



adding life to days  
Nottinghamshire  
Hospice

# Quality Account 2021 – 22



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Quotes throughout the document are taken from feedback from a range of patients, carers and family members.

# Part One:

# Introduction

## Welcome from the Chief Executive

### **I am delighted to introduce Nottinghamshire Hospice's Quality Account 2021-22.**

As I write this statement, I've just completed my first year as Chief Executive Officer at Nottinghamshire Hospice. As I joined, the UK was starting to emerge from the Covid-19 pandemic.

The pandemic clearly caused substantial global challenges, especially for healthcare services, economies and mental health resilience, and reinforced the contrast in health outcomes for people from different communities. Despite this, opportunities arose to rethink services, focus on staff wellbeing and use IT in new ways. We have actively embraced the learnings and opportunities from the pandemic in our delivery of services in 2021-22.

In the summer of 2021, we welcomed patients back into the building for our redesigned day services, whilst continuing to deliver the daytime community visits to patients' homes we had started in response to the pandemic. Our bereavement services have seen a significant increase in referrals, and we have been able to improve accessibility by offering a range of options; face to face, groups and online.

I was pleased to appoint three new Directors this year: Rachel McCarty as Director of Care, Donna Roberts as Director of People Services and Ross Henderson as Director of Income Generation. These roles are essential in driving achievement of our strategic objectives and ensuring our services develop, with patients, carers, staff and volunteers at the heart of everything we do. Another key appointment this year was our Equality, Diversity and Inclusion (EDI) Lead - appointed to

enable us to improve accessibility to our services for everyone in Nottingham and Nottinghamshire. Initial benchmarking shows we are making good progress and will inform the EDI strategy going forwards.

Particular successes this year include the development of our new care strategy which sets out our intentions until 2027. We are also embedding a new pathway with East Midlands Ambulance Service, designed to reduce avoidable hospital admissions and enable people to stay in their homes.

We have commissioned research into our night services with the University of Nottingham and started a quality improvement group involving a range of hospice staff. We have continued to support our staff through clinical and restorative supervision and seen a significant uplift in engagement from the teams.

I want to thank our NHS and Charity partners, Commissioners, Integrated Care System and our army of fundraisers, volunteers and wonderful staff for all they do to support Nottinghamshire Hospice and our mission to add life to days.

To the best of my knowledge the information reported in this Quality Account is an accurate and fair representation of the quality of services provided by Nottinghamshire Hospice. I hope you find the report useful and interesting.



A handwritten signature in black ink that reads 'R Hucknall'.

**Rachel Hucknall,**  
**Chief Executive Officer**



# Endorsement from the Board of Trustees

This has been an important year for Nottinghamshire Hospice, with much to be proud of. Throughout the pandemic, our services in patients' own homes became more important than ever, and we continued to deliver crucial care for those approaching the end of their lives plus support for their carers; continually adapting our services to meet the needs of communities. As we emerge from the pandemic, we have also seen a big increase in demand for our bereavement and carer support services and we are proud that the hospice continues to deliver that vital support to carers before and after bereavement.

The appointment of three new directors has enabled us to strengthen our leadership team, putting us in a robust position to develop and deliver our strategic objectives. We are very much looking forward to delivering our new care strategy in partnership with our commissioners.



**Joanne Brunner,**  
**Chair of the Board of Trustees**

**If you have any questions about this quality account, please contact:**

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## Part Two: About Nottinghamshire Hospice

### Our Strategic Priorities

1. Be a centre of recognised excellence for patients requiring community Hospice Care.
2. Build community resilience by leading and promoting positive conversations about death and dying.
3. Deliver visible and inclusive access to end-of-life services across all communities in Nottinghamshire.
4. Have in place a robust and sustainable business model which supports our strategy for delivery of end-of-life services.

### Our 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 each individual and respecting their needs.

# Our Internal Assurance Structure

We review internal assurance through the following structure:

- Board
- Quality & Safety Committee
- Quality Improvement Group
- Incident Review Meeting
- Caseload Review Meetings

In addition, we discuss care assurance through:

- Learning Points - which share lessons learnt and enable reflection for participants. Learning is then shared across the organisation.
- Quality Improvement Group –a new group which engages staff with the implementation of our quality improvement programme.

## Clinical Audit

We have an annual audit schedule which is reviewed at the Quality & Safety Committee and then onward to Board.

## Safety

We manage safety through a systems-based approach that prevents errors, allows learning from mistakes and involves patients, staff and volunteers as well as key partners.



“I have never experienced such a band of willing, compassionate, efficient, kind, caring individuals.”



# Part Three:

# Our Achievements

Here's what we achieved in the last year against our priorities

## Priority 1 2021 – 22

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.

**We welcomed patients back into the building in the summer of 2021 after relaxation of the Covid guidelines. We have developed a new eight-week programme to help patients achieve their goals and live their lives as fully as possible.**

## Priority 2 2021 – 22

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.

**We have reviewed our Hospice in your Home services and our new Care Strategy outlines the future direction of travel which will enable us to extend our services to offer flexible care 24 hours a day.**

## Priority 3 2021 – 22

Support staff to remain resilient and improve their wellbeing where needed through a variety of offers including using the restorative supervision model of support.

**We now have restorative clinical supervision in place and a full report has been presented to the Board outlining the evaluated outcomes. We have also appointed a new Director of People Services and are developing a wellbeing strategy to support staff wellbeing and resilience.**

## Priority 4 2021 – 22

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 help clients and support volunteers to track progress and emotional wellbeing in a timely manner.

**Our bereavement and carer support teams are now able to provide support groups as well as to face-to-face and telephone support. We are implementing a new software caseload management package to enable timely outcome evaluation.**

## Priority 5 2021 – 22

Establish and develop strong leadership in the hospice within the care services management structure and the corporate management team.

**We have appointed a new Chief Executive Officer, Director of Care Services, Director of People Services and Director of Income of Generation to join the existing team and implement the new care strategy.**

# Feedback



## Compliments

We received **123** compliments during 2021/22



## Patient/carer experience

We received **94** compliments and **29** cards from April 2021 until March 2022.

## Complaints

We received **11** complaints during 2021/22



## Care delivered during the year

Total Patients receiving support	2,347
Hospice at Home referrals	1,680
Hospice at Home length of stay	18
Hospice at Home hours of care delivered	32,960
Hospice Night Support patients receiving support	844
Hospice Night Support hours of care delivered	6,378
Hospice Outreach and Discharge Support patients receiving support	583
Hospice Outreach and Discharge Support hours of care delivered	6,775
GRACE referrals	124
GRACE patient contacts	899
Hours of Therapy delivered	1,110



## Effectiveness

- We use Patient Reported Outcome Measures (PROMs) within the GRACE model
- We use outcome measures for our wellbeing services including the Integrated Palliative Care Outcome Scale (IPOS)

## Research

We are working with the University of Nottingham to help us evaluate our Hospice Night Support Service (completion Autumn 2022)

## External assurance

- We are appointing a Governance Lead to improve our approach to assurance
- We are procuring a risk/incident software system 'Vantage'
- We have not received a face-to-face Care Quality Commission Inspection during 2021/22
- We continue to have six monthly Infection Prevention and Control audits from an external NHS team

### Frank and Joan's story

When Frank Shaw delivered a eulogy at his wife Joan's funeral, he started with the words "I'm going to tell you a love story." Nottinghamshire Hospice played its part in that story by enabling Frank and Joan to be together in their own home at the end of her life.

Joan had been treated successfully for Breast Cancer but two years later developed another tumour and learnt her illness couldn't be cured.

The couple initially came to the GRACE unit last year until Joan became more poorly and was admitted to hospital.

The hospice stepped in with a care package which enabled Joan to come home and spend the last few weeks of her life with Frank at the home they'd made together.

Frank said: "We wouldn't have been able to manage without the hospice



care. It enabled me to bring her home. We had two carers come four times a day and on several occasions we had nurses who stayed all night. It allowed me to get some rest.

"Joan fought hard, she was very stoic. We lived the best life we could, Covid permitting, and the hospice helped us enormously. The main thing was that we were together."

Frank and Joan – who celebrated their 40th wedding anniversary last October - had a very close relationship and it was especially important that they were able to be together until the end.

Now Frank, who himself has an incurable degenerative illness, comes to the hospice for regular massage treatment to help his symptoms and has started coming to the GRACE unit again.

# Part Four:

# Our Priorities for Improvement in 2022 – 23

Next year we aim to achieve the following against our 2022-2027 Care Strategy:

## 1

**Be a centre of recognised excellence for patients requiring community Hospice Care**

- Develop our care services workforce to enable us to continue to provide outstanding palliative care
- Extend Hospice in your Home services to provide 24 hour care seven days a week. This will range from telephone support to short visits and extended visits depending on the individualised care needs of each patient
- Incorporate a rapid response model to support patients and their families when they are most in need
- Develop a 'wellbeing' offer aimed at patients, carers, families and children to include bereavement, outreach and outpatient care
- Provide 'Palliative Care Rehabilitation'
- Ensure our estate is fit for purpose

## 2

**Build community resilience by leading and promoting positive conversations about death and dying**

- Training and Development of our teams
- Skill up our workforce and review terms and conditions to ensure that we are the provider of choice
- Work in partnership with University of Nottingham to support research and development of services
- Support student placements
- Support apprenticeship opportunities
- Develop a learning hub
- Support staff to progress their career development

### 3 Deliver visible and inclusive access to end-of-life services across all communities in Nottinghamshire

- Develop bereavement services for children affected by loss within schools and through outreach
- Enable access to services for patients with conditions impacting life expectancy and their families
- Engage with communities and groups not currently using our services to ensure our care reflects the needs of the population of Nottinghamshire
- Focus on improving access for people requiring palliative care regardless of their age, race, gender, sexual orientation or disability

### 4 Have in place a robust and sustainable business model which supports our strategy for delivery of end-of-life services.

- Implement the digital strategy to improve access to services and support the clinical teams to deliver care: email access/use devices at the bed side to include patients and their families in care planning and care delivery/provide contemporaneous updates onto shared systems
- Increase partnership working opportunities to break down barriers to care and improve access to services. Explore partnerships with cancer and non cancer charities, providers (GP's/ Community Nurses/Clinical Nurse Specialists) and the ICS
- Develop patient pathways with CHC Fastrack, hospital discharge teams and out of hours services



**“My sincere thanks to your teams of carers - they were the very best help that I had - efficient, professional, respectful and most of all kind - always.”**

**“As a team you shine a light into the darkest days. Your angels truly are the best.”**



## Part Five:

# Statements from Stakeholders

“Nottinghamshire hospice are a phenomenal service, they help me in my job as a Macmillan nurse on a regular basis and help keep patients at home when this was their preferred place of care.

They also helped me on a personal experience and were efficient, kind, compassionate, caring and an all-round exceptional service.”

**Macmillan Nurse**


“Nottinghamshire Hospice provides an invaluable service to many of our palliative patients. They enable us to help support families in keeping their family members at home where they want to be. The night sits and night port service are a massive help to many families allowing them to get some rest knowing their loved ones are in safe hands. So many patients benefit from the day therapy at the GRACE unit and we receive so much feedback about the benefits of this service.

I have had so many patients and families tell me how amazing and helpful the services provided by Notts hospice are.”

**Macmillan**

“I have always found Nottinghamshire Hospice very approachable and friendly. They are responsive to our requests for Hospice at Home support and try their utmost to support clients in their time of need. They are very good at communicating any issues with us as a DN team to ensure smooth care for the person. They are very much appreciated.”

**District Nursing Service:  
Eastwood**



“Feedback from families is that Notts Hospice are extremely supportive when they are involved and this involvement allows families a short period of respite.

In recent weeks and months I have had quite a few families that have nothing but praise for the support that Notts hospice have given them in patients at end of life.

In one example, the hospice gave regular night sits on consecutive nights to a lady that was at end of life. This helped prevent a potential crisis as her husband found his wife’s prognosis extremely difficult. Having Nottinghamshire Hospice support them on a regular basis at night was extremely supportive and allowed him to rest and his wife to stay at home where she wanted to be.

In another example, a patient’s wife was extremely tired and was finding it difficult to care for her husband due to lack of sleep. The family were referred to Notts Hospice which allowed her to get a good night’s sleep and to continue to look after her husband until he died peacefully at home. She had nothing but praise for Nottinghamshire Hospice.”

#### **Primary Integrated Community Services**

“End of Life Care Together continues to succeed because of the commitment of all partners to drive innovation through collaboration, working in partnership to deliver the best possible services for our patients who need support at the end of their lives.

Throughout the pandemic Nottinghamshire Hospice have continued to deliver service for patients with end-of-life care needs to support them to continue to receive community care to continue to deliver choice for patients and their families to remain in their own home.

As we emerge from the pandemic, through Hospice at Home and Hospice Night Support we have services for our local people that are responsive to the needs of our population, so that they feel supported to remain at home for as long as possible. Nottinghamshire Hospice is essential to the delivery of care through their provision of Hospice at Home in Mansfield, Ashfield, Newark and Sherwood, but are also central to our leadership of end-of-life care as a system in Mid-Notts, represented at board and clinical levels within End of Life Care Together.”

#### **End of Life Care Together Partnership**



“Notts Hospice are very supportive, and facilitate help and support where possible for the District Nursing team and palliative patients. Often they are a great source of support for us when we are awaiting fast track packages of care to start. Hospice staff are always keen to assist with stock checks for anticipatory medications, syringe drivers.”

**District Nursing Service**

“Often we attend patients who are in physical and/or mental distress when coming to the end of their life and they need urgent assistance rather than a trip to hospital.

Thanks to the partnership between ourselves and Nottinghamshire Hospice, our ambulance crews can have complex discussions with the Night Support Team and ensure the right care is put in place for the patient and their family. The scheme has helped patients who are at the end of their life to die with dignity at home, rather than experience the upset and added stress of an unnecessary hospital admission.”

**East Midlands Ambulance Service**





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