



Barnsley Hospice Quality Account

2024-2025

Company registration number: 02274925

Charity registration number: 700586

Contents

A Word from our Chair and Chief Executive	3
Who We Are	4
Aims and Strategic Objectives	5
Our Values	6
Our Committees	7
Our Services	8
Our Activity	11
Our Funding	12
What Others Say About Us	12
Experience Feedback	12
Public Engagement	14
Staff Update	15
Equality Diversity and Inclusion Activities	16
Quality Improvement	17
Quality Priorities for 2025/2026	22
Learning from Incidents	24
Duty of Candour	24
Examples of Learning from Incidents in 2024/25 and Actions Taken	25
Clinical Audit	25
Glossary	28



A Word from our Chair and Chief Executive

Welcome to our 2024/2025 Quality Account. It has been a particularly momentous year for Barnsley Hospice, marking an incredible 30 years since we opened our doors to the people of Barnsley. We hope you find this review of the previous year as uplifting as we have.

The hospice started out as a vision to bring specialist palliative and end of life care for the people of Barnsley. A vision that was subsequently made a reality thanks to a group of dedicated volunteers who, with the support of the community, worked tirelessly to establish the hospice.

Throughout the last three decades, our services have adapted and grown to meet the needs of local people, but one thing remained constant. As a charity, we would not be able to provide our outstanding care if it was not for the support we receive from the local people and businesses who fundraise for us, volunteer their time, shop at our Retail Hub and donate so generously.

This year has been a true celebration of all the hospice does, and the care and values we stand for. Most importantly, it has been an opportunity to thank our incredible staff, volunteers and the local community who continue to make our work possible.

With increasing national conversation around the future of hospices and the way in which they are funded, the last twelve months have also provided opportunities for us to join fellow hospices up and down the UK in highlighting the need for more sustainable funding. Our ambition to provide compassionate care for our community remains at the forefront of all we do, and we will continue to do our best to ensure we are here for another 30 years and beyond.

In 2024/25, we had the privilege of caring for **463** people and their families. Looking ahead to next year, we are committed to identifying new ways to reach more people and make our services accessible to all. We will work with those using our services and different members of our communities to learn from them and ensure their voice is heard. We will also use our knowledge to educate others and strengthen palliative and end of life care at a local, regional and national level.

Innovation will remain an integral part of what we do, aligning with our strategic vision of going 'beyond outstanding' in all that we do. This includes identifying improvements to our services, diversifying our income generation efforts, conducting research, and enhancing our digital capabilities. It is also important that we raise the profile of the hospice and our services, ensuring our community knows the range of services we offer and the difference their support makes.

Before closing, we want to pay tribute to our former Chair, Carole Gibbard, who retired in June 2025 after 12 years as a trustee, including 9 as Chair. We are enormously grateful for Carole's outstanding leadership of the Board of Trustees, which has been instrumental in the hospice's success. We wish Carole all the best for her retirement and share our heartfelt thanks for going above and beyond for Barnsley Hospice.

Finally, we also want to say another thank you to our staff and volunteers. Your work makes a real difference to our community and the people we serve, and it is an honour to be your Chair and Chief Executive Officer/Chief Nurse.



Paul Hinchliffe

Paul Hinchliffe
Chair of the Board of Trustees

M. Tune

Martine Tune,
Chief Executive Officer and
Chief Nurse



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.

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 Strategic Objectives

We are passionate about getting it right in an effective, efficient and financially sustainable way. Our strategic objectives outline how we will do this. Progress against these objectives is reviewed at each meeting of our Board of Trustees through our Board Assurance Framework.

Strategic Objective 1

We deliver outstanding care: The care that we provide to patients and those that are important to them will be of the highest achievable quality and will be accessible for all, personal, effective and safe. It will respect their dignity and be delivered with compassion.



Strategic Objective 2

We are acknowledged as a centre of excellence for specialist palliative and end of life care: We will provide a leadership role beyond our organisational boundaries in the development of innovative and outstanding palliative and end of life care research and education and its application to practice.



Strategic Objective 3

We will develop and sustain our financial health: We will manage the financial health of our charity efficiently and effectively to achieve long-term sustainability whilst investing for growth and development.



Strategic Objective 4

We have a culture and environment where people can thrive: We will be the employer and charity of choice in Barnsley. Our people will deliver outstanding care and services and will have an enjoyable and rewarding experience that inspires them to be the best they can be.



Our Values

In 2023, we made the decision to update our values which had been associated with the hospice for almost 30 years. We wanted our new values to 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. Using their feedback, we are proud to introduce our new values and behaviours, which were approved by the Board in January 2024.



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.

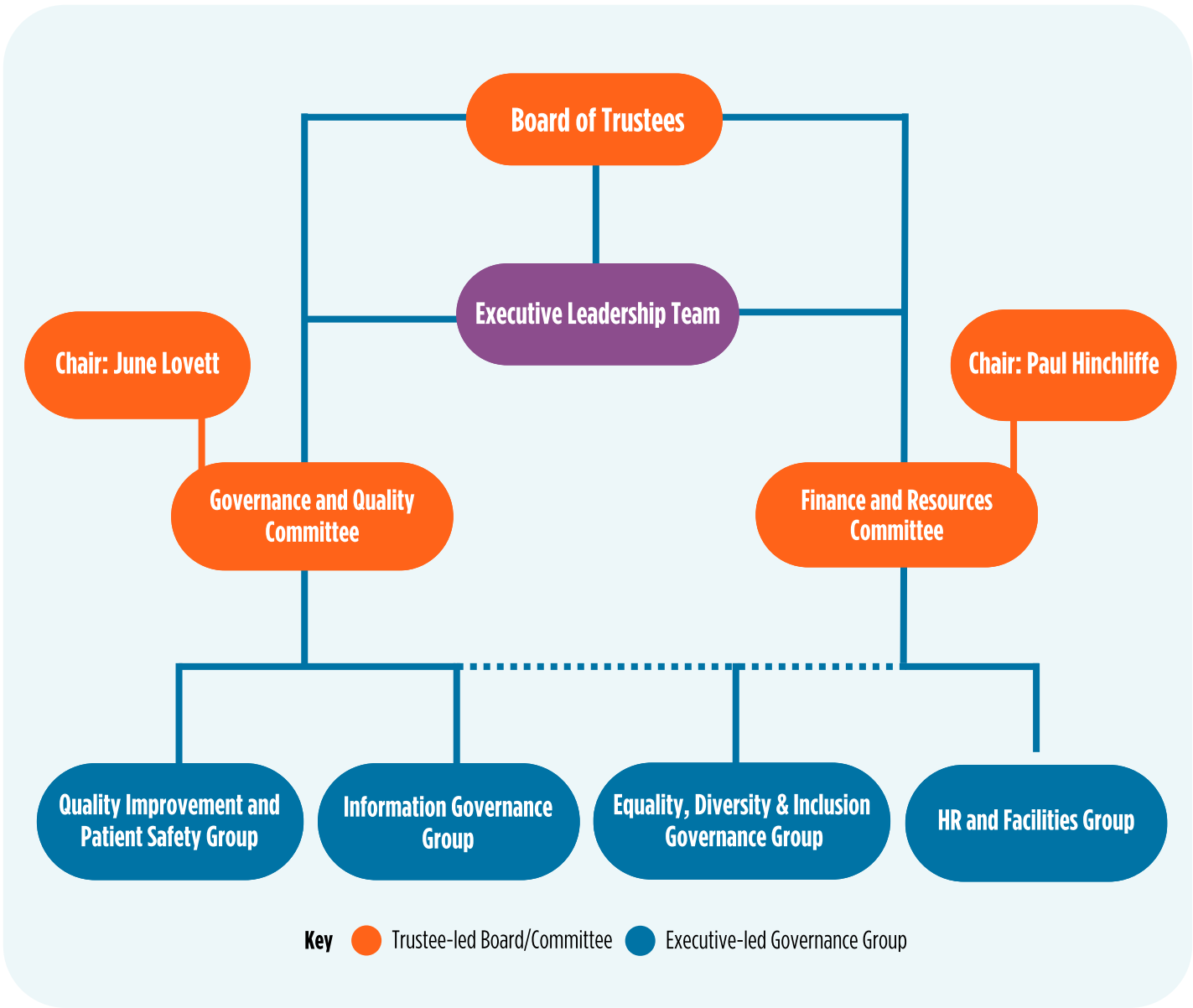
We are professional and take our responsibilities seriously.

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. Each sub-committee is chaired by a trustee with expertise in the relevant area, and membership is made up of trustees and members of the hospice’s Executive 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 2024/25, we supported **463** people living with life-limiting illnesses and their families and friends. 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.

We supported **463**
people in 2024/25.



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 and their loved ones 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

87% in 2024/25



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



“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.”

Feedback from a Hospice Service User

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.

“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.”

Feedback from a Hospice Service User



242

patients supported by our counselling team in 2024/25



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, and the people close to them, 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.

1750

contact activities were carried out by The Orangery in 2024/25



610

physiotherapy support activities were undertaken in 2024/2025



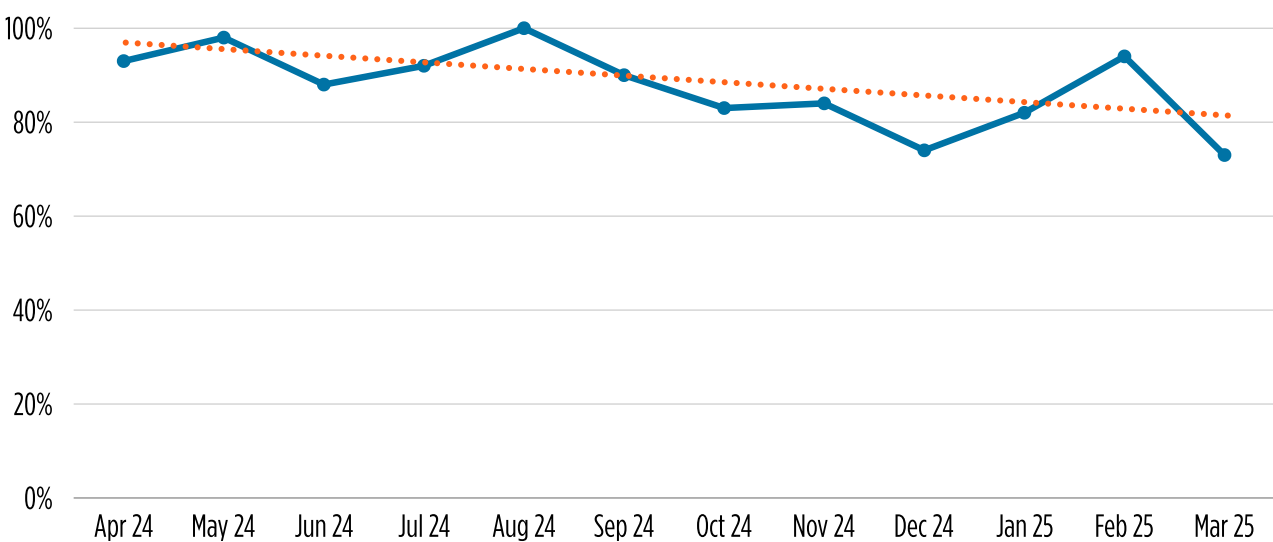
247

social worker support activities for patients were undertaken in 2024/25



Our Activity

The average Inpatient Unit occupancy rate (based on 10 available beds) was **87%** during 2024/25.



Number of people who used our services in 2024/25

463* people used our clinical services in 2024/25.

	Inpatient Unit	Counselling	Orangery	Medical Outpatients
New patients	129	197	190	46
Continuing patients	9	32	19	6
Re-referred patients	18	13	3	2
Total patients*	156	242	212	54

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

Inpatient Unit (IPU) patients, and where appropriate those that are close to them, can access additional services such as physiotherapy, complementary therapy and social worker support whilst they are on our Inpatient Unit. 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	247
Number of social worker support activities that were for carers/family members	120
Number of physiotherapy support activities carried out on IPU	610
Number of complementary therapy activities carried out on IPU	240

Counselling Team	Total
Number of contact activities carried out	1048
Number of activities provided at the hospice	647
Number of activities provided remotely	401

The Orangery	Total
Number of contact activities carried out	1750
Number of activities provided at the hospice	1500
Number of activities provided remotely	250

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 £1.8M in 2024/25. 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 required to register with the Care Quality Commission. We were last inspected by the Care Quality Commission in November 2022 to assess compliance with the legal requirements and regulations under the Health and Social Care Act 2008.

They rated Barnsley Hospice care as 'Outstanding' overall, the highest grading that the CQC awards. The hospice was rated "Outstanding" in the following three key lines of enquiry:

- Safety
- Caring
- Well Led

The hospice was also given a rating of 'Good' in the remaining two key lines of enquiry:

- Responsive
- Effective

Inspectors stated that 'all staff were committed to continually learning and improving services'.

Experience Feedback

Barnsley Hospice welcomes all types of feedback from those who use its services and their loved ones about their experience. This feedback is important because it helps us to improve the services we provide across the hospice and understand population-based needs, including aspects of cultural diversity and 'hard to find' groups.

The hospice has a range of feedback resources which are used 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
- Association for Palliative Medicine's FAMCARE 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 2024/25, 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

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

Good standard of care provided by the Inpatient Unit

"Absolutely excellent care and service to both the patient and the family, in fact, the box I wanted to tick was outstanding not just very good. 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.

I have been blown away by the nurses, doctors, first class care, feeling of being safe, respected, 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 always available and like friends to me.

Love to come to the sessions. 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.

Has been a very helpful experience and to have gained lots of skills to help me cope with grief. Very understanding and skillful counsellor."

Complaints and Concerns

In 2024/25, the hospice received:

- 3 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.
- 20 concerns regarding the facilities of our clinical areas were received. All have been acknowledged and responded to promptly.
- Apologies were offered in all cases.

Inpatient Unit Patient Questionnaire

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

FAMCARE Survey

This is an independent survey that is issued to recently bereaved relatives or a designated main carer 4-6 weeks after the death of their loved one. The survey is carried out biannually.

A survey was undertaken in 2023, where all respondents to the survey were satisfied or very satisfied across all aspects of the patients care. As a result, the next survey will not take place until July 2025.

312

compliments were received about the hospice's activities.



Public Engagement

Working with our local community is a fundamental part of what we do at Barnsley Hospice. Throughout the year, we have continued to deliver engagement projects across the borough, supporting the work taking place throughout the organisation to deliver our strategic objectives.

We remained focused on using our communication and engagement efforts to raise awareness of what we do, reach more key stakeholders and support the hospice's income generation efforts. Social media continued to play a large role in our engagement efforts, with the hospice's accounts growing to over **24,000** followers across platforms. In conjunction with digital media, traditional media such as radio and print were also used to help us reach a wider variety of audiences.

As 2024 marked the 30th anniversary of Barnsley Hospice, this special milestone played a significant role in our engagement efforts, providing the opportunity to celebrate the impact of the hospice during this time.

Partnership Working

We were delighted to work with some fantastic local businesses and organisations throughout 2024/25, in alignment with our **Collaboration** value.

Barnsley College held an anniversary gala dinner, helping to raise awareness and funds in support of Barnsley Hospice. The Barnsley 10k returned after many years, and we were incredibly proud to be chosen as the official charitable partner. Over 50 runners took part in support of Barnsley Hospice, raising more than £10,000 in the process.



Hospice Care Week

October marked Hospice Care Week, an annual campaign led by Hospice UK to raise awareness of the outstanding care the hospice sector provides nationally. In honour of our 30th year, we created a special video to mark the occasion and highlight the compassion and expertise at the heart of our services.

Local musician, Tom Masters, recorded a unique version of 'Lean on Me' by Bill Withers, which captured the essence of hospice care perfectly. The video featured hospice staff, volunteers, and patients.

A premiere was held at the Parkway Cinema in Barnsley, and we rolled out the red carpet for our local community to view the video for the first time in Hospice Care Week. Thanks to the team at Parkway Cinema, the video was also played before each film throughout the month.

The video was also featured on ITV Calendar News, and a feature was broadcast live from the hospice in which our CEO/Chief Nurse, Martine Tune, shared more about our services and how people can support the work we do.

Since the video was published, it has been viewed nearly **40,000** times.



Staff and Volunteer Update

Staff and Volunteer Away Day

In October 2024, we held a combined staff and volunteer away day, focused on celebrating the contributions of #TeamHospice. During the day, we held an awards ceremony, showcasing individual and team contributions to fundraising, recognising where individuals and teams had particularly demonstrated our values, as well as our long service awards.

Volunteer Strategy

To support the delivery of our volunteer strategy, we recruited a Volunteer Coordinator in June 2024. This enabled us to implement a range of improvements to the way we recruit, support and communicate with our volunteers. We introduced quarterly Coffee and Catch-Ups for our volunteers to maintain communication and engage them in the development of our volunteer strategy. During 2024/25, we also reintroduced corporate volunteering, welcoming teams from local businesses to volunteer their time in support of the hospice. The successful integration of corporate volunteers is also proving to bring additional benefits to our income generation and community engagement efforts, with local businesses learning more about our services and seeking ways to fundraise on our behalf.

Workforce Engagement

We continued to prioritise identifying effective way of engaging our workforce, such as our monthly staff forum and leaders' briefings. Additional training was provided to our staff forum representatives to enable them to perform their role and ensure all teams across the hospice have a voice. Through the leaders' briefings we were able to discuss our values and behaviours, and consider how they could be embedded practically across all teams.

HR Policy Handbook

A new HR policy handbook was developed and approved by the Board of Trustees, which incorporates all people policies into one document and more explicitly reflects our organisational values. Throughout the handbook, we have also implemented the recommendations of a cultural assessment that was carried out in 2023/24, ensuring our HR policies reflect the positive, supportive and patient-centred culture that we are continuing to develop. We look forward to launching this 2025/26, when the supporting processes and procedures are completed.

Health and Wellbeing Survey

Through our partnership with Barnsley Metropolitan Borough Council, we introduced a health and wellbeing survey for staff so that we could better understand how we can further strengthen our approach in the area. The results of the survey will be shared in April 2025, and the staff forum will be involved in the development of an action plan.

Digital Transformation

In 2024/25, we maintained our digital transformation efforts to help us improve our processes and work more efficiently so that we can continue providing outstanding care and services to the people of Barnsley. In December 2024, we began a transition from using Google to Microsoft 365 across our organisation. We made this decision to improve our IT and cyber-security and make it easier to collaborate within and across teams. We further improved our SystmOne capabilities and introduced electronic prescribing and medicines administration (ePMA). We are already seeing the benefits of this through the reduction in errors related to medications. In November 2024, we purchased and started to develop a new HR system that will provide a better employee and volunteer experience, and ensure a single source of truth for our staff and volunteer records. The new system will be launched in April 2026.

Organisational Structure

We introduced heads of service into our organisational structure to support succession planning, provide internal development opportunities, and reduce the number of executive directors in a planned and measured way. Heads of service attend each of our executive leadership team meetings, and this is helping to increase the range of perspectives at this level.



Equality Diversity and Inclusion (EDI) Activities

In May 2024, the Equality, Diversity and Inclusion (EDI) strategy that had been developed by the EDI working group, was formally approved by the Board of Trustees. The EDI working group was implemented into our formal governance structure and now reports into the two Board Sub-Committees.

Key deliverables in 2024-25 include:

- Improvements to our recruitment processes to make them more inclusive.
- Continued high levels of training compliance for EDI.
- As part of the staff and volunteer away day, we introduced an award to celebrate individuals and teams who had demonstrated our 'inclusive' value.
- Our hospice patient information leaflets were translated into two other languages.
- We delivered training for staff forum representatives to enable them to perform their role and ensure all teams had a voice.
- We continued to seek grant funding to support our EDI strategy for the hospice to deliver accessible, services across the Barnsley communities. For example, we trialled a community outreach programme in areas where we had fewer patients.

In October 2024, the Help out Barnsley project was launched, in partnership with Barnsley Metropolitan Borough Council. The aim of the project was to provide essential household items, promote furniture recycling and offer emergency assistance to those who need it the most, including individuals affected by domestic abuse, homelessness, and other emergencies.

We also worked in partnership with Bluebell Wood Children's Hospice to develop an approach to ensure that the appropriate support and provision of care is available for young people, as they transition to adulthood.

Throughout 2024/25, we have continued to meet with local faith leaders on a quarterly basis, to develop closer working relationships and to engage them in helping us ensure that our services and facilities are welcoming and inclusive for all faiths and belief systems. The topics of discussion so far have included the development of a multi-faith room, improvements to our admission process, a review of the booklets we provide to patients, the education of our staff and promoting the services we provide across a range of communities.

As part of our induction process, all staff are required to undertake Equality, Diversity and Human Rights training, as well as the Oliver McGowan Mandatory Training on Learning Disability and Autism. Staff are required to refresh their knowledge every three years.



Quality Improvement

The following quality improvement priorities were identified for 2024/25:

Quality Priority 1

Developing our workforce and supporting external partners to deliver outstanding end of life care

What we planned to do	Progress in 2024/25
We will continue to support the wellbeing of our workforce with access to supervision, engagement opportunities, training and development opportunities.	Complete- throughout 2024/25, our staff have engaged in university masters level education programmes, as well as benefitting from continuing professional development opportunities in palliative and end of life care. This has included apprenticeship programmes for a healthcare assistant to complete the Nursing Associate Foundation Degree and a Nursing Associate to commence the Registered Nurse Degree Apprenticeship. We have complied with the supervision requirements of our teams.
We will provide accredited level 1 dementia and end of life care training to local care homes to improve the knowledge and skills of care assistants. We will provide accredited level 2 dementia and end of life care training to local care homes to improve the knowledge and skills of registered nurses and nursing associates.	Complete – Six sessions of an accredited Dementia & End of Life training course took place at Barnsley Hospice in 2024/25, supporting local care homes and hospice staff to develop their knowledge and skills in dementia and end of life care. In total, 16 nursing and care staff across Barnsley place have benefited from these accredited training sessions.
We will scope the potential for hosting a palliative and end of life care conference in 2024/25 with our partners.	The cost implications of hosting a conference and the fact our academic colleagues were unable to partner with us mean this plan has not been realised. Subsequently, the Governance and Quality Committee agreed that the hospice would no longer pursue this plan.
We will deliver quarterly education sessions for Barnsley specialist palliative care teams led and facilitated by a hospice doctor, and our clinical staff will continue to provide education to clinical nurse specialists and pharmacy colleagues from local NHS Trusts.	Complete – Over the last 12 months, our speciality doctor has delivered quarterly palliative and end of life care education sessions to hospice staff, community nursing team, and medical and allied health professionals. The sessions have included topics such as advance care planning and complex symptom management. Additionally, our Head of Clinical Services/Quality Matron, IPU Ward Manager and IPU Sisters have worked with Sheffield Hallam University to deliver undergraduate education to the third year paramedic students. This has included scenario-based training and symptom management teaching.

Going Forward

We will continue to identify education and professional development opportunities for our team members.



“The hospice has also funded my training to become a Nursing Associate, which is great for my personal development and helps me to progress in my career and continue my commitment to the hospice and Inpatient Unit.”

Becky, Healthcare Assistant at Barnsley Hospice

Quality Priority 2

Going above and beyond outstanding care... improving services for all

What we planned to do	Progress in 2024/25
We will provide a 72-hour discharge support programme for patients who are discharged home at the end of life from our Inpatient Unit. This will support the wider healthcare teams in the community, prevent readmission and ensure patients and their loved ones are supported through the discharge transition.	Complete - This project has been completed for 2024/25 and 14 patients have been supported on the programme. Feedback from patients and those close to them has clearly indicated the project has been beneficial. Due to the success of the project and the intended aims being achieved the hospice has been able to obtain funding to deliver the project for a further 6 months.
In order to support and increase opportunities for younger patients and their families who want to transition from children's hospices, we will hold three family days within The Orangery support and wellbeing service. These days will enable young people and their families to experience our wellbeing services as part of our hospice offer.	Complete - Working with Bluebell Wood Hospice over 2024/25 has been extremely beneficial for young people and their families, whilst helping hospice to understand the needs of younger people living with life-limiting illness. Three family days have been held at Barnsley Hospice for Bluebell Wood Hospice service users. The family days provided an insight into the facilities and programmes of work available to them at Barnsley Hospice when the time comes for the transition to adult services.
We will improve our current family and loved ones' rest area by creating a space where they can relax, recharge and sleep at the hospice to enable them to be close to the patient at times when this is needed. The area will be co-designed based on families' experiences and ideas of what a family room should contain and feel like.	Complete - On 21 February 2025, we were pleased to officially open our new Family Room on the Inpatient Unit following its renovation. The space now allows those being cared for by the hospice and their loved ones to enjoy some relaxing time together in a comfortable, quiet space. The opening was held in line with our Family Day for Bluebell Wood Children's Hospice, who we have recently been working with to improve the transition between the two hospices.
We will improve the variety of wellbeing activities for our patients to include creative writing and art therapy	Complete - 10 patients have benefitted from monthly art therapy sessions delivered by an external art therapist in our support at wellbeing service, The Orangery. Creative writing sessions have been provided by internal and external colleagues to enable patients to express themselves through writing.
We will provide a dementia and advance care planning programme within our wellbeing services.	Complete- We delivered three Living Well with Dementia courses to people living with dementia and their loved ones (a total of 16 patients) during 2024/25. The sessions were designed to provide tools and advice to help people live as well as possible and think about what is important to them in the future. For example, advice was given around welfare support, managing symptoms and their legal rights. Feedback from the programmes included "we didn't think that we needed this but we do" and "we have discussed many topics which I found both interesting and informative".

Going Forward

We will continue to deliver outstanding care and maximise the opportunities for access to our services for those who are living with a life-limiting illness and those close to them.



Family Room Launch

“We understand that hospice care is not just about the person who has been diagnosed with a life-limiting illness, and it’s vital that we also get it right for their loved ones too. Helping people to make memories and spend time with those important to them is a key priority for us, and we hope our family room will provide even more opportunity for us to make this happen.”

Ross Fletcher, Director of Clinical Services and Governance / Deputy CEO at Barnsley Hospice

“At Bluebell Wood we support young people up to 25, our goal has been to offer real choice in their care—whether at Bluebell Wood, in the community, or at their local adult hospice. By putting young people at the heart of this transition, we’re ensuring they have more control over their future. This project is a true collaboration, creating a lasting legacy with a dedicated transition pathway and family support for families in Barnsley for years to come.”

Rachel Parkin, Transition Co-Ordinator at Bluebell Wood

Quality Priority 3

Increasing access to underrepresented communities in the hospice

What we planned to do	Progress in 2024/25
We will continue to identify opportunities to increase access to hospice care services for those who find it difficult due to a variety of reasons.	In September 2024, Barnsley Council asked us to provide wellbeing services to the areas of Worsborough and Staincross in Barnsley. This was undertaken by our Complementary Therapy and Wellbeing team for a period of three months. Unfortunately, due to low levels of attendance at these sessions we have decided to cease this activity but we will continue to seek opportunities to access underrepresented communities.
We will seek opportunities with partners to take our wellbeing services into the community which will improve access for underrepresented communities.	
We will continue to be a partner of the Barnsley Dementia Alliance to increase the knowledge around palliative and end of life care for those living with dementia and their loved ones.	Barnsley Hospice remains an active member of Barnsley Dementia Alliance which has provided the opportunity to host the living well with dementia and planning for the future programme which has benefitted 16 patients and those close to them.
We will provide outreach opportunities for our staff to share the work of the hospice through attending other community groups services.	Clinical teams continue to represent the hospice at community clinical meetings and carers events. This has included attending GP educational events, social prescriber networks, the practice nurse forum, carers roadshow and community rehabilitation teams.

Going Forward

We will ask Barnsley Council if Barnsley Hospice can participate in the health and wellbeing hub that they are setting up at the Alhambra Shopping Centre.

We will continue to engage with local community groups to share the work of Barnsley Hospice.

Quality Priority 4

Continually seeking improvements in the care we deliver

What we planned to do	Progress in 2024/25
We will upskill our staff in best evidenced based care and commit to sourcing training related to our top three areas for patient safety improvement, falls, acquired pressure ulcers and medicines.	In 2024/25 we have provided training to our clinical teams on the prevention of pressure ulcers, which was delivered by the community tissue viability teams. We have seen a decrease in the number of hospice acquired pressure ulcers in 2024/25. Our controlled drug and medicines competency training package was delivered to all new nursing staff and other relevant clinical staff. This has included safe administration of medicines and nurses' accountability in medicines management. Our physiotherapist has successfully achieved accreditation in becoming a Postural Stability Instructor and has delivered falls prevention training sessions to relevant staff during our moving and handling training sessions. Some staff members have advanced their knowledge and skills around falls management through attendance at Care to Move training hosted by South West Yorkshire Partnership NHS Trust.
We will include falls prevention training on our moving and handling courses to provide practical training in the management and prevention of falls.	
We will work with South West Yorkshire Partnership NHS Foundation Trust's Tissue Viability team to continue two yearly training in the management and prevention of pressure ulcers.	
We will ensure all our registered nursing workforce have training and education in the management of controlled drugs.	

We will review our care environment to maximise the comfort and aesthetic appearance of patient rooms and garden areas.	In 2024/25, we updated the appearance and soft furnishings in our Inpatient Unit lounge, using funds received from a grant. This has improved the comfort and appearance of the lounge and promotes a relaxed area for visitors. We have also used grant money to improve the garden areas that our inpatients use. All of the rooms on our Inpatient Unit lead out onto a garden area with modern outdoor furniture. Local business, P. Biddlestone Groundworks Maintenance Ltd., kindly excavated a garden area to make more space for the garden furniture to be enjoyed by patients and those close to them.
We will continue to learn from our patients care and experiences through Mortality Review Meetings.	Mortality review meetings are completed on a monthly basis with a focus on learning. Actions from the mortality review meetings have included improving the spiritual support we provide to our patients. Our mortality review meeting process has been peer reviewed by a medical consultant from Rotherham Hospice in 2024/25. The review provided substantial assurance that our mortality review meeting process provided a sound framework of governance, risk management to provide a forum that promotes learning and quality improvement.
We will seek opportunities with local faith leaders to maximise the spiritual care offer to our patients and loved ones.	During the year we have had meetings with the South Yorkshire Chaplaincy and Listening Service to strengthen the volunteer chaplaincy service we receive. Feedback from our patients indicates that this service is important to them. From September 2024, volunteer befriender roles were introduced onto the Inpatient Unit to further improve the spiritual support we provide to our patients and those close to them. We have continued to meet and collaborate with local faith leaders, working together to gain insight into the cultural and spiritual dynamics within our communities. As well as helping us to ensure we are providing sensitive and holistic care for all, we have also used our work with local faith leaders to raise further awareness of the services we provide.

Going Forward

We will continue to embed the implementation of our Electronic Prescribing and Medicines Administration (ePMA) System to maximise efficiency and improve patient safety.

We will access local education providers to support our staff teams to become more confident in providing spiritual care for patients and those close to them.

We will identify opportunities to provide resilience based clinical supervision sessions for our healthcare staff.

As part of our Dying Matters Week campaign in May 2025, local faith leaders will be joining us at a Q&A panel where they will be answering questions about death, dying and grief in their faiths.



Quality Priorities for 2025/2026

Priority 1 – Easy Read Project

How we identified this project

We identified that our patient and service user information resources could be made more accessible.

What we plan to do?

- Materials to be made available in different formats (on a tablet, paper, easy read).
- Have reading aids for patients and visitors experiencing difficulties reading, such as coloured overlays.
- Publish more information on our website for people who do not access the hospice in person, such as digital copies of our leaflets.

What we expect the outcomes will be

Patient and service user Information will be more accessible

Priority 2 – Improving Access to Hospice Services

How we identified this project

The data we have about the people using our services indicates that there are certain sections of Barnsley population are underrepresented within the services the hospice provides.

What we plan to do?

- Our therapy teams will deliver online wellbeing sessions on meditation and relaxation and Qi gong and Tai Chi for low-income communities in Barnsley. This is part of the South Yorkshire Cancer Alliance work programme for 2025/26.
- Gather and analyse data produced from community sessions to assess the effectiveness of this project.
- Installing a hearing loop system to assist patients, visitors and service users who use a hearing aid.

What we expect the outcomes will be

Our online wellbeing sessions will complement existing treatment pathways and support the acceptance of treatment, reduce habitual behaviours, increase self-awareness and self-care alongside focus on the inner body to regulate the mind, breath and body movement. This work will also help us to reach people in different parts of our community and deliver our services in different settings.

Priority 3 – Implement the Patient Safety Incident Response Framework

How we identified this project

Patient Safety Incident Response Framework (PSIRF) replaces the previous NHS serious incident framework for investigating patient safety incidents. PSIRF enables the development and maintenance of more effective and responsive safety processes. It encourages more compassionate engagement and involvement for those affected by events, and gives staff involved support and space for reflection and learning.

What we plan to do?

- From April 2025, we will fully implement the PSIRF at Barnsley Hospice. This will include the introduction of SWARM huddles for incidents graded moderate harm and above, Patient Safety Incident Response Plan (PSIRP), After Action Reviews (AAR) and increase use of thematic reviews.

What we expect the outcomes will be

- Improved response to learning from incidents through the use of thematic reviews.
- A more systems-based approach to learning from incidents.
- Encouraging a Just Culture and a data driven approach to patient safety incident response.

Priority 4 - Become a Research Ready Hospice

How we identified this project

One of our strategic objectives is to be acknowledged as a centre of excellence for specialist palliative and end of life care, which requires us to develop innovative and outstanding care through research and education.

What we plan to do?

- Develop a formal Research Policy and associated procedures for the hospice.
- Partner with research active organisations to progress our research ambition

What we expect the outcomes will be

- We will be a research ready hospice, enabling us to support a research study within our clinical teams through the development of research policy and governance procedures.
- We will be a clinical placement of choice for medical, nursing and healthcare students given our appetite for excellence.



Learning from Incidents

At the hospice, we are committed to a learning culture in which staff and volunteers feel comfortable to raise concerns and report incidents.

All events that cause actual or potential harm or risk to patients are known as patient safety incidents. We use the web-based Vantage incident reporting and management system that enables staff to record incidents as soon as they are recognised. Our Executive Leadership Team review all incidents each week.

Numbers and trends in incidents are captured on the hospice's Quality and Patient Safety Dashboard, along with narrative outlining our analysis. This document enables the incident data to be triangulated with other key quality and patient safety data, such as experience feedback, mandatory training compliance rates, and safeguarding alerts.

The Quality and Patient Safety Dashboard is presented to the hospice's Quality Improvement and Patient Safety Group, which meets bi-monthly. The dashboard is reviewed for any emerging trends and themes, which are then used to establish if a risk is represented to the hospice. Any identified risks are escalated to our quarterly Governance and Quality Committee via a Highlights and Escalation report to be considered for inclusion on the hospice's Integrated Risk Register. The Governance and Quality Committee also reviews the dashboard at each meeting.

Learning from incidents is cascaded throughout the hospice using various channels, such as the Daily Huddles on the Inpatient Unit, monthly Leaders Briefings, staff newsletters, team meetings, and presentations at the governance group meetings.

During 2024/25, 219 patient safety incidents were reported. The majority of patient safety incidents were either falls, pressure ulcers, or medicines incidents. 91.1% of our patient safety incidents were classified as causing no harm or low harm. The combination of a high level of incident reporting and low levels of harm is well recognised as being indicative of a positive safety reporting culture within a health care setting.

We had 19 moderate harm and 1 severe harm incidents. All incidents meeting the criteria of being externally reportable were reported to the South Yorkshire Integrated Care Board (Barnsley Place) and the Care Quality Commission (CQC) as serious incidents in line with our Incident Management Policy.

From April 2025, we will adopt a more systems-based approach to incident investigation by implementing the new national Patient Safety Incident Response Framework (PSIRF). This new system will be one of the underpinning best practice standards and guidance for the CQC's Learning Culture Quality Standard. Our Patient Safety Incident Response Plan (PSIRP) has been in place since 2024. The PSIRP sets out how the hospice intends to respond to patient safety incidents over the coming 12 to 18 months. This plan is a live document that we will update as we make changes and improvements to our processes, and learn from patient safety incidents. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

Duty of Candour

At the hospice, we promote a culture that encourages openness and honesty at all levels of the organisation, which we recognise is essential to improving and maintaining patient safety.

Statutory duty of candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the regulatory body, the CQC.

Our Duty of Candour Policy provides guidance to clinical staff about the principles of the Duty of Candour and being open. The policy also sets out the processes to be followed to support openness with patients and their families following a serious safety incident.

A statutory professional duty of candour was implemented for all our serious incidents in 2024/25 in line with the regulatory requirements.



Examples of Learning from Incidents in 2024/25 and Actions Taken

- Learning from multiple incidents reinstated the importance of effective communication, working together, and following the procedures and processes in place
- To help prevent incidents relating to medicines, the hospice moved to Electronic Prescribing and Medicine Administration in November 2024, which is a safer solution than traditional paper documentation.
- As an outcome of a serious incident, new action trackers for actions identified in the investigation process have been implemented on the incident management system to aid timely action-taking for staff, whilst providing an easier overview of progress made for leaders.
- Further work has been completed on the improvement of the medicine room to improve patient safety and minimise the risk of errors occurring. Additional storage has been put in place.
- New pressure-relieving equipment has been purchased to aid in the prevention of pressure injuries.
- Staff received additional training on pressure care.
- Following a serious administration error incident, changes have been made to the induction process of new starters, and additional quality checks have been put in place. New additional audits have also been implemented to ensure adherence to protocols when administering medicines.
- Both the Medicines Management Policy and standard operating procedure (SOP) for Controlled Drug management have been updated to minimise the risk of the incident happening again.

Clinical Audit

Clinical audits take place within Barnsley Hospice throughout the year as part of ongoing monitoring of standards and quality. We determine the focus of our audits from a range of sources, such as:

- Potential clinical risk issues such as an increase in a particular type of incident or from patient and service user feedback.
- Compliance with regulatory requirements.
- Compliance with national guidelines.
- Assurance required to assess if an existing or new hospice policy or procedure is embedded.

Our clinical audit and effectiveness activity is overseen by the Quality Improvement and Patient Safety Group. The group discusses the outcomes of audits and service evaluations and tracks the progress of actions that arise from them.

We completed 14 audits and service evaluations were throughout 2024/25. The breadth of our clinical audit and effectiveness programme throughout the year provided assurance about a diverse range of topics, and has generated a robust set of quality improvements. Of the 14 audits and service evaluations we conducted, 4 were re-audits to ensure any actions resulting from previous audits had been embedded into practice.

14

audits and service evaluations were completed throughout 2024/25.

4

were re-audits to ensure any actions resulting from previous audits had been embedded into practice.



Clinical audits and service evaluations that took place during 2024/25 were:

Clinical Audit/ Service Evaluation	Audit Objective	Actions/ Improvements Implemented
Medicines - Missed Doses - Critical Medicines (Reaudit)	To establish the level of compliance with the standards outlined in our Medicines Management Policy.	The number of missed doses identified had decreased again since the last audit. Staff were reminded to continue following the hospices policies and procedures in relation to medicines management.
Medicines - Syringe Drivers	To establish if prescription charts for syringe drivers have been completed properly.	Actions were implemented to strengthen processes and documentation for instances when syringe driver sites were not viewed in order to avoid disturbing patients unnecessarily.
Medicines -Controlled Drugs	Quarterly audit to establish if standards for controlled drugs are being adhered to.	Improvements have been made to ensure entries in the controlled drugs register are signed for as required.
Administration of Controlled Drugs (CDs) on IPU.	To ensure safe systems of work are being adhered to when administering CDs.	All correct policies and procedures in relation to the administration of controlled drugs were followed. Recognition of good practice was highlighted to the relevant staff. A new audit for the Observation of Controlled Drugs Administration has also been incorporated into the hospice's annual audit programme.
Patient Records	Review use of SystmOne 1 year post implementation.	Following the review, communication has taken place between medical and nursing staff to ensure referral forms are fully completed before admission to the inpatient unit. Good practice has been highlighted to medical and nursing staff. Plans are in place to further improve system configuration over the next 12 months,.
Nursing Care Quality Indicators (oral care, pressure ulcers, nutrition and hydration and falls) – (Reaudit).	To establish if appropriate assessments and care plans are in place and being completed as expected.	Improved the completion of documentation by discussing the findings of the audits with nursing and medical staff.
NEWS tool implementation (Reaudit)	To assess whether learning identified from 2023/24 audit has been embedded into practice.	Implemented the new electronic NEWS2 template and integrated with SystmOne. Continuously working to improve the system for completing observations before shift handover.
Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) – (Reaudit).	To assess whether learning identified from 2023/24 audit has been embedded into practice.	The re-audit in 2024/25 showed significant improvement in the completion of documentation from 2023/24. An information leaflet about ReSPECT will be made available in the patient information booklet which is available in the patients room.

Inpatient Unit Infection Prevention Control (IPC) Audit (including hand washing).	To gain a baseline of our IPC standards	National Standards for Healthcare Cleanliness has been implemented at the hospice. These standards increase our transparency in relation to IPC and ensure improvement are made when necessary. The procurement and implementation of larger waste bins has reduced the risk of overfilling, which has led us to a rate of 100% compliance for IPC across the inpatient unit. There has been a significant improvement in the hand hygiene compliance, which is currently at 100%. Handwashing training has been provided and is now included in the hospice's mandatory and statutory training plan for all clinical staff.
Mattress Audit	To ensure mattresses on the inpatient unit are fit for purpose and in correct working order.	No actions were identified and all mattresses were found to be fit for purpose. A plan is in place to renew all current inpatient unit mattresses over the next 24 months.
Pressure Ulcers – Thematic Review	To review the documentation used in the pressure ulcer care pathway	The hospice currently uses the Waterlow tool to assess if patients are at high risk of developing pressure sores. A plan is in place to implement PURPOSE-T, which is widely used in other healthcare settings. A full review of the Pressure Area Management Policy will take place alongside the implementation of PURPOSE-T to ensure all procedures are updated to reflect current practice.
Patient Safety Incident Management – re audit	To establish if the recommendations of the previous Incident Management Audit are embedded in practice.	The hospice is adopting the NHS's new Patient Safety Incident Response Framework (PSIRF). The new methodology will see us move to a more system-based learning approach to our patient safety incidents. Thematic analysis will be used routinely to extract learning from "batches" of similar incidents. safety incidents, to ensure that it meets the needs of PSIRF.
Safeguarding	To gain assurance that we comply with Safeguarding Standards for Commissioners of Services.	The audit identified that the hospice is compliant with the Safeguarding Standards for Commissioners of Services, which have been revised standards following review of recommendations from Winterbourne investigation.
Integrated Palliative care Outcome Scale (IPOS) Service Evaluation	Patient-reported outcome questionnaire on symptom management.	The results show that Barnsley Hospice is supporting patients with the management and targeting of the physical and emotional symptoms included in the IPOS assessment.

Glossary

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.

COSHH

COSHH stands for Control of Substances Hazardous to Health. This is referring to the legal requirements that require us to adequately control exposure to materials in the workplace that cause ill health.

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.

Fit Testing

Fit testing is a means of checking that a face mask matches a person's facial features and seals adequately to their face. At Barnsley hospice we would use a Filtering Face Piece (FFP) 3 mask when an infected patient was having aerosol inducing procedures which may include non-invasive ventilation, tracheostomy suctioning. We would also use FFP3 masks if a patient had measles or Tuberculosis (TB) as per the national cleaning standards (2021).

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.

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.

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	A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.
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.
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.
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.



Contact Information

For further information about our Quality Account, please contact the Chief Executive Officer at Barnsley Hospice via the following contact details:

Tel: 01226 244244

Email: enquiries@barnsley-hospice.org

Post: Barnsley Hospice
Church Street
Barnsley
South Yorkshire
S75 2RL

