Barnsley Hospice Quality Account

2025–2026

Company registration number: 02274925

Charity registration number: 700586

Contents

A Word from our Chair and Chief Executive

Welcome to our 2025/2026 Quality Account. We are pleased to look back and reflect on the work the hospice has done over the past 12 months. This past year also marked a major change in leadership at the hospice, following the appointment of Ross Fletcher as CEO/Chief Nurse.

Since taking on the role of Chief Executive in November 2025, I have been genuinely inspired by the difference Barnsley Hospice makes every day to people across our local community as a specialist provider of palliative and end of life care. It is a privilege to introduce this year's Quality Account, which reflects both our achievements and the challenges we continue to navigate as a charitable organisation.

In recent years, our primary focus has been on strengthening our clinical services, culminating in our 'Outstanding' rating from the Care Quality Commission in January 2023. This recognition is a testament to the dedication of our teams and their commitment to delivering compassionate, high-quality care. Building on this strong foundation, we are now entering a new phase—one that balances maintaining excellence in care with ensuring the long-term sustainability of our services.

Like many hospices across the UK, we are operating in an increasingly challenging financial environment. To respond to this, we are placing greater emphasis on income generation. We are investing in our fundraising capacity, including the introduction of new roles such as a Director of Income Generation and an Events Fundraiser, enabling us to grow our reach, develop new campaigns, and secure the vital funding needed to support our work.

Over the past year, we have also been proud to play an active role in the national conversation about hospice funding and the future of palliative care, helping to raise awareness of the sector through regional media platforms.

At the same time, our focus remains firmly on the people we serve. In 2025/26, we supported 512 local individuals and their families, and we continue to explore new ways to make our services more accessible across the borough. Our 'Shaping Our Future' survey, launched in late 2025, has been instrumental in gathering valuable insight from staff, volunteers, service users and the wider community to help guide our next steps.

As we look ahead, we are embarking on a new strategic chapter that will guide the hospice through to 2030. This strategy has been shaped collaboratively with colleagues, volunteers, and those who use our services, and it sets out our ambitions to expand community provision, strengthen quality, and invest in learning, research, and innovation. Alongside this, we are progressing a broader programme of organisational development —focusing on quality improvement, workforce experience, and financial resilience—to ensure we are well positioned for the future.

I would like to extend my sincere thanks to Paul Hinchliffe for his leadership in his first year as Chair of the Board of Trustees, and for his continued support to both the Board and Executive Team. Finally, my deepest gratitude goes to our incredible staff and volunteers. Your compassion, professionalism and unwavering commitment are at the heart of everything we do. It is thanks to you that Barnsley Hospice continues to provide outstanding care and support to those who need us most.

Ross Fletcher,
Chief Executive Officer and Chief Nurse

Paul Hinchliffe
Chair of the Board of Trustees

Who We Are

Barnsley Hospice provides specialist palliative and end of life care for the people of Barnsley.

We care for adults living with active and progressive life-limiting illnesses, including cancer, heart and lung diseases and neurological diseases such as motor neurone disease and Parkinson's disease. We are also here to support friends and family.

At the hospice, we provide a range of services free of charge for the people of Barnsley. These include a 10-bedded inpatient unit, support and wellbeing service, counselling and bereavement support, medical outpatient appointments and more. We tailor our services to each individual and empower people to make choices about their care.

Hospice care is different for everyone, and wherever possible, we support people in the ways that work best for them.

Our aim is to help people to live as well as possible, and do the things that are important to them. We take a holistic approach to our care, helping people with pain and symptom management, and providing practical, emotional, spiritual and social support. End of life care is an important part of what we do, but we are also here to support people from earlier in their diagnosis.

As a charity, we rely on our fundraising and retail efforts and the generosity of the local community to fund our services.

Since we first opened our doors in 1994, we have grown and adapted our services, remaining focused on embracing a culture of continuous improvement and training. This is integral to helping us meet our strategic objectives and providing the highest quality of care possible.

Our Strategic Objectives

Our strategic objectives outline where we want to be by 2030 and were updated in 2026 using feedback from staff, volunteers, patients, partners and members of the public. They cover the importance of income generation, setting high standards for our clinical care, strengthening our connection with the people of Barnsley and creating a positive and supportive work culture at the hospice.

Financial Sustainability

We will manage our finances and income generation efforts effectively to secure the future of our care.

Clinical Excellence

We strive for excellence across our services and prioritise providing the best possible care to everyone who accesses our care and support.

Community Connection

We are embedded in our community so that people understand what we do and how they can access our support.

Positive Workforce Culture

We establish and maintain a supportive and empowering culture where our workforce of staff & volunteers reach their fullest potential.

Our Values

Our values drive our organisational culture, letting people know what is important to us and how they can expect us to operate. It is important that our values represent the wide range of people impacted by our activities, so we engaged with our workforce, external partners, patients and those important to them, customers and donors at our retail hub, and supporters of our fundraising events.

AMBITION

We aim high and look for ways to improve ourselves, our services, reach more people and play a leading role.

- We set high standards for ourselves and the services we provide.
- We seek every opportunity to learn from our successes and our mistakes.
- We take a flexible and creative approach when seeking opportunities and solutions.

COLLABORATION

We are inclusive and work in partnership with others to achieve shared goals and get the best outcome possible.

- We value diversity in its broadest sense and take meaningful action to create an inclusive environment.
- We seek out and nurture partnerships so we can achieve more together.
- We are welcoming and friendly.

COMPASSION

We are caring and treat everyone with kindness and respect.

- We show empathy and consideration towards others.
- We are genuinely caring and respectful in our interactions with others.
- We are generous with our time and attention, and value the people around us.

INTEGRITY

We are honest, communicate clearly and openly, and take responsibility.

- We are open and honest with ourselves and others.
- We are trustworthy and reliable and deliver on our promises.
- We are professional and take our responsibilities seriously.

Aims

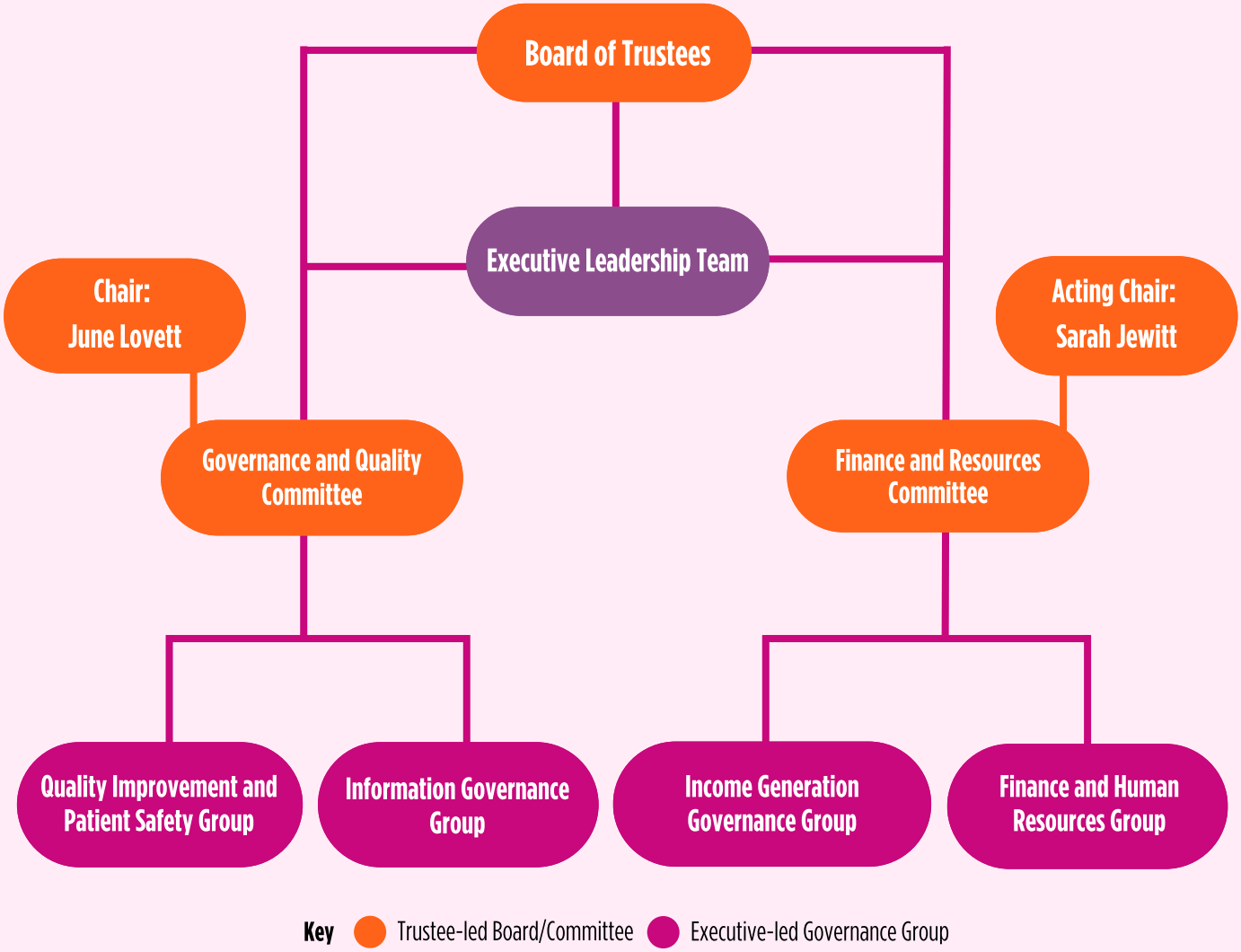
The aim of Barnsley Hospice is to provide specialist palliative and end of life care. In line with our values and behaviours shown below, we provide the highest standard of care by responding to individual needs and supporting choice and independence. By doing meaningful work we make all of our patients, their families and those close to them feel valued. Each person is treated as an individual and given empathy and respect. We ensure that patients, their families and those close to them are at the centre of all our activities and are cared for and supported in safe and comfortable surroundings.

Our Committees

The hospice has two Board sub-committees, each with clearly defined governance groups reporting into them, establishing formal and efficient escalation routes to the Board. Both sub-committees are chaired by a trustee with expertise in the relevant area, and membership is made up of trustees and members of the hospice's Executive and Senior Leadership Team.

The Finance and Resources Committee oversees the strategic delivery of the hospice's financial, income generation, human resources, organisational development and facilities aspects of the hospice's activities.

The Governance and Quality Committee oversees the delivery of the hospice's objectives relating to the quality, effectiveness and safety of the clinical services it provides.



Our Services: An Overview

At Barnsley Hospice, we understand the importance of providing specialist palliative and end of life care that are tailored to the individual. We take a person-centred approach to help people live as well as possible and do the things that are important to them. This means providing care and support that considers the whole person - not just their physical needs.

Throughout 2025/26, we supported **512** individual patients, 30% of whom used more than one service. Barnsley Hospice is here for people with life-limiting illnesses and their friends and families. This includes people who accessed care and support through our Inpatient Unit, Counselling and Bereavement service, The Orangery (support and wellbeing service) and medical outpatients.

Many people do not realise the range of services we provide. These include:

Inpatient Unit

24-hour specialist care delivered by our multidisciplinary team on a 10-bedded unit

The Orangery

Support and wellbeing service, providing complementary therapy and facilitating a range of wellbeing groups for inpatient and outpatients

Social Work

Specialist support for those living with a life-limiting illness and the people close to them

Physiotherapy

Support to manage symptoms and improve mobility, facilitated by our specialist palliative care physiotherapist

Spiritual Support

Providing the option to access the spiritual care and support that is right for you

Counselling and Bereavement Support

A safe and supportive environment for people living with a life-limiting illness, and their families and friends, to explore their feelings

Medical Outpatient

Expert care delivered by our specialist consultants, both from the hospice and in the community and in people's homes

Pall Call

A free helpline for people in Barnsley living with a life-limiting illness, their loved ones, and healthcare professionals to access 24/7 specialist advice

Care in Hospitals

Supporting local hospital services to provide specialist care for people with palliative and end of life care needs

Inpatient Unit

Our ten bedded Inpatient Unit (IPU) provides outstanding care for people living with a progressive, life-limiting illness who are finding it difficult to get their symptoms under control. We also provide end of life care for people in the last days and weeks of life.

We can help with all aspects of symptom management, offering physical, psychological, emotional and social support. We treat each person in our care with dignity and respect, and our multidisciplinary team works hard to provide the best possible care, 24 hours a day, 7 days a week.

The average IPU occupancy rate was **85%** in 2025/26

100% of patients who responded to our questionnaire said their experience at the hospice was good or very good,

"The dignity and compassion you showed her made an immeasurable difference to her final days. Beyond the clinical care, we were so touched by the small kindnesses - the way you spoke to her, the patience you showed us as a family, and the fact that nothing ever seemed like too much trouble. You didn't just look after mum, you looked after all of us."

Feedback from Patient Family Member

Counselling Service

Our counselling service supports people living with a progressive life-limiting illness, who have specialist palliative care needs, and those close to them. Our counsellors help people to explore difficult feelings and emotions relating to their own or a loved one's illness. This may be at any stage of the patient's palliative care journey.

"Fantastic session today. Never thought I'd have my first facial at 66 years old - it won't be the last! Superbly led by brilliant staff."

Feedback from The Orangery Service User

1045

contact activities carried out by counselling team in 2025/26

The Orangery

The Orangery is our support and wellbeing service. Complementary therapies such as reflexology, aromatherapy, massage and guided visualisation are provided by qualified therapists.

We also offer support programmes for patients and their carers, designed to provide tools for people to manage symptoms such as pain, anxiety and fatigue.

Physiotherapy

Our specialist palliative care physiotherapist helps people living with life-limiting illnesses improve their mobility and manage their symptoms. They work with people accessing our care to find out what is important to them, helping them to develop a plan to meet their individual needs and goals. Physiotherapy can be accessed by people using services in The Orangery or those receiving care on our Inpatient Unit.

Medical Outpatients

Our specialist consultants offer outpatient support for people living with a life-limiting illness. Appointments are conducted from the hospice and out in the community, including in people's homes.

Pall Call

We provide a free 24/7 helpline for people in Barnsley living with a life-limiting illness, the people close to them, and healthcare professionals to seek specialist advice.

Bereavement Support Service

Our hospice counsellors are specialists in providing bereavement counselling and support for those experiencing grief after someone dies from a life-limiting progressive illness. This support is provided face-to-face or via telephone. They provide both pre- and post-bereavement support, and this can be especially important for children. The team is experienced in helping children aged 5 to 18 years of age. Our counselling suite provides a safe and confidential space for patients and families to discuss the psychological impact their illness is having on them.

Social Work

A palliative care social worker is based on our Inpatient Unit three days a week. They work with patients and the people closest to them to understand their needs, providing advice and guidance on wider support available through other channels. They also play an important part in our discharge process, helping to ensure the relevant practical support is in place when someone returns home.

Spiritual Support

The South Yorkshire Chaplaincy and Listening Service offers regular spiritual support for people accessing our services, and the people close to them. We also have a network of local faith leaders that we can contact upon request.

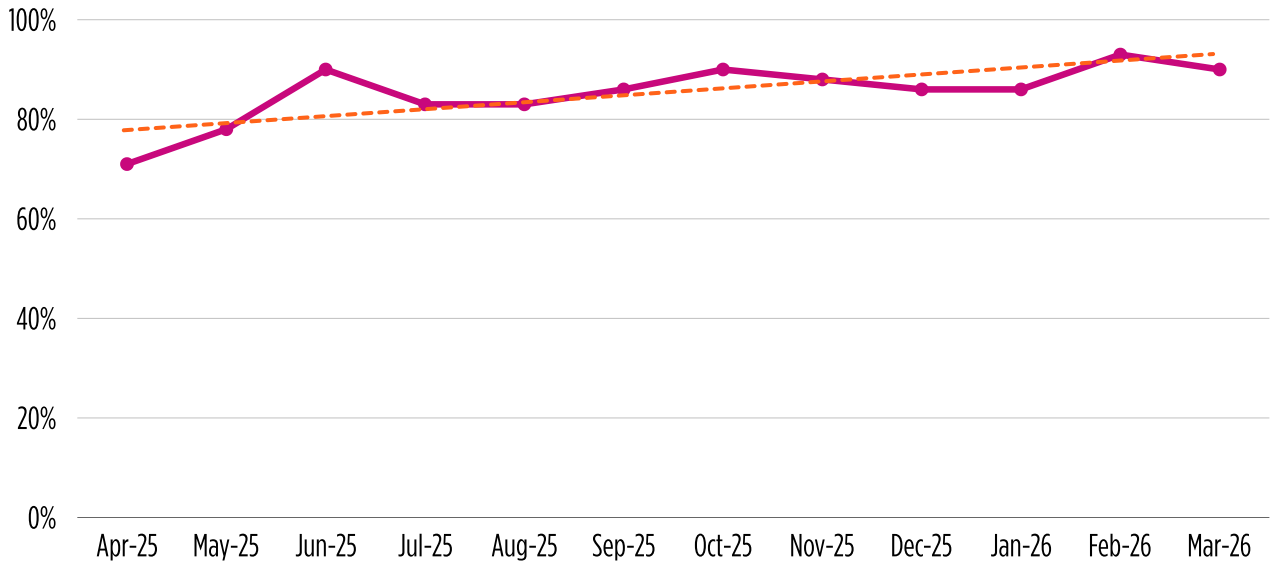
1792
contact activities were carried out by The Orangery in 2025/26

521
physiotherapy support activities were undertaken in 2025/26

191
social worker support activities for patients were undertaken in 2025/26

Our Activity

The average Inpatient Unit occupancy rate (based on 10 available beds) was **85%**.



Number of people who used our services in 2025/26

512 individual patients used our clinical services in 2025/26, and 30% of patients used more than one service.

	Inpatient Unit	Counselling	Orangery	Medical Outpatients
New patients	160	210	145	37
Continuing patients	8	43	76	16
Re-referred patients	5	12	3	0
*Total patients who used the service	173	265	224	53

*Patients often use more than one service offered by the hospice.

Inpatient Unit (IPU) patients and, where appropriate, those close to them, can access additional services such as physiotherapy, complementary therapy, and social worker support whilst they are on our IPU. These form part of the holistic package of care offered.

Additional Services on our IPU	Total
Number of social worker activities that were for patients	191
Number of social worker support activities that were for carers/family members	68
Number of physiotherapy support activities carried out on IPU	521
Number of complementary therapy activities carried out on IPU	174

Counselling Team	Total
Number of contact activities carried out	1045
Number of activities provided at the hospice	613
Number of activities provided remotely	432

The Orangery	Total
Number of contact activities carried out	1792
Number of activities provided at the hospice	1625
Number of activities provided remotely	167

Our Funding

Barnsley Hospice provides services free of charge to patients, families, friends and carers.

As a charity, we have to raise two-thirds of our running costs on average each year. The majority of these costs continue to be funded through the generous support of our local community and local businesses in the form of donations, legacies, grants, gifts in kind, numerous fundraising activities, and our Retail Hub at Dodworth. We receive a grant from the NHS each year, which amounted to around £1.9m in 2025/26. All of the financial support we receive from the NHS is spent directly on patient services.

The current gap between our income and expenditure is a concern as we are reliant upon reserves to sustain operations. Consequently, we are seeking every opportunity to generate income and reduce expenditure.

What Others Say About Us

Care Quality Commission

Barnsley Hospice is registered with the Care Quality Commission (CQC), the independent regulator of health and adult social care services in England. The CQC monitors, inspects, and regulates services to ensure they meet fundamental standards of quality and safety.

Barnsley Hospice was last inspected by the CQC in November 2022 to assess compliance with the legal requirements and regulations set out under the Health and Social Care Act 2008. Following the inspection, Barnsley Hospice was rated 'Outstanding' overall, the highest rating awarded by the CQC.

The hospice received an 'Outstanding' rating in the following domains:

- Safe
- Caring
- Well-led

The hospice was rated 'Good' in the remaining domains:

- Effective
- Responsive

Inspectors noted that "all staff were committed to continually learning and improving services". This reflects the hospice's strong culture of quality improvement, compassionate care, and effective leadership.

Experience Feedback

We welcome all types of feedback from those that use our services and the people close to them. This feedback is important because it helps us to improve the services we provide across the hospice and understand the needs of our population, including aspects of cultural diversity and 'hard to find' groups.

We use a range of feedback resources to capture service user experience:

- Complaints and concerns (both written and verbal)
- Compliments (both written and verbal)
- Social media comments
- Inpatient Unit patient questionnaire
- Counselling Service questionnaire
- Orangery Service feedback survey

Any complaints and concerns are managed in line with the hospice's Compliments, Concerns & Complaints Policy.

All feedback is collated and analysed for themes with the outcome reported regularly to our Governance and Quality Committee. This feedback is reviewed alongside patient safety data to help identify any emerging areas of concern.

In 2025/26, our Governance and Quality Team continued to make substantial improvements to the way our patients, service users and members of the public can provide feedback. All of the service user feedback surveys for our clinical services have been updated to gather more meaningful data about our patients and service users' experiences and to capture equality monitoring data.

Compliments

427 compliments were received about the hospice's activities. Common themes in the compliments were:

Quality Priority	Patient Feedback (Compliments received in 2025)	Actions and Impact
Good standard of care provided by the Inpatient Unit	"Absolutely excellent care and service to both the patient and the family... we could not have asked for more. The attention to detail and the respect that is given in difficult circumstances has been amazing, we are truly thankful and blessed."	Staff consistently deliver person-centred, dignified end of life care, tailored to individual needs, preferences, and cultural backgrounds. This includes supporting patients and their loved ones to celebrate important life events such as birthdays, weddings, and graduations, ensuring meaningful moments are honoured. Staff demonstrate equity and inclusion in practice, respecting beliefs, values, and diverse needs while providing compassionate, holistic care.
	"I have been blown away by the nurses and doctors – first class care, feeling safe, respected and informed. I would gladly come here again if I need to. Well done everyone for your amazing work!"	
Users of The Orangery feel supported	"Always a good experience that heals the soul – fun, laughter, helpful discussions and friendship with others in a similar circumstance. Hospice staff are always available and feel like friends to me."	The Orangery provides a safe, inclusive and welcoming environment where individuals from all backgrounds feel supported. Sessions are designed to be accessible and responsive to diverse needs, promoting peer support, reducing isolation, and improving wellbeing. Staff foster a sense of belonging and community, ensuring everyone feels valued and included.
	"Love coming to the sessions. I always feel much better when I leave – staff are very caring and helpful."	
The benefits of our Counselling Service	"The counselling I have received has quite literally changed my life. I will never be able to thank the counsellor enough for the time she spent with me. I will be forever grateful that I was able to access this service.	Counselling services deliver equitable access to personalised psychological support, adapting approaches to meet individual cultural, emotional, and social needs. Staff provide compassionate, inclusive care, enabling individuals to process grief and build resilience. This demonstrates a commitment to reducing inequalities and supporting all individuals to achieve positive outcomes.
	"This has been a very helpful experience and I have gained lots of skills to help me cope with grief. A very understanding and skilful counsellor."	

Complaints and Concerns

In 2025/26, the hospice received:

- 4 formal complaints in relation to patient care that were fully investigated and responded to within the timeframe required by our Compliments, Concerns and Complaints Policy.
- 8 concerns regarding the facilities of our clinical areas were received. These included rejection of donations at Retail Hub and comments made about facilities (toilet and parking). None were specially related to clinical care and all were acknowledged and responded to promptly.
- Apologies were offered in all cases.

427 compliments were received about the hospice's activities.

100% of patients who responded would recommend Barnsley Hospice to their family/friends.

Public Engagement

Our relationship with the local Barnsley community has always been important for the hospice. It is vital that we continue to generate income to fund our work, while raising awareness of the hospice and the services we provide.

This is done by utilising online platforms like our website, as well as maintaining a regular presence in Barnsley town centre and throughout the borough.

Social media is a key channel for us to engage and communicate with supporters. We have over 26,000 followers across our hospice platforms and use paid social media advertising to reach new audiences. Alongside digital media and platforms, we continue to utilise traditional media such as print, radio and television.

Television Appearances

Over the past year, we have been proud to have been included in several broadcast news pieces, allowing us to be a voice in the hospice sector. Our Retail Hub was featured on BBC Look North to highlight the incredible work being done to raise funds for hospice care, and their sustainability effort to ensure no donations go to landfill. In March 2026, our staff and volunteers were filmed for ITV Calendar to discuss the funding issues hospices up and down the country have been facing.

New Support Groups

At the start of 2026, we launched two new support groups for carers and men affected by life-limiting illnesses. Our Carers Support and Wellbeing Group, funded thanks to a grant from the National Lottery Community Fund, is held twice a month and prioritises the health and wellbeing of carers. Funded from a grant by Better Barnsley Bond, our Men's Shed is a monthly group for men living or caring for someone with a life-limiting illness, or bereaved due to one. Both groups are free to attend and are led by our expert hospice staff.

Local Partnerships

In May, we announced a partnership with local car dealership, Trust Ford Barnsley. As part of this, we hosted a special one-day event at the hospice where for every test drive of a Ford electric vehicle, Ford donated £30 to Barnsley Hospice. From one day of support from our local community, Trust Ford donated an amazing £2,850 to Barnsley Hospice.

Hospice Care Week

In 2025, we joined the national conversation around the importance of hospice care during Hospice Care Week. The campaign, led by Hospice UK, was centred around the highlighting how hospice care is 'more than you think' - sharing the breadth of services that hospices provide to local communities. Throughout the week, we undertook several different activities to raise the profile of our services, including lighting local landmark buildings up orange, sharing key statistics about the costs of running the hospice and running themed groups in our support and wellbeing service, The Orangery. We also shared important articles written by some of our Medical Team, who shared more about their roles and the importance of having open conversations in palliative care.

Retail Hub Pop-Up Shops

Throughout the year, our Retail Hub team held several pop-up shops in Barnsley town centre, supporting our aim to reach more local people. Almost £20,000 was raised in total across these shops, and our two-day 'Good Finds Market', with thousands of clothing items being rehomed.

Staff and Volunteer Update

Employee Engagement and Wellbeing

We were pleased to introduce our Mental Health First Aiders from #TeamHospice. As part of our Health and Wellbeing Strategy, several of our staff members undertook training to help them apply non-judgemental communication, reassure individuals struggling with their mental health and provide information of organisations that can help.

Our Counsellor, Karen, also began hosting a monthly reflective discussions for staff on our Inpatient Unit, creating a safe space for clinical staff to explore how work is impacting them.

Through our Freedom to Speak Up programme, we continued to promote an open and supportive speaking-up culture, with a focus on learning, respectful behaviours and continuous improvement in staff experience and patient care. Any concerns raised by staff are managed appropriately, using learnings to improve services and workplace culture.

Support and Training

At Barnsley Hospice, we're proud to see our staff undertake training alongside their work, allowing us to widen our skills and capabilities as an organisation, and for #TeamHospice to further develop themselves within their roles.

Alongside his day-to-day work in The Orangery, our Complementary Wellbeing Therapist, Chris, completed a diploma in Mindfulness Teaching and achieved an overall 'Distinction' classification.

Over the past two years, Becky, who joined the hospice team as a Health Care Assistant in 2022, has been training to gain her nursing qualification. In October, Becky achieved a Distinction in her Foundation Degree and became the Barnsley Hospice's newest Nurse Associate.

Well done to Chris and Becky, as well as all our #TeamHospice members, who are showing their hard work and dedication both in and outside of the hospice.

Mandatory and Statutory Training (MAST) compliance has been a consistent strength throughout the year. Compliance met or exceeded the 95% target in most months for staff, with notable improvement in volunteer compliance. This provides strong assurance regarding the safety and capability of our workforce.

Volunteer Services

Volunteer engagement remains a significant organisational strength, with high levels of contribution and positive engagement. Volunteer recruitment was briefly paused due to staff changes before resuming in January 2026 with renewed energy and focus after the successful appointment of a volunteer coordinator.

Award-Winning Team

Nearly 20 staff and volunteers from the hospice attended the Barnsley and Rotherham Business Awards in November, following nominations across various categories. The hospice was Highly Commended in the 'Charity of the Year' category, and our Nurse Associate, Becky Smith, was also Highly Commended as 'Apprentice of the Year'. We were so proud of our Retail Hub team being nominated for the 'Sustainability Award', and to round off the night, our former CEO and Chief Nurse, Martine Tune, was awarded the 'Business Person of the Year Award' for her exceptional work in leading Barnsley Hospice over the past few years.

Earlier in the year, our Senior Staff Nurse, Debbie, also headed to London to attend the Dementia Care Awards, at which she was a finalist in the Dementia Nurse category following her work to develop and deliver training to care assistants around Barnsley.

The hospice also received recognition at the Proud of Barnsley Awards in November, with our incredible young supporter, Mason, receiving the 'Young Superstar' award for his outstanding fundraising efforts for the hospice. Also, our amazing volunteer, Judy, received the Milly Johnson Feelgood Award.

Away Day

In November, we held our annual #TeamHospice Away Day, with this year's event focusing on our values. Before the day, we opened nominations for #TeamHospice to put forward individuals they believed demonstrated our values within their work. Our Executive Leadership Team also presented a recap of our Strategic Objectives and discussed how the organisation has met them over the past year. Importantly, #TeamHospice also shared feedback to help shape our new strategic objectives, which will outline the hospice's direction up to 2030.

People Priorities for 2026-27

Building on the progress made this year, the following priorities will guide People activity in the year ahead:

- Strengthen sickness absence management with clearer oversight, defined triggers, and targeted support
- Develop and embed a Workforce and Retention Strategy aligned to organisational goals
- Act on staff survey findings to improve engagement, communication and recognition
- Embed a proactive wellbeing approach, equipping managers to support staff resilience
- Improve HR data, reporting infrastructure, and benchmarking capability
- Advance the Equality, Diversity and Inclusion (EDI) agenda
- Procure and implement a new, fit-for-purpose HR Information System.

Equality, Diversity and Inclusion (EDI) Activities

Our commitment to EDI helps us to ensure that our care is compassionate, person-centred and accessible to everyone within our community. By embracing diversity and promoting inclusion, we create an environment where patients, families, staff, volunteers and supporters are treated with dignity and fairness, and where individual needs and experiences are understood and respected.

Key deliverables in 2025/26 include:

- Ensured job descriptions and advertisements use inclusive language, and the requirements of the roles are inclusive and not based on socio-economic status.
- Launched an EDI award as part of our recognition programme to celebrate exemplary commitment.
- Trained managers on inclusive recruitment practices.
- Translated essential materials into multiple languages and formats.

Focuses for 2026/27:

- Introduce blind recruitment practices so personal details are only disclosed once a candidate has been selected for interviews.
- Carry out a review of documents and leaflets to ensure images are representative of our community and staff.
- Conduct an accessibility audit of physical facilities and implement necessary changes.
- Collaborate with local communities to ensure our physical spaces are welcoming and accessible for all. For example, working with local faith leaders to co-design a multi-faith room.

In 2025, we received a grant from the South Yorkshire Cancer Alliance to produce a set of videos demonstrating relaxation techniques to support those living with Cancer. These videos were then rolled out to three of the most deprived areas of Barnsley - Athersley, Brierly and Grimethorpe. By targeting specific locations, we were able to support more people in the borough with our services, no matter their individual circumstances. It also made the techniques more accessible, as people could use the videos where and when needed.

As part of our annual Dying Matters Week campaign, we hosted a Q&A session with a multi-faith panel for #TeamHospice to ask questions about how the leaders respective faith approach the subject of death and dying. With leaders from Christianity, Judaism and Buddhism, lots of interesting and insightful information was shared on the day and helped our team feel better prepared for treating patients of different faiths.

Quality Improvement

The following quality improvement priorities were identified for 2025/26:

Quality Priority 1 – Easy Read Project

What we planned to do	Progress in 2025/26
Materials will be made available in different formats including digital, paper and easy read versions.	We have made progress in reviewing patient and service user information to improve accessibility and availability in a range of formats. Work has continued to increase the availability of digital resources and improve access to information through electronic systems, digital platforms and hospice communication channels. A review of existing patient information leaflets and resources has been undertaken to identify opportunities to improve readability, accessibility and inclusivity. This includes translating patient information leaflets into the top three languages spoken in Barnsley. We also worked on developing easy read formats and alternative methods of communication for people with additional communication needs.
We will provide reading aids for patients and visitors experiencing difficulties reading, including coloured overlays and accessibility tools.	We have continued accessibility improvements during 2025/26, including exploration of additional support tools for patients and visitors with sensory, visual or communication needs. We have also progressed work relating to hearing support systems and wider accessibility initiatives. In addition, we have begun developing an Accessible Information Policy to strengthen organisational arrangements for identifying, recording, flagging, sharing and meeting the communication and information needs of patients, families and visitors.
We will publish more information on our website for people who do not access the hospice in person, including digital copies of hospice leaflets and patient information resources.	Additional information and resources have been made available electronically to improve access for patients, families and carers who may not physically attend the hospice. This has supported wider accessibility and improved availability of hospice information, including translated and easy read versions of information leaflets online. We have also started work to strengthen the assessment of communication and accessibility needs during initial contact with those using our services, and throughout assessment processes to help ensure people receive information in formats that meet their individual needs.

Going Forward

We will continue to improve the accessibility of patient and service user information to ensure hospice resources are inclusive and easy to understand for all people accessing our services. This will include further development and implementation of the Accessible Information Policy, continued review of communication and accessibility needs assessment processes, and ongoing improvements to the availability of information in accessible and alternative formats.

We will work with specialist organisations to carry out a peer review, providing independent assurance and supporting improvements in accessibility for patients with additional needs or cognitive and physical impairments.

Quality Priority 2 – Improving Access to Hospice Services

What we planned to do	Progress in 2025/26
Our therapy teams will deliver online wellbeing sessions including meditation, relaxation, Qi Gong and Tai Chi for low-income communities in Barnsley as part of the South Yorkshire Cancer Alliance work programme.	During 2025/26, we continued to work collaboratively with the South Yorkshire Cancer Alliance and community partners to improve access to wellbeing and therapeutic support services. Wellbeing initiatives focusing on relaxation, emotional wellbeing and self-management support have been further embedded within hospice services, with positive feedback received from patients and staff regarding the impact on wellbeing, anxiety reduction and overall patient experience. In partnership with the South Yorkshire Cancer Alliance, we have produced videos of Qi Gong, Tai Chi, meditation and relaxation sessions, which can now be found on the Barnsley Hospice website.
We will gather and analyse data from community wellbeing sessions to assess the effectiveness and reach of the programme.	Work has continued to strengthen data collection, reporting and quality oversight processes to support evaluation of community wellbeing activity and service accessibility. This has included ongoing review of participation, engagement and patient feedback to help identify the impact of community-based initiatives and inform future service development. Improved reporting arrangements are also supporting greater understanding of access, inclusion and service reach across different population groups.
We will install a hearing loop system to improve accessibility for patients, visitors and service users who use hearing aids.	We are currently exploring options for the installation of a permanent hearing loop system across the building and is seeking grant funding to support this work. In the meantime, alternative lower-cost solutions are being explored to provide interim support for patients, visitors and service users who use hearing aids. This work forms part of the our wider commitment to improving accessibility, inclusion and the experience of people accessing hospice services.
We will continue to identify opportunities to engage with underrepresented and harder-to-reach communities across Barnsley.	We have continued to engage with community partners, external organisations and local wellbeing initiatives to improve awareness and accessibility of hospice services. This has included ongoing work to strengthen links with community groups and improve understanding of barriers experienced by underrepresented communities. We have also continued to promote equality, diversity and inclusion through service development work and accessibility improvements to help ensure people can access care and support in ways that meet their individual needs.

Going Forward

We will continue to improve accessibility and inclusion across hospice services and strengthen engagement with underrepresented communities to ensure equitable access to care and support. This will include continued development of community partnerships, improved use of data to understand service reach and inequalities, and ongoing work to identify and reduce barriers to accessing hospice services.

We will continue to expand its use of technology to improve communication with patients while enhancing accessibility. By developing more inclusive and efficient digital communication methods, the we aim to ensure patients can access information, support, and services more easily and effectively.

South Yorkshire Cancer Alliance Grant Project

In 2025, we received a grant from the South Yorkshire Cancer Alliance which enabled us to produce and share a series of short, online videos. The videos featured specialist hospice staff demonstrating helpful relaxation techniques to support those diagnosed with cancer.

The videos complement existing treatment pathways and support with self-care, self-awareness and regulate the mind, breath and body movement.

We shared the videos with GPs in targeted deprived areas of Barnsley to ensure more people diagnosed with cancer can access and be supported by our services.

"The creation and promotion of the videos was a major step forward for the accessibility of hospice services and helped more people in Barnsley be supported by our care. By sharing the videos via social media and our website, patients were able to access the resources from the comfort of their home or wherever they may benefit from them, such as at medical appointments.

We know and have seen the difference these techniques make in our wellbeing service, The Orangery, so can now make an even bigger impact on those who need it, outside the walls of the hospice."

Ross Fletcher, CEO and Chief Nurse

Quality Priority 3 – Implement the Patient Safety Incident Response Framework

What we planned to do	Progress in 2025/26
From April 2025, we will fully implement the Patient Safety Incident Response Framework (PSIRF) at Barnsley Hospice.	During 2025/26, the Patient Safety Incident Response Framework (PSIRF) became fully embedded within hospice governance and patient safety processes. The implementation of PSIRF has supported a more proactive, systems-based and learning-focused approach to patient safety incident management. Governance oversight arrangements have continued to develop through regular reporting to the Quality Improvement and Patient Safety Group, Governance and Quality Committee and Executive Leadership Team.
We will introduce SWARM huddles for incidents graded moderate harm and above.	SWARM huddles were introduced and are now established within operational practice for incidents graded moderate harm and above. These multidisciplinary discussions have supported timely review of incidents, strengthened shared learning and promoted collaborative decision-making. Staff feedback has indicated that SWARM huddles provide a more supportive and reflective approach to incident response and learning.
We will implement the Patient Safety Incident Response Plan (PSIRP) and After Action Reviews (AARs).	The Patient Safety Incident Response Plan (PSIRP) process has been implemented during 2025/26. This process has strengthened the organisation's ability to identify contributory factors, system issues and opportunities for improvement following patient safety incidents and significant events. An After-Action Review provides a structured process for examining events, identifying key learning points, and strengthening future responses and decision-making.
We will increase the use of thematic reviews to strengthen organisational learning from incidents and patient safety events.	Thematic reviews have continued to develop throughout 2025/26 to support identification of recurring themes, trends and risks across hospice services. A medicines thematic review completed during the year identified opportunities to strengthen medicines documentation, audit processes, competency assessment and learning from incidents. Learning from thematic reviews is now being used to inform wider quality improvement activity and governance oversight.
We will continue to promote a Just Culture and systems-based approach to patient safety learning and improvement.	Continued implementation of PSIRF has supported the development of a more open, fair and learning-focused culture across the organisation. We have continued to promote a systems-based approach to patient safety, encouraging reflection, shared learning and compassionate engagement with staff, patients and families following incidents. Patient safety learning has also been strengthened through governance meetings, learning communications and wider quality improvement workstreams.

Going Forward

We will continue to embed PSIRF principles across the organisation to strengthen patient safety, compassionate engagement, organisational learning and continuous quality improvement. Further work will continue to develop thematic review processes, strengthen data-driven patient safety oversight and embed shared learning across all hospice services.

Quality Priority 4 – Become a Research-Ready Hospice

What we planned to do	Progress in 2025/26
We will develop a formal Research Policy and associated governance procedures for the hospice.	During 2025/26, work commenced to strengthen the hospice's governance arrangements to support future research activity and innovation. Initial development work has included consideration of governance structures, oversight arrangements and policy requirements needed to support participation in research and quality improvement initiatives.
We will work collaboratively with research-active organisations to progress our research ambitions and opportunities.	We have continued to strengthen collaborative working relationships with external organisations, healthcare partners, education providers and regional networks to support shared learning, innovation and future research opportunities. Partnership working has also supported wider quality improvement activity, workforce development and sharing of best practice across palliative and end of life care services.
We will strengthen governance arrangements to support participation in future research activity and quality improvement initiatives.	Governance and quality oversight processes have continued to develop during 2025/26, including improvements in digital governance, patient safety oversight and quality reporting arrangements. The continued development of governance systems, thematic reviews and quality improvement tracking has strengthened organisational readiness for future research participation and evaluation activity.
We will explore opportunities for staff engagement, education and development in research and innovation.	Workforce development has remained a key focus throughout 2025/26. This has included continued delivery of the Year of Quality programme, development of specialist palliative care training opportunities and strengthening clinical leadership within the Inpatient Unit. Work has also progressed to support staff involvement in audit, quality improvement and shared learning initiatives, helping to build a culture of innovation, reflection and continuous improvement.
We will continue to develop digital systems and data capability to support research, quality improvement and organisational learning.	During 2025/26, further work progressed to improve digital systems, reporting capability, and data oversight across the hospice. This has included development work relating to the electronic referral system, continued optimisation of Vantage reporting functions, and plans to develop electronic clinical assessment tools to improve accessibility, reporting and quality monitoring. Improved use of data is supporting evidence-based decision-making, and strengthening organisational learning.

Going Forward

We will continue to develop as a research-ready hospice by strengthening research governance, digital capability, partnership working and opportunities for participation in research and quality improvement activity. We will continue to promote a culture of innovation, shared learning and evidence-based practice to support the delivery of outstanding palliative and end of life care.

Barnsley Hospice is due to embark on a national institute of health research study with the Clatterbridge Cancer Centre NHS Foundation Trust for the study METEL.

Quality Priorities for 2026/2027

Priority 1 – Continue to embed the Patient Safety Incident Response Framework (PSIRF) and strengthening organisational learning

How we identified this project

During 2025/26, we implemented the Patient Safety Incident Response Framework (PSIRF) at the hospice, including SWARM huddles, thematic reviews and After-Action Reviews. Learning from incidents, complaints, audits and thematic reviews identified opportunities to further strengthen systems-based learning, oversight of actions and shared learning across the organisation.

What we plan to do?

- Continue embedding PSIRF arrangements across the hospice.
- Increase use of SWARM reviews, thematic reviews and After Action Reviews.
- Strengthen oversight and monitoring of actions arising from incidents and investigations.
- Improve shared learning arrangements through governance groups, staff meetings and learning bulletins.
- Strengthen thematic analysis of incidents, including falls, pressure ulcers, medicines and information governance incidents.
- Continue development of a Just Culture and systems-based approach to patient safety.

What we expect the outcomes will be

- Improved systems-based learning and organisational learning culture.
- Improved response to incidents and patient safety concerns.
- Better visibility and assurance regarding learning and actions taken.
- Increased staff engagement with patient safety and quality improvement activity.
- Improved oversight of recurring themes, trends and risks.

Priority 2 – Improving accessibility, equality and access to hospice services

How we identified this project

Demographic and service utilisation data identified that some groups within the Barnsley population remain underrepresented across hospice services. Equality, Diversity and Inclusion (EDI) work, accessibility reviews and patient feedback also identified opportunities to improve accessibility of information, communication support and engagement with underrepresented groups.

What we plan to do?

- Review and improve hospice referral processes to ensure they are inclusive, standardised and easily accessible by launching electronic referrals.
- Improve accessibility of patient and service user information through Easy Read, digital and accessible formats.
- Review patient resource boxes and information resources for neurodiversity accessibility.
- Introduce additional accessibility support, including hearing loop systems and communication support tools.
- Produce digital and video-based information about hospice services and facilities.
- Continue strengthening collection and analysis of protected characteristic and demographic data.
- Continue engagement with community partners and underrepresented groups to improve awareness and access to hospice services.

What we expect the outcomes will be

- Improved accessibility and inclusivity of hospice services.
- Increased awareness and understanding of hospice services across Barnsley communities.
- Improved patient and service user experience.
- Better understanding of barriers to accessing hospice services.
- Improved demographic data to support service planning and equality monitoring.
- Increased engagement with underrepresented communities.

Priority 3 – Strengthening governance, quality assurance and digital systems

How we identified this project

Governance reporting, audit activity, Integrated Risk Register reviews and quality assurance processes identified opportunities to strengthen governance systems, digital oversight, audit reporting and organisational assurance arrangements.

What we plan to do?

- Continue streamlining governance frameworks and reporting structures.
- Develop central oversight of clinical and non-clinical audits through Vantage.
- Develop Integrated Risk Register reporting and governance oversight through Vantage.
- Strengthen governance reporting relating to incidents, patient feedback, quality improvement and risks.
- Improve systems for capturing and responding to patient and relative feedback.
- Continue development of digital governance, cyber security oversight and information governance reporting.
- Improve use of digital systems and technology to support patient care, documentation and governance oversight.

What we expect the outcomes will be

- Improved governance assurance and oversight arrangements.
- Better visibility of risks, audits, incidents and quality improvement activity.
- Improved organisational reporting and data quality.
- Increased responsiveness to patient and service user feedback.
- Improved efficiency and consistency of governance processes.
- Increased assurance regarding regulatory compliance and organisational performance.

Priority 4 – Developing education, innovation, research and future service models

How we identified this project

Our strategic objectives identify the ambition to strive for clinical excellence. Organisational discussions, service reviews, workforce feedback and partnership working across the health and care system identified opportunities to further strengthen education, research, innovation and digital development. These efforts will all support sustainability, workforce development and improved patient outcomes. We also recognise the importance of exploring future models of care that respond to increasing demand, changing population needs and national healthcare priorities.

What we plan to do?

- Continue to strengthen research governance arrangements, policies and procedures to support safe and effective research activity within the hospice.
- Develop partnerships with universities, hospices, Integrated Care System partners and research-active organisations to increase collaborative opportunities.
- Explore opportunities for research projects, innovation programmes and pilot initiatives that support service improvement, national learning and potential income generation.
- Continue development and optimisation of digital and technological solutions to support patient care, clinical documentation, communication and governance processes.
- Strengthen collaboration with regional hospices and healthcare partners to support shared learning, workforce development and innovation across palliative and end of life care services.
- Further develop education and training opportunities within the hospice, including exploration of a community training and learning hub.
- Support delivery of high-quality clinical education and continuous professional development opportunities for staff across all services.
- Expand wellbeing, counselling and supportive care opportunities available to patients, carers, families and the wider community.

- Continue improvements to the hospice environment, including upgrading patient rooms and facilities to enhance patient comfort, dignity and experience.
- Explore future service models and opportunities to improve accessibility, integration and sustainability of hospice services.
- Reintroduce and strengthen clinical and quality champion roles across hospice services to support staff engagement, evidence-based practice, quality improvement activity, shared learning and the promotion of best practice within specialist areas of care.

What we expect the outcomes will be

- Continued progress towards becoming a research-ready and learning-focused hospice organisation.
- Improved opportunities for patients, volunteers and staff to participate in research, education and innovation activity.
- Increased organisational learning, collaboration and profile within the hospice and wider healthcare sector.
- Improved workforce knowledge, skills and confidence through enhanced education and development opportunities.
- Greater understanding of future service opportunities, sustainability models and innovative approaches to care delivery.
- Improved patient outcomes, patient experience and quality of care through evidence-based practice, innovation and continuous service development.
- Enhanced community engagement and improved access to wellbeing, education and supportive services.
- Continued delivery of safe, effective, compassionate and high-quality palliative and end of life care services.

Learning from Incidents

At Barnsley Hospice, we are committed to maintaining a positive learning culture in which staff and volunteers feel supported and empowered to raise concerns, report incidents and contribute to continuous improvement. We recognise that learning from incidents, feedback and near misses is fundamental to improving patient safety and the quality of care we provide.

97%

of our patient safety incidents were classified as causing no harm or low harm.

All events that cause actual or potential harm, or present a risk to patients, staff, visitors or the organisation, are managed through the hospice's incident reporting and governance processes. The hospice uses the web-based Vantage incident reporting and management system, which enables incidents to be recorded, reviewed and monitored in a timely manner. All incidents are reviewed weekly by the Executive Leadership Team and Senior Leadership Team to ensure appropriate oversight, learning and escalation where required.

Incident numbers, themes and trends are monitored through the Quality and Patient Safety Dashboard, alongside wider quality indicators such as patient and family feedback, complaints, safeguarding concerns, workforce metrics and training compliance. This allows information to be triangulated to identify emerging risks, themes and opportunities for improvement. The dashboard is reviewed bi-monthly by the Quality Improvement and Patient Safety Group and subsequently through the Governance and Quality Committee as part of the hospice's governance and assurance framework.

Learning from incidents is shared throughout the organisation using a variety of communication methods, including daily huddles within the Inpatient Unit, team meetings, governance meetings, Leaders' Briefings and #TeamHospice Newsletters. This supports openness, reflection and organisational learning across all teams.

During 2025/26, we continued to strengthen our systems-based approach to patient safety through full implementation of the Patient Safety Incident Response Framework (PSIRF). PSIRF has replaced the previous serious incident framework and supports a more compassionate, proportionate and learning-focused approach to incident response. The framework promotes understanding of the wider system factors contributing to incidents, rather than focusing solely on individual actions.

As part of PSIRF implementation, we introduced SWARM huddles for incidents graded moderate harm and above, alongside structured After Action Reviews (AARs), thematic reviews and the continued use of the Patient Safety Incident Response Plan (PSIRP). These processes have strengthened multidisciplinary learning, supported earlier identification of contributory factors and improved organisational oversight of patient safety risks and trends.

We also continued to develop thematic reviews during 2025/26, including thematic analysis relating to medicines management, falls and pressure ulcers. Findings from these reviews identified opportunities to strengthen medicines documentation, competency assessment, audit processes, communication and learning from incidents. Learning from thematic reviews has informed further quality improvement actions and governance oversight across the organisation.

Duty of Candour

At Barnsley Hospice, we promote a culture of openness, honesty and transparency at all levels of the organisation. We recognise that being open with patients and families when things go wrong is essential to maintaining trust and improving patient safety.

The statutory Duty of Candour is a legal requirement for healthcare organisations registered with the Care Quality Commission (CQC). It requires organisations to be open and honest with patients and those close to them when incidents result in moderate harm, severe harm or death.

The hospice's Duty of Candour Policy provides guidance for staff regarding the principles of openness and transparency and outlines the processes to be followed following a notifiable safety incident. Statutory Duty of Candour requirements continued to be fully implemented during 2025/26 in line with regulatory requirements.

Examples of Learning from Incidents in 2025/26 and Actions Taken

- Continued implementation and embedding of the Patient Safety Incident Response Framework (PSIRF), including the use of SWARM huddles and thematic reviews to strengthen organisational learning and support a Just Culture approach.
- Completion of a medicines thematic review, resulting in improvements to medicines documentation, competency assessment processes, audit arrangements and shared learning from medicines-related incidents.
- Continued optimisation of the Electronic Prescribing and Medicines Administration (ePMA) system to improve medicines safety, strengthen governance oversight and reduce reliance on paper-based processes.
- Improvements to medicines storage, controlled drug management and medicines room environments to enhance safety, organisation and compliance with medicines management standards.
- Introduction of additional medicines competency assessments, observational audits and staff training to strengthen assurance regarding safe medicines administration practices.
- Learning from falls incidents resulted in strengthened falls prevention measures, including ongoing multifactorial risk assessments, environmental safety reviews, personalised care planning and additional staff training.
- Learning from pressure ulcer incidents reinforced the importance of timely skin assessments, repositioning, accurate documentation and early escalation of concerns, supported by additional tissue viability education and investment in pressure-relieving equipment.
- Replacement and improvement of patient equipment, including beds, mattresses and recliner chairs, to improve patient comfort, reduce risk and support safer care delivery within the inpatient unit.
- Introduction and further development of the CHuB electronic observation and monitoring system to strengthen patient monitoring, support escalation of deteriorating patients and improve clinical documentation and communication between teams.
- Continued strengthening of shared learning arrangements through governance meetings, Leaders' Briefings, staff newsletters, patient safety discussions and team learning sessions to improve organisational awareness and dissemination of learning from incidents and near misses.
- Mortality review meetings continued to support multidisciplinary reflection, shared learning and identification of opportunities to improve patient care, communication and clinical practice.
- Development of improved digital reporting and governance systems to strengthen oversight of incidents, risks, actions and organisational learning, including enhanced tracking and monitoring of improvement actions arising from investigations and thematic reviews.

Clinical Audit

Our clinical audit and effectiveness activity continues to be overseen by the Quality Improvement and Patient Safety Group (QIPSG). The group provides robust oversight of the audit programme, systematically reviewing the outcomes of audits and service evaluations, identifying emerging themes, and ensuring that actions are implemented, tracked, and embedded to drive sustained improvement in practice.

14

audits and service evaluations were completed throughout 2025/26

During 2025/26, strong progress has been made in delivering the clinical audit and effectiveness programme, with 14 out of 15 planned clinical audits and service evaluations completed across all four quarters. The programme has provided comprehensive assurance across a broad range of clinical, patient safety, and environmental domains, supporting continuous quality improvement and strengthening governance across the hospice.

A number of audits undertaken during the year were re-audits or recurring audits (including medicines management, infection prevention and control, and documentation), enabling the organisation to rigorously assess whether actions from previous audits had been effectively implemented and sustained over time. Evidence from these audits demonstrates that improvements have been embedded, with consistently high levels of compliance observed in key areas such as infection prevention and control and environmental cleanliness, alongside demonstrable improvements in documentation and clinical practice.

Clinical audits and service evaluations that took place during 2025/26 were:

Clinical Audit/ Service Evaluation	Audit Objective	Actions/ Improvements Implemented
Patient Records	To review the use and effectiveness of SystmOne and patient documentation.	Improvements have been implemented through development of an electronic referral system with mandatory fields, ensuring all necessary information is provided. Staff engagement in daily huddles reinforced completion of care plans, escalation status updates, and consistent documentation. Furthermore, ongoing point prevalence audits and visibility via the "How We Are Doing" board have strengthened compliance and oversight.
Medicines – Syringe Drivers	To ensure prescription charts for syringe drivers are completed correctly.	The medicines management audit for syringe driver prescriptions demonstrated high levels of compliance across the majority of standards. Areas for improvement were identified in relation to prescription discontinuation documentation and nurse counter-signatures, and these findings will be progressed through the hospice's governance and quality improvement processes to support continued learning and strengthen medicines safety practices.
Controlled Drugs (CD)	To ensure compliance with controlled drugs standards and safe management processes.	High levels of compliance achieved. Improvements include accurate documentation of medications on home leave, completion of page headings, regular CD checks, and improved calculation accuracy. Staff reminders and governance oversight have reinforced safe practice.
Infection Control Audit (including Hand Washing Audit)	To assess compliance with infection prevention and control standards.	Audits sustained 100% compliance across all domains. Actions included staff engagement and continued reinforcement of good practice. We are seeking external assurance to validate audit outcomes and maintain high standards.
Mattress Audit	To ensure mattresses are safe and fit for purpose.	All mattresses assessed as compliant. A proactive replacement programme has been implemented to ensure ongoing safety and patient comfort.

Clinical Audit/ Service Evaluation	Audit Objective	Actions/ Improvements Implemented
Safeguarding	To ensure compliance with safeguarding standards.	We have implemented improvement to ensure consistent recording of Deprivation of Liberty Safeguards (DoLS) and best interest decisions on SystmOne. Introduction of tracking on Vantage has strengthened oversight of safeguarding activity. Processes were also improved to ensure documentation is complete, accessible, and consistently applied across teams.
Nursing Documentation (Point Prevalence Audit)	To ensure appropriate assessments, care plans, and documentation are completed.	Significant improvements in this area were achieved through standardisation of documentation, embedding PURPOSE-T, and strengthening care plan completion. Additionally, real-time checks, staff education, and quarterly re-audits have improved compliance, consistency, and patient safety.
NEWS Tool Implementation	To assess whether NEWS documentation and processes are embedded into practice.	We have undertaken actions to improve recording of baseline and ongoing NEWS observations. System improvements and staff reminders have strengthened documentation and reduced the risk of deterioration being missed.
ReSPECT	To assess quality and completion of ReSPECT documentation.	Improvements were made, including ensuring legal proxy details are consistently recorded and increasing patient awareness through updated information resources. Documentation quality has improved, supporting better clinical decision-making.
IPOS Service Evaluation	To assess patient-reported outcomes and symptom management.	Our continued use of IPOS has supported effective, holistic care. Improved compliance with outcome measures and MDT documentation has strengthened patient-centred care planning.
Incident Management Audit	To assess whether learning from incidents is embedded into practice.	Improvements have been made by ensuring alignment with PSIRF, including better tracking of actions, structured learning processes, and enhanced governance oversight. Additionally, staff training and improved recording of learning have strengthened organisational learning culture.
Administration of Controlled Drugs (CDs) on IPU	To ensure safe administration practices for controlled drugs.	Strong assurance was achieved, with improved compliance around documentation, two-person checks, and safe administration processes. Enhanced audit tools and staff engagement have reinforced good practice.
Audit of Preferred Place of Care and Death Data	To ensure accuracy and quality of data collection.	We made improvements to data recording processes, enhancing accuracy and supporting better understanding of patient preferences, contributing to improved end of life care planning.
Medicines Management – Missed and Non-Administered Doses Service Evaluation	To assess medicines management practices within ePMA and ensure critical medications are appropriately managed when doses are not administered.	The evaluation demonstrated strong compliance and assurance regarding medicines safety, with all non-administered doses clearly documented on ePMA and critical medications appropriately escalated and reviewed. Improvements included reinforcing escalation processes for critical medications, promoting timely medical review where medications could not be administered, and strengthening staff awareness regarding documentation and management of omitted doses. The evaluation also highlighted positive patient-centred practice, including respect for patient choice and improved clinical oversight through ePMA implementation

Glossary

After Action Review (AAR)	An After Action Review forms part of the Patient Safety Incident Response Framework. It provides a structured, facilitated discussion for examining events, identifying key learning points, and strengthening future responses and decision-making
Care Quality Commission	This is the independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations www.cqc.org.uk.
Clinical Audit	Clinical audit is a way to find out if healthcare is being provided in line with standards and let's care providers and patients know where their service is doing well, and where there could be improvements.
Controlled Drugs	Controlled drugs are drugs (medicines) that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
Dementia	According to the NHS, dementia is "a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types."
Easy Read	Easy read means sharing information in an accessible way that is simple to understand. This may include using pictures, writing in short sentence and using clear language.
Electronic Prescribing and Medicines Administration (ePMA)	Electronic Prescribing and Medicines Administration is a digital system that allows healthcare professionals to electronically prescribe, administer, manage, and track medications.
Freedom To Speak Up (FTSU)	The hospice encourages a positive and safe culture so that Team Hospice can feel they can speak up and their voices will be heard, and their suggestions acted upon.
Hospice UK	Hospice UK is a national charity which represents the community of more than 200 hospices in the UK.

Integrated Palliative care Outcome Scale (IPOS)	The Integrated Palliative care Outcome Scale is a tool for assessing physical, social, psychological, and spiritual symptoms and concerns to improve palliative care outcomes and support personalised treatment plans. It consists of 10 questions that allow healthcare professionals to assess symptoms.
Just Culture	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
METEL	METEL is a research project which studies urine samples to assess the metabolic changes in patients.
Mortality Review Meeting	A multi-disciplinary group of clinicians who review and discuss clinical cases, outcome data (clinician and patient reported) and other related information to help improve the quality of care we provide to our patients.
Multidisciplinary Team (MDT)	A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.
National Early Warning Score (NEWS)	The National Early Warning Score (NEWS) was developed by the Royal College of Physicians in 2012 to standardise the process of recording, scoring and responding to changes in routinely measured physiological parameters in acutely ill patients (Source: NHS England).
Palliative	Palliative Care is the treatment of symptoms where a cure is no longer considered an option, usually when the patient is coming towards the end of their life.
Patient Safety Incident Response Framework (PSIRF)	The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
Patient Safety Incident Response Plan (PSIRP)	The Patient Safety Incident Response Plan is a mandatory document which outlines an organisations approach to handing patient safety incidents.
Pressure Ulcer Risk Primary or Secondary Evaluation Tool (PURPOSE-T)	The Pressure Ulcer Risk Primary or Secondary Evaluation Tool is a pressure ulcer risk assessment framework which is used to identify adults at risk of developing pressure uclers.

Research	The creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies and understandings for the benefit of our patients, those close to them, staff or volunteers.
Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)	The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they are not able to make decisions or to express wishes. (Source: Resuscitation Council UK).
Service Evaluation	Service evaluation is a way to measure current practice within a specific service. The results of the service evaluation help towards bringing about improvements.
SWARM Huddle	SWARM huddles are designed to facilitate immediate and collective learning from incidents, preventing delays in identifying key information and minimizing potential blame or fear.
Strategic Objectives	An organisation's long-term plans.
Syringe Driver	A syringe driver is a small battery-powered pump. It gives a steady flow of medicines through a small tube just under the skin on your arm, leg, tummy, or back. Medicines in syringe drivers are used to help manage symptoms. (Source: Marie Curie)
SystmOne	SystmOne is a clinical IT system which is widely used to provide a secure, shared electronic health record across many healthcare settings.
Vantage	Vantage is a cloud-based incident management and reporting system.

Contact Information

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