate into their local communities, organisations and activities. It is still early days for this role, but it is developing rapidly with a programme of work planned to build relationships, develop a clear transition pathway and a directory of services as well as other initiatives such as family transition days.

NORTH EAST LINCOLNSHIRE PALLIATIVE AND END OF LIFE CARE ACCOUNTABLE CARE PARTNERSHIP

As part of Humber and North Yorkshire Integrated Care Board's (HNY ICB) All Age Palliative and End of Life Care (PEoLC) governance framework, emphasis and focus is placed on Place and its delivery of services at a neighbourhood health team level.

The framework specifically for adult palliative care, has seen a sub-system across Northern Lincolnshire, with both North and North East Lincolnshire Places working together. Over recent years, it has become evident that due to the emphasis on Place and the needs of our local populations and structural differences within service delivery, it has been important to have a Accountable Care Partnership within North East Lincolnshire, to directly align with the North East Lincolnshire Health Care Partnership.

As an Accountable Care Partnership, we involve different organisations from the health and care system and by working together we can improve the health of our local population by integrating services and tackling the causes of ill health or poor patient experience. This is a different way of working for the NHS – the emphasis is on local populations, and systems rather than organisations.

The North East Lincolnshire PEoLC Accountable Care Team is now established and through bimonthly meetings, chaired by the CEO of St Andrew's Hospice, engages with professionals across the system in North East Lincolnshire. We have used the forum to identify good practice as well as areas that can be improved. Any risks to patient care are also highlighted, with local solutions being agreed and implemented, and where wider system improvements are needed, these are escalated through to an ICB level.

Through the use of case studies, the patient and carers voice and experience are central to all discussions, providing the focus and guidance on how services can further be developed, ensuring personalisation is central to describing what good, person-centric, personalised care and support looks like from the point of view of the people themselves.

BUILDING ON INTERNATIONAL RELATIONSHIPS - KERALA, INDIA

In June last year, the Director of Clinical Services returned together with the Head of Education and Training (first time) to Kerala and met with the palliative care team. During this visit, time was spent out in the community with the palliative care nursing team, experiencing how palliative care is delivered in Kerala and witnessing different treatments/interventions delivered in the patients' homes.



Visits to several health/care establishments also took place showing the breadth of different care environments that had been developed over the past few years responding to the changing demographics of their population.

Training is an important part of their staff development and, during the visit, attendance at a monthly, mandatory training session was included enabling the Director of Clinical Services and the Head of Education and Training to see how they deliver their training and feed into it.

At the end of the week, the Director of Clinical Services and the Head of Education and Training delivered two days of training and sharing of experience, protocols and resources with over 40 delegates. This was a hugely humbling experience and made us appreciate the amazing facilities and resources we have to hand here in the UK.

Following on from our previous visits and the ongoing work around training and education we have been supporting virtually, with the palliative care team, two of the doctors who are leading on palliative and end of life care for the state of Kerala, visited St Andrew's Hospice in May 2025 to experience first-hand how we deliver palliative and end of life care services and to explore further training opportunities.

During their time with us they met with staff from different teams to understand the different types of services we offer, gaining knowledge and appreciation of the benefits these services bring to patients and families.

The work we have been undertaking with them has helped them in developing new working practices and exploring new clinical resources. This is groundbreaking work for us to be leading on, and we will carry on building on this relationship to continue to learn from each other, supporting development in different areas including training and education.

RELATIONSHIP WITH MARTIN HOUSE

Over the past year, our relationship with Martin House Children's Hospice has continued to develop. With the support of their training and education team, working with our Head of Education and Training, we have been able to upskill our children's team in a number of different clinical skills/scenarios, giving them the skills and knowledge to better support our children, young people and families in the community. The Head of Training and Education has also supported additional SIM's (simulation) training with the team and worked with Martin House to deliver a number of external sessions to other professionals.

With the support of the palliative care consultants, we can now offer clinic/telephone/virtual appointments enabling families to discuss any symptom management concerns and for these to be acted upon. This contact also gives staff 24/7 access to discuss any complex issues and manage symptoms and end of life care in the community seven-days-a-week. We hold weekly multi-disciplinary team meetings where all new referrals and any complex situations are discussed ensuring the right level of support is offered. Over the past year, we have also seen an increase in the number of referrals to Andy's, in particular from Peri-natal and Oncology colleagues and an increase in the number of advance care planning conversations and plans being put in place.

This has been a really positive move, and we are pleased that we are able to offer specialist palliative and end of life care to children, young people and their families.



OUR ACHIEVEMENTS DURING 2024-25

ST ANDREW'S HOSPICE ADOPTS DYING TO WORK CHARTER

St Andrew's Hospice is proud to adopt the Dying to Work charter, showing our commitment and support to employees in the event of a terminal diagnosis.

The charter, part of a campaign led by the Trades Union Congress (TUC), pledges to give a staff member options about how they want to proceed; whether they want to continue at work for as long as they can, or prefer to spend time with family and friends. Whatever that choice, we, as their employer, are committed to supporting our staff when they need it most.

Signing the charter was Rachel Harvey, Chair of the Board of Trustees at St Andrew's Hospice. She said: "Our teams and our people are the most important part of the hospice, and caring for others at the most difficult times. This charter really sets the standard for the way we want to support our staff with their own circumstances, as well as caring for others."

Rachel was joined by Melanie Onn, MP for Great Grimsby and Cleethorpes, who has been involved in the Dying to Work campaign since its initiation.

"This started in the Trade Union movement, where it was recognised that people who were living with a terminal illness were being treated really poorly when it came to work and there were no protections from their employers terminating their jobs early. It's about raising awareness and asking employers to commit to that support, recognising there is still worth in the experience of these individuals.

"I'm so delighted that St Andrew's has recognised it and adopted the charter. It's a huge step forward and incredibly progressive. It's really positive for the organisation, but for individuals too. It recognises there are still lots of pressures such as paying bills, even if you have got a terminal illness, so helps keep an element of normality and stability by having the support you need from your employer."



HOSPICE LEADS FIGHT FOR FAIRER FUNDING FOR THE SECTOR

We were proud to lead the fight for fairer funding for the hospice sector, shining a light on the inequalities faced on a national stage.

CEO Michelle Rollinson spoke on Sky News about the need for a long-term Government strategy, whilst local MP Martin Vickers spoke out in Parliament before hosting members of the leadership team at Westminster,

He praised the “absolutely superb care” provided by St Andrew’s Hospice as he supported the sector’s fight for sustainable funding at a House of Commons debate.

Mr Vickers, MP for Brigg and Immingham, was speaking at a general debate on hospice palliative care, which allowed MPs to emphasise the urgent need to addressing challenges in access to sustainable palliative end of life care.

Responding on behalf of the government, Minister of Care Stephen Kinnock MP outlined its ambition for every person to receive holistic, high-quality and patient-centred palliative and end of life care from diagnosis until the end of their lives.

Speaking during the debate, Mr Vickers said one of his aims was to “praise his local hospices”, voicing “particular affection” for St Andrew’s Hospice.

“My father passed away in its care, and my mother actually died on the day she was supposed to move in,” he continued. “That was more than 30 years ago; I have seen how they have developed in the years since, and they continue to provide absolutely superb care.



“Of course, demand is increasing: demographics have changed, and people are living longer. Hospices do actually ease the burden on the NHS.”

Mr Vickers described voluntary donations as “crucial” to the hospice, before outlining key services such as adult in-patient care, children’s hospice at home sessions, physiotherapy, creative therapy and spiritual care.

“As we know, healthcare inflation runs ahead of general inflation, and hospices have to try to keep pace with statutory salary increases related to the national minimum wage
“As with the social enterprises that provide social care in North East Lincolnshire, hospice staff do not automatically get the increases that go to NHS workers, and the gap is inevitably widening.

“My plea to the Minister is that St Andrew’s is brought up to the national average as soon as possible.”

Chief Executive Michelle Rollinson said: “We have been vocal in support of our sector’s campaign for long-term, sustainable funding, and very much welcomed this week’s House of Commons debate on the subject. Mr Vickers is a long-time supporter of St Andrew’s Hospice, and we were heartened to hear him speak so passionately about the quality of the care and support we provide our community.

“We know the number of people needing hospice care is rising significantly year on year. Along with the announced increases in National Insurance contributions and National Minimum Wage, this will add further to the financial burden faced by the sector, and we have seen a number of hospices nationally announce cuts to services and staff as a result.

“Now is the time for the Government and NHS to act, by putting in a place a fairer and consistent funding framework that will secure hospice care for everyone who needs it.”



FEEDBACK FROM THE DIRECTOR OF GOVERNANCE AND QUALITY

Looking back on the previous year as Director of Governance and Quality, it is humbling to see the progress in all areas of the organisation. I am proud of the work that has been achieved by the workforce to make the identified priorities an achievement.

Patient safety and the delivery of quality patient care are at the heart of everything we do within our clinical services. The hospice is committed to a 'no blame' culture, helping staff to feel comfortable regarding raising any concerns they may have, or incidents they feel need reporting through our Vantage incident management system. This year has also seen the roll out of Patient Safety Incident Response Framework (PSIRF) which will only make this process more robust and transparent for our stakeholders. Whilst ensuring we are responding to patient safety incidents and issues for the purpose of learning and improving patient safety. Utilising the Systems Engineering Initiative for Patient Safety (SEIPS) framework to support the PSIRF work allows us to understand the outcomes within complex systems.



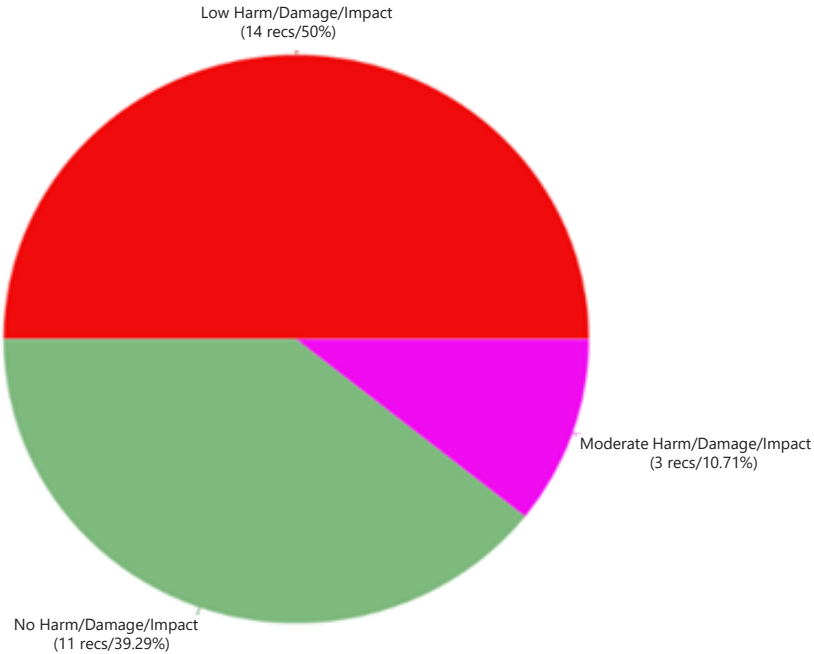
Any incident that takes place within the hospice is reviewed daily by myself or the appropriate Senior Manager and, on a monthly basis, by the members of the Service Quality and Improvement group managers. We analyse all patient safety incidents, viewing themes and disseminating any learning from incidents with staff and, if appropriate, external healthcare organisations involved in their care in a timely way before agreeing to final sign off. An overview of this is reported to the Board of Trustees every quarter.

The hospice has a Duty of Candour Policy as per Regulation 20 of the Care Quality Commission (CQC) and the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014). If any patient safety incident occurs as part of the care given by St Andrew's Hospice staff, patients and families will receive an apology from the most appropriate person as part of this policy. Assurance will also be given to give the patients and families confidence that the incident will be effectively investigated as per hospice policy by a member of the Senior Leadership Team. As part of the PSIRF policy patients and their relatives will be invited to be involved with the incidents if they require further investigation. For more information on this please 'looking back' page – PSIRF.

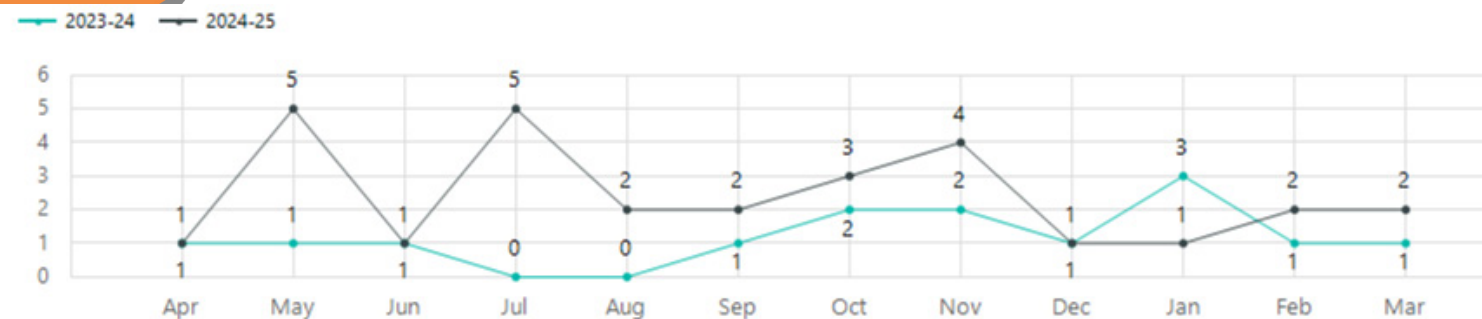
The figures detailed below encompass both Adult and Children's services and are reflective of the measures implemented to improve patient safety throughout this time.

PATIENT FALLS

The pie chart details the levels of harm/impact experienced by patients when falling in our care. All of the incidents have been reviewed through our Service, Quality and Improvement group and are deemed at a low level of risk. The three moderate records pertain to those individuals who fell as sustained possible head injuries and therefore required additional observation for their safety. These figures also include the children's unit (1).



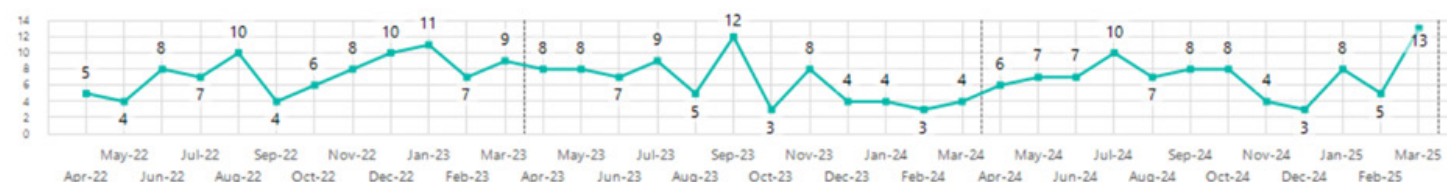
Having overlaid the 2023/24 statistics of falls with the 2024/25 (overleaf), it is clear to see that the falls have doubled in 2024/25. There are some clear spikes within the numbers which relate to the same individuals falling. All of these individuals had the appropriate care plans, equipment and monitoring. However, due to their deteriorating condition, fluctuations in mental capacity and/or lack of adherence, they continued to have multiple falls.



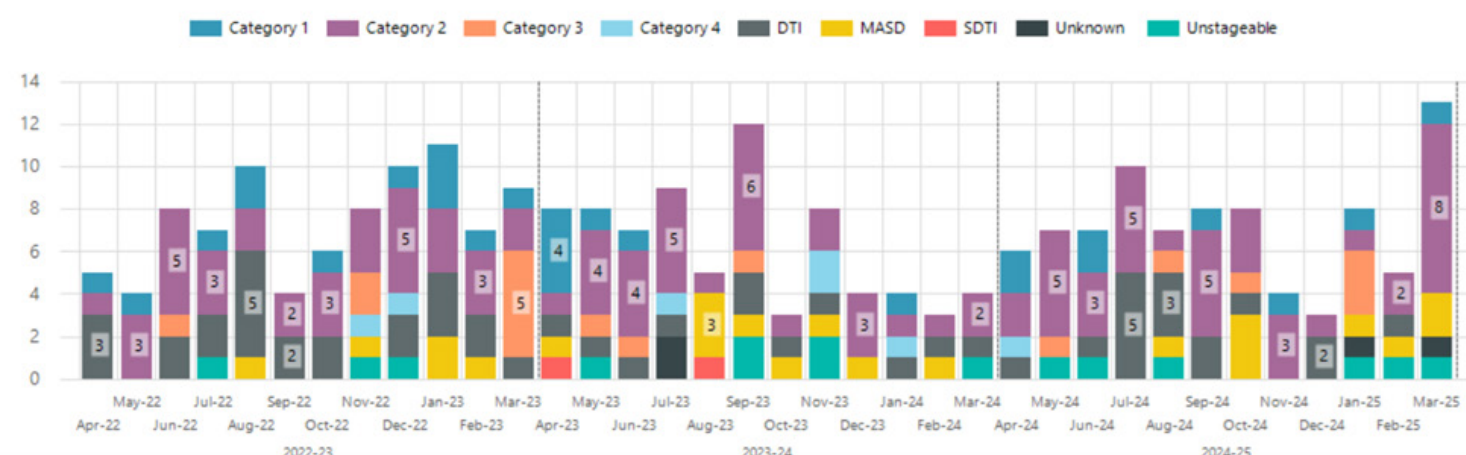
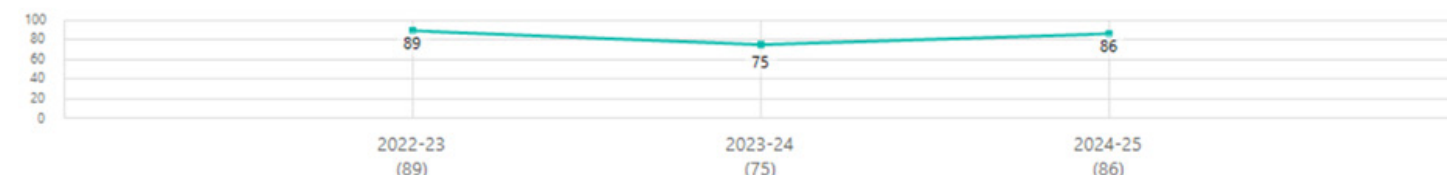
The majority of falls have resulted in no or low harm to the patient as you can see from the pie chart on the previous page. Having an increase in falls this year is disappointing and obviously something we do not wish our patients to experience. However, to provide assurance, these falls incidents have been assessed through quality improvement work and the necessary policy was adhered to on each occasion. Next year, I would like to see a reduction in this figure and will work to keep this under close observation throughout the year.

PRESSURE DAMAGE

Total Pressure Ulcers by Financial Month- 2024-25, incl. 2 prior financial years



Total Pressure Ulcers by Financial Year- 2024-25, incl. 2 prior financial years



Unit	Ulcer Type	Pressure Grade	Graph	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Adults unit	Acquired	Group Totals:		3	1	2	4	2	4		2	2	1	3	5	29
	Inherited	Group Totals:		3	6	5	6	5	4	8	2	1	7	2	7	56
Children's unit		Group Totals:													1	1

Of the new pressure damage reported (29) these have increased from 2023/24 (15). Staff are more intelligently reporting skin changes which could have the potential to develop into pressure damage i.e. Deep Tissue Injury (DTI) / Moisture Associated Skin Damage (MASD). Especially if you look at the month of October 2024 showing the categories of damage. This, along with the increased occupancy could be the reason the new pressure damage has increased overall this year. However, it should be noted that when looked into further a number of these are:

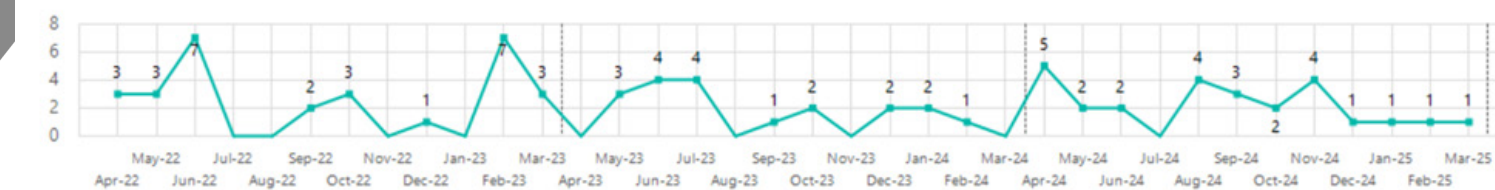
- Previously healed pressure damage i.e. although healed and not requiring a dressing, the skin is significantly more susceptible to breakdown when the patient's condition deteriorates and is reported by the staff as a possible DTI/ MASD which could develop into pressure damage (see pressure ulcer by grade graph above for further detail)
- Medical device related i.e. a hearing aid has rubbed behind the ear causing damage
- Patients declining to be turned according to their risk assessment and after education from staff (having been assessed as having mental capacity)
- As patients enter the last few days or hours of life the blood and therefore oxygen supply to their skin is significantly reduced. This, together with limited mobility and food and drink intake makes the skin incredibly vulnerable to pressure damage. Whilst patients are supported with the appropriate care and equipment, the breakdown of patients' skin is expected.

Pressure damage in 2024/25 has increased overall for our cohort of patients by nearly 13%. Of the 86 incidents reported, it can be seen that 56 of the Adult's 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.

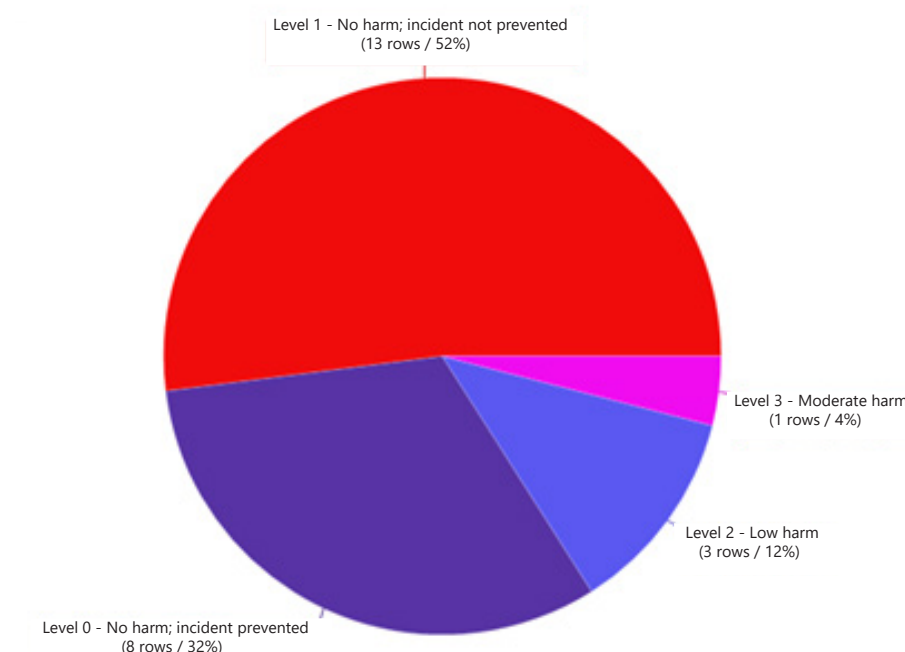
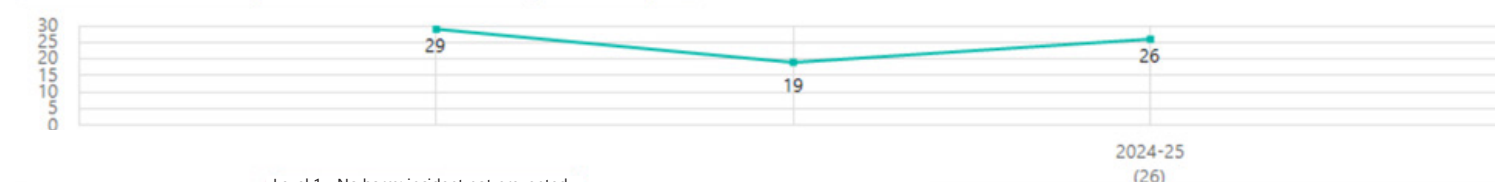
As the Director of Governance and Quality, I will continue to report to the Board on a quarterly basis throughout 2025/26 updating on the above statistics after speaking with the clinical managers through the Service, Quality and Improvement meetings.

MEDICATION ERRORS

Total Medication Incidents by Financial Month- 2024-25, incl. 2 prior financial years



Total Medication Incidents by Financial Year- 2024-25, incl. 2 prior financial years

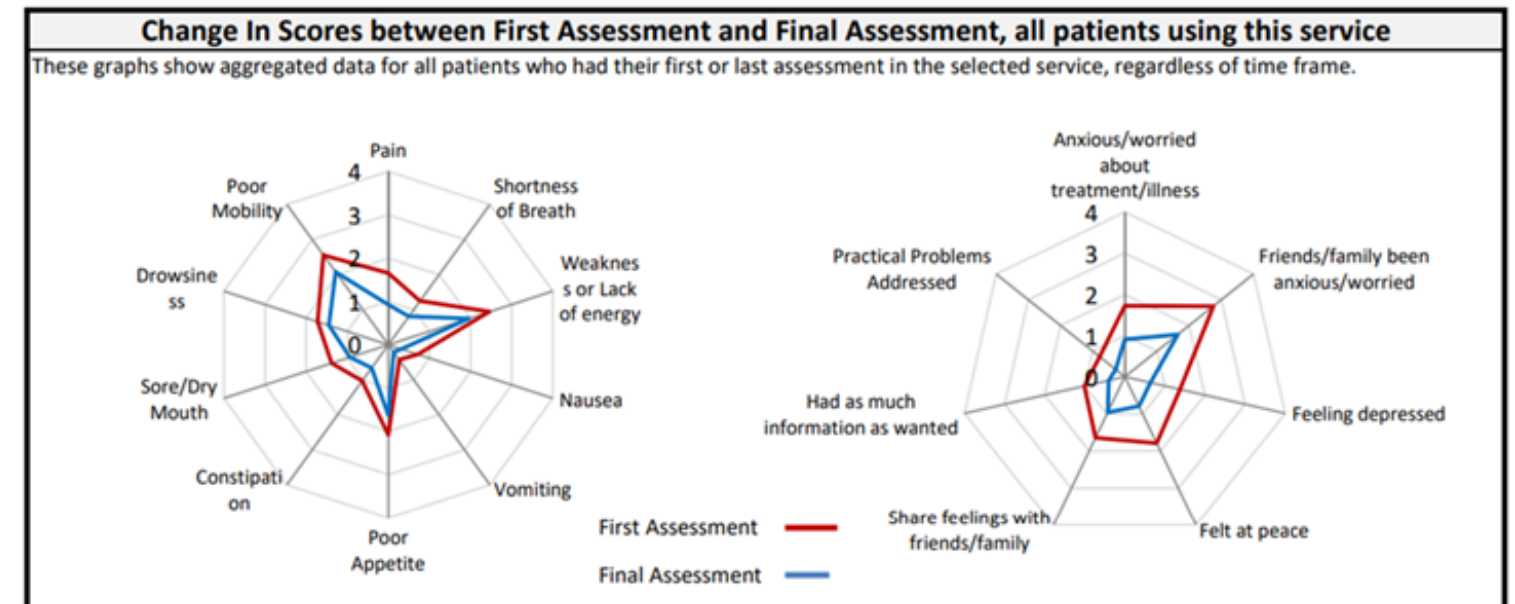


Medication errors in 2024/25 are slightly higher than in 2023/24. Of the 25 medication errors, 10 of these are Controlled Drugs. Four of these could be attributed to SAH, with the remaining incidents relating to manufacturing issues, prescribing issues which led to discrepancy issues and have now altered process, incorrect pharmacy labelling, missed doses, miscommunication between healthcare settings and human error i.e. not starting the syringe driver. Some of these medication errors are from external sources i.e. incorrect labelling by pharmacy. All of these have been reported to the CD Intelligence network quarterly.

As always, we will continue to monitor and develop medicines management quality improvement throughout 2025-26. However, staff should be very proud of these figures considering the number of medications they give on an annual basis (189,070 average medications when at full capacity). Less than 0.000132% have come to be an incident.

PATIENT SYMPTOM MANAGEMENT AND EXPERIENCE

The below IPOS improvement scores show improvement in all areas of symptom management with a 37% 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).



Average Scores for each Indicator (1837 pts)	First Assessment	Final Assessment	Net Change	% Change
Pain	1.65	0.92	-0.73	44% decrease
Shortness of Breath	1.25	0.81	-0.44	35% decrease
Weakness or Lack of energy	2.46	1.96	-0.50	20% decrease
Nausea	0.72	0.32	-0.40	55% decrease
Vomiting	0.43	0.21	-0.22	51% decrease
Poor Appetite	2.08	1.63	-0.45	22% decrease
Constipation	1.03	0.66	-0.37	36% decrease
Sore/Dry Mouth	1.38	0.93	-0.45	33% decrease
Drowsiness	1.72	1.45	-0.27	16% decrease
Poor Mobility	2.55	2.07	-0.48	19% decrease
Feeling anxious/worried about treatment/illness	1.72	0.91	-0.82	47% decrease
Friends/family have been anxious/worried	2.75	1.65	-1.11	40% decrease
Feeling depressed	1.38	0.63	-0.74	54% decrease
Felt at peace	1.79	0.79	-1.00	56% decrease
Share feelings with friends/family	1.64	0.96	-0.69	42% decrease
Had as much information as wanted	1.01	0.40	-0.61	60% decrease
Practical Issues have been addressed	0.78	0.29	-0.49	63% decrease
Average	1.55	0.98	-0.57	37% decrease

MANDATORY TRAINING AND ADDITIONAL COURSES

Mandatory training figures throughout 2024-25 continued to be above 90% which is hospice policy to allow for new starters/ absence. Additional training courses to achieve competencies and deliver a wider range of care to our patients and families has continued to develop, building on the last two years' identified priorities. In addition, further course are planned for 2025-26 through the identified priority for Specialist Palliative Care Education (see identified priority 3) which further supports and aligns to our current strategy.

TRUSTEES

In addition to the patient safety and quality data above, our trustees take their role very seriously and are committed to a rolling programme of trustee visits to each department during the year. The visits are usually conducted by two trustees on a rotational basis. They provide an excellent opportunity for working relationships and give trustees the opportunity to observe the activities of the hospice, and talk to patients, visitors, staff and volunteers about their experiences and concerns. The visits also allow them to triangulate data that is given to them about the quality of the services at Board meetings.

CONCLUSION

I hope you have found this Quality Account to be informative and of interest, as to the work staff at SAH have been focussing their efforts on in the previous year. The identified priorities for 2025-26 align to our current hospice strategy, are well underway and I look forward to updating you on their progress next year.

On behalf of the Leadership Team, I would like to thank all the St. Andrews Hospice teams for making last year's identified priorities a reality and for their continued dedication to make the care we deliver to patients and families exceptional.

As the main author of this Quality Account 2024-25, and on behalf of the Leadership team I would like to thank all of the external organisation contributors such as Healthwatch, North East Lincolnshire Place and our group of patient reviewers. But mostly our brilliant workforce, who work tirelessly to provide our community of patients and their families the very best care. Therefore, I am delighted to be able to share the evidence and thoughts with you all.

Take care,
Shelley Burrows
Director of Governance and Quality



IDENTIFIED PRIORITIES FOR 2024-25

ADULT PALLIATIVE CARE CONSULTANT

As part of the hospice five-year strategy (2024 -2029) we have identified that as the system lead for All Age Palliative and End of Life Care, we will extend our influence across the community to provide the care and support for all those affected by a life-limiting illness and we will continue to develop services within the hospice and community to meet the growing needs of all the patients, their families and carers.

To support this, the hospice considered how we might be best placed to achieve these outcomes.

Currently in North East Lincolnshire we have one 0.5WTE Palliative Care Consultant who predominately provides support in the community with some in reach into the acute trust but does not provide support to the hospice and does not have capacity to do so.

To meet the national requirements of the Palliative and End of Life Care Service Specification and the growing needs of patients it has been identified and agreed that a hospice palliative care consultant would support collaborative working and this strategic intent.

As well as supporting our five-year strategy, this role will bring a number of additional benefits to the organisation and the community:

- Provide Clinical Leadership both within the hospice and when representing in external meetings
- Provide Medical led leadership to support our medical team and influence and support the direction of travel that we need to go in
- Provide training and education to both internal and external staff teams
- Build relationships with other medical leads/consultants to improve working relationships and increase in MDT working
- Support system wide work on the Palliative and End of Life Care agenda
- See an increase in referrals.

We have seen the benefits that having a consultant brings through the work in Andy's where we are seeing an increase in referrals with the biggest increase being Perinatal and Oncology which we rarely received before and are excited by the prospect of what an Adult Palliative Care Consultant can bring to the organisation and the community.

CHILDREN'S COMMUNITY SERVICES INCLUDING COMMUNITY HUBS

Andy's Children's Hospice cares for children, young people and their families across North/Northeast Lincolnshire, Lincolnshire County and Hull and East Riding and as a children's hospice recognise the challenges that families face in accessing our services due to the large catchment area we cover.

Through a review of our model of care delivery and recognising the increase in the number of children and young people who would benefit from our support, our aim is to build relationships with key professionals who provide care and support to children and young people with complex health needs and their families highlighting the specialist care and support that Andy's can offer alongside and how we can all work together to support the families.

Our community services led by our team of Senior Palliative Care Nurses will in reach into the acute hospitals, attend ward rounds and work with the clinical teams to recognise and understand the role Andy's can play. They will work with the children's community nursing teams to support symptom management and end of life care for children, young people and their families in their homes, by supporting an on call alongside the community teams. Hospital appointments can also be supported.

Community Hubs - Recognising that caring for a seriously ill child with complex medical needs and disabilities can be both financially and practically challenging, we aim to create community hubs to offer hospice services to those who live further afield. These will work alongside our Hospice at Home and community services and be supported by Senior Palliative Care Nurses. By placing community hubs in selected areas, will enable Andy's children, young people and their families to have easier access to our services.

The community hubs will improve access for children, young people and their families to specialist palliative care medical support delivered by our Senior Palliative Care nurses in partnership with the palliative care medical team, family support, spiritual care, therapeutic activities, music therapy teams, providing therapeutic, practical, emotional, financial and spiritual support on their doorstep. The hubs will also give Andy's patients and families the opportunity to access a range of services, offer support and advice, education and activities to meet their needs which will improve their wellbeing and act as a central point for community engagement and activity.

Work with health and care organisations in our different localities is being undertaken to highlight the care and support Andy's offers. Through this work it is anticipated that suitable premises can be identified to host the hubs and further strengthen and support the development of relationships with other professionals.

SPECIALIST PALLIATIVE CARE EDUCATION

As part of the 5-year strategy, SAH wants to lead on the creation and delivery of specialist palliative care education. To inform and influence system-wide working that seeks to improve palliative care provision and enhance the patient and carer experience. To increase our impact and visibility and improve the skills and confidence of the wider workforce across North East Lincolnshire.

Meeting Strategic Priority 1, 2 and 3.

Course One: The creation of a palliative and end of life care education course, led by and hosted by SAH, in collaboration with Care Plus Group specialist palliative care team, with contribution invited from specialist providers from other agencies across NE Lincs.

The invitation of multi-agency specialist guest speakers intend to build a recognised and robust quality to the course and content.

It is intended that the course is run in individual modules, on a rolling programme. The learner is expected to build a complete palliative care certificate by attaining each module in the programme.

The course is aimed at SAH clinical staff and will be open to specialist and generalist providers of palliative and end of life care across NE Lincolnshire, extending our influence and knowledge across the community to improve the skills and care and support for all those affected by a life limiting illness.

Course Two: Care of the person with Motor Neurone disease [MND]

The format is a study day intended to deliver specialised knowledge in the care of the person with MND.

SAH will lead on the creation and content build and host the day. Content will be constructed in collaboration with invited specialist therapists, nurses and medical input from wider providers in NE Lincs.

The learner audience is intended to be SAH and CPG clinical staff, with the expectation to deliver to a wider audience across NE Lincs healthcare, including the NHS Trusts and community care providers including care homes.

The beneficial impact of joint NE Lincs palliative care training includes the following key points:

- Upskilling SAH and the wider workforce, extending palliative care knowledge beyond the hospice environment
- Expanding the reach of SAH, sharing knowledge and expertise
- Supporting outreach and influences the hospice role a knowledge hub and leaders in best practice
- Consistency in the training message, promotes common language and understanding
- A unified approach improves the support to families who often interact with multiple services
- Improving communication and collaboration skills, break down silos between sectors
- Collaborating in the build and delivery of the training course will influence co-ordination of care delivery, clearer communication between hospice staff, community nurses, care homes and hospitals
- By understanding each other's roles, promoting earlier identification of issues and ability to signpost earlier
- Learners gain a broader perspective of how different providers work together
- Increased professional respect and understanding, promotes joint accountability
- Multi-agency specialist guest speakers may in turn pave the way for inter- agency placement and learning opportunities
- Potential to increase the referral to specialist palliative care, and earlier
- Encouraging and influencing a person – centred approach across services
- Enhancing confidence for staff to deliver sensitive conversations
- Reducing duplication in service delivery.

APPRENTICESHIPS

SAH has been successful in the recruitment of one Level 2 Health Care Support Work [HCSW] Apprentice, to the adult unit.

More recently recruiting via internal staff progression, two Level 3 HCSW, one from adult and one from children's services.

Work to support the apprentices over the duration of the course will include building strong relationships with the course provider college and creating opportunities to meet learning objectives. Additionally, education and a conduit for communication is required for SAH staff, including SAH course mentors, to enable a team approach to support the apprenticeships+, and ensure their successful outcome.

Building on workforce development plans already embedded in SAH, investigations into an Associate Nurse apprenticeship are in the early stages. Consideration of availability of courses and providers, and the scrutiny of course content relative to the evolving needs of SAH delivery of palliative care are required.

Funding options and financial implications will be explored, as well as organisational consideration of appropriate cohort timing to ensure safe working capacity of clinical staff.

Meeting Strategic Priority 1, 2 and 3.

The beneficial impact of SAH apprenticeships is:

- Tailors SAH workforce development, in line with our own values and strategic aims
- Skills are developed 'on the job' meaning they are directly relevant to operational needs
- Helps to embed a culture of continuous learning and professional development
- Improves staff retention - staff who are invested in training and can see progression opportunities are more likely to feel valued, motivated and loyal
- Future proofs the skills in the workforce
- Facilitates workforce resilience
- Funding contribution from Levy transfer, support effective use of hospice financial resources
- Career progression boosts organisation reputation
- Integrating learners into local colleges expands the reach of the hospice brand, and knowledge of hospice purpose, values and activity
- Potential to inspire future recruitment from other learners.

SYSTEMONE OPTIMISATION LEADING TO IMPROVED DATA AND METRICS

In line with our 2nd strategic priority – Increase our Impact; the hospice has made significant digital improvements which will support us reaching our plans to achieve digital maturity.

Working together with relevant stakeholders and team members we have continued to enhance our clinical workflows and, efficiencies at the hospice. The clinical system that is used at the hospice is used in other health & care organisations in the region and nationally.

The clinical system optimisation work we undertake at the hospice supports other health professionals accessing information to support their patients.

Subsequently, as the hospice supports sharing information with health providers, work is underway to improve information received in relation to our mutually shared patients.

The effect of these changes has improved our: workforce satisfaction, operational efficiencies, increased time with patients and their families, and therefore improving the quality of care provided.

Further to the patient and workforce benefits, the changes have improved the hospice data quality and collection. Each one of these impacts will support our reporting capabilities and provide further insights and impacts to the services and care we provide.

Working to share and receive patient information with our local health and care providers improves the care for our patients and their families outside of the hospice. It also helps to improve our relationships with those providers, reduces duplication, improves communication and supports partnership working.

As a result of the continuous improvements, further doors of opportunities have been identified to support our clinical workforce out on community and home-based visits. This is currently under review with a promising direction.

As the demand for data and analytics continues to grow, St Andrew's Hospice is becoming flexible and adaptable to these requirements. As technology is developed and implemented across the hospice, we can provide information with ease and accuracy.



CASE STUDY: NOAH WINS WELLCHILD AWARD

Andy's patient Noah Nicholson was a deserving winner of the Inspirational Child Award at this year's WellChild awards.

Six-year-old Noah, who has been with Andy's for five years, radiates joy and always has a smile on his face. Noah was born prematurely at just 27 weeks and weighing just two pounds and has been in theatre 28 times, including 14 life-saving procedures, spending much of his young life in hospital.

Noah has cerebral palsy, chronic lung disease, short bowel disease, and other serious health issues, leading to chronic pain and the need for constant medical care. Yet Noah remains cheerful and smiling!

Sally Szollosi, Children's Inpatient Lead Nurse at Andy's, which is part of St Andrew's Hospice, describes Noah as "an incredibly happy young man".

She added: "Noah has been through so much in his short little life, and yet his smile, laugh and excited energy is infectious."

Tracy, Noah's mum, explains that she found out about the WellChild awards whilst Noah was in hospital.

"Noah was recovering from a procedure in hospital, and I happened to see the awards in a Facebook post. He'd been through such a tough time so I thought that it would be lovely recognition, so I nominated him.

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 2024-25, 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.

“I didn’t expect it to actually go anywhere as they’re national awards and there are so many deserving children.”

Speaking of the day they found out Noah had won, Tracy said, “I got an email to say he was a finalist and immediately started to panic. Obviously with Noah’s condition it’s so difficult to travel and I just thought ‘how are we going to get to London?!’

“We were at another hospital appointment when we found out he had won, and I just burst into tears. I was so proud of him.”

Despite the worry about how they would attend the awards, Tracy said that WellChild “took care of everything”, taking out all the worry and stress so that Noah could enjoy the recognition he deserves.

The star-studded event was a joyous whirlwind for the family. Tracy recalls sitting on a table with Kate Garraway, who Noah cheekily put stickers on, and Phantom from Gladiator! Noah also reunited with old friend Prince Harry, who he had met in 2019.

“It was amazing because Prince Harry recognised Noah. He was wonderful with him, even though Noah did throw his teddy at him and grab his face! It was just like the last time.”

When asked what Noah’s favourite part of the awards was, Tracy said: “He absolutely loved being on stage and receiving his award. He also got to meet Oti from Strictly Come Dancing and get an auto-graph. She does a dance show on CBeebies which he loves.

“But his favourite moment, and one he keeps talking about, is when they showed his winner video. His hero, Doctor Ranj, who he absolutely loves, did the voice over and appeared in it. It made Noah so happy; we’ve watched it several times since and he’s so excited with it.”

We want to say a big congratulations to Noah for this amazing and well-deserved award, and for being a true inspiration every day.





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 2024-25 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 2024-25, with research approved by the Local Research Ethics Committee.

CHILDREN'S PALLIATIVE CARE OUTCOME SCALE VALIDATION STUDY (C-POS)

Within the UK, there are estimated to be over 86,000 children and families living with a life-limiting or life-threatening condition (LLC/LTC), many of whom would benefit from palliative care services due to complex symptoms, social and psychological needs, and the unpredictability of their condition. The number of children with LLC/LTC conditions in the UK is rising due to advances in medical care leading to slower deterioration.

This phase of research builds on the first two phases which 1) asked children, their families, their health care providers and commissioners what matters most to them; 2) we held a meeting with these stakeholders to decide which of these priority aspects of wellbeing should be the items in a brief measure to routinely assess and better support children and their families; 3) asked families and health carers which of these items are most important; 4) reviewed the evidence for how best to design questionnaires for children; 5) asked children, families and health carers to complete the questionnaires (there are different versions to meet children's needs at different stages of development) and to give us feedback on their content and format. We are now ready to move to the final stage - to ask children, families and staff to complete the measure twice to check if it measures what we intend to measure, and if it does so accurately.

This study, which is informed by and builds upon previous work conducted by the research team, seeks to establish the validity of the core C-POS to ensure the child and family-centred tool can be used to improve care in routine clinical practice. The C-POS will be the first fully validated children and family centred outcome measure for use in paediatric palliative care. The study brings together families, researchers, health and social care professionals and champions children's voices in the research, rather than relying on proxy data. The tool will be implemented into routine clinical practice which if used regularly to measure and document change in patient's status, can inform and improve care for children and young people with life-limiting and life-threatening illnesses.

At St Andrew's and Andy's, we would consider ourselves to be a research-generating hospice according to Hospice UK definition – contributing to the development of, or generating evidence. We are keen to engage and support research which can influence any aspect of our organisation and are continuously scanning the horizon for relevant studies in which to participate.



THE CARE QUALITY COMMISSION

Our services are monitored by the Care Quality Commission (CQC), with our last full inspection being undertaken on 31st October 2023.

Overall rating: Good

Safe: Requires improvement

Effective: Good

Caring: Good

Responsive: Outstanding

Well-led: Good



The CQC Registered Manager for St Andrew’s and Andy’s holds regular engagement meetings with our relationship owner/ inspectors. Any significant incidents, complaints, or accidents are discussed, which allows us to update each other with any changes occurring in either organisation.

For further information on this report, please visit <https://www.cqc.org.uk/location/1-119796870>

MONITORING BY EXTERNAL ORGANISATIONS

Monitoring by external organisations is welcomed by St. Andrew’s Hospice for Quality Improvement purposes. It allows our Senior Leadership Team to sense check the work they are overseeing and it allows a neutral, non-biased view and potential recommendations for the improvement of our services.

Environmental Health would monitor our service should a concern ever be raised.

Both the Coffee retreat and Appetite achieved a five star hygiene rating in February 2023.

Healthwatch Enter and View visits - our last visit by Healthwatch was undertaken in July 2023 with a very positive outcome.

The North East Lincolnshire Place also monitors our services (please see the supporting statement on page 58).

NHS DATA SECURITY AND PROTECTION TOOLKIT 2024-25

We have again successfully completed and published the NHS Data Security and Protection Toolkit for 2024-25 (DSPT) and are compliant at NHS Business Partner level.





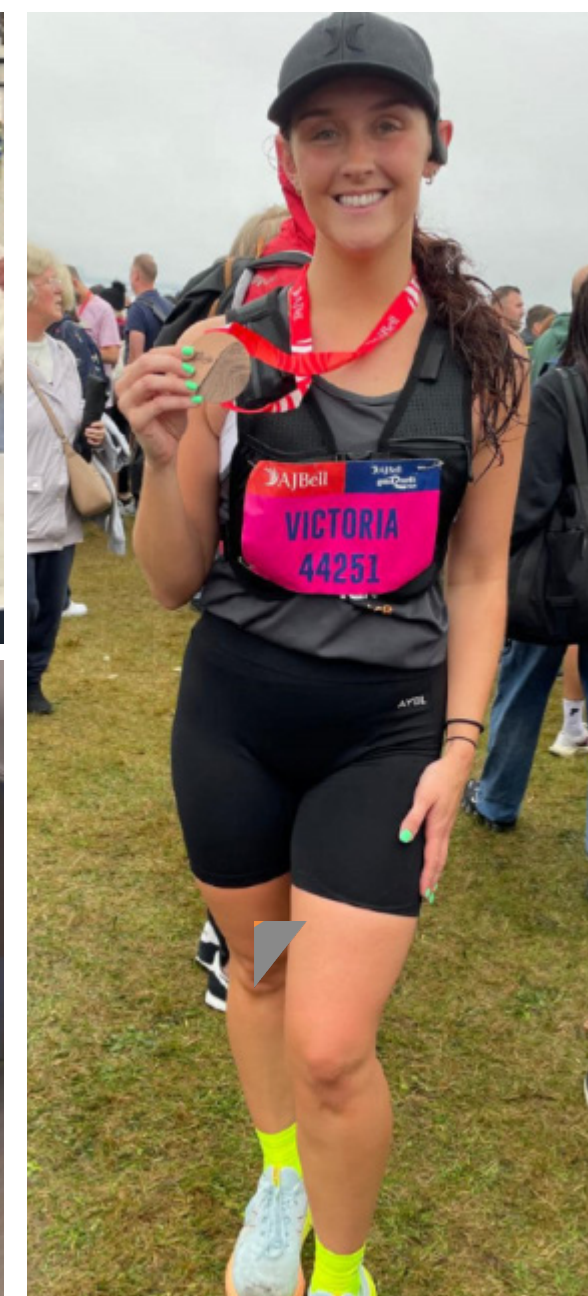
INCOME GENERATION

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 24/25 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 lobbying for a fairer funding framework by the hospice sector during 2024/5 was successful in securing some additional capital- focused funding for hospices over the two financial years 24/25 & 25/26 for which we are grateful and will certainly deploy the funding wisely. The sector will continue its awareness raising of the need for a fairer funding framework to ensure that our hospice care can be sustained, particularly given the predicted increases in demand for hospice services of all types.

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 during 2024/5, 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 and the projected increases in future demand and the cost of meeting those needs.

To enable us to meet this challenge, 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 25/26. 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 we receive from statutory sources, as hospice funding varies significantly across the country.

We also continue to remain incredibly grateful for the unwavering fundraising support we receive from the communities we serve through their donations, fundraising, playership of our lottery, donations into our retail shops and legacies (the latter of which has made a major contribution to our income in 2024/25); such support is absolutely at the heart of our sustainability and our engagement with supporters and donors remains such an important part of our work.



A YEAR IN NUMBERS

15
DAYS

Average length of stay

252
PATIENTS

Cared for in our Wellbeing service
in 2024-25

207
PATIENTS

Cared for in our Adult Inpatient
Unit

85
PERCENT

Average occupancy in our Adult
Inpatient Unit

83
PATIENTS

Number of patients discharged
home from our Adult Inpatient Unit

129
PATIENTS

Number of patients who died in
our Adult Inpatient Unit

1,694
REFERRALS

Number of new referrals to the
whole organisation

837
REFERRALS

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

24
REFERRALS

Number of Children's Services
referrals

458
REFERRALS

Number of Social Work referrals

195
REFERRALS

Number of Spiritual Care referrals

423
REFERRALS

Number of Bereavement referrals

1,204
APPOINTMENTS

Number lymphoedema treatment appointments

1,049
APPOINTMENTS

Cared for as part of our Hospice at Home programme (plus 105 for CPHB)

57
CHILDREN

On the Hospice at Home caseload for the year there was an average of 57 children.

0
INCIDENTS

Reportable safety incidents to the Care Quality Commission (Registration) Regulations 2009: Regulation 18

0
CLINICAL
DISSATISFACTION

There were no clinical expressions of dissatisfaction

3
COMPLAINTS

Clinical complaints

155
COMPLIMENTS

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

7
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

12
EXTERNAL
SAFEGUARDING
CONCERNS

Staff have contacted safeguarding regarding the safety of other establishments and families as per their duty of care and made 12 referrals with additional follow ups.

189,070
AVERAGE
MEDICATIONS

For both the adult and children's hospice services (when at full capacity), an average of 518 medications are administered in a 24-hour period. This means on average there are 189,070 medications administered each year



RED ARROWS FLY INTO ANDY'S WITH £5,000 DONATION

Patients at Andy's Children's Hospice were sky high this week after the Red Arrows flew in to hand over an incredible £5,000 donation.

Air Vice-Marshal Gary Waterfall, Chair of the Red Arrows Trust, visited the hospice from the aerobatics display team's base in Waddington, with Wing Commander Adam Collins and Squadron Leader Doug Smith.

The trio were also joined by Trustee Rachel Huxford as they presented Andy's with a cheque for £5,000, which has funded a specialist bed, suitable for our patients' broad range of complex needs.

AVM Waterfall said the money is raised through the sale of merchandise such as flight suits at events like Armed Forces Day, which they will be attending in Cleethorpes later this month. "We're really keen to help and support local causes. I flew in the Red Arrows and do a lot of work for charity, I'm from Lincolnshire and firmly believe we're working together to make the lives of others much easier.

"We're delighted to be able to present this money to Andy's. It's an amazing place with amazing children and amazing staff, and it's wonderful to see people here so happy."



Wg Cdr Collins, who is Officer Commanding of the aerobatic team, said he found the visit to be "incredibly humbling".

"It's a rewarding experience and seeing that this bed that's been funded by the Red Arrows Trust will be put to such good use is incredible."

The Red Arrows were greeted by an incredible display of red, white and blue created by Andy's staff and patients – with cut out planes, bunting, plane-shaped biscuits, towel art and even a papier mâché airplane.

And the team spent over an hour chatting to patients, families and hospice staff, handing out stickers, posters, rulers, books and other memorabilia.

Lead Nurse Sally Szollosi said: "This amazing donation has enabled us to buy a specially adapted bed, which will suit the huge range of very complex needs across our patients.

"We have all been so excited to meet the Red Arrows, but also to have the opportunity to get together. A lot of our patients and families are facing similar challenges, so it's nice for them to be able to come together like this."

Kate Hunneysett, whose son Elliot is a patient at Andy's, said: "Today's been really good for them to actually see and meet the Red Arrows pilots! Having them here is something different and it's great to be a part of it.

"Elliot is non-verbal and tube fed but he's just so happy, and coming to the hospice gives him a really good quality of life. The respite is fab, just for me, my husband and daughter to have time together. I can't see how we'd cope without him come to the hospice."

Tracey Clayden, who attended the event with granddaughter Clara, added: "I think these events are really important, especially for children like Clara.

"We can't go to things like Armed Forces Day because it's so busy, so this gives her the opportunity to do activities with things that she wouldn't necessarily encounter. It's great that she can actually have a more individual experience and not have to miss out."

Deputy Chief Executive Lesley Charlesworth-Browne also commented: "We are incredibly grateful to the Red Arrows Trust for funding this specialist bed for the Children's Unit, which ordinarily would be something we would really have to save for."





WHAT OUR COMMUNITY SAYS ABOUT US

“ My little man absolutely loves his sessions with the staff. He has such a beautiful bond with them all and they all take the time to get to know him and know what he likes. He honestly loves spending time with you all. You are all amazing and we can't thank you enough. ”



“Absolutely amazing place, I did my bereavement counselling and it’s amazing.”

“What a fabulous nurse the lovely Liz is, along with her colleagues she cared for our mum in her last week of life at the wonderful St Andrew’s Hospice Grimsby.”

“A heartfelt big thank you to all the nurses who recently cared for my wife during her last few days. Your work is truly inspirational.”

“It’s so hard to explain to those who have never been to St Andrew’s the warmth, genuine love, compassion and understanding everyone has. My daughter has been going for years to the children’s unit Andy’s and despite her profound conditions, she knows as soon as we get into the car park..it’s fun time and her face lights up. Thank you.”

“I’d like to give a shout out to a department that I’ve found many people don’t know about. Tucked away in a corner are the Lymphoedema nurses doing a great job. I had facial surgery with massive and very noticeable lymphoedema, which these nurses have worked so hard on, giving me a great result. Quite apart from being very professional and really “knowing their stuff” they are all friendly, easy to get on with and willing to offer help and advice at any time it’s needed. Thank you so much.”

“All the ladies that work reception are lovely. The hospice wouldn’t work without them. They do an amazing job.”

“It’s the most amazing place ever with the most caring and wonderful staff.”

“When I lost my daughter I went into the hospice to have some more time with her. The nurses at the hospice took great care of us, I can’t thank them enough.”



“Our family are massively supported by the children’s hospice... We feel safe, nurtured and so cared for as a family. Their staff deserve all the recognition and support for the amazing services they offer.”

“My beautiful step mum has been blessed with the joy of the Louth shop for so many years. Thanks to you all for supporting her and being lovely. I’ll introduce myself when I’m next in Louth and keep the connection alive! It’s meant so much to her.”

“Thank you for looking after my wife during the end of her life. The care, compassion, humour and humanity made those last days manageable.”

“So thankful for this fabulous service and also see how valuable it is in my professional life too. We’re lucky to have our hospice and the incredible staff.”

“St Andrew’s Hospice do so much for children like our daughter with life limiting/life shortening conditions that so many don’t know about. Making such happy memories, such as the recent visit of the Red Arrows, are absolutely important for all of us but our children in particular.”

“The butterfly room is a unbelievable place to say goodbye to your loved ones. My family was so grateful to be able to spend time saying goodbye to my beautiful little sister. I can not explain how important this butterfly room is to family. All the staff go above and beyond to help you in this sad time, the bereavement box they gift you is just beautiful, it’s so thoughtful thinking of little detail and precious memories keepsakes. Thank you to all the staff from the receptions, cleaners, cooks and carers.”

FEEDBACK FROM PATIENTS AND CARERS ON THE 2025-26 IDENTIFIED PRIORITIES

At St Andrew's, we truly value feedback from all of our stakeholders. Patients and carers from the well-being service reviewed the identified priorities for 2025-26 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.

ADULT PALLIATIVE CARE CONSULTANT

"I think this is really good. It's reassuring to know if I have any concerns, it can be picked up by a consultant."

"It is really handy to know there is an expert I can talk to."

"I think this is great as it would mean I would be dealing with one professional rather than lots of different professionals who don't know me or my history."

CHILDREN'S COMMUNITY SERVICES INCLUDING HUBS

"It would be good to provide this service. It would be nice if adult services could offer community hubs too."

"I think this would be good as it can be hard for the children to get here. Some families don't have transport to the hospice."

SPECIALIST PALLIATIVE CARE EDUCATION

"I think this is very important."

"It is important to build staff knowledge."

"I think this is also good for staff who do not come from a medical background."

"It is good to train staff about the sensitivities of the subject."

APPRENTICESHIPS

"Anything to bring in new staff is great."

"I think this will help improve the services offered."

"I think this is a lovely idea because everyone here is so lovely it would be nice to train people here."



CHAIR'S STATEMENT: THE HOSPICE BOARD OF TRUSTEES

I want to start by reiterating what a privilege I, and my fellow trustees, feel it is to volunteer as part of the hospice movement, particularly during the constant of navigating the complexity of the overall care system and significant change and disruption in the sector.

The report and information presented here captures only a point in time of our quality and performance, however, this is the tip of the iceberg when it comes to demonstrating the overall impact that hospice care has for patients, families, carers and the wider community.

Whilst the challenges many hospices face have been well publicised, and the subsequent consequences, we have continued to look forward and plan for growth to enable the ongoing excellent and sustainable care provision to individuals in our locality and region.

We recognise that Covid changed us and society, in many ways, however we've chosen to acknowledge this change by identifying opportunities for innovation and improvement and built these into our new strategy – this is our 'new normal'.

As Chair, I have focused on ensuring the Board provides effective governance and challenge to investment and decision making, monitors the actions taken from those decisions and measures the impact seen by our beneficiaries.

Along with the senior management team, the board's leadership has provided a strategic focus for quality and performance reporting leading to improved transparency of information and data provision and therefore offering better opportunities for constructive challenge and discussion.

Our strategy places an even greater emphasis on the importance of strong system leadership and wider collaboration, as will our future strategies. We recognise that our sustainability is not just about how well we deliver quality services but also how those we interact with do this too.

Developing strong relationships and co-producing plans for patient care has never been as important when there is so much demand for specialist hospice care with a co-ordinated approach.

We also recognise how critical feedback is from all those whose lives are touched by our hospice, whether it is the actual care they receive, or the kind words spoken at the most difficult times.

As I reflect on the last year, I am incredibly proud of our teams and what we've achieved and the plans we have for the future. Whilst we know we will continue to face adversity, we will do this with the resilience gained from our past experiences, and with humility and vigour to continue to deliver the care that our local community needs and deserves.

Rachel Harvey

Chair of Trustees

HEALTHWATCH NORTH EAST LINCOLNSHIRE RESPONSE TO THE ANNUAL QUALITY ACCOUNTS 2024/25

Healthwatch North East Lincolnshire welcome the opportunity to comment on St Andrew's Hospice Identified priorities 2024/25. It is evident that you have taken great consideration as to how you are going to achieve the identified priorities against the five-year strategy.

It is excellent news that you are in the process of recruiting an additional palliative care consultant, which will allow you to meet the national requirements of the palliative and end of life care service spec and create capacity to provide support directly to the hospice. It is also pleasing to see that you are building on your workforce development plans and the recruitment of apprentices is successful.

You are developing community hubs to offer hospice services to those living further afield. You have recognised that this service is required to enable Andy's children, young people and their families to have easier access to your services. The hubs will provide patients and families with access to a range of services offering support, advice, education and activities. You have recognised the requirement for such a service and that this provision will improve family wellbeing and community engagement.

It is encouraging to see the development and creation of the Specialist Palliative Care Education courses. This has many benefits as you have stated not only for upskilling SAH and the wider workforce but also for expanding your community reach and sharing your knowledge and expertise.

Finally, Healthwatch North East Lincolnshire note that the views of patients, carers, partners, staff and volunteers are important to you and have been critical in shaping your strategy and priorities. Healthwatch would recommend that stakeholder engagement and feedback continue to be a priority for your service to ensure that you receive feedback on what is working well and what areas need to improve.

healthwatch
North East Lincolnshire

SUPPORTING STATEMENT BY THE HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

Humber and North Yorkshire Integrated Care Board (HNY ICB) welcomes the opportunity to review and comment on the St Andrew's Hospice Quality Account for 2024–2025.

We would like to extend our sincere appreciation to the leadership, staff, volunteers, and partners of St Andrew's Hospice for their unwavering commitment to delivering compassionate, high-quality palliative and end-of-life care across North East Lincolnshire and beyond. The breadth of services provided from inpatient care to community outreach and wellbeing support demonstrates a holistic and person-centred approach that aligns with our shared values and priorities.

We commend the hospice's continued focus on:

- Embedding the Patient Safety Incident Response Framework (PSIRF) and fostering a culture of openness, learning, and improvement
- Strengthening transition pathways for young people moving from children to adult services, including the appointment of a Senior Transition Lead and the development of the Circle Club
- Expanding access through innovative models such as Andy's Amigos Community Hubs, which address geographical and social barriers to care
- Advancing workforce development through apprenticeships and specialist palliative care education, contributing to system-wide capability and resilience
- Demonstrating leadership in digital maturity and data optimisation to enhance care coordination and service delivery.

We also recognise the hospice's proactive engagement in research, audit, and quality improvement, as well as its commitment to transparency through regular reporting and stakeholder engagement. The hospice's commitment to improving the experience of its work force and patients is evident through its increase in workforce satisfaction and patient reported outcomes. Additionally, the hospice's dedication to staff training, and community partnerships is particularly noteworthy.

The ICB supports the hospice's identified priorities for 2025–2026 and acknowledges the strategic alignment with regional goals for integrated, equitable, and sustainable care. We are especially encouraged by the hospice's role in leading the North East Lincolnshire Palliative and End of Life Care Accountable Care Partnership and its contributions to national initiatives such as the "This is Hospice Care" campaign.

We confirm that, to the best of our knowledge, the Quality Account is a true and accurate reflection of the care delivered by St Andrew's Hospice. We remain committed to working collaboratively with the hospice and system partners to ensure that all individuals and families facing life-limiting illness receive the highest standard of care and support.



CASE STUDY: NATIONAL LEGACY CAMPAIGN

We were proud to be one of more than 140 hospices taking part in the “This is Hospice Care” campaign, a national initiative facilitated by Hospice UK. The campaign aimed to raise awareness about the vital role hospices play in communities and to shift public perceptions of hospice care.

The two-week campaign, which launched on 17th February 2025, captured hearts and minds through a powerful TV advert based on real life hospice stories. The goal was to encourage people to consider leaving a gift in their will to support their local hospice, ensuring that these essential services can continue to provide their compassionate and specialist care for future generations.

We are encouraging our community to consider the profound impact that a gift in their will can have. The increase in demand for care will place unprecedented pressure on hospices, which already rely on support and funding from supporters to continue to provide much-needed services.

Chief Executive Michelle Rollinson said: “Our hospice is a vibrant, happy place, which celebrates life and living. Whether through a movie marathon at our onsite cinema, art therapy groups in our Coffee Retreat or ukulele groups entertaining patients in our Hub, our focus is on making each day count. And we do this at no cost to our patients.

“That is why legacy giving is so vitally important to help secure our future. By leaving us a gift in your Will, you are ensuring that hospice care can live on for all, for now, forever. I am simply the custodian of this wonderful organisation, here to ensure that it is in a position to continue to serve the community for many years to come.

“We believe that everybody deserves the right to access the level of care and support that we provide. If you agree, please consider remembering St Andrew’s Hospice in your Will. “Together, we can make each day count for the adults, children, young people and families who use our services – for now and forever.”



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St Andrew’s Hospice Grimsby



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@HelpStAndrews



St Andrew’s Hospice Grimsby



@standrewshospice