nottinghamshire hospice
adding life to days

QUALITY ACCOUNT: 2013-2014

'We're invited to do things – not forced.'

'They all told us that it was easy to talk to The most senior staff in the organisation as they were often on the 'shop floor' providing support to staff and people that used the service'

'it's the best job I've ever had, every day is different and I feel privileged to look patients here'

CQC Report(March 2013)

384 Woodborough Road
Nottingham
NG3 4JF

Nottinghamshire Hospice is a registered Charity No 509759

Part 1: Chief Executive's Statement

Welcome to our annual Quality Account report.

I am pleased to introduce Nottinghamshire Hospice's Quality Accountreport which reflects upon 2012/13 and identifies areas we have prioritised in 2013/14. As ever, we continue to strive to deliver high quality care and experiences for those needing palliative and End of Life Care. We aim to benefit our diverse communityexpanding people's understanding of the Hospice's services and allowing as many as possible to access the care we provide.

This Quality Account follows the guidance in the Department of Health's Quality Accounts toolkit,andforms part ofour annual report to the public and to people who use our services about the quality of care we deliver.

Nottinghamshire Hospiceis a registered charity and not-for-profit provider,who works closely with the NHS to provide services to people with complex and challenging needs. In accordance with the spirit of the Service Level Agreement between NHS Nottingham City and NHS Nottinghamshire County PCT's and Nottinghamshire Hospice, we will continue to be accountable for the quality of services provided by this Hospice and part funded by the NHS.

The Hospice was established 32 years ago by like-minded volunteers who felt there was a lack of palliative care services in Nottinghamshire. Nottinghamshire Hospice is governed by a Board of Trustees who all commit their time freely to the Hospice and the community it serves.

Corporate and Clinical Governance are fundamental toNottinghamshire Hospice and ensures that quality is at the heart of all that we do. Through CorporateGovernance we put in place systems and processes to ensure that we continue to grow safely and responsibly as an organisation developing patient led services. We maintain diverse and sustainable income streams on which we depend on the support of our community to provide 70% of costs with 30% being received through the NHS sustainable income streams - without these funds we cannot offer the services that patientsand families so greatly need. Clinical Governance enables us to monitor our services by focusing on patient safety, clinical effectiveness and the patients' experience.

Following the Care Quality Commissions unannounced visit in March 2013, the Care Quality Commission identified no shortfalls in the services provided by the Hospice. This is a real tribute to the commitment and hard work of every member of staff and volunteers who gives their time, skill and expertise to enable our patients and their families to be professionally cared for with dignity and love throughout the patient's life threatening illness, and for as long as the family need our services.

Over the last year the Hospice has refocused on its services and undertaken major change in ensuring that we can continue to deliver our benchmark high quality care into the future as part of a fast changing and increasingly dynamic healthcare environment.

Specifically we have developed a HALO to guide our strategy:

- Help – our care available for those who need it and as accessible as possible
- Assessment – meeting need appropriately with it being patient and carer focused
- Leadership – ensuring the right competency and capacity exists to deliver
- Outcomes – working to improve our evidence base

As this report demonstrates their has been significant investment and recruitment during 2012/13 to realise our strategy including a major service review to give us a firm footing to deliver and develop into the future.

The Director of Care Services is responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is an accurate and fair representation of the quality of healthcare services provided by Nottinghamshire Hospice, Nottingham.

I wish to thank the staff, volunteers and supporters within the Hospice family for their considerable achievements over the past year. I hope you will find the information provided in the Quality Accounts useful and interesting.

Beverley J Brooks MBE, PgDip, MinstFChief

Executive

Date

Part 1

Introduction and Registration

Any reflection on performance always provides opportunities to see both where you have moved services forward, and where challenges and unexpected events can alter priorities and initial goals.

Our vision and commitment is driven by the needs of people affected by a life limiting illness. We acknowledge that due to increasing demands we have much to do to maintain existing services and to improve them so that they are flexible enough to respond to an ageing population with complex and changing needs. To reflect this the Hospice Quality Account only addresses quality issues within the provision of clinical and relevant support services necessary to the safe and effective delivery and provision of this care. It does not take into account the fundraising and administrative functions of the organisation where separate quality initiatives are employed and evidenced through Corporate Governance.

Nottinghamshire Hospice is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and that these standards were met,and has satisfied the Care Quality Commission through anunannounced inspection in March 2013.

The inspection assessed the following standards:

- Respecting and involving people who use the services
- Care and welfare of people who use the services
- Management of medicines
- Supporting Workers
- Complaints

All of these standards were found to be met, and as such, the Boarddid not have any areas of regulatory shortfall to include in the priorities for improvement for 2013-2014.

Statement from the periodic reviews by the Care Quality Commission:

Nottinghamshire Hospice is required to register with the Care Quality Commission and its current registration status is, Hospice Services. Nottinghamshire Hospice has the following conditions on registration:

- The service may only be provided for persons aged 18 years or over.
- Registered for Personal care, Nursing Care, Treatment of disease disorder or injury.
- Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in our Statement of Purpose.

Nottinghamshire Hospice is subject to periodic reviews by the Care Quality Commission.

Nottinghamshire Hospice has no conditions on registration. The Care Quality Commission has not taken any enforcement action against Nottinghamshire Hospice during 2012/13.

Now Where Were We?

Responses to Our Priorities for Improvement 2012-2013

The delivery of high quality care is paramount to the Board of Trustees and is committed to ensuring the delivery of safe, effective care that meets the needs of people who use our services.

During the last year we have developed the service significantly in order to be able to realise those quality improvement priorities that had been agreed.

Patient Experience

Priority 1: All new patients referral will be assessed against Supportive and Palliative Care Indicators Tools

How was this identified?

Nationally and locally it is estimated that between 50-60% of patients will die in hospital. However, most people who are dying,and expressed an opinion, want to die in the comfort of their own home, surrounded by friends and family.
As a hospice our aim is to add 'life to days' enabling people to have as full a life as possible even when diagnosed with a terminal illness. Our specific focus is in providing that support during the last year of an individual's life.It is intrinsically difficult to predict and identify when patients may be in their last year of life. If predicted more accurately, our Hospice supportive care services could be more effectively used to enable patient choice, timely support and more appropriate use of our services thus potentially avoiding inappropriate admission into hospital during the last year of life.

The Hospice Physician had identified a clinical need to introduce a more simplistic clinical prognostic indicator to provide a mechanism to identify when our support for End of Life Care is appropriate. Recognising the point at which illness becomes advanced or reaches the end of life phase allows health and social care providers to plan best care for their patients in order to meet their needs and those of their families and carers throughout the last phase of life and into bereavement.

How has priority 1been addressed?

The initial parameters for the 1 year support period were identified through the Health Commissioners agreement. As a Clinical Team it was therefore necessary to be compliant

with the terms of our contract, but also ensure that individuals were accessing the services we provide and that those services reflect patient need.

A working party was set up to review the range of assessment tools for underpinning patients that we use in the palliative care field. As a result the clinical team decided on a range of tools which enabled them to present outcomes and show evidence of the quality of care or changes to the current practice provided by the Hospice Day Therapy Unit. Through literature searching and inter-professional review 3 assessment tools providing a range of measures are to be used.
1 – SPICT (Supportive and Palliative Care Indicators Tool)
2 – POS (Palliative Outcome Scale)
3 – Barthel Scale – used to measure individual abilities in 'activities of daily living'

The project group is now completing a pilot evaluation of the tool which if it evaluates well will see the HAT (Hospice Assessment Tool) implemented as the core set of clinical indicators used throughout Day Therapy Services. Associated training has also been undertaken by relevant clinical staff which will be cascaded to ensure appropriate use of these outcome measures.

How has progress been monitored and reported?

Progress has been managed through the project group, monitored through the Hospice's governance programme which includes our Clinical Governance Group and reported on at the Executive Team meetings. It is expected that if implemented the programme will lead to a more robust set of clinical outcome indicators and evidence of services meeting individuals need than those which currently exist.

Care Quality Commission Comments – (March 2013)

'The assessments we saw in care plans to reduce risks used nationally recognised tools such as 'Waterlow' for assessing pressure sores and the 'Barthel scale' to measure performance in activities of daily living. The service also used the Supportive and PalliativeCare Indicators Tool (SPICT) to support people with advanced conditions as part of theassessment process. This meant people's care and treatment reflected relevant researchand guidance'.

Patient Experience

Priority 2: Preventing inappropriate admissions into hospital through partnership and collaboration

How was this identified?

Feedback from patients and carers and from stakeholders has identified that there is a paucity of inpatient beds for respite and in-patient care and support in the last year of life. National statistics show that Nottingham has one of the lowest provisions of palliative care beds per population in the country. Through the identification of services by the City and County Primary Care Trusts (PCT), resources are being targeted through the Hospice to support people with respite and care needs, either in Day Therapy facilities or in their homes thus avoiding hospital placements.

How has priority 2 been addressed?

The implementation of a new contract with the Nottingham City and County PCT's which was implemented from April 2012 has refocused the service provision of the Hospice and the types of services it offers. Original expectations of limiting hospice development to potential 'in-patient' beds, has been superceded by the recognition of the need for a wider underpinning of healthcare and patient/carer support programmes needing to be part of that programme.

A major review of the clinical services has taken place with associated investment to ensure the infrastructure and skills are in place to enable high quality palliative care to be achieved and built on at the Hospice. This was initiated with the appointment of a new Director of Care Services with wide healthcare and operational experience tasked with reviewing current and future practice and delivery.

Coming into post in August 2012 a Service Review has followed with a new vision for taking the clinical services of the organisation forward. As a result of the Service Review, challenges were identified and strategies agreed to respond to them. Key areas have been those addressing spiritual, carer and counselling services alongside ensuring an effective and patient driven activities programme. Further leadership has also been sought to strengthen the Hospice at Home Services with a focus on staff training, development and support. The two new posts for Head of Support Services and Hospice at Home Manager have both been recruited to and the individuals are now in post. This has added immensely both to our capacity to address services which we provide but also to release others in post to focus on our Day Therapy, Physiotherapy and Complementary Therapy services.

It is exciting to notice that results are already being demonstrated and acknowledged in improved service provision, as our recent Care Quality Commission inspection (March 2013) commented.

The need to ensure the Hospice addresses the in-patient bed issue has also been taken forward as part of the overall strategy. A consultant who is undertaking the feasibility study has now been engaged by the Hospice working directly to the Chief Executive. The study is looking at a number of areas and potential partnerships for service models to identify how parties can act together to meet the identified gaps in the provision of palliative and End of Life in-patient beds.

How has progress been monitored and reported?

The Executive Team and Board have been closely involved at all stages of the above programme. Appointment to an Executive post involved the Chief Executive and required Board approval. The outcome of the Service Review and the resulting organisational structures and personnel recruitment has engaged the Executive and Senior Clinical Teams. The realisation of projects and their implementation has seen wider involvement of staff and patients as we seek to achieve a broad range of involvement in our patient care.

Care Quality Commission Comments – (March 2013)

‘Where people received care from a number of services we saw thatcommunication took place between services in an appropriate way. For example, a doctorfor the service liaised with people's General Practitioners to ensure continuity of care inrelation to wound dressings and medication. This meant that care and treatment wasplanned and delivered in a way that was intended to ensure people's safety and welfare’.

Patient Experience

Priority Three:Increased Engagement and Formation of Services User Group

How was this identified?

The Hospice recognised that although they had a long history of engagement with users and carers within their services there was a need to look at how the current engagement of service user in improvement activity can be developed to make it even more effective in supporting service improvement across the Hospice.

How has priority 3 been addressed?

The initiation of a Service Review which included Carer and Patient involvement recognised the challenge in providing more active carer services. There was also a realisation of the needs for specialist skills and leadership to work more closely with both the carers and the wider support programme that the hospice wished to put in place.
The Hospice has therefore moved towards a coordinated approach to 3 key areas of patient and carer engagement. These are

- Spiritual Support
- Counselling Services
- Patient Activities

The Hospice has also looked to bring in a wide range of skills which are outside of the clinical care provided in other areas of service provision. This adds both to the skills available to the management team, but also further strengthens carer and patient services through networks and opportunities. We have therefore employed a leader for all these services with a background in mediation and large local network knowledge.

We are already seeing the benefits of having leadership in this area. Patient activity programmes are now incorporating a wider range of opportunities, these have included barber shop quartets, involvement of local schools to provide choirs, initiatives to look with local colleges at student opportunities eg hairdressing and we are also just starting some art therapy for the first time. Funded by the Hospice the art therapy has seen bids from individuals reviewed and initially 2 projects being funded to support patients in using this form of therapy to address their own concerns.

One of our successes has been in watching a support group for carers which was initially run by Hospice staff now being totally managed by the Carers themselves. This has been part of a journey for the Carers as they have found their own strength and discovered how to support each other in coping with loss.

Training is also about to begin which will involve volunteers many of whom are or have been carers as well as some staff. The new initiative will be to provide a ‘Listening Ear’ service for

patients and Carers. It has been recognised that often people do not need a full course of counselling, or are not ready to engage with such an in depth process. The pilot we will run will be to provide an initial step where people can be listened to and supported with their issues around caring and grieving in a safe and friendly environment.

An exciting new project has also taken place to look at how the Hospice can provide its expertise and skills to a wider part of the community. Working in association with the Help the Hospices organisation, we were able to secure a grant to engage in a study looking at Black and Ethnic Minority use of our services. We have employed a project lead to help us implement the study, which has seen us work closely with the Asian Women's centre and the Afro-Caribbean centre which are nearby to the Hospice. This has resulted in visits by groups from the centres, educational sessions and focus groups taking place, which has meant we are in a far better position to understand how we can be of service to users and carers who are part of those groups. We are also in a position to realise the challenges of cultural sensitivity and may need to look at different models of service provision to meet them.

How has progressbeen monitored and reported?

The Hospice agreed to fund the post of Head of Support Services as part of the Service Review programme. Monthly reports are now generated on counselling services which form part of a 'dashboard' of activity indicators for the Executive Team. Art therapy outcomes will be monitored through the Senior Clinical team and a Strategy for Support Services which will be developed during 2013/14 will be reviewed by the Executive Team and is part of the Care Services Development Plan.

Care Quality Commission Comments – (March 2013)

'As part of our inspection we spoke with seven people who used the service and two people's relatives. We also spoke with five members of staff and reviewed six care plans. We found that people who used the service understood the care and treatment choices available to them. People were involved in making decisions about their care and treatment. One person we spoke with told us, "Fantastic services, can't fault it." Another person told us, "They're very respectful of privacy and the staff are so approachable and pleasant'' '.

Patient Experience

Priority Four: To further enhance the patient experience in the area of Spirituality and Pastoral Support

How was this identified?

This was identified as a priority following feedback from the Counselling service team.

How has priority 4 been addressed?

In 2012 we were struggling with 2 Chaplains, we have a team now of 5 volunteer chaplains who provide religious/spiritual support to patients and their families. They also support staff and volunteers if requested. They provide services and one to one support to patients.

The whole area of spiritual support is now something that is high on priority for patient care being seen as paramount to physical well being within our holistic care model. Our initial priority has been to provide for those attending our Day Therapy services. As part of our development of the Hospice at Home service we will now be working with the expanded spiritual support group to look at how we support Hospice at Home patients as well and the families.

The Hospice now offers Holy Communion once a week for those that wish to partake and we have widened our networks through membership of Association of Hospice chaplains which links to other organisations and will provide a real opportunity for sharing.
Staff have also been able to access training around 'what is spiritual care?' and a newly appointed pastoral support worker role has been very positive feedback from both patients and staff.

Spiritual support is not purely based on religionbut is about where people find fulfilment and this is recognised by the Hospice. The clinical team regularly review with patients their spiritual needs, then act accordingly. This can be through accessing external services signposting to other faith groups e.g. a visit from the Salvation Army, the hospice also engaged with Manchester Utd football team for one patient who received a range of signed items.Individuals also love music, art and the Hospice has addressed these within its activity programme. It is the little things that are spiritual that we cannot quantify, and often enable individuals to experience individual care.

The provision of services has now also been boosted by the recruitment of Head of Support Services who is working with clinical teams and wider networks to both consolidate and enhance this area of our services.

How has progressbeen monitored and reported?

The Head of Support Services now manages regular meetings with the Spiritual Leaders and is also accountable for the provision of our Counselling services and Activities programme.
The Executive Team were heavily involved in the role design and the recruitment to the post. The Support Services are seen as a key component of our care and as such report directly to the Director of Care Services providing both operational and strategic oversight.

Care Quality Commission Comments – (March 2013)

‘We found that people who used the service understood the care and treatment choices available to them. People were involved in making decisions about their care and treatment. One person we spoke with told us, "Fantastic services, can't fault it." Another person told us, "They're very respectful of privacy and the staff are so approachable and pleasant." ’

Clinical Effectiveness

Priority Five: Improving the delivery of patient care through the successful introduction of a Patient Record System

How was this identified?

The need to ensure safe and effective access to patient information continues to grow. Alongside this is the requirement to see that staff can access the information they need to manage themselves and their practice effectively. Ultimately our expectation is to improve the delivery of healthcare by making the sharing of vital information between healthcare providers and allowing information to be quickly obtained with increased effectiveness.

How has priority 5 been addressed?

Over the past year, the clinical team have lead the coordination and implementation of electronic patient data systemacross both the Day Therapy and Hospice at Home services. supported by the Senior Management team.
The Hospice is now able to

- Produce full activity data which it uses to support its returns to the PCT Commissioners on a monthly basis
- Profile our patients and maintain relevant records much more effectively
- Demonstrate wider Clinical Team engagement in ensuring coordinated patient care
- Monitor incidents and trends
- Clinical governance has become more evidence based
- Underpin Executive Team understanding of challenges and successes of Clinical Activity

A key area of activity for the Hospice has also been in the maintaining of patient services and effective allocation of staff within Hospice at Home. Here to new systems have been introduced to enable ‘real time’ rotas to be put in place with better integration of our Out of Hours and Day Coordinators. This has led to us being more effective with our partners in being able to respond quickly to patient and carer need.

As well as the need to monitor service activity and provide patient data, as part of our service review we have looked at the current training and development of our clinical staff. New electronic systems are now in place which will enable a far more robust management of training, performance management and personal development to be implemented alongside staff support.

Part of the process of developing better quality electronic processes is to support the Executive Team and management structure to have better access to the data available. Initial development of organisational ‘dashboards’ are now being addressed. These will allow

an easier reporting process and an easier way of digesting information to become part of the normal way of doing business at the Hospice.

Underpinning the improvements in electronic data and record keeping has been a range of training to enable staff to feel comfortable with the software and to be able to use the associated computer programmes effectively.

How has progress been monitored and reported?

The implementation of more sophisticated recording and reporting systems have impacted throughout the organisation. As such there has been a wide awareness of progress and new ways of reporting. As well as the new forms of record and data presentation, refinements have also been made based on staff feedback and knowledge gained from training sessions.

Care Quality Commission Comments – (March 2013)

‘We were told that a new training framework was beingimplemented and we saw the records of the initial training that had taken place with the new system. Staff we spoke with confirmed that they had recently had mandatory training updates and new records were being kept. We saw that all members of staff had either had their training or had been given a date for their training. This meant that staff received appropriate professional development.’

The Way Ahead - Priorities for 2013/14

The priorities for quality improvement identified for 2013 - 2014 are set out below.

We have selected priorities that will impact directly on each of the three domains of quality; patient safety, clinical effectiveness and patient experience.

Following consultation with the staff and patient and carer groups, and key stakeholders Nottinghamshire Hospice confirms the following four quality improvement priorities

Patient Experience

Priority One: Inclusivity of our Diverse Community

How was this identified?

Following the work undertaken through our project linked to Black and Minority Ethnic (BME) communities accessing Hospice services, it was recognised that we needed to address ways of achieving more inclusive access to our services for all members of the community. Outreach and engagement means enabling any individual who meets our criteria to benefit from the range of care we offer.

How will this be achieved?

We shall take the learning that has been gained from our BME study and ally this with a review of marketing and information that the Hospice is undertaking. in this way we can look at how we let people know about the services they can access, and continue to work with the networks we have created to ensure clinical services start to reflect and deliver better cultural sensitivity. We shall look at raising awareness through staff training and by expanding the role of the community in our own operations, both clinical and spiritual for both patients and carers. Our activities programme will also look at continuing to engage with a range of different cultural experiences for our patients, as will our hospitality and catering.

How will progress be monitored and reported?

With our new ability to use data more effectively, we shall develop more effective measures of differing groups who attend the Hospice. We shall evaluate our activities programme on a monthly basis and involve the patients in deciding on relevant activities. Through our Support Services programme we will continue to develop relevant spiritual links look at the ability of our current operations to be responsive to all those who may wish to come to the Hospice.
The clinical team will follow up our initial links to parts of the local BME to see in what ways we can supply practical programmes of support which will enable people to access palliative and End of Life Care when they need it.
All of the above will be incorporated into individual performance frameworks and reflect corporate strategy. In this way through both managerial and clinical practice the Executive and management teams will be aware of progress and project development.

Clinical Effectiveness

Priority Two: Improving Communication Channels

How was this identified?

As part of the Staff Survey and in our attempts to ensure feedback from our patients and carers, the issue of communication and effective updates on what is happening at the Hospice, had been identified. This is especially prevalent in view of the fact that we shall be undertaking a substantial review of our Hospice at Home service this year (where many of the staff work alone or do not come to the Hospice regularly), and which will include addressing how we gain effective feedback on the quality of our service from those using it. There are also specific issues in ensuring that other services are comfortable in our communications with them such as GP's and the District Nursing teams.

How will this be achieved?

There is to be a full review of Hospice at Home services over the next 12 months. This will include a survey of patients and carers, the out-of-hours service and training and development of staff working in that team. A new intra-net is being developed and will form a core part of the communications system for all staff. Staff will have access to the intra-net both at work and home which will allow them to be current in terms of expectations and support provided by the Hospice to their areas of work. The inter-net site will also be developed to allow better access for the community in becoming aware of what we can provide and to feedback their own comments.
Outside of the Hospice greater emphasis will be put on informing wider parts of our community about the care services we have available. As seen in priority 1, this will be adjoining other aspects of our overall care strategy.
The links between our counselling team and Hospice at Home shall also be explored, with the aim of providing a more comprehensive support service including bereavement support to carers.

How will progress be monitored and reported?

As part of the continuing programme of change and evaluation of our patient quality initiatives, there will be regular reviews of process and projects through the Senior Clinical Team and the Executive Team. Regular updates will be also required through Clinical Governance alongside the key information gained from the patients and carers who access our services.

Patient Experience

Priority Three: Establish Increased Service Parity

How was this identified?

The Hospice has had a number of enquiries from both individuals and partner organisations either wishing to access our current services, or supporting potential development beyond the services we currently offer. Most notably these have been in relation to expanding our Hospice at Home service into North Nottinghamshire and the potential of providing in-patient beds.

How will this be achieved?

The Executive Team have agreed that further work should be undertaken to complete a feasibility study around the potential for providing an in-patient service. A consultant has already been appointed and the project work scoped out. The expressed need to develop our Hospice at Home services has been included in our Hospice at Home review which is being addressed over the forthcoming months. As a result we will be in a position to assess capacity and capability to expand our services.

How will progress be monitored and reported?

Both the consultants report and Hospice at Home programme will be part of the core work programme for the Senior Clinical Team and the Executive Team during 2013/14. Depending on outcomes Board approval may also be required to underpin development of our current operations.
In order to ensure effective assurance the Board and Executive Teams will require effective reporting and evidence collection to be a routine part of these central work-streams.

Patient Safety

Priority Four: Registration and Training of Clinical staff

How was this identified?

During 2012/13 there have been new national directives associated with re-validation of Doctors, concerns raised by the Francis Report and comments gained from the staff survey in regards to training and competence in practice.
Whilst the Hospice has always aimed to meet training requirements and support professional updating and practice, it is recognised that we are now in a position to improve on current systems

How will this be achieved?

Staff training both content and delivery formats will be addressed. There will be clear distinction between mandatory and developmental updates and monitoring will be linked to this.
All clinical staff will have a Personal Development Plan which will allow discussion around individual requirements and practice. Systems will also be put in place to meet re-validation requirements for the GP based at the Hospice.
As part of overall achievement targets, the need to ensure staff are trained and competent will be part of clinical managers remits. The Human Resources department will oversee the development of effective recording and reporting processes with regards to staff training.

How will progress be monitored and reported?

A series of regular quarterly reports identifying training outcomes and success rates will be established and these will be reviewed by the Executive Team and cascaded down to clinical managers. A programme of policy reviews will also be implemented to support staff in undertaking their remits. Staff will be expected to ensure they are meeting all expectations of their professional bodies working with the Hospice to achieve this. The Board will also be kept informed through the Chief Executive of how we the organisation is achieving in this area.

Part 2

Statement of assurance from the Board of Trustees

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialistpalliative care providers, and therefore we have provided explanations of what these statements mean.

Review of services

During the reporting period 2012/13 Nottinghamshire Hospice has provided six NHS services.

The services were as follows:-

- Day Services
- Hospice at Home
- Lymphoedema
- Physiotherapy
- Complementary Therapy
- Family and Carer Support Services, including bereavement support

Nottinghamshire Hospicehas reviewed all the data available to them on the quality of care in all of these services.

Income generated

Nottinghamshire Hospice is funded through an NHS Service Level Agreement andfund-raising activity. The grant allocated by NHS Nottingham City and NHS Nottinghamshire County represents approximately 30% of the Hospice's total income. The remaining income is generated through fundraising, donations, legacies, shops and lottery activity and investments.

What this means

The NHS service level agreement means that all services delivered by the Hospice are partly funded by the NHS and partly funded from charitable Hospice funds. The Hospice together with NHS Nottingham City and NHS Nottinghamshire County is signed up to thecommissioning contract for 2013/14 and as such has had a significant impact on the way our services funded.

Participation in national clinical audits and national confidential enquiries

During 2012/13, ***no*** national clinical audits and ***no*** national confidential enquiries covered NHS services that Nottinghamshire Hospice provides. Nottinghamshire Hospice provides specialised palliative care. Therefore, during that period, Nottinghamshire Hospice was ***not*** eligible to participate in any national clinical audits ***or*** national confidential enquiries. As

Nottinghamshire Hospice was ineligible to participate in the national clinical audits and national confidential enquiries, there is no list below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

Local Clinical audits (This section is currently being finalised)

Clinical audits have taken place within the Nottinghamshire Hospice; these form part of the annual audit cycle programme. The monitoring, reporting and actions following these audits ensure care delivery that is safe and effective. The clinical audit cycle includes audits around documentation, medicine management, medical equipment and patient satisfaction and patients preferred place of care during their End of Life Care.

Where indicated changes are implemented at an individual, team or service level and further monitoring is part of the cycle.

Research

The number of patients receiving NHS services provided by Nottinghamshire Hospice in 201/12 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

Quality improvement and innovation goals agreed with our commissioners

Use of the CQUIN payment framework

Nottinghamshire Hospice income in 2012/13 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (**CQUIN**) Incentive Scheme Payment Framework.

Data Quality

Nottinghamshire Hospice did not submit records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Nottinghamshire Hospice score for 2012/13 for information Quality and Records Management was not assessed using the Information Governance Toolkit. This toolkit is not applicable to palliative care.

Why is this?

This is because Nottinghamshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own system in place for monitoring the quality of data and the use of the electronic Patient Information system, Blueflower.

Part 3Review of Quality Performance – (This section is currently being finalised)

Comparison of data information by the National Minimum Dataset figures for 2009/10 show thatNottinghamshire Hospice attendance figures for the Day Therapy Unit and Hospice at Home service is higher than the national average for the whole year.

Statement from the Overview and Scrutiny Committee

The Joint Health Scrutiny Committee is aware of the work of the Hospice, having already reviewed our performance and will evaluate its response in due course. The Hospice will place the views of the Committee here when they are agreed.

Statement NHS Nottingham City PCT

The Nottingham City PCT who has been the Lead Commissioner for the Hospice's services will provide us with a statement in due course.

Nottingham Local Involvement Committee (requires a insert from the group)

The Nottinghamshire County LiNK has had no dealings with the Hospice during 2012/13,we shall however submit the report for their comments.