



Nottinghamshire Hospice
adding life to days

Quality Account

2020-21



VISION

Everyone in Nottinghamshire should have a good death. For them and their loved-ones, our end-of-life care and support will be a beacon of hope and excellence in fulfilling this right.

MISSION

To provide Hospice Care in all our communities, led and informed by their needs, striving to add life to every day by:

- Providing therapy-based support to enable people to live well and understand the changes they will experience in their lives, their families, carers and communities.
- Hospice at Home available in every community.
- Promoting independence and recovery through appropriate bereavement care.
- Working with partners and our communities to increase understanding of palliative and end of life care.

VALUES

Care

Providing the right care, at the right time, in the right place by the right person.

Acceptance

Accepting of all our diverse communities by growing trust and understanding.

Resilience

Building resilience in our patients, carers, families, staff and volunteers to cope and thrive.

Empathy

Understanding that loss, grief and bereavement is unique to you and respecting your needs.

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- Increase provision of the Wellbeing model for hospice patients and their carers.
- Evaluate Hospice Night Support Service and review our Hospice in your Home offer.
- To consolidate the Young Adults pathway into adult Hospice services and widen the learning on engagement into the wider access to services for underrepresented hospice groups.
- To evaluate the Bereavement and Carer Support services model and focus on a firm offer of support for carers, including delivery of the Breath Easy project supporting carers to care for a breathless relative or family member.
- Prepare for and maintain a minimum of a good rating following a Care Quality Commission inspection.
- Maintain and develop strong leadership in the Hospice both within care services management structure and the corporate management team.

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- Restore building-based services in the form of the GRACE unit delivering person centred, goal focused therapy led care to enable people to live independently in their place of choice until they die.
- Review Hospice in your Home services to continue to evaluate the services that make up the community palliative care offer from the hospice, ensuring it offers flexibility and choice for patients and their families and value for money.
- Support staff to remain resilient and improve where needed their wellbeing through a variety of offers including using the restorative supervision model of support.
- Continue to reshape and restore Bereavement and Carer support through a blended approach of face to face and telephone support. Embed outcome measures of Adult Attitude to Grief, Adult Attitude to health change for the patient, and the Adult Attitude to health change for the carer - these tools support the client and support volunteer to track progress, and emotional wellbeing in a timely manner.
- Establish and develop strong leadership in the Hospice both within care services management structure and the corporate management team.

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INTRODUCTION**About this report**

Quality accounts were introduced in 2009 to make healthcare organisations more accountable when it comes to quality of care. Each organisation is required to report on their performance against the targets they set for themselves last year, 2020-21 and to share their targets for next year 2021-22. Every NHS organisation is required to include some specific standard information and data which they provide to national bodies. Much of this information is not applicable to Nottinghamshire Hospice as we do not submit information into national bodies and will therefore not be included in this report.

Throughout the document we have used the term patients, families and carers to mean any person who has used or will use our services.

Layout of the report

- Part 1: Statement of quality from the Chief Executive Officer.
- Part 2: Sets out our performance against priorities for Quality Improvements in 2020-21, Priorities for Quality Improvements in 2021-22, Statement of Assurances from the Board.
- Part 3: Statement of Assurance/Review of quality performance 2020-21 describes how we have done.

PART ONE**Statement on Quality by CEO**

It gives me pleasure to share and recommend the Quality Account for Nottinghamshire Hospice for 2020- 2021 and to thank all the local Clinical Commissioning Groups and the Integrated Care System for their support.

As for all health care providers, this has been a year dominated by the Covid pandemic which whilst challenging, has led to a major transformation in both the services we provide and the way in which they are provided. Whilst still meeting the outcomes of contractual requirements they have been flexed and re-imagined meeting the changing needs of patients, driven both by the restrictions of the pandemic and patients' response. An example of this is the way in which, following closure of the Day Hospice, the resources were mobilised and the Hospice Outreach and Discharge Service was put in place. This was alongside a range of virtual support ranging from a buddying and health coaching sessions for existing patients, online therapy workshops or sessions led by Physio, and Occupational Therapists and the transfer of all emotional support and counselling to ZOOM or telephone support. Together with the nursing and care teams, the Therapists also delivered their services in people's homes, underpinning patients' mobility and independence.

The Day Hospice service has been redesigned following the feedback from the wellbeing service introduced and outlined in last year's report, patient feedback and the above learning. It will be embedded into an internal, integrated pathway across all services in the Hospice and aligns comfortably with the external work we partner in with City Care, Nottinghamshire Healthcare and the wider environment. The **GRACE** service (Goal setting, Reablement, Assessment, Complementary Therapy and Emotional Support) will deliver aspirations of truly rehabilitative palliative care and create a model of co-production in service design and delivery.

2021 – 2022 will be a challenging year for all involved in healthcare. In the last year referrals to the Hospice doubled, this led to patients staying on the service for a reduced period, down from 30 days to 25 days. Whilst some of this is due to very late referrals, it has also been impacted on by reduced staff numbers and the patients being very poorly, leading to challenging decisions about the allocation of staff and resources. The Hospice continues to attract high quality staff but competes in a very challenging recruitment market. During the year we will develop our total rewards package which will help to ensure we continue to be an employer of choice. The Board of Trustees and the senior staff team are constantly working on risk mitigation should recruitment rates drop and are exploring blended ways of working, such as increasing Hospice Night Service and Hospice Outreach and Discharge Services. This will increase the number of patients that could be supported by fewer staff whilst maintaining Hospice at Home for patients last days or hours of life.

During the coming year we will continue to invest in, and deliver, quality assured and compassionate services and will focus on consolidating services through Covid lessons learnt. The staff teams will be at the heart of everything. There is a need for us to build resilience within colleagues who have not missed a beat in the hours, days, nights and months of the challenges which Covid 19 has brought to the Hospice. They are to be congratulated on their success. We extend our thanks to all partners across our City and County and thank Clinical Commissioning Groups and their teams for their generous support.

I will finally be leaving Nottinghamshire Hospice at the end of May 2021 with Rachel Hucknall our new Chief Executive joining on the 1st of June 2021. Thank you for your support to our wonderful Hospice, to our teams and personally.

A handwritten signature in black ink, appearing to read 'R. Naylor-Morrell', written in a cursive style.

Rowena Naylor-Morrell Chief Executive Officer Nottinghamshire Hospice

Update on Priorities for Quality Improvement 2020/21

In 2020-21 Nottinghamshire Hospice identified a number of areas for improvement and development. However, due to the COVID 19 pandemic, the planned improvements have been reviewed and services redesigned to meet the needs of the changing environment that the hospice found itself in. Redesign and restoration of services during 2020-21 are detailed against the priorities below.

Increase provision of the Wellbeing model for hospice patients and their carers.

The hospice building based – day therapy unit closed its doors in March 2020 in line with the Government guidance relating to the COVID 19 pandemic. As restrictions began to change back in the summer of 2020 work took place to plan to re-open the services and remodelling of the offer to patients for Therapy and Wellbeing. The Government guidance consistently changed over the winter of 2020-21 with Nottinghamshire initially being in tier 3 lockdown and then the country being in full lockdown. The GRACE unit is re-opening in May 2021 and will form one of the priorities for the 2021-22 quality reporting.



Once the hospice closed its doors to patients in March 2020 the attention turned to utilising the resources that were allocated to that service to support the drive to reduce hospital admission, aid fast discharge to preferred place of care and support the pandemic in the best way the service could. The hospice has a large Hospice in your Home service and delivering community based support and palliative care is core to the services delivered. The decision was made in conjunction with the Fast-Track team at City Care to offer support for fast-track packages of care and therefore redeploy staff to work in the community providing a day visiting service. The service has been named the Hospice Outreach and Discharge Support (HODS) team and they have been in operation since May 2020.

The existing day therapy patients who were known to the hospice at the start of the pandemic have received a combination of support. The previous day therapy volunteers were offered the opportunity to undergo some additional training and complete weekly support telephone calls to those patients who were known to them. They have been supported by the volunteer manager, support services manager and the day unit coordinator. All calls have been escalated through to a member of the clinical team where concerns have been raised by the volunteer- thus supporting the patient either through a visit by a member of the clinical team or connecting into the community network of healthcare services. Where a patient has

deteriorated, the care services team have been able to offer Hospice at Home support or when appropriate support through the HODS team.

In September 2020 a limited service of complementary therapy was offered to those patients who were known by the hospice and where the treatments were expected to have therapeutic benefit, for example in maintaining range of movement or reducing pain. Additionally, the physiotherapist provided some limited support to patients and families where appropriate in the home to support the community rehabilitative support team.

As the GRACE unit reopens and the 40 previous day unit patients are being welcomed back through a GRACE clinic appointment. This will be to introduce them to the new service offer and reassess their needs in line with the person-centred goal setting approach. Some patients remain within the Hospice at Home service as they are too poorly to return. The hospice have identified a tool designed to assess patients' needs in a progressive illness and have used it to support those patients who remain within the wellbeing service and are returning to the building based services.

The Support Needs Approach for Patients (SNAP) is a five-stage health care intervention which seeks to enable person-centred care for patients with progressive conditions. SNAP uses an evidence based validated tool, known as the SNAP tool, to help patients identify and express their support needs so that they can discuss them with their health care professional. The SNAP tool comprises 15 items (broad areas of support need) in which patients with progressive disease commonly say they require support. The tool is short and simple to use for both patients and health care professionals. SNAP is more than just the 15-item tool: the SNAP tool underpins the 5-stage SNAP intervention for use in clinical practice to deliver person-centred care. It enables the patient and health care professional to work together to identify, priorities and plan in relation to the patient's unmet support needs.

Evaluate Hospice Night Support Service and review our Hospice in your Home¹ offer.

During 2020-21 the Hospice in your Home services have been the predominant offer provided to support patients to have palliative care in their preferred place of care and if it is their wish to die in that place - home. The number of referrals to Hospice at Home during the year had increased significantly from 1133 in 2019-20 to 1805 in 2020-21 and to the HNS teams from 465 in 2019-20 to 957 in 2020-21. This has meant that the blended approach of offering both overnight shifts and visiting services has offered the patient and their family a choice or where required additional capacity in the services to see more patients than would have been seen with just the traditional shift-based Hospice at Home model. Like all services screening for COVID symptoms was introduced and after an initial shortage of PPE end of life care has been provided for those patients who have tested COVID positive. The average length of stay on the service has reduced over the year from 30 days to 25 days; thus, meaning the care being provided is usually when the patients are more poorly and in the last days of life.

The Hospice at Home workforce reduced due to shielding staff and those who felt they did not wish to return to a frontline role and retired from the service once shielding lifted. Recruitment into roles has been challenging over the last year and a small number of registered Nurses and Healthcare Assistants have been recruited onto the hospice bank team. Positively the visiting teams have increased in staff numbers from 2 HNS teams to 3 and the introduction of

¹ Hospice in your Home services are made up of a traditional shift based service (Hospice at Home) and visiting services (HODS in the daytime and HNS at night).

2 HODS teams. Reflecting on this, services into the community are giving more responsive urgent care and are led by experienced Healthcare Assistants overseen by Registered Nurses. This has been identified as a significant change in provision and a challenge to ensure quality of care as well as consistency. Visiting services, particularly at night have different challenges to working in the daytime and being closely linked to the out of hours District Nursing teams has helped with supporting them. The focus for the next year is consolidating their experience and developing their skills around decision making and leading their shifts as well as triage and logistical skills.

The Hospice Night Support (HNS) teams have operated across the County and City (except for Bassetlaw) throughout 2020-21. To provide a more comprehensive service in response to the pandemic the HNS teams dovetailed with the HODS team to make up the package of care required in the early evening/twilight hours. Where the three teams had previously all worked the night shift (21.30-07.00hrs) one team moved to provide the twilight cover (19.00-04.30hrs). This introduced additional capacity and flexibility and enabled the teams to meet the needs of more patients than traditionally with Hospice at Home.

The HODS service introduced in response to the pandemic have been able to support 195 referrals from across Greater Nottinghamshire. Due to logistics of travel, it was not possible to be able to offer the support to Mid Notts. Patients are accepted onto the service for 30 days and then review. Most of these patients have died at home in their preferred place of care. Should a patient improve following an episode of illness or discharge from hospital they may be referred onto a longer term community domiciliary care provider. The 30-day initial episode of care was to ensure patient flow and for the fast-track team to refer those more complex palliative care patients in the final days of life to the team who were experienced at supporting palliative patients.

When looking at preferred place of care/death in conjunction with it being recorded in their EPaCCS (electronic palliative care coordination system) record over 95% of patients receiving the Hospice in your Home services achieve their stated preferred place. More than 16% of them also had a member of staff present at the time of death to support both the patient and their family.

To consolidate the Young Adults pathway into adult Hospice services and widen the learning on engagement into the wider access to services for underrepresented hospice groups.

Prior to Covid and lockdown of services, we were able to increase the number of sessions we offered to fortnightly. This started with a trip to an accessible outdoor activity centre in partnership with Rainbows Children's Hospice. These additional community activities will continue through 2021 when we are able to do so. Initially we are planning a get together in the hospice garden with music and games. Throughout lockdown we have maintained fortnightly contact with the group, organising Zoom quizzes and coffee mornings as well as phone calls, emails and texts. We have also made contact with a further 3 young adults to tell them about the services we offer. When the hospice build reopens, we will recommence our monthly groups with the activities that had been identified last year. Our Young Adults Keyworker will have monthly visits to Rainbows' Young Adults group on a Wednesday to get to know 16-18 year olds who are eligible for our hospice care. These groups are due to start in summer 2021. Young adults will have access to our GRACE unit, where support can be tailored to their needs as for our older patients. This will also provide opportunities for younger and older patients to mix and share skills and interests. Family support will continue both informally – through conversation with families and at appointments at the

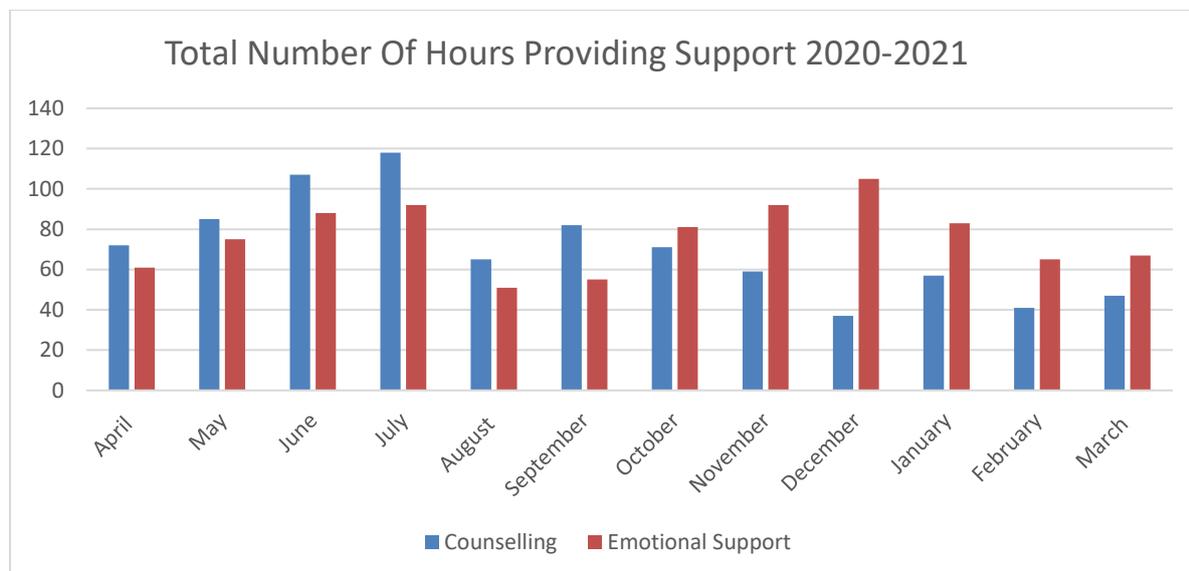
hospice, and by arrangement through planned and tailored support. Where possible, our Young Adults Keyworker will deliver the support or signpost to the most relevant agency.

To evaluate the Bereavement and Carer Support services model and focus on a firm offer of support for carers, including delivery of the Breathe Easy project supporting carers to care for a breathless relative or family member.

Bereavement and Carer support (BCS) services were traditionally provided mainly face to face in the hospice building, at the start of the pandemic this service ceased being provided face to face and both the volunteer counsellors and emotional support volunteers as well as the clients were given the option to continue with telephone support.

- 7 out of 8 volunteer counsellors adapted their method of practice to telephone support this included 1 counsellor who also offered the ability to support clients over Zoom.
- 1 counsellor declined due to not being able to comply with privacy and confidentiality in their home environment.
- The team of 8 emotional support volunteers adapted to offering a telephone support and a Zoom bereavement support group.
- The 45 clients that were receiving counselling support at the time of change (March 2020) transferred over to telephone support.
- There were 24 Clients that were receiving emotional support in March 2020, 20 of those clients accepted the offer of telephone support whereas the remaining 4 of these clients declined the option along with 3 additional clients that were on the Emotional Support waiting list.

Most referrals come through either the online request for support or the Care Coordinators. Once received the client would be contacted and triaged by the Support Service Manager, this identifies what level of support the individual would require i.e., counselling (complex support), or emotional support (straightforward support), group support, information giving or a referral to an external organisation which would be more appropriate for their requirements. The service received an increased number of referrals in 2020-21 to 170 (145 2019-20). The was also evident in the number of support hours provided.



Service Figures from April 2020 and 31 March 2021

- The total number of referrals **170** (145 in 2019-20)

- The total number of hours providing 1:1 support **1756**. (1709 in 2019-20)
- The number of Hours providing counselling **841**. (889)

With regard to carer support – referrals for emotional support or counselling are accepted to offer support through the experience of long-term caring or coming to terms with the palliative diagnosis of a partner or family member. The process for referral is the same as for those requesting bereavement support. We have not as a hospice been able to develop the carer support offer over the last year.

The Breathe Easy project that was grant funded has been partially completed with healthcare professionals having their training in supporting non pharmacological treatments for the breathless patients. The carer element has just to be completed and will be planned into the next year.

GriefLine was set up in response to a request by the ICS to offer a telephone support line for those people experiencing traumatic grief due to the Covid pandemic. Support Services have piloted and continued with the operation of the GriefLine (Freephone 0800 number) which is answered Monday – Friday 8.00am to 5:00pm with a facility to leave a message outside of these hours or call the hospice 24 hour number to speak to someone in person. Callers are listened to in an empathetic way giving them a chance to express the reason for the call, the caller will then be supported by signposting to an appropriate organisation or they will be offered support through the Hospice’s support services for emotional support or counselling.

Prepare for and maintain a minimum of a good rating following a Care Quality Commission inspection.

During the pandemic, the Hospice CQC relationship manager has changed and in line with CQC requirements two provider engagement calls have happened. The initial call (August 2020) was regarding the effect of the pandemic and changes to the hospice service, infection control and PPE guidance/issues. The second meeting was a requirement to complete a Transitional Monitoring Document and telephone conversation to discuss (March 2021). No issues were raised in relation to either. However, in line with Hospices nationally we have entered into a requirement to report expected deaths to CQC, this has been agreed for those where a staff member was present at the time of death and those patients who were on the HODS scheme and therefore we were the primary provider of the palliative care. Other patients who maybe receiving some level of care from the Hospice are reported through usual routes if the die.

Maintain and develop strong leadership in the Hospice both within care services management structure and the corporate management team.

This year the care services management team was set to change and develop together as a team. At the start of the pandemic a new Day Therapy Unit manager had been appointed and was in post one week when the service closed. This post supported the development of the HODS service but as time went on the staff member left in February 2021 to return to a more familiar area of work. The remodelling of hospice based services has identified a Therapy lead post to develop and lead the GRACE unit and recruitment has been challenging but continues. A new Hospice in your Home (HIYH) manager was also appointed at the same time in March 2020. This post has been invaluable during the pandemic leading the change in service provision, supporting staff and Lead Nurses (HODS & HNS) as well as being part of the senior care management team. Care Co-ordinators have been key in managing service referrals and

patient flow. Two have completed their NVQ 5 in leadership and management, and a further is currently near completion.

The Hospice had also committed to a new role pre- pandemic in the form of a Palliative Care Lead, the post holder commenced at the end of May 2020. Their role has been to re-model unit based services, lead in embedding restorative supervision across the organisation and inclusion, equality and diversity. Embedding palliative care practice and principle remains as key area of their role and this is essential in a workforce predominantly made up of experienced healthcare assistants.

The challenges of working remotely as new managers at the start of the pandemic meant that over a period of time they became more visible back in the building. Both the HIYH manager and Director of Care have worked with the teams at night to support them, understand their challenges and look to empowering them and their services to provide outstanding quality care.

The wider Hospice management team (CMT) have faced challenges of Furlough and remote working for most of the pandemic. They have remained in weekly contact and have maximised the technology of virtual meetings. The Chief Executive Officer resigned her role in the Summer of 2020 and the recruitment process has now concluded with a new CEO commencing in role 1st June 2021. This brings times of change to the organisation and will be part of the objectives for 2021/22 in looking at the development of the management teams and hospice strategy going forward.

Priorities for Quality Improvements 2021/22

The Hospice has agreed for the next year to set **no more than five** improvement priorities to ensure that it retains sufficient capacity to continue to embed the changes from this year. The Hospice is also keen to ensure that any improvements are completed to a standard that ensure the on-going quality and safety to our service users, staff and volunteers.

This year we have set the following priorities for Quality Improvement and development:

- Restore building-based services in the form of the GRACE unit delivering person centred, goal focused therapy led care to enable people to live independently in their place of choice until they die.
- Review Hospice in your Home services to continue to evaluate the services that make up the community palliative care offer from the hospice ensuring it offers flexibility and choice for patients and their families and value for money.
- Support staff to remain resilient and improve where needed their wellbeing through a variety of offers including using the restorative supervision model of support.
- Continue to reshape and restore Bereavement and Carer support through a blended approach of face to face and telephone support. Embed outcome measures of Adult Attitude to Grief, Adult Attitude to health change for the patient, and the Adult Attitude to health change for the carer - these tools support the client and support volunteer to track progress, and emotional wellbeing in a timely manner.
- Establish and develop strong leadership in the Hospice both within care services management structure and the corporate management team.

Board of Trustees

The Board of Trustees contribute to the development of Nottinghamshire Hospice strategy and play an important role in scrutinising management in achieving agreed goals and objectives and monitoring the reporting of performance. Trustees are elicited from the local community and can ensure that the voice of the public is heard in decision-making processes and that the interests of patients remain at the heart of Board discussions. The Board also has a blend of knowledge and skills to ensure that the board holds expertise and experience in the different sectors of the organisation. The Board also has a role in working with the Chairman in the appointment and remuneration of the Chief Executive Officer and other Directors. Our Board has seen some changes this year and resignation of two Trustees and appointment of two new Trustees this year keeping the total number twelve. All of our Trustees, including the Chairman, are considered to be independent.

Care Quality Commission

During the period covered by this report Nottinghamshire Hospice's services were registered by the Care Quality Commission. On 1 April 2015, a new system to inspect providers underpinned by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 came into effect. The Hospice is now regulated and will be inspected under the Independent Hospital Framework which came into effect in April 2018.

The Care Quality Commission inspected the Hospice on 29 November 2016 and received a good in all categories and an overall rating of good. There were no improvements or recommendations issued. The full inspection reports for the Hospice are available via the Care Quality Commission's website by following this link <http://www.cqc.org.uk/location/1-109940901>. The Director of Care is the Registered Manager and has completed engagement activities with the hospice's CQC relationship manager. The Statement of Purpose has been updated as requested and no other actions have been required.

User Engagement

The Hospice promotes active engagement by all its users; this year this has predominantly been through patient and carer feedback. Once unit based services are established, the team will look to reinstate the Hospice User Group (HUG).

The Hospice has invited feedback and comments from all its users and feedback forms are readily available for all patients and visitors to make comments on, and suggestions for, the services we offer. The Director of Care reports directly to the Quality and Safety Group and the Board, as well as the CCG's, the number of care services compliments and complaints on a regular basis. With the introduction of the Hospice Outreach and Discharge Support team and Hospice Night Support a feedback card is left at all new visits and this has been used to evaluate the service.

Hospice patient and carer satisfaction survey carried out in November 2020 identified 100% of people rated the overall experience from the hospice as excellent or very good.

Engagement with the community, healthcare professionals will be key to the success of the unit-based services going forward and this is a key role of the GRACE Unit lead post. Existing

patients for the unit-based services have requested when asked for feedback around the development of the new GRACE unit that they can return to the building to see their friends, to reduce the isolation and be able to take part in the wellbeing activities provided. Their views and that of their carers will help shape the development of the GRACE unit activities going forward.

Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems. This means that patients should be well informed about all elements of their care and treatment and that all staff have a responsibility to be open and honest, especially when errors occur. The Hospice has reviewed its practices and actively promotes openness about its practices and all staff, especially managers, make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- Will receive feedback on findings from any investigation.
- What can be done to deal with any harm caused.
- What will be done to prevent it happening again.
- Will receive an apology.

All incidents and accidents are recorded and reported to the Trustee led Quality and Safety Group and these are also reported to the CCGs and CQC if appropriate.

Safety of Controlled drugs

Following the Shipman Inquiry there is a requirement for the Health providers to appoint an Accountable Officer for Controlled Drugs (CDAO). The CQC also maintains a register of CDAO in registered services. The role of this person is to ensure the safe management of controlled drugs from ordering through to their disposal. The appointed person for this role at Nottinghamshire Hospice is the Director of Care Services. Within these responsibilities is a requirement to make quarterly reports to the Local Accountable Officer for Controlled Drugs appointed by NHS England on any concerns within the organisation.

The Hospice does not hold any stocks of controlled drugs. The medication management policies have been reviewed during 2021 and are in place for the opening of the GRACE unit; premise is that people attending the unit will mostly be self-administering medication. The Hospice does however have in place facilities and processes to manage controlled drugs should it be required. Registered Nurses are administering controlled drugs in a patient's own home as part of anticipatory prescribing. Medication incidents are reported and recorded as part of the Incident and Accident reporting processes.

The Accountable Officer receives the minutes of and is invited to attend the Local Intelligence Network (LIN) meetings where areas of good practice or concern are discussed.

Infection Control

Nottinghamshire Hospice is committed to the prevention and control of infections and has policies and procedures in place. This has been high priority and rapidly changing during the pandemic with government guidance changing throughout. The Hospice has been supported

by the CityCare infection prevention and control team; there are more formal arrangements in place going forward into 2021/22 for the team to provide contracted IPC support including full policy review and training. Training is provided to all staff and volunteers as mandatory. During the pandemic the hospice moved from a full programme of face to face training to an online training platform. It is hoped that during 2021-22 this will be a more blended approach.

The Hospice is a community Hospice and as such does not have any inpatient beds. During the pandemic the care teams have been screening patients and their families for COVID symptoms and have full PPE to be able to care for those who are infected and those who are not. Some staff have been required to shield or been in isolation due to track and trace or having become infected by the COVID 19 virus. The Hospice had one significant outbreak of COVID 19 virus in October 2020 within the building, and this was managed through Public Health England. The clinical staff introduced PCR testing in January 2021 and this continues.

A full infection control audit is carried out quarterly. This will be led by the CityCare team in the future. Audits have continued during the last year with all actions completed. The outcomes of this are reviewed at the hospices Quality and Safety Group which meet alternate months.

Education and Training

Senior Managers supported by the Board of Trustees are committed to the professional and personal development of staff and volunteers; especially those that are involved in the delivery of care.

The Hospice has a rolling programme of mandatory training which includes safeguarding of children and adults, cardiopulmonary resuscitation, tissue viability, manual handling, equality and diversity, mental capacity and deprivation of liberties. In addition, the Hospice offers reasonable support to undertake accredited courses for staff to improve their knowledge and expertise in palliative and end of life care. During 2020 the Hospice commissioned an online training recourse for staff to facilitate completing of mandatory training. This has been successful, and staff have achieved high levels of compliance with the mandatory training required. Face to face training has continued with reduced numbers in moving and handling as this needed to be provided as key to the role.

The training programme is reviewed annually to ensure it provides staff and volunteers with the knowledge and skills to be able to provide safe high-quality care. It is planned that a mixture of face to face and on-line training will take place in 2021-22 The Hospice has a Code of Conduct, policies and procedures to develop staff, as well as to performance manage staff and volunteers. All staff receive a comprehensive induction to their role and there is an annual appraisal process in place which is completed by the end of March each year.

Nurse Revalidation

Revalidation for Registered Nurses continues to be part of the assurance processes and the requirement by the Nursing and Midwifery Council. Failure to revalidate will result in the registered nurse not being able to practice. The Hospice has put in place the processes for supporting staff to revalidate and check registration is current and up to date.

How we Safeguard People

The Hospice is committed to the well-being of all people using our services and takes the safety of vulnerable adults and children very seriously. We work in partnership with local

authorities to safeguard vulnerable adults and children. Over the year we have made seven safeguarding referrals to the Local Authority (LA), these were also reported to CQC. These were all submitted on behalf of patients and not about the care provided by the Hospice. The Hospice supported the patients through any subsequent investigation and responded to the LA as required.

Each Local Authority has its own Safeguarding Adult Board and Safeguarding Children's Board made up of nominated lead officers from key organisations within each local authority. The Hospice is not required to attend board meetings but does respond to any request for information or support. The safeguarding lead for the Hospice is the Director of Care Services.

What others say about our services?

Patients and carers

We asked our patients and their carers what they would like to say about the care they get through the different services we offer, and they said:

Words are not enough to thank you for everything you did for my wonderful husband.

I will never forget the huge difference it made to our lives

They were like angels, so happy they are there, brilliant people

The Hospice gave such dedicated care when he needed it most and for that we are eternally grateful. Thank you from the bottom of our hearts

Very professional and caring staff, everyone a credit to the Hospice.

Clinical Commissioning Groups

CityCare: statement from Tracy Tyrrell, Director of Nursing and AHP's on behalf of Nottingham CityCare Partnership:

"Nottingham CityCare Partnership is proud of its longstanding partnership with Nottinghamshire Hospice. Through this partnership and close collaboration we have been able to work together to improve care at end of life for local people and their families. Our shared ethos and values allows us to work across organisational boundaries to deliver integrated care with the patient at its centre."

Nottinghamshire Hospice - Statement of Assurance from Nottingham and Nottinghamshire Clinical Commissioning Group

Introduction

Nottingham and Nottinghamshire Clinical Commissioning Group (NNCCG) welcomes the opportunity to review the 2020-21 Quality Account for the Nottinghamshire Hospice.

NNCCG aims to commission safe and effective services that provide a positive experience for patients and carers. Commissioners of health services have a duty to ensure that the services commissioned are of good quality.

Throughout 2020-21, the CCG has continued to work with Nottinghamshire Hospice to monitor its quality of services and continuous improvement through reviews of information on safety, patient experience, outcomes and performance, in line with the quality schedule and national and local contractual requirements and wide-ranging intelligence gathering.

This year's Quality Account demonstrates examples of good work and achievement undertaken by the Nottinghamshire Hospice over the past year. This Corroborative Statement highlights the appreciation that it has identified in the course of reviewing this comprehensive report. The CCG can confirm that, to the best of its knowledge, that the information provided within this Annual Quality Account is an accurate and fair reflection of the Nottinghamshire Hospice's performance for 2020-21.

NNCCG wishes to extend special thanks to all Nottinghamshire Hospice staff for the noteworthy achievements that have been accomplished by working together to confront a global pandemic in addition to the work that they normally undertake. A landscape of constant change has added an extra layer of complexity to the resilience normally expected of day to day working.

NNCCG acknowledges that the impact of the Covid-19 pandemic has been both professional and personal. The CCG wishes to extend its sincere condolences to those members of Nottinghamshire Hospice staff who have lost family, colleagues and friends during the global pandemic.

Rowena Naylor-Morrell left her position as CEO in May 2021 and the CCG would like to acknowledge her contribution to palliative care and wish her every success in the future. The CCG welcomes Rachel Hucknall into the role from 1st June 2021.

Commendable Work

Achievement against 2020-2021 Priorities

The CCG notes that despite mounting pressure and against a backdrop of Covid-19, the Nottinghamshire Hospice has still managed to provide initiatives to improve the care for patients in the community. In particular, the Nottinghamshire Hospice showed remarkable resilience by having to completely reconfigure its model of care with the closure of its day therapy unit in March 2020. The Hospice worked quickly with reallocated resources to reduce hospital admission by working in partnership with hospitals to aid discharge to a preferred place of care and to seamlessly transfer services such as activities and counselling from hospice to home.

1. Increase provision of the Wellbeing model for hospice patients and their carer's.

The day therapy unit closed its doors due to the pandemic, leaving the hospice to consider a different way of delivering this priority. It offered home-based services to its patients with volunteers and paid staff. In September 2020, the Hospice began a limited service of complementary therapy which was offered where there would be such therapeutic benefits in maintaining range of movement or reducing pain. The day therapy unit will re-open to allow patients to have a reassessment of their needs. It is noted that the development of the support-needs approach for

patients (SNAP) has been developed to enable person-centred care for patients with progressive conditions.

2. Evaluate Hospice Night Support Service and review our Hospice in your Home offer

The number of referrals to Hospice in Your Home (HIYH) increased from 1133 in 2019-20 to 1805 in 2020-21 and the Hospice Night Service (HNS) referrals increased from 465 in 2019-20 to 957 in 2020-21 which has offered greater choice blending the two services. Delivering services into the community while at the same time coping with serious staffing issues has given the advantage of providing more responsive urgent care but has come at a cost of recruiting and retaining suitable staff to work within these roles. It is commendable that over 95% of patients receiving Hospice in Your Home care were able to achieve their preferred place of death.

3. To consolidate the Young Adults pathway into adult Hospice services and widen the learning on engagement into the wider access to services for underrepresented hospice groups.

Working in partnership with Rainbow's Children's Hospice, a number of activities were organised to co-ordinate activities between the two organisations. Young adults will have access to the new GRACE unit providing opportunities for older and younger patients to share skills and interests with the support of the Young Adult Keyworker.

4. To evaluate the Bereavement and Carer Support services model and focus on a firm offer of support for carers, including delivery of the Breathe Easy project supporting carers to care for a breathless relative or family member.

It is noted that the team had to amend its service model by providing bereavement services over the phone or by Zoom calls. Bereavement support comes in the form of counselling for emotional support. The GriefLine is noted to be an invaluable service as a telephone support line for people experiencing traumatic grief during the Covid-19 pandemic.

The Breathe Easy project is commended for its development of a multi-faceted approach with health professionals prior to delivering the carer element next year.

5. Prepare for and maintain a minimum of a good rating following a Care Quality Commission (CQC) inspection

The provider engagement calls that are required with the CQC have occurred and no issues were found. As part of a national Hospice initiative they are now required to report expected deaths to the CQC, i.e. where a staff member was present at the time of death or where they were the provider of palliative care.

6. Maintain and develop strong leadership in the Hospice both within care services management structure and the corporate management team.

Recruitment and retention of staff has posed serious issues for the Hospice during this last year. A special mention should be made of the Hospice in Your Home manager who led the change in the service provision supporting staff and being part of the Senior Management Team. The addition of a Palliative Care Lead is welcome to ensure that palliative care practice and principle is embedded. The Hospice has looked at building resilience and mitigating the risk of staffing issues by consolidating services and learning lessons throughout Covid-19.

Serious Incidents and Never Events

No Serious Incidents or Never Events were reported to the CCG in 2020/21.

Challenges

Recognising that an essential part of their funding is derived from charitable donations with the assistance of the CCG funding, the Hospice management team had to make difficult decisions to close the day-care therapy unit and redeploy its resources to the community. This brought with it other issues and associated risks around staff skill sets and the challenge of working in the community.

It is noted with approval that the Hospice management team and Board of Trustees continue to work on a risk mitigation strategy for recruitment including blended ways of working and the development of a total rewards package.

2021-2022 Priorities

The introduction of the Integrated Care Services model in 2021-22 will bring some fundamental changes in the way that the CCG and the Nottinghamshire Hospice work to foster even more collaborative and systems-based working. The Hospice has agreed for the next year to set **no more than five** improvement priorities to ensure that it retains sufficient capacity to continue to embed the changes from this year most of which relate to the restoration, review and resilience of services and staff.

The CCG welcomes the specific priorities that the Nottinghamshire Hospice has identified for 2021-2022 which are highlighted within the report and consider that these are appropriate areas to target for continued improvement. The CCG looks forward to continuing to work in partnership with the Nottinghamshire Hospice to assure the quality of services commissioned by them.

Conclusion

The Hospice worked tirelessly throughout a very challenging year to continue to bring palliative care to its patients, demonstrating its resilience and capability. It is to be commended on its forethought and initiative, NNCCG looks forward to continuing its positive working relationship and watching its new model of care flourish as Covid-19 restrictions are lifted.



Joanne Polkey
Director of Care
May 2021