BURY HOSPICE

Annual Quality Account

2025 - 2026

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Statement of Assurance from the Board of Trustees Chief Executive Stuart Richardson and Stuart Page Acting Chair of Board of Trustees of Bury Hospice

Welcome to the Bury Hospice Quality Account for 2025/26

This report highlights our achievements over the past year and outlines our priorities for the future, supported by performance data and service insights. As Chief Executive and Acting Chair of the Board of Trustees, we confirm that the information presented is accurate and reflects our full commitment to continuous improvement and delivering high-quality care.

Our Mission

To facilitate the provision of compassionate and holistic specialist palliative and end of life care in Bury, making sure this is person centered and provided in a person's preferred place of care.

Our Vision

Our vision is for all people in Bury to receive safe, effective and compassionate care that is tailored to their individual needs throughout their palliative and end-of-life journey. We are committed to ensuring that every person is treated with dignity and respect and is supported to make informed choices about their care, including where they would prefer to be cared for at the end of life.

During 2025/26, we have maintained our focus on delivering high standards across the three key aspects of quality: patient safety, clinical effectiveness and patient experience. We are proud of the quality of care provided and the difference our staff and volunteers make to patients and those important to them.

Looking ahead, we will continue to strengthen access to hospice services, working to reduce inequalities and ensure equitable provision across all communities within Bury. Collaboration with our partners across health and social care remains central to improving coordination of care, outcomes and patient experience.

We recognise the ongoing financial challenges facing the hospice sector. Bury Hospice currently costs approximately £4.9 million per year to operate, with around 17% of funding provided by the NHS and the remainder generated through charitable income. In this context, we are committed to ensuring financial sustainability by using our resources prudently, balancing service development with the need to maintain safe, effective and high-quality care for the future.

Our staff and volunteers are fundamental to delivering our vision. We will continue to support their development, wellbeing and engagement to ensure we meet the evolving needs of our population.

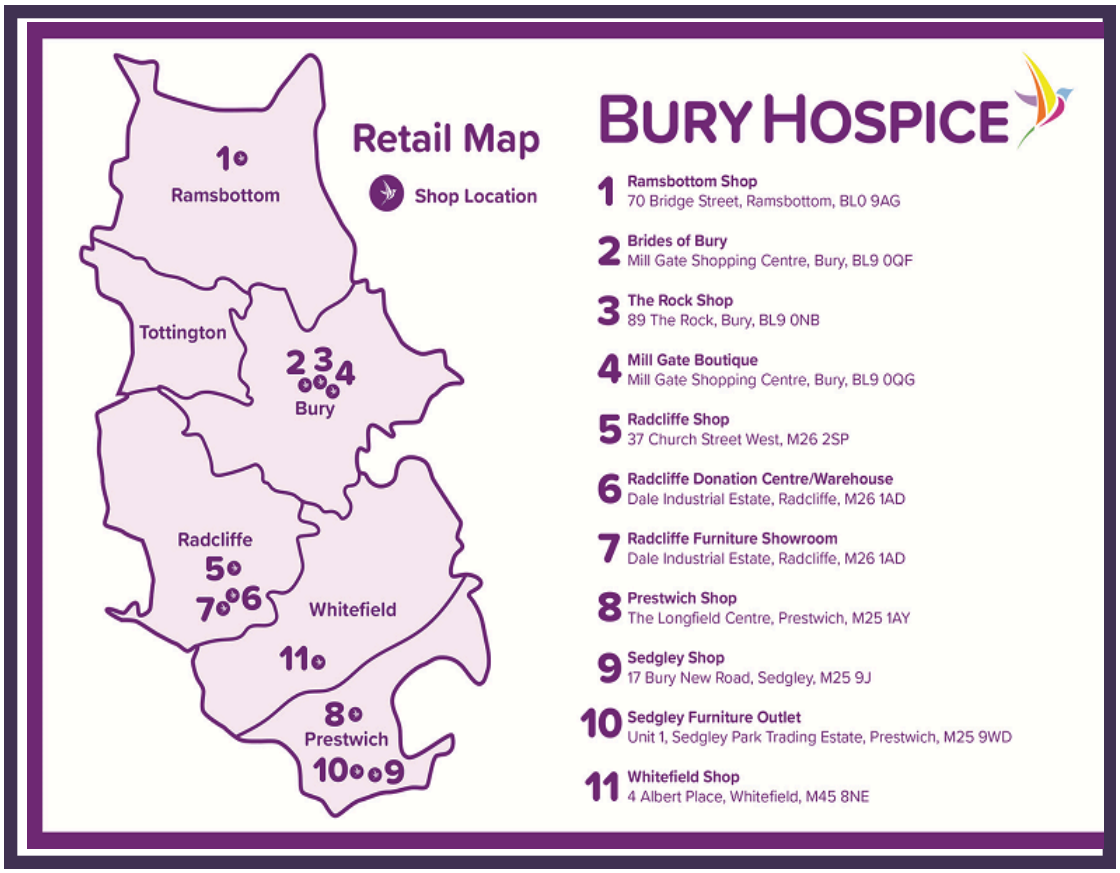
We confirm that, to the best of our knowledge, the information contained within this Quality Account is a true and accurate reflection of the quality of care provided by Bury Hospice and demonstrates our commitment to continuous quality improvement.

Our values underpin everything we do at Bury Hospice. They guide how we care for patients and families, how we support each other, and how we lead as an organisation. They are central to delivering safe, effective, caring and well-led services.

We welcome your feedback on this Quality Account. Please contact Stuart Richardson, Chief Executive, by phone on 0161 725 9800 or via email at stuartrichardson@buryhospice.org.uk .

Alternatively, write to:
Bury Hospice, Rochdale Old Road, Bury, BL9 7RG.
Charity number: 1136843.

Statement on Governance and Public Benefit – how we serve the population of Bury



Bury Hospice provides public benefit through the delivery of specialist palliative and end-of-life care to the local community. We serve a population of approximately 195,000 people (ONS, 2023) and are committed to ensuring our services are accessible, inclusive and responsive to the needs of all who require them.

Our services are designed to deliver high-quality care across the key domains of safety, effectiveness and patient experience. We work in partnership with NHS organisations, social care providers and voluntary sector partners to ensure coordinated, person-centred care for patients, families and carers.

As a charitable organisation, we rely on a mixed funding model to deliver our services. With annual operating costs of approximately £4.9 million and around 17% of this funded by the NHS, we depend significantly on charitable fundraising and retail income. We are committed to ensuring these resources are used efficiently and responsibly to maximise the benefit to our community and sustain service provision.

Bury Hospice is governed by a Board of Trustees, who hold ultimate responsibility for the effective stewardship, strategic direction and performance of the organisation. The Board ensures compliance with legal and regulatory requirements and receives assurance on the quality and safety of care through established governance structures, including the Clinical Governance Committee.

Day-to-day management is delegated to the Senior Leadership Team, who are responsible for operational delivery, implementing strategy, and ensuring services remain safe, effective and responsive.

Through strong governance, effective partnership working and a clear focus on quality improvement, Bury Hospice remains committed to delivering compassionate, high-quality care and support to the people of Bury.

Our Strategic Ambition

Our ambition is to be a well-led organisation that consistently delivers safe, effective, caring and responsive services, underpinned by strong leadership, effective governance and a culture of openness, learning and continuous improvement.

Leadership:

- Visible, approachable leaders providing clear direction and strategic focus
- Commitment to high-quality, person-centred care
- Supportive leadership enabling staff and volunteers to achieve the best outcomes
- A shared vision and values understood and reflected across the organisation

Culture:

- A positive, inclusive and compassionate culture where people feel valued and respected
- Staff and volunteers empowered to speak up, share ideas and raise concerns
- Strong emphasis on openness and psychological safety
- Ongoing investment in learning and development to build skills and confidence

Governance and Accountability:

- Robust systems to oversee quality, safety and performance
- Use of data, audits, incidents and quality indicators to monitor services
- Clear lines of accountability across the organisation
- Regular assurance provided to the Board and governance committees

Engagement and Partnership:

- Active engagement with patients, families, staff, volunteers and partners
- Feedback used to inform service design and improvement
- Commitment to incorporating lived experience into care delivery
- Collaborative working with partners to ensure integrated, responsive care

Continuous Improvement and Sustainability:

- Continuous learning embedded across all areas of the organisation
- Use of feedback, incidents and front-line insights to drive improvement

- Regular review of services to ensure they remain responsive and sustainable
- Commitment to effective use of resources in a challenging financial environment
- Maintaining high standards of quality and safety while ensuring sustainability

Quality Assurance

- Highly skilled clinical team delivering specialist end-of-life care
- Expertise in symptom management, pain relief and holistic support
- Compassionate approach supporting patients and families with dignity and comfort
- Ability to guide difficult conversations and provide reassurance
- Workforce embodies Hospice values: Respect, Care, Learn and Inspire
- Strong partnership working, family support and advocacy for hospice care in the community

Care Quality Commission Quality Monitoring

Bury Hospice is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury.

In 2023, the CQC introduced an updated assessment framework, placing greater emphasis on person-centred care, safety and continuous learning. Bury Hospice remains fully committed to meeting the expectations set out across the five key domains: Safe, Effective, Caring, Responsive and Well-led.

Between 19 August and 5 September 2024, the hospice was assessed against a number of quality statements within the Safe, Effective, Responsive and Well-led domains. The inspection identified no regulatory breaches, and Bury Hospice retained its overall rating of "Good".

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Feedback from the inspection highlighted the consistently high standard of care provided to patients and families. Our teams were recognised for their professionalism, compassion and commitment, with particular strengths noted in communication, symptom management and the involvement of patients in decisions about their care. The positive impact of our bereavement and family support services was also acknowledged.

In the previous 12 months we have received one enquiry from CQC which we responded to and this was resolved with no further action.

Equality, Diversity, and Inclusion

Bury Hospice is committed to promoting equality, diversity and inclusion across all areas of its work. We strive to ensure that our services are responsive to the needs of our diverse community and that everyone who accesses our care, or works within the organisation, is treated with dignity, fairness and respect.

Our approach is aligned with the CQC keystatements for Responsive and Well-led services, ensuring that care is inclusive, person-centred and accessible, and that leadership promotes a culture where equality and inclusion are actively supported.

As a healthcare provider and employer, we meet our statutory obligations under relevant legislation, including the Equality Act 2010, Human Rights Act 1998, Mental Capacity Act 2005 and Health and Care Act 2022. Our work is guided by principles of equity, inclusion, respect and the active challenge of discrimination.

To ensure our services meet the needs of the population we serve, we:

- Collect and review equality monitoring data (including age, ethnicity and religion) to understand access, experience and outcomes
- Use data to identify and address inequalities, particularly for underserved or vulnerable groups
- Adapt services where needed, for example through flexible models of care delivery and community-based support
- Provide access to communication support, including interpreting and translation services where required.

We are committed to engaging with patients, families and communities to ensure their voices shape service design and improvement. Feedback from a wide range of people helps us better understand different needs and improve the accessibility and responsiveness of our services.

As an employer, we are committed to building a workforce that is representative, inclusive, and well supported. We routinely collect and review workforce equality data to inform our approach to recruitment, retention, and overall staff experience, ensuring our decisions are grounded in evidence.

Our approach is guided by established national equality frameworks and best practice standards, enabling us to identify areas for improvement and take targeted action to promote fair opportunities and positive experiences for all staff.

We also support equality, diversity and inclusion through staff training, leadership development and policies that promote a culture of respect, inclusion and psychological safety. This helps ensure that staff feel confident to speak up, contribute ideas and deliver high-quality, person-centred care.

Through strong leadership, active engagement and continuous learning, we aim to ensure that equality, diversity and inclusion are embedded in both how we deliver services and how we operate as an organisation.

Workforce profile (31 March 2026):

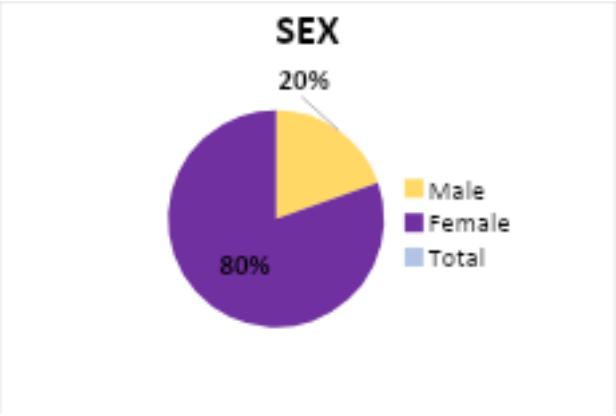
As of 31 March 2026, the organisation's workforce remains predominantly female, with 80% female representation and 20% male, consistent with previous reporting periods and indicating no significant change in gender balance.

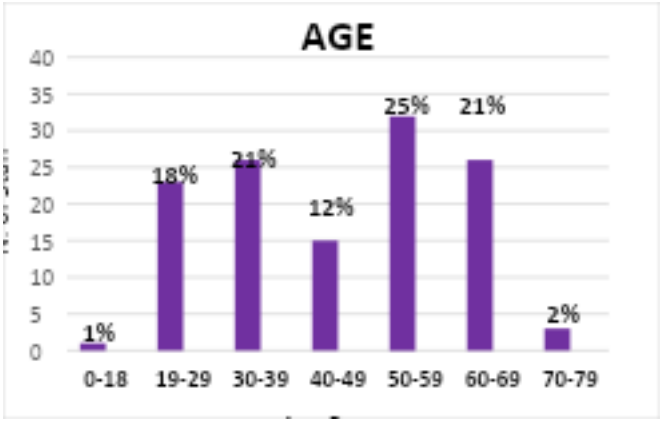
The age profile continues to show a broad distribution, with a concentration in older age groups. Employees aged 50–59 account for 25% of the workforce, while those aged 60–69 represent 21%. Together, the 50–69 age group comprises 46% of the workforce, indicating that a significant proportion of employees are in later career stages.

Younger and mid-career groups also have meaningful representation, with employees aged 30–39 accounting for 21%, 19–29 for 18%, and 40–49 for 12% of the workforce. Staff aged 70–79 represent 2%, while those aged 0–18 account for 1%.

Overall, the workforce remains experienced, although the representation across younger and mid-career age groups suggests a gradual move towards a more balanced age profile.

Age Range	0-18	19-29	30-39	40-49	50-59	60-69	70-79
N. of staff	1	23	26	15	32	26	3
Percentage	1%	18%	21%	12%	25%	21%	2%
Total	126						





As of 31 March 2026, there has been a notable improvement in the completeness of ethnicity data recorded for employees. The proportion of staff who have not declared their ethnicity has reduced significantly to 16%, compared with 40% in the previous year, indicating increased levels of disclosure.

The majority of employees continue to identify as White British, with this group now representing 75% of the workforce, an increase from 55% previously. Representation across other ethnic groups remains relatively small, with 3% identifying as Mixed White and Asian, 3% as Any Other Ethnic Group, 2% as Asian or Asian British – Pakistani, and 1% respectively identifying as Asian or Asian British – Indian and Mixed Other.

Overall, while the workforce remains predominantly White British, the improved response rate provides a more accurate and reliable picture of the organisation's ethnic diversity compared to the previous reporting period.

Ethnicity	Number	Percentage
White - British	114	75%
Not available	25	16%
Mixed-White and Asian	5	3%
Any Other Ethnic Group	4	3%
Asian or Asian British - Pakistani	3	2%
Asian or Asian British - Indian	1	0.5%
Mixed-Other	1	0.5%

The Hospice remains committed to delivering a fair, inclusive, and non-discriminatory recruitment process. All appointments are made based on merit, with candidates assessed against clearly defined job descriptions, person specifications, and structured interview criteria to ensure consistency and transparency.

Vacancies are advertised widely to maximise accessibility and reach across diverse sections of the community. All applicants are invited to complete an equal opportunities monitoring form, enabling the organisation to review diversity within the recruitment process.

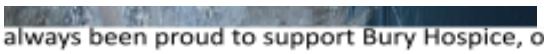
Where underrepresentation is identified, the Hospice is actively working to take appropriate steps to address this, including:

- Encouraging applications from underrepresented groups.
- Ensuring selection processes remain objective and directly related to role requirements.
- Reviewing recruitment practices and considering targeted development or training initiatives where appropriate.

In line with current legislation, the Hospice may implement positive action measures where necessary to support individuals with protected characteristics in accessing employment and services on an equitable basis.

Patient Story

Laura Kenyon's mum, Geraldine Kenyon, was cared for in Bury Hospice's Inpatient Unit in May 2025.



Laura has always been proud to support Bury Hospice, offering her dance studio, Lark Dance, Drama and Gymnastics, as a rehearsal space for the charity's annual Strictly Best Foot Forward contest. However, it wasn't until her own family needed the Hospice's support that she truly understood what an incredible place it is.

Following Geraldine's passing, her family created a Much Loved tribute page for funeral donations, raising £1,796.25 for Bury Hospice.

Laura said: "The kindness, compassion, and care shown to us – both during my Mum's time in the Hospice and in the months afterwards – meant more to our family than words can express. The ongoing support they continue to provide has helped us through an incredibly difficult year of grieving, and we will always be deeply grateful."

In memory of her mum, Laura completed the AJ Bell Great Manchester Run (10k route) on Sunday, May 31st, 2026, alongside her dad, Derek Kenyon, and a group of friends. Laura said:

"What a day. Together, we have raised an incredible £5,339.57 for Bury Hospice.

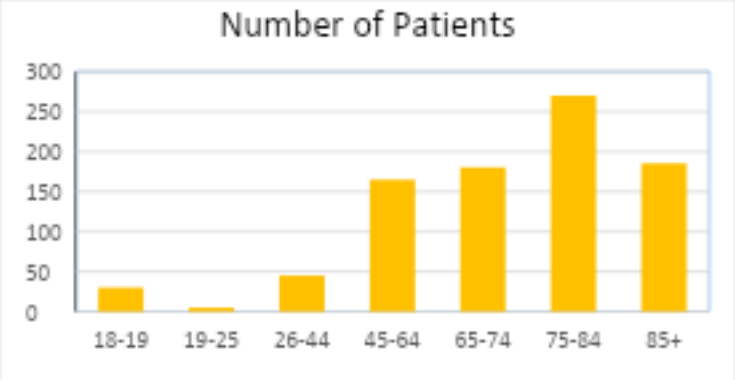
"A massive thank you to everyone who supported our fundraising efforts by attending our Elton C.C. Ladies Night, supporting the Lark Bake Sale, donating to our "Just Giving" page, providing raffle prizes, buying raffle tickets, and joining us at our 'After the Run' event. We truly appreciate every single contribution. For our family, in memory of our beautiful Mum, this means the world to us.

- "The support we have received has been overwhelming, and we are so grateful to everyone who has helped us give back to a charity that means so much to us.
- "It was a wonderful celebration of community spirit, friendship, laughter, and love. Seeing so many people come together for such an incredible cause was truly special.

"From the bottom of our hearts, thank you for helping us make a difference and for supporting the amazing work of Bury Hospice."

	Number	Percentage
White British / White Irish / Any other White background	799	86%
Other Ethnic Groups	38	4%
Not Known / Person Not asked	94	10%

Patient/Service User Data:



During 2025–2026, the ethnicity profile of patients remained broadly consistent and reflective of the local population:

- White ethnic groups: 799 patients (86%)
- Other ethnic groups: 38 patients (4%)
- Not known: 94 patients (10%)

White representation increased slightly (84% to 86%), other ethnic groups remained stable (4%), and unknown ethnicity reduced marginally (11% to 10%), suggesting improved data capture. Minority ethnic groups remain slightly underrepresented, potentially due to awareness, cultural, referral, and access factors, alongside some unavoidable gaps in data recording.

The age profile continues to reflect a predominantly older population, with the largest groups aged 75–84 (~270), 85+ (~185), and 65–74 (~180). Patients aged 45–64 also remained significant (~165), while younger age groups were much less represented.

These trends align with the increasing prevalence of complex palliative needs in older adults. The hospice remains committed to improving data quality, engagement, and equitable access to ensure services are inclusive and responsive to all communities.

Hospice Services

During the year, Bury Hospice's clinical services continued to deliver high-quality, compassionate care across all settings. Our multi-disciplinary approach ensures coordinated, holistic support for patients and those close to them.

Our Inpatient Unit provides specialist care for patients with complex needs, focusing on symptom management, comfort and end-of-life care. Feedback reflects a consistently positive experience, with patients and families highlighting:

- Compassionate, dignified care delivered in a calm and supportive environment
- Effective pain and symptom control
- Clear communication and involvement in care decisions
- The importance of facilities that allow families to remain close during end-of-life care

Families particularly valued the professionalism, kindness and reassurance provided by all staff, describing the care as helping them cope during an extremely difficult time.

The Inpatient Unit (IPU) recorded 166 admissions during 2025/26, a 7% reduction compared to the previous year. This decrease largely reflects a temporary reduction in bed capacity from eight to six beds in February 2026 due to recruitment and financial challenges.

Despite this, the IPU continued to deliver high-quality, specialist care, prioritising patients with the greatest clinical need and working closely with community services to maintain access. This approach reflects the wider workforce and financial pressures across the sector, requiring careful management of capacity and resources to ensure safe, sustainable care.

Partnership working has helped to mitigate the impact of reduced capacity and maintain continuity of care. Restoring full capacity, alongside strengthening workforce resilience, remains a priority for the year ahead.

The average length of stay reduced to 12.33 days, compared to 14.4 days in the previous year, representing a reduction of approximately 14%. The average time from referral to admission increased to 1.98 days, reflecting ongoing system pressures and increasing demand for community-based care, with the longest wait recorded at 5 days in March 2026. These trends continue to support the need to expand inpatient capacity; however, funding to open all 12 beds has not yet been secured.

Families continue to receive meaningful support during and after their loved one's care, including keepsakes, hand castings and cuddle tops, which provide comfort and contribute to early bereavement support.

Hospice Liaison Nurse (HLN) & Outreach

Our community services, including Outreach and Hospice at Night, play a vital role in supporting patients to remain in their own homes wherever possible.

Feedback highlights:

- The reassurance of regular, consistent support from skilled staff
- The positive impact of overnight care, enabling families and carers to rest
- The ability to maintain comfort, independence and normality in familiar surroundings
- Meaningful improvements in quality of life, including support for social engagement and personal wishes

Patients and carers frequently describe the presence of hospice staff in the home as providing comfort, stability and a sense of being truly supported.

The HLN strengthened links between the hospice, hospital and community services, through the provision of 1,586 contacts during the year—an increase of approximately 38% compared to the previous year (1,147). This reflects a significant growth in direct clinical activity, supporting more patients to remain in their preferred place of care.

A total of **220** onward referrals were made to both internal and external services, ensuring coordinated, multidisciplinary support and appropriate escalation where needed.

During 2025/26, the team completed 1,493 face-to-face visits, representing a decrease of approximately 9% compared to the previous year (1,640), alongside 1,698 telephone contacts, an increase of around 45% from the previous year (1,173). This shift reflects ongoing proactive caseload management and strengthened integration with GPs, hospitals and community services, enabling more flexible and responsive support.

The Outreach Service plays a key role in supporting adults with life-limiting conditions to remain at home, offering early intervention, symptom management, advance care planning, and respite support for carers.

The Night Sitting Service continues to provide essential respite and support for carers, enabling patients to remain at home during the last stages of life. During the year, 107 patients and their families were supported through 193 night sits, compared to 105 patients and 180 night sits in the previous year—an increase of approximately 2% in patients supported and 7% in the number of night sits delivered

The majority of these visits were provided by two Healthcare Support Workers, reflecting the complexity of patient needs, particularly in relation to moving and handling requirements. Providing two staff ensures care can be delivered safely and effectively overnight, while supporting patient comfort and maintaining dignity.

Specialist and Holistic Support Services

Our complementary therapy, wellbeing and bereavement services provide holistic care that supports emotional, psychological and spiritual needs alongside clinical care.

Feedback demonstrates:

- Significant benefit from therapies such as lymphatic drainage and relaxation treatments
- Positive impact on wellbeing, comfort and symptom management
- Ongoing emotional support for patients and families, both during illness and into bereavement

External healthcare professionals have also recognised the effectiveness of these services, highlighting the expertise of hospice staff and the wider benefits to patient care.

Complementary Therapy

The Complementary Therapy team delivered 578 individual sessions during the year, representing an increase of approximately 8% compared to the previous year (534). These sessions provided valuable psychological, emotional and spiritual support, helping individuals to reflect, find meaning and maintain a sense of dignity and wellbeing. A range of therapies is offered, with some chosen to align with personal beliefs and preferences.

In addition, 39 lymphatic drainage massage sessions were delivered, which represents a decrease of approximately 36% compared to the previous year (61). This reflects variations in demand and referral patterns within specialist treatment pathways, while continuing to support patients with symptom management needs.

Bereavement and Wellbeing Service

On a monthly basis, the Bereavement Team continues to deliver two therapeutic bereavement support groups within the community, one at the hospice and one at Radcliffe Library. Both groups remain consistently well attended, welcoming both new and returning attendees. Supported by our experienced volunteers, these groups provide a safe space for individuals to

share their grief experiences, gain peer support, and build meaningful connections with others navigating bereavement.

The team also facilitates a weekly Walk & Talk Group, which continues to be highly valued, attracting an average of eight participants each week in all weather conditions. The group promotes connection, emotional wellbeing, and the benefits of physical activity, with many attendees continuing social interaction afterwards in the Garden View Café.

This peer support offer complements the hospice's 1:1 counselling and emotional support service for children, young people, and adults.

During 2025–2026, the Bereavement Team received 286 new referrals, a small decrease of 4% compared with 298 referrals in 2024–2025. Face-to-face bereavement sessions reduced from 682 to 527, a decrease of 23%, while support phone calls significantly increased from 151 to 525, representing a 248% increase. This shift reflects the team's increasingly flexible approach to service delivery, enabling support to be provided in ways that are more accessible and responsive to individual needs and preferences.

The annual "Time to Remember" service took place in September 2025, welcoming over 100 family members and friends in a compassionate environment for reflection and shared remembrance.

The Bereavement Team also continued delivery of the Sunflower Group programme for bereaved children aged 5–11 and their families. Three groups were delivered, supporting eight families, including twelve children and twelve adults. Feedback was extremely positive and has informed future development plans, including a new group offer planned for summer 2026. Families were also invited to reconnect at a Bauble Making event in December, encouraging creativity, remembrance, and ongoing peer connection.

In December 2025, the team secured funding from The Creative Health Trust UK to deliver a six-week art psychotherapy programme for bereaved adults. Six individuals participated in the programme, facilitated by an external Art Psychotherapist, with highly impactful feedback received. The team hopes to secure further funding to expand this offer in 2026.

The Bereavement Team continues to work closely with external bereavement services to ensure comprehensive support throughout individuals' grief journeys, while regularly undertaking training and refresher courses to maintain the highest standards of service delivery.

Education

During 2025/2026, the focus of the education programme was on strengthening, streamlining and monitoring compliance with the Essential to Clinical Skills Framework, ensuring staff were equipped with the knowledge and confidence to deliver high-quality patient care. The framework continues to use a blended learning approach, combining e-learning with face-to-face teaching sessions to maximise accessibility and engagement.

Key achievements across the year included:

- Coordinating and supporting delivery of Basic Life Support annual updates for 41 team members.
- Successfully facilitating Moving & Handling updates for 41 staff members in line with the National Core Skills Training Framework, following attendance at Moving & Handling Facilitator training.
- Introducing a new Emergency Lifting Cushion to improve patient care and safety following falls. Training was delivered to all relevant staff, and the equipment has already been used successfully to support patients safely back into chairs and beds.
- Supporting medicines management competence across the organisation, with:

    - 8 support workers successfully completing Biennial Medicines Second Checker competencies.
    - 11 registered nurses successfully completing Biennial Medicines Management competencies.

- Providing professional development opportunities for staff, including:

    - 8 senior staff completing one-day Leadership Training.
    - 27 clinical team members completing Communication Skills Training.
    - 2 team members attending an Advance Care Planning study day alongside 4 external colleagues.

- Supporting the rollout and recording of training linked to Ashtons Electronic Prescribing and Medicines Administration System (ePMA) and Greater Manchester Electronic Palliative Care Co-ordination Systems (EPACCS) system.
- Organising Train the Trainer and venepuncture sessions for 5 staff members to enhance clinical capability within teams.

Expanding Educational Opportunities

Bury Hospice has continued to strengthen and expand its education offer through accessible on-site learning opportunities for both hospice staff and external healthcare professionals.

The hospice remains proactive in supporting the development of future health and social care professionals through placements and learning opportunities for medical students, nursing trainees, cadets, paramedics and Allied Health Professional students.

This year also marked a significant achievement in workforce development, with two internal team members commencing a two-year Student Nursing Associate programme. The Education Lead successfully sourced university placements and secured apprenticeship funding through the Northern Care Alliance NHS Foundation Trust non-levy apprenticeship programme. In addition to supporting staff development, the hospice receives approximately £9,000 annually in educational reimbursement funding linked to learner support.

The hospice also welcomed its first clinical apprentice through a Level 2 Health and Social Care Apprenticeship in partnership with Bury College, supported through regular one-to-one supervision and development meetings.

Supporting Clinical Services and Partnership Working

- Alongside educational responsibilities, the Education Lead supported clinical service delivery directly by working shifts within the Inpatient Unit during periods of staffing pressure, demonstrating flexibility and commitment to patient care.
- Although opportunities for external training were more limited this year due to operational priorities, valuable partnership learning sessions were still delivered at the hospice. These included:

    - Awareness training on the Jewish faith delivered by Hatzollah Ambulance Service.
    - Visual awareness sessions delivered by Bury Blind Society.

These sessions benefited both hospice staff and external attendees, helping to promote inclusive and culturally sensitive care.

The Education Lead has also continued to strengthen collaborative working by supporting the re-establishment of the Bury Palliative Education Group and maintaining links with community professionals.

In addition, hospice awareness sessions and bereavement education work with local schools continue to form an important part of Bury Hospice's wider education offer, helping to increase community understanding and engagement with hospice care and bereavement support.

Staff Education and Mandatory Training Compliance

Mandatory training compliance is monitored and reported through the Hospice Clinical Governance Committee. The data is broken down into staff groups and where the area falls near or below the 90%, support is offered to highlight staff requiring training and consider how best to support completion of the training.

At the end of 2025–2026, training compliance remained above 90% across most modules. Lower compliance was noted in the Adult and Children's Level 1 modules and Infection Prevention and Control Tier 2; however, targeted actions have been implemented to address this, with early signs of improvement evident by April 2026.

Overall compliance rates were also influenced by the introduction of new training modules during the year, alongside ongoing operational pressures which can affect completion rate.

Key training module compliance is detailed below, as of 31st March 2026.

Compliance Level – 90%,	**Staff completed training**	**2025 - 26**
Safeguarding Adults at risk Training	**Level 1**	87%

	Level 3	90%
Safeguarding Children at risk Training	**Level 1**	87%
	Level 3	95%
Mental Capacity		94%
Dementia Awareness		98%
Whistleblowing		99%
Supporting People with a Learning Disability – Tier 1		96%
Preventing Radicalisation		94%
Infection Prevention and Control – Tier 1		95%
Infection Prevention and Control – Tier 2		84%

Patient Safety

Infection Prevention and Control

Throughout 2025–2026, Bury Hospice has remained committed to providing a safe, clean, and healthy environment for patients, families, staff, and volunteers. Infection prevention and control continues to be a key priority across the organisation, with robust systems and procedures in place to minimise the risk of healthcare-associated infections and protect the wellbeing of all those accessing hospice services.

During the year, significant work has been undertaken to review and, where required, update Infection Prevention and Control policies and procedures. This ongoing programme of work ensures that hospice practices remain aligned with current national guidance, legislation, and best practice standards.

Our approach to infection control is underpinned by evidence-based practice, regular monitoring, and continuous quality improvement, ensuring the highest standards of safety and care are maintained throughout the hospice.

Surveillance Data April 2025 - March 2026			
Clostridium difficile	**Norovirus/ Diarrhoea**	**Methicillin-resistant Staphylococcus aureus**	**Vancomycin-Resistant Enterococci/Carbapenemase producing Enterobacterales**
0	0	0	0

Incidents

During 2025/26, Bury Hospice continued to strengthen its approach to patient safety and organisational learning through adoption of the Patient Safety Incident Response Framework (PSIRF) principles, supporting a systems-based approach to understanding incidents and improving care.

The implementation of PSIRF in 2024 has been reviewed and found it was not as effective as anticipated and is currently under review ahead of a planned relaunch in 2026/27, the Director of Clinical Services has continued to apply PSIRF principles when overseeing incidents and investigations. This has supported a learning-focused approach to reviewing incidents, identifying contributory factors and embedding improvements.

During the reporting period from 1 April 2025 to 31 March 2026, a total of 491 incidents were reported across all Bury Hospice services and departments, compared with 440 incidents in 2024/25, representing an overall increase of 11.6%.

Year	Total Incidents	Clinical	Non-Clinical
2024 - 2025	440	331	109
2025 - 2026	491	366	125

The increase in reporting is considered reflective of a positive reporting culture, improved staff engagement with governance processes and continued emphasis on openness, transparency and learning across the organisation.

Clinical Governance processes continued to provide oversight of incidents, learning and improvement actions throughout the year. In addition, the introduction of a Clinical Governance newsletter has further supported shared learning, openness and the development of a positive just culture.

Importantly, there were no Serious Untoward Incidents (SUIs) recorded during 2025/26.

Safeguarding

Safeguarding remains central to the culture and values of Bury Hospice, ensuring that adults and children at risk are protected from abuse, neglect and harm. In April 2025, Jenny Gallagher, Director of Clinical Services, became the Hospice Safeguarding Lead, further strengthening leadership and support for staff and volunteers in recognising safeguarding as a collective responsibility and organisational priority.

Bury Hospice continues to uphold high safeguarding standards through close partnership working with the Bury Integrated Care Partnership Safeguarding Team, ensuring all concerns are appropriately reviewed and escalated in line with the Care Act 2014. Staff are encouraged to raise concerns promptly, supporting a culture of openness, safety and learning.

Deprivation of Liberty Protection Safeguards (DOLs)= 5	Safeguarding referrals = 8 (4 required no formal escalation & 4 had multiagency response.	Learning from Lives and Deaths of people with a learning disability

		and autistic people (LeDeR) notifications = 0

Compared with 2024/25, where there were 1 DoLS referral and 4 safeguarding concerns (2 formal referrals and 2 managed informally without escalation), the increase in safeguarding activity during 2025/26 reflects improved awareness, confidence and responsiveness amongst staff in identifying and reporting potential safeguarding concerns. This demonstrates a positive safeguarding culture where concerns are recognised early, acted upon appropriately, and managed collaboratively to support patient safety and wellbeing.

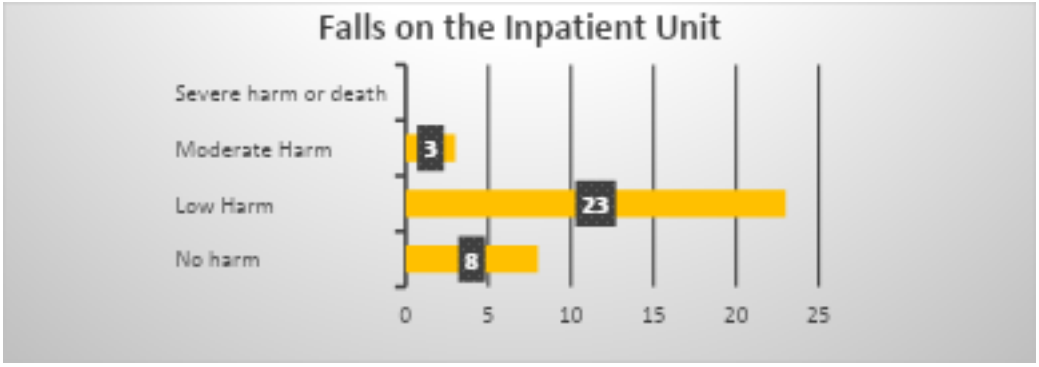
Importantly, there were no safeguarding allegations made against staff members during the year.

National Quality Indicators

- Although hospices are not required to submit nationally held performance data in the same way as NHS Trusts, Bury Hospice continues to monitor and evaluate its performance against relevant core quality indicators using the Hospice UK benchmarking scheme.
- During 2024/25, Hospice UK introduced changes to its benchmarking methodology. Performance data is now compared at a broader category level for:
  - Pressure ulcers,
  - Medication incidents resulting in severe harm or death, and
  - Falls resulting in severe harm or death.

These changes have strengthened the value of benchmarking in some areas, particularly pressure ulcer monitoring, whilst reducing the level of detailed comparison available for other measures, such as medication incidents. Despite these changes, benchmarking continues to provide valuable insight into the quality and safety of care delivered by the Hospice.

Inpatient falls:



- During 2025/26, falls accounted for 6.9% of all incidents, with 34 falls involving 19 patients on the Inpatient Unit, a slight increase from 31 falls (22 patients) in 2024/25. This reflects the complex needs, frailty, and deterioration often seen in palliative care populations.

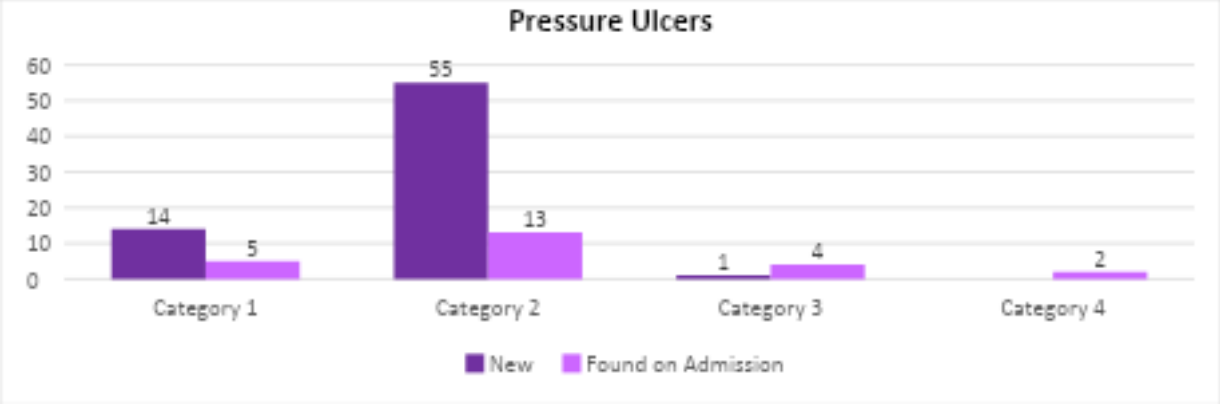
- Two patients accounted for 10 falls; reviews found these were linked to clinical complexity, with appropriate safeguards in place including risk assessments, low beds, video monitoring and 1:1 nursing where required.
- All three moderate harm falls were clinically reviewed and deemed unavoidable despite appropriate management. Patients received prompt assessment and hospital transfer: two returned with minimal or no treatment, and one underwent successful surgery for a fractured hip.

Compared with 2024/25, where there was one moderate harm fall and no incidents resulting in severe harm or death, the hospice has continued to maintain a strong focus on patient safety, compassionate care and personalised risk management. The absence of severe harm or fatal falls reflects the ongoing commitment of staff to balancing patient safety with dignity, independence and quality of life for patients with increasingly complex palliative care needs.

Actions Taken During 2025/26 to Reduce Falls Risk:

- Patient safety incidents, including falls, continued to be reviewed through the Clinical Governance Committee, where themes, case reviews and shared learning were discussed to support reflective practice and ongoing quality improvement across clinical teams.
- The hospice continued to review the care environment and equipment used within the Inpatient Unit to support patient comfort, dignity and safety, including the ongoing use and evaluation of specialist seating and reclining chairs.
- Individualised falls risk assessments and care plans remained in place for patients identified as being at increased risk of falls, with management strategies regularly reviewed and adapted in response to changing clinical needs.
- Enhanced patient observation and support measures were utilised where clinically appropriate, including one-to-one nursing support and the use of monitoring equipment within patient rooms with consent, to help maintain patient safety whilst preserving dignity and independence.
- Learning identified following falls reviews was shared with clinical teams to promote best practice, strengthen patient safety and support continuous improvement.
- The hospice continued to promote a balanced and person-centred approach to falls prevention, recognising the importance of maintaining patient independence, comfort and quality of life alongside effective risk management within specialist palliative and end of life care.

Pressure Ulcers:



Following the introduction of revised Hospice UK benchmarking in 2024, Bury Hospice has strengthened monitoring and reporting of pressure ulcer incidents to enhance oversight, learning, and patient care.

During 2025–2026, 94 pressure ulcers were reported (25.6% of all incidents), with 25.5% identified on admission, reflecting effective initial assessment. Most others developed in patients with pre-existing skin vulnerability and moisture lesions, highlighting the complexity of the palliative care patient population.

The majority resulted in low harm, with only one case progressing from Grade 2 to Grade 3 (reported to CQC). There were no incidents of severe harm or death, indicating effective prevention and early intervention, while recognising some skin damage is clinically unavoidable.

Reporting consistency and clinical review have improved compared to the previous year, supported by enhanced documentation and staff awareness

Ongoing improvement work during 2025–2026 has included:

- Joint review of all pressure ulcer-related incidents by the Inpatient Unit Clinical Lead and Director of Clinical Services
- Revised pressure area care approaches and documentation
- Targeted education for registered nurses and healthcare assistants on early skin changes, accurate grading, and prevention strategies
- Continued audit, benchmarking, and shared learning to improve consistency and quality of care

Overall, the data demonstrates a proactive and transparent approach to pressure ulcer prevention and management, supported by ongoing quality improvement, staff education, and strong clinical governance.

Venous Thrombo-embolism:

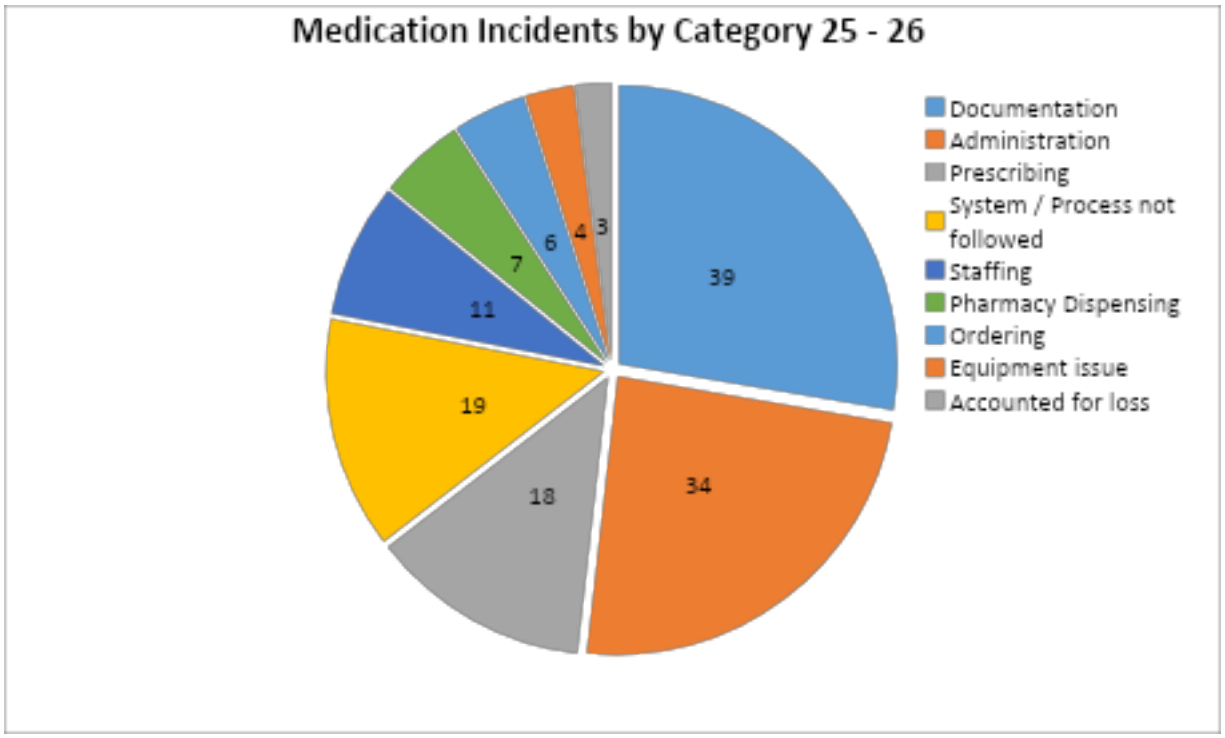
- VTE risk assessment and management performance remained at 100% in 2025/26.

- The hospice follows NICE Guideline 89, with individual risk assessments to ensure care is tailored to each patient.
- Decisions on pharmacological prophylaxis consider thrombotic and bleeding risks, life expectancy, and patient / family wishes.
- Low Molecular Weight Heparin (LMWH) is used as first-line treatment where appropriate, with daily review; in line with national guidance, VTE prophylaxis is not routinely offered in the last days of life.

Mortality:

- Hospices naturally have higher mortality rates than many other healthcare settings, as patients often choose hospice care for support during the final stages of life.
- All deaths at Bury Hospice in 2025/26 were reviewed by the Medical Examiner Service at Fairfield General Hospital, Northern Care Alliance NHS Foundation Trust, providing independent oversight and opportunities for reflection and learning.
- No concerns were identified regarding suboptimal care contributing to or accelerating deaths, offering assurance about the quality and safety of care provided.

Medication:



Bury Hospice maintains a strong focus on medication safety through robust local reporting, review and governance processes, supported by a culture of openness and shared learning. All incidents, accidents and near misses, including those involving controlled drugs, are reported through established systems and reviewed in line with Hospice policy.

Governance arrangements for controlled drugs are overseen by the Controlled Drugs Accountable Officer (CDAO), who is the Director of Clinical Services. All incidents are reviewed, with significant issues escalated immediately to the Chief Executive Officer. Regular summaries are prepared by the Associate Director for Quality and Corporate Services and presented to Clinical Standards Meetings and the Clinical Governance Committee, with assurance reported through to the Board of Trustees.

Quarterly reporting to the Greater Manchester Local Intelligence Network (GM LIN) has been maintained throughout the reporting period, with no concerns identified. There were no catastrophic or major incidents and no requirement to escalate matters to the Police, NHS England or GM LIN.

During 2025/26, there were no medication incidents resulting in moderate or severe harm or death, providing strong assurance of continued safe medicines management and high-quality patient care. All controlled drug incidents were classified as no harm or low harm, reflecting effective controls and safe practice.

The pattern of medication incidents shows that the highest number occurred within Documentation (39 incidents, 27.7%) and Administration (34 incidents, 24.1%), followed by System/process not followed (19 incidents, 13.5%) and Prescribing (18 incidents, 12.8%). Smaller numbers of medication incidents were recorded in Staffing (11 incidents, 7.8%), Pharmacy dispensing (7 incidents, 5.0%), Ordering (6 incidents, 4.3%), Equipment issues (4 incidents, 2.8%), and Accounted for losses (3 incidents, 2.1%).

Medication incidents within the staffing category primarily related to occasions where daily controlled drug checks were not completed, most often due to short-notice staff sickness and patient acuity. Importantly, these incidents did not indicate any loss of medication or harm to patients but reflect the operational challenges of maintaining two-registered-nurse checking processes during periods of reduced capacity.

This distribution of medication incidents highlights that events are most commonly associated with frontline medicines management processes, particularly documentation and administration, which are recognised higher-risk areas within complex hospice environments. Lower numbers in areas such as equipment and stock discrepancies provide further assurance that control measures remain effective.

Overall, the medication incident profile reflects a consistent and expected pattern, demonstrating the inherent complexity of medicines management rather than a deterioration in practice. It also evidences strong reporting behaviours and supports a culture of transparency, continuous learning and safety.

Key actions undertaken during 2025/26 include:

Strengthened governance and oversight

- Ongoing monitoring and review of all medication incidents through robust governance processes.
- Investigation of incidents where appropriate to support organisational learning and continuous improvement.
- Regular review of themes, trends, and mitigating actions through the Clinical Governance framework.

Implementation of safer systems

- Successful introduction of Electronic Prescribing and Medicines Administration (EPMA) in January 2026.
- Improvements in prescribing accuracy, legibility, and documentation, reducing the risk of error.

Workforce development and competency

- Introduction of updated Medicines Management Competencies for all registered nursing staff.
- Continued completion of competency assessments to ensure safe and effective practice.
- Ongoing medicines management training through induction and continuous professional development.

Audit and assurance processes

- Medicines audits and controlled drug checks to ensure compliance with standards.
- Strengthening of internal controls and accountability in medicines management processes.

Specialist collaboration

- Close working with specialist palliative care pharmacy teams.
- Support for medicines optimisation, safe prescribing, and complex symptom management.

Promoting a positive safety culture

- Encouraging open and transparent reporting of incidents and near misses.
- Sharing learning across teams to support continuous improvement.
- Introduction of a Clinical Governance newsletter to embed a just and learning culture.

Overall, the consistency in incident types, alongside the low level of stock discrepancies, provides assurance that existing controls are effective. The significant actions undertaken during the year further demonstrate a strong organisational commitment to patient safety, continuous learning, and the ongoing reduction of medication-related risk.

Audit

Local Audits:

- To support continuous improvement in care quality, the hospice undertakes regular audits and service evaluations, using nationally recognised hospice benchmarking tools where possible. These assess compliance with national and local best practice guidance.
- All audits are overseen by the Clinical Governance Committee, which provides assurance to the Board.
- An annual audit plan is agreed at the start of each year, with additional audits introduced as needed in response to quality and safety monitoring.

Examples of audits undertaken during the year include:

Audit	Key Findings	To improve on	How
FP10 Prescriptions	• Strong prescription security and handling. • 100% compliance in logging, signing, dating, and completeness. • Patient details and allergies consistently recorded. • Clear, accurate prescribing practice. • No prescriptions rejected	• Add prescriber contact details. • Strengthen serial number tracking. • Improve retention of FP10 copies. • Enhance documentation of prescribing rationale. • Ensure complete controlled drug records.	• Introduced duplicate prescription book to retain copies with serial numbers. • Implemented full serial number logging on receipt of pads. • Reinforced documentation of prescribing rationale. • Strengthened processes for complete prescribing record retention.
Safe & Secure Storage of Medicines Audit	• Marked improvement in performance since Q2, demonstrating the positive impact of a collaborative action plan. • Safe storage of IV fluids enhanced through installation of new compliant lockable cupboards. • Improved compliance with labelling of opened liquids, supporting safer medicines management. • Strengthened waste management practices with the introduction of a purple sharps bin. • Audit accuracy improved through clarification of processes (e.g. medicines trolleys not in use).	• Further strengthen processes to ensure POD lockers consistently contain the correct patient's medicines only. • Continue reinforcing understanding of appropriate pharmaceutical waste disposal processes.	• Delivered a joint ward and pharmacy action plan, driving sustained improvement. • Upgraded IV fluid storage facilities to meet compliance standards. • Reinforced good practice in medicine labelling and waste segregation. • Clarified audit criteria to support consistent and accurate future auditing. • Ongoing monitoring in place to maintain safe and accurate POD storage practices.
Controlled Drugs	• Continued improvement in controlled drugs compliance, demonstrating positive	• Continue embedding practice to ensure consistent	• Reinforced good practice in accurate CD register documentation.

	progress against the action plan. ● Strengthened practice in accurate amendment of CD register entries. ● Improved security through separation of CD keys from main key sets. ● Appropriate and agreed secure storage arrangements for the CD register in place with pharmacy oversight.	separation of morphine and oxycodone. ● Maintain good standards by ensuring CD cupboards remain free from identifying information.	● Sustained improved key management arrangements to enhance security. ● Agreed and maintained a safe alternative storage process for the CD register. ● Ongoing support to ensure appropriate separation of medicines within the CD cupboard. ● Ward team supported to maintain removal of identifying information from CD cupboards.

Research (MANDATORY STATEMENT)

The Consultant in Palliative Medicine, who is employed by the local NHS Trust and works at the hospice, has been recruiting patients from the Bury locality to participate in pseudonymised, research-ethics-approved studies. This includes patients under the care of the hospice, with a total of 80 patients recruited from across Bury locality to date, including 15 patients recruited in 2025 – 2026.

National Reporting and Benchmarking

Each year, Bury Hospice participates in the Hospice UK Data Request for Clinical Activity, Demographic Data and Workforce surveys. Participation in these national submissions supports Hospice UK in gathering meaningful and robust data to demonstrate the valuable contribution hospices make both locally and nationally.

Use of the CQUIN Payment Framework (Mandatory Statement)

During 2025/26, Bury Hospice was not subject to any Commissioning for Quality and Innovation (CQUIN) payment schemes.

Secondary Uses Service (Mandatory Statement)

Bury Hospice did not submit records during 2025/26 to the Secondary Uses Service (SUS) for inclusion within Hospital Episode Statistics (HES) data.

Clinical Coding Audit (Mandatory Statement)

Bury Hospice was not subject to the Payment by Results Clinical Coding Audit during 2025/26.

IT, Data and Cyber Security

The Data Security and Protection Toolkit (DSPT) (MANDATORY STATEMENT)

Bury Hospice achieved full compliance across all mandatory areas of the DSPT in 2025–26.

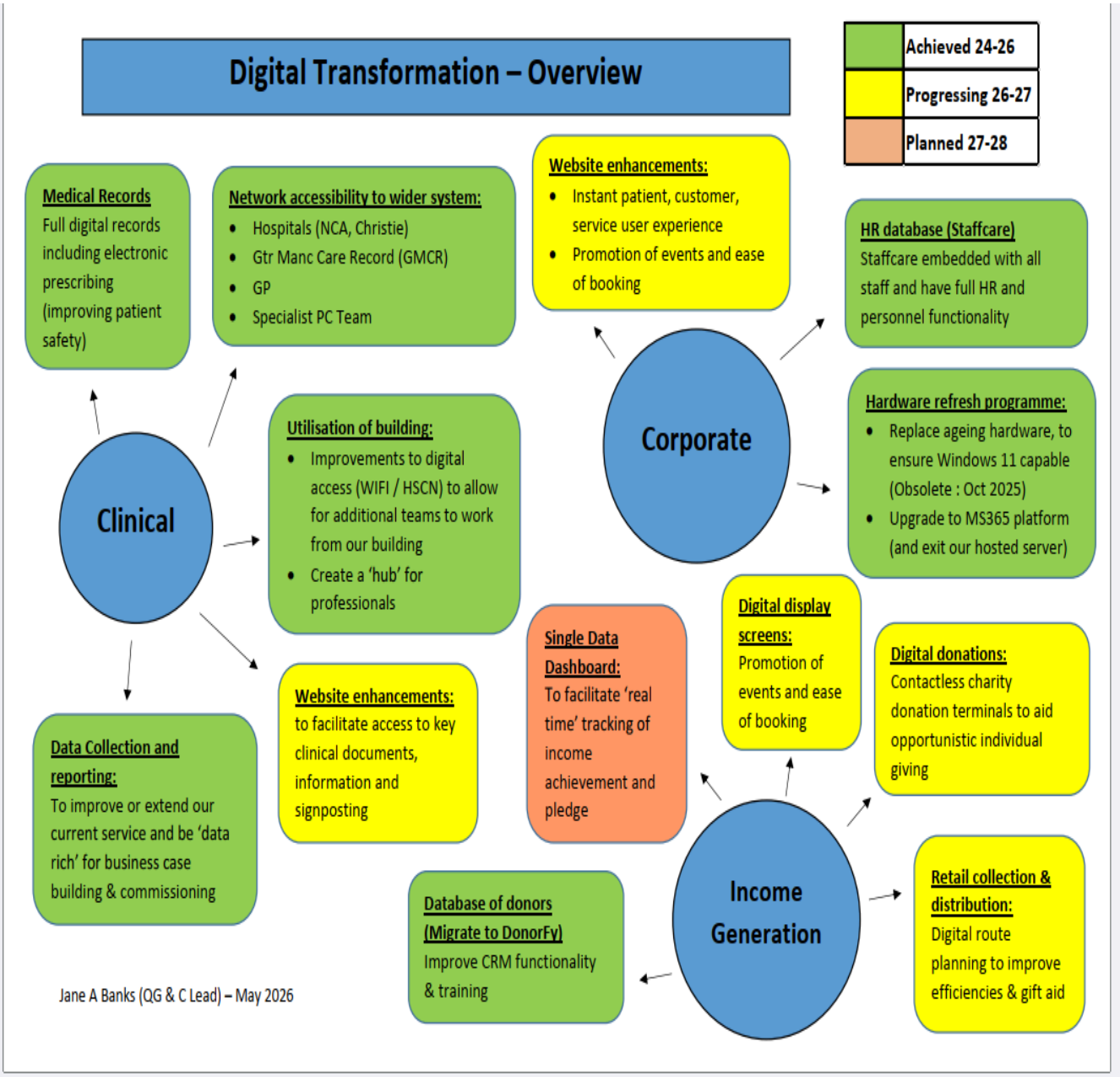
The NHS Data Security and Protection Toolkit is an annual online self-assessment that enables the Hospice to measure and publish its performance against the National Data Guardian's data security standards. Completion of the toolkit provides assurance that the Hospice has robust data security measures in place to safeguard and appropriately manage the information it holds.

Significant achievements in IT, Data and Security this year include:

- Implementation of electronic prescribing, improving patient safety
- Further developments of digitalisation of our electronic medical records across all our clinical areas
- Upgrade of all users to MS 365 and development of SharePoint organization-wide, improving cyber security
- Migration of our donor data to new and improved CRM to facilitate improved functionality and tracking
- Development in the digital collection of our service user feedback
- Improved incident reporting and lessons learned opportunities
- Further development of Health and Social Care Network connection, and further utilization of the Greater Manchester Health Care Record system.
- Expansion of site digital connectivity – to enable further utilization of profession hub status

In 2025–2026, Bury Hospice also made significant progress in the delivery of its ongoing Digital Transformation Programme. Building on the foundations established in 2024–2025, the multi-year project (originally initiated in 2023) continued to advance across Clinical, Operations and Income Generation divisions.

During the year, key developments were achieved in strengthening digital infrastructure, enhancing system integration, and embedding new technologies to improve efficiency and support service delivery. These advancements are not only realising operational efficiencies and cost savings, but are also creating a robust digital foundation to enable the Hospice's continued growth and future innovation.



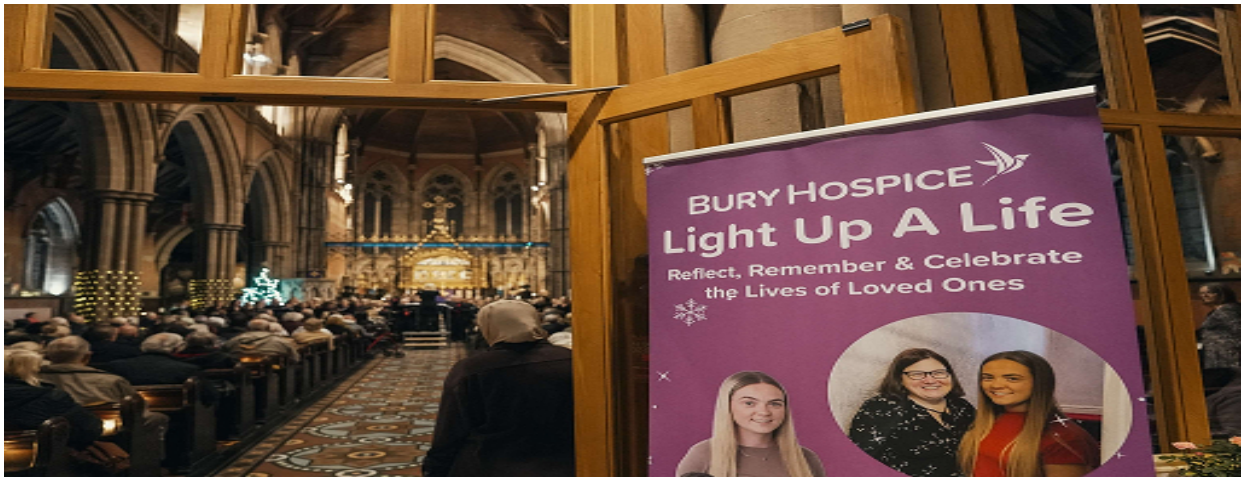
Fundraising

Fundraising activity at Bury Hospice continues to be driven by a clear purpose: securing the vital income needed to sustain high-quality care for patients and their families. Throughout the year, a diverse programme of events—including the Hospice Ball, Comedy Festival, Dragon Boat Race, Golf Day, Back in the Day event, Bury Six Trek and Christmas Fair—successfully brought the community together in support of the Hospice.

Memorial initiatives such as the Forget Me Not Appeal, Memory Walk and Light up a Life services provided meaningful opportunities for supporters to remember and celebrate loved ones, often creating powerful shared experiences of reflection and positivity.

Regular giving programmes, including Sponsor a Nurse, continued to strengthen income sustainability and support the delivery of specialist care and workforce development. At the same time, the ongoing generosity of local businesses, schools and community groups—through partnerships, sponsorships and events—remains essential.

As a charitable organisation, Bury Hospice relies heavily on the continued support and engagement of its community, whose generosity enables the Hospice to provide compassionate care to those who need it most.



Our work is made possible through the generosity of individuals, groups and organisations, to whom we are deeply grateful.

Retail

The Retail Team has continued to navigate a challenging trading environment during 2025–2026, including ongoing pressures relating to stock quality and the wider cost of living. Despite these challenges, the team has demonstrated resilience and achieved continued growth in sales, building on the momentum of previous years.

Bury Hospice now operates a network of charity shops across the borough, including Bury town centre, Radcliffe, Whitefield, Prestwich, Sedgley and Ramsbottom. During the year, key developments included the successful relocation of the Radcliffe shop back into the town centre and the continued growth of newer retail outlets, including the clearance shop in Whitefield and the second furniture store in Sedgley Park. These shops remain valued community hubs, offering a wide range of donated goods including clothing, furniture, accessories, toys, games and quality bric-a-brac, while also promoting sustainability through reuse and recycling.

Our specialist retail offer continues to expand, with Brides of Bury providing a dedicated bridal boutique experience, selling new and pre-loved wedding gowns, occasion wear and accessories. In addition, the Hospice-based shop in reception offers a selection of gifts and seasonal items, further enhancing the retail portfolio.

The growth of our e-commerce activity, supported by a dedicated team in Radcliffe, has enabled the Hospice to reach a wider audience, with volunteers playing a key role in preparing, researching and listing items online. Alongside this, in-store initiatives such as themed promotions and Young Fashion events have remained popular and contributed positively to sales performance.

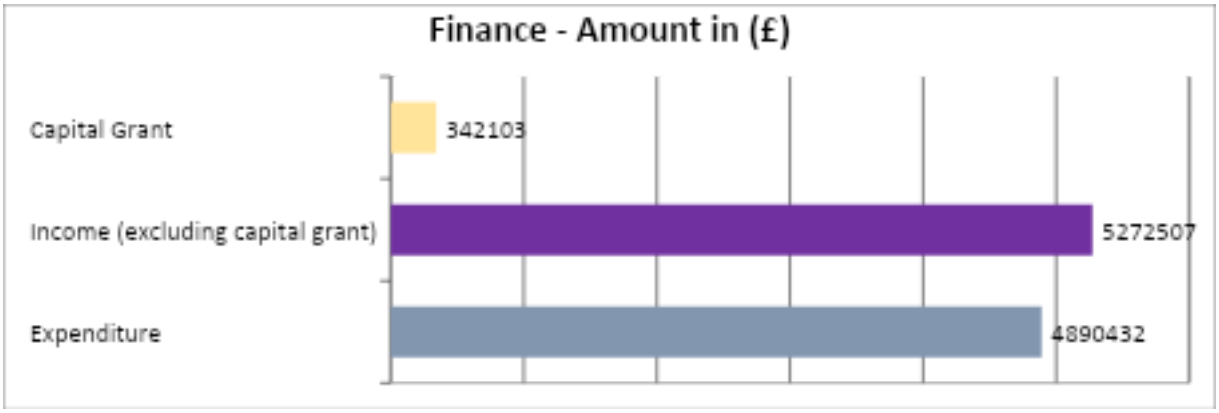
Volunteers remain essential to the success of the retail operation. Through their dedication—whether preparing stock or delivering excellent customer service—they not only help drive income but also ensure each shop reflects the Hospice's presence and values within the local community.

Financial Summary

The hospice services are offered free of charge to all.

The consolidated costs for income and expenditure for the financial year 2025 – 2026 were £4,890,432 and the income for the year totaled £5,614,610 – this includes £342,103 grant income restricted to capital expenditure. Income for the year excluding capital expenditure grant was £5,272,507. These costings are subject to annual audit which has not yet concluded.

Our contract with the NHS funded 17% of total expenditure, the remainder was generated through the generosity of our supporters, enabling the Hospice to continue to deliver vital services for patients and those important to them.



Our Wider Impact on the Local Community

Bury Hospice remains an integral part of the local community, with an impact that extends beyond the provision of clinical services. The organisation contributes to the social, economic and environmental wellbeing of the borough through employment, volunteering, sustainability initiatives and community partnerships.

Employment and Volunteering

- Bury Hospice is a significant contributor to the local economy and voluntary sector workforce.
- The Hospice is one of the largest voluntary sector employers within the borough, providing stable local employment.
- It supports skills development and pathways into employment through work placements, internships and structured volunteering opportunities. Individuals are also supported through mentoring and references to enhance employability.
- Volunteers play a vital role in service delivery, contributing their time and skills while strengthening community engagement.

Environmental Sustainability

- The Hospice promotes environmentally responsible practices through its retail operations.
- Charity shops support a circular economy by facilitating the reuse and recycling of donated goods, reducing waste and encouraging sustainable consumption.

Corporate Partnerships

- The Hospice works collaboratively with local businesses to support Corporate Social Responsibility (CSR) priorities.
- Corporate volunteering opportunities enable employees to contribute directly to the Hospice through practical activities.
- These partnerships provide mutual benefit, supporting Hospice services while enabling organisations to demonstrate local community engagement.

Retail Contribution

- The Hospice's retail network remains a visible and valued presence within the community.
- Shops provide accessible community spaces that encourage engagement and support.
- Income generated through retail activity is reinvested into the provision of specialist palliative and end-of-life care services.

Patient Care Support Services

Facilities:

The Facilities Team ensures that the Hospice environment is safe, compliant and fit for purpose. Responsibilities include:

- Maintenance and upkeep of buildings and grounds
- Ensuring health and safety compliance
- Management of vehicles and essential equipment
- Coordination of contractors and external services

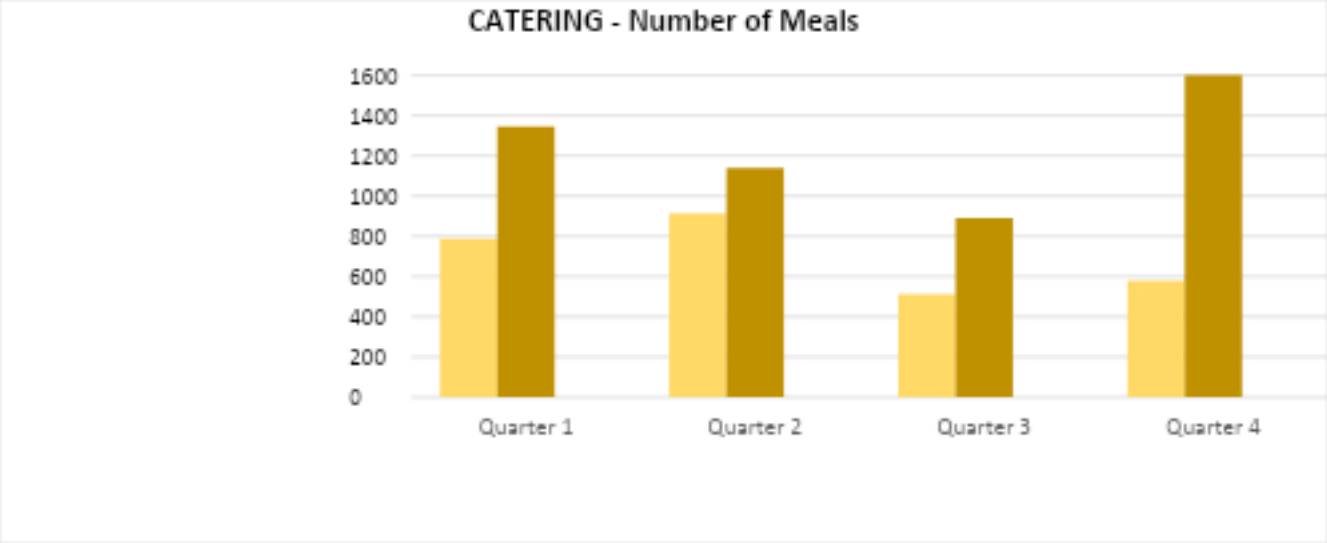
This work underpins the delivery of care by providing a safe, well-maintained and supportive environment for patients, staff and visitors.

Housekeeping Team:

The Housekeeping Team plays a crucial role in supporting the delivery of high-quality hospice care. By maintaining exceptional standards of cleanliness across patient rooms, clinical areas and communal spaces, they help ensure a safe and comfortable environment for patients, families and staff. Their work in infection prevention, laundry services and day-to-day upkeep contributes significantly to patient dignity, wellbeing and overall experience, helping to create a calm and reassuring setting at an important time.

Catering:

The Catering Team plays an important role in supporting patient care by providing nutritious, high-quality meals tailored to individual needs and preferences. They prepare and serve food with sensitivity and flexibility, recognising the importance of appetite, comfort and personal choice at the end of life. Working closely with clinical teams, they help ensure dietary requirements are met while contributing to a welcoming and homely environment for patients, families and visitors.



Volunteering

- Volunteers made an invaluable contribution in 2025–26, generously giving 49,616 hours of their time. Although this represents a 7.8% decrease compared to the previous year, their dedication continues to play a vital role across all areas of the Hospice.
- There were notable increases in several areas. Volunteer support within the Hospice itself grew significantly, rising from 4,997 hours to 6,365 hours—an impressive 27% increase. This growth was driven in part by the PPG Paint Project weekend, which alone contributed an outstanding 1,200 hours of volunteering support.
- The Corporate sector also demonstrated strong growth. Overall, volunteer hours increased by almost 10%, from 6,666 to 7,328 hours. In addition, Corporate Volunteering activity more than doubled, increasing by 112% from 652 hours to 1,382 hours. This reflects growing engagement from local businesses, with several organisations already committed to returning in the coming year. Within this area, our finance volunteers made a particularly outstanding contribution, increasing their hours from 344 to 701—an exceptional rise of 104%.
- Our Patient Services volunteers provided 1,555 hours of support to patients and families on the Inpatient Unit, making a meaningful difference to patient experience. Recruitment in this area remains a priority to further strengthen this important support.
- Garden volunteers contributed 1,051 hours, a decrease of 40% compared to the previous year. Despite this reduction, their work continues to enhance the Hospice environment for all who visit.
- Corporate volunteering also expanded in reach, with 652 hours delivered across fourteen volunteering days, involving 113 participants from a wide range of organisations, compared to just four companies and nine volunteers in the previous year.
- Hospice-based: 28 new volunteers
- Retail: 37 new volunteers
- Leavers: 17

We are deeply grateful to all our volunteers for their time, commitment and generosity. Their contribution is integral to the delivery of Hospice services and has a lasting impact on patients, families and the wider community.

Patient Experience

At Bury Hospice, we are committed to maintaining high standards of patient safety and quality of care. We strive to deliver compassionate, effective services that respond to the needs of patients and their families, supported by ongoing review and improvement of our practices.

A key element of this commitment is fostering an open and transparent culture, where honesty and accountability underpin all interactions with patients, families and carers. This approach supports strong communication and promotes continuous learning across the organisation.

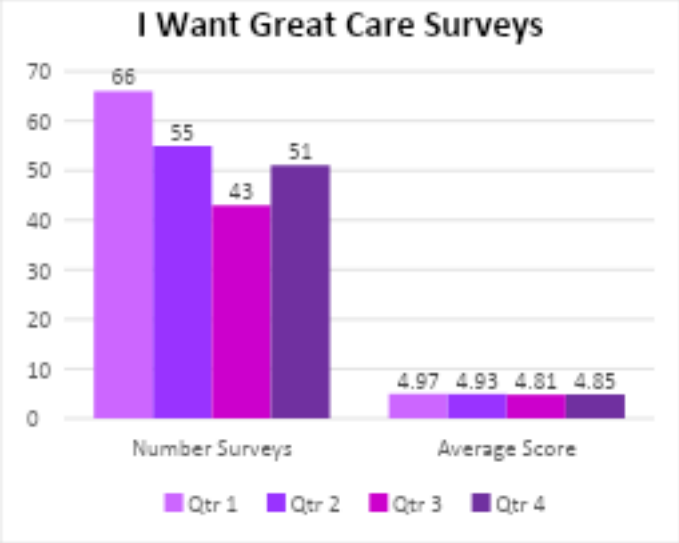
Actively seeking and responding to patient and service user feedback is essential to the continuous improvement of hospice services. Feedback provides valuable insight into the experiences, needs and expectations of those receiving care, as well as their families and carers.

By listening to and learning from this feedback, the Hospice can identify what is working well, highlight areas for development, and ensure that services remain person-centred, compassionate and responsive. Engaging with service users in this way not only strengthens the quality and safety of care provided, but also helps to build trust, promote transparency and ensure that the voices of patients and families are central to service design and delivery.

What do people say about us?

We use “I Want Great Care” to collect feedback from those who experience our services. Below are some descriptions received to describe care received by our patients and carers following their experience of hospice services.

The median care rating was 4.89, indicating an excellent level of satisfaction, as reflected in the feedback illustrated in the word cloud below.



Feedback – Service User 'Reception' Surveys

The hospice-wide service user feedback is captured via our IPU and reception IPad's where 2 questions are asked

- How was your Experience today?
- 'Bespoke' question (currently: catering offer)

The scale from 'very poor' to 'very good' is scored 1-5 to give an overall scoring. There is also an optional comments field.

This captures our IPU & outpatient service users, families and visitors and helps us to gauge both overall feedback of quality, but also helps to target any areas on which we may need to have assurance, or insight into improvement.

The statistical information helps with identifying any movement of quality, which had a median average of 4.92 for the time period and the 'word cloud' of comments demonstrates any trends in a qualitative format.

Complaints / Concerns and Compliments

Complaints and concerns are integral to maintaining high-quality, safe, and responsive care, providing valuable opportunities for learning, improvement, and restoring confidence when expectations are not met.

A total of 12 complaints and concerns were raised during the year, representing a 17% reduction compared to the previous year. This included 9 formal complaints (5 simple, 4 moderately complex) and 3 concerns, all of which were resolved locally following investigation and engagement with those involved.

Of the formal complaints:

- 4 related to clinical care, with key themes of staff communication, attitude, and quality of care
- 3 related to volunteering
- 2 related to fundraising

Concerns raised included 1 fundraising issue and 2 relating to care and staff attitude, all resolved without external escalation. All clinical complaints were investigated, with apologies provided where appropriate and actions were implemented and learning shared with staff as appropriate. No cases required escalation beyond the organisation.

The hospice maintains a clear and accessible complaints process, with all concerns managed in line with organisational policy. It remains fully compliant with the Statutory Duty of Candour, CQC Regulation 20, and Charity Commission requirements, supported by mandatory staff training.

A culture of openness, honesty, and continuous improvement is embedded across the organisation, ensuring feedback informs service development and is actively supported at Board level.

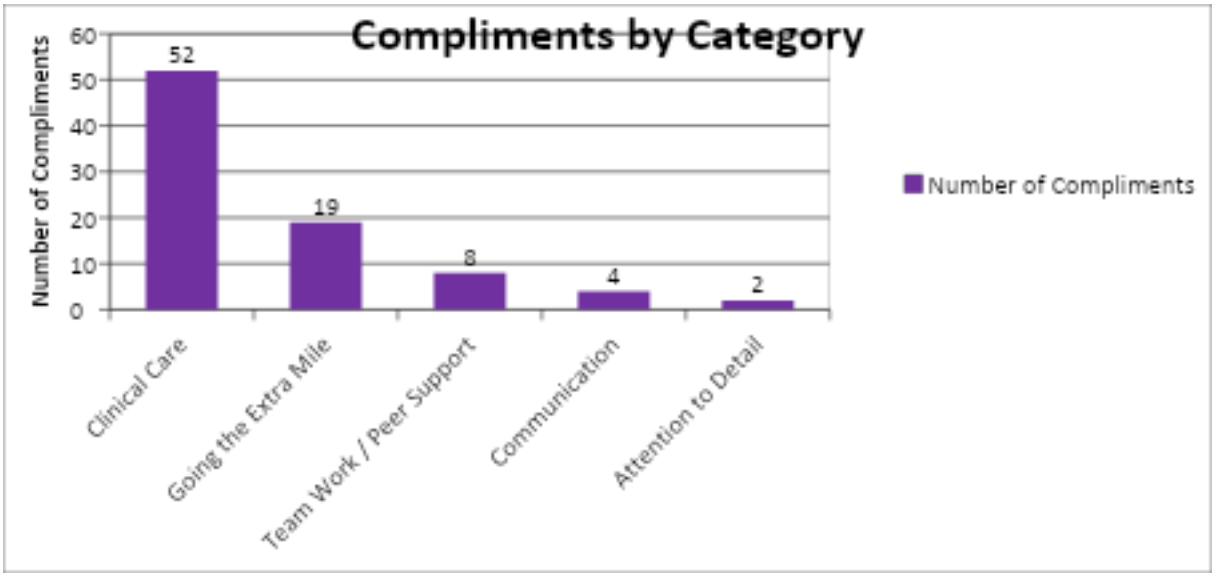
Compliments:

During the reporting period, a total of 85 compliments were recorded, providing valuable insight into the quality and impact of services delivered. The majority of feedback related to clinical care, with patients and families consistently highlighting the compassion, dignity and professionalism demonstrated by staff, particularly in end-of-life care.

In addition, a significant proportion of compliments recognised staff for going the extra mile, reflecting a strong culture of dedication and a commitment to delivering holistic, person-centred support beyond core clinical duties.

Feedback also highlighted effective teamwork and collaboration, alongside positive experiences of communication, with families valuing reassurance, empathy and the supportive approach of staff. With references also being made to attention to detail, demonstrating that personalised care continues to enhance patient and family experience.

Overall, more than 83% of compliments related to clinical care and exceptional staff effort, reinforcing the organisation's continued strength in delivering high-quality, compassionate care.



Patient Story

Shirley Kerr was cared for in Bury Hospice's Inpatient Unit in October 2025. Her family received support from the Hospice as she battled terminal cancer, and they have since praised its vital services.

Following the care their aunt received, Bury siblings Melissa Daniels, 29, and Mikki Wright, 32, organised a family fun day to raise funds and give back to the Hospice.

Shirley was diagnosed with lung cancer in April 2025. After undergoing chemotherapy, the cancer spread to her stomach, lymph nodes and liver, and she was given a terminal diagnosis. Initially treated at The Christie in Manchester, Shirley was later cared for by Bury Hospice.

In gratitude for the support provided, her nieces arranged a fundraising event at The Welcome Inn, Whitefield. The event aimed to raise funds for the Hospice while bringing the community together, with opportunities to win signed items and take part in a variety of activities.

The event took place on Saturday 15 November 2025, with support from their father, Michael Wright, and The Welcome Inn landlord, James Main. Tickets were £2 on the door, with additional activities available throughout the day.

Guests enjoyed a full programme of entertainment, including live music, face painting, character photo opportunities with Huntrix, Rapunzel and Ariel, bingo, karaoke, a BBQ, a raffle with voucher prizes, a bake sale, craft stalls and more. The event ran from 12 noon until midnight.

Mikki, who is also training for the Great North Run in September 2026 to raise further funds, said:

“We are so happy with the level of care and service the Hospice provided my aunty with.”

Melissa added:

“We appreciate everything the Hospice does and know they rely heavily on donations. I love event planning and do it in my spare time, so this felt like the natural way to give back.”

The family also set up an online fundraising page for those unable to attend but who wished to contribute.

Funds raised from the event were shared between Bury Hospice and The Christie.

Priorities for 2026 - 2027

SAFE

- Maintain a strong focus on **reducing avoidable harm**, including falls, pressure ulcers and medication-related risk, through consistent application of best practice and learning.
- Further strengthen **incident review, learning culture and data quality** to support early identification of risks and continuous improvement.

EFFECTIVE

- Optimise the use of **existing capacity across inpatient and community services**, ensuring resources are used effectively in line with demand.
- Sustain **staff capability and digital systems**, enabling efficient, coordinated care and reducing duplication.

CARING

- Continue to provide **psychological, bereavement and family support**, ensuring care remains compassionate and person-centred despite resource pressures.
- Enhance **communication and culturally sensitive care**, reflecting feedback and supporting positive patient and family experience.

RESPONSIVE

- Improve **equitable access to services** through better use of data and targeted engagement with underrepresented groups.
- Strengthen **partnership working and volunteer contribution** to support flexible, responsive care across the system.

WELL-LED

- Focus on **workforce sustainability**, including recruitment, retention and staff wellbeing, to maintain safe service delivery.
- Ensure **strong governance, financial resilience and efficient use of resources** to protect and sustain core hospice services.

BURY HOSPICE

Statement of Support from Will Blandamer, Executive Director, Health and Adult Care, Bury Council

"I have reviewed the Quality Account and am pleased to support its publication. The report provides a clear and comprehensive overview of the organisation's performance, achievements, and commitment to delivering high-quality services for the people of Bury.
The Quality Account demonstrates a strong focus on continuous improvement, patient experience, safety, and effective partnership working across health and social care. I believe it accurately reflects the progress made during the year and the organisation's ongoing commitment to providing safe, effective, and person-centred care.
I have no amendments to suggest and would like to thank the team for seeking my views. The report is well presented and highlights the dedication and hard work of staff in delivering positive outcomes for our communities".
Will Blandamer
Executive Director, Health and Adult Care, Bury Council
Deputy Place Lead, NHS GM (Bury)

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