

Welcome to



nottinghamshire hospice
adding life to days

Beverley J Brooks MBE - Chief Executive

John Gibbon - Director of Care Services

The Hospice Movement



"You matter because you are you. You matter to the last moment of your life and we will do all we can, not only to help you die peacefully, but to live until you die."

Dame Cicely Saunders (1912 -2005)
*Founded first modern hospice,
St. Christopher's, in London in 1967*

Aim of Nottinghamshire Hospice is to:

"Ensure the best possible palliative care for adults with any life limiting illness, and to give respite and support for their carers"

Nottinghamshire Hospice: who are we?



- ❑ Nottinghamshire Hospice is a registered charity.
- ❑ Opened in 1980.
- ❑ Our services are provided free of charge to our patients and their families.
- ❑ The Hospice is governed by a board of Trustees who work on a voluntary basis and are responsible for the overall governance and strategic direction of the charity.
- ❑ The Chief Executive is Mrs Beverley J Brooks MBE.
- ❑ Nottinghamshire Hospice is regulated by the Care Quality Commission.

Nottinghamshire Hospice: Funding



- ❑ Hospice costs £3 million per year to run
 - ❑ Costs £160 per day for a patient in Day Therapy - 50% of which we receive from the NHS
 - ❑ Costs on average £28 per hour to run the Hospice at Home service - 50% of which we receive from the NHS
- ❑ The balance of funds required is £2 million - raised through Fundraising, Donations, Shops, Legacies & our weekly Lottery

Nottinghamshire Hospice

Business Team



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Chief Executive Team

- ❑ Governance - Trustees
- ❑ Human Resources
- ❑ Volunteers
- ❑ Health & Safety
- ❑ Finance



Fundraising and Marketing Team

- ❑ Lottery
- ❑ Hospice Retail Outlets x 10
- ❑ Hospice Warehouse
- ❑ Fundraising - Corporate/Community/Events/Legacies
- ❑ Marketing - Website/Social Media/Hospice Literature

Registered Charity No. 509759

Nottinghamshire Hospice

Care Team



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- ❑ Day Therapy
- ❑ Hospice at Home

With access to..

- ❑ Nursing and Medical Care
- ❑ Physiotherapy
- ❑ Lymphoedema treatment
- ❑ Complementary Therapy
- ❑ Activities programme
- ❑ Bereavement, Counselling and
- ❑ Faith support
- ❑ Home made food



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Day Therapy at our Hospice



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- ❑ Managed by team of qualified Health professionals, enhanced by volunteers.
- ❑ Nursing care provided by Registered Nurses and Palliative Nursing Assistants.
- ❑ For patients with a prognosis of one year or less.
- ❑ Patient referrals welcome from any Health Care Professional and also self referrals.
- ❑ Meeting all patients' complex needs in comfortable, non-hospitalised environment.
- ❑ Care provided for up to 35 patients per day, 5 days per week.
- ❑ Gives families respite and time to be themselves



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Day Therapy Activities

- ❑ Putting our philosophy into action
 - ❑ Patient led
 - ❑ To offer new experiences/access old favourites - yes we do bingo too!
- ❑ Meet the stars
- ❑ Entertainment & Parties
- ❑ Relaxation, yoga, singing, painting, boat/shopping trips, pub lunches



Hospice at Home



Hospice at Home is for patients who have a prognosis of less than 6 months to the end of their life and also those wish it is to die at home.

- ❑ Hospice at Home delivers over 37,000 hours of nursing care each year in the patients home.
- ❑ Variable shifts over 24 hours- 365 days of the year for a minimum of 3 hours on each shift - Tailored around the patients needs.
- ❑ Enhances the quality of life for the patient and carer - lessens carer fatigue.
- ❑ Enables the patient to stay at home as long as possible or die at home.
- ❑ Patients may be referred by any health care professional.
- ❑ Care can be booked up to 1 week in advance.



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Caring for Carers

Caring for our Carers – care, respite, support,



In the forefront, in the background we are here for
the patient and their loved ones

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Quality Priorities for 2013/14

❑ **Priority 1**

❑ **Inclusivity of our diverse community**

- ❑ identified through review of our service provision and equity of availability
- ❑ Currently have a project lead in post undertaking a programme of outreach and engagement
- ❑ working with the community to identify need and resources
- ❑ Will be monitored through action plan and Hospice Strategic Plan/Board reports

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Quality Priorities for 2013/14

❑ **Priority 2**

❑ **Improving Communication Channels**

- ❑ Identified through feedback from partners eg GP's, Public Events and staff feedback
- ❑ Raise our profile and improve awareness of service provision
- ❑ Upgrade our intra/internet
- ❑ Feedback loops from patients, carers, partners
- ❑ Increase leadership capacity development
- ❑ Range of monitoring programmes

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Quality Priorities for 2013/14

- ❑ **Priority 3**
- ❑ **Establish increased service parity**
- ❑ Identified through patients/partner organisation requests
- ❑ Feasibility study for in patient services
- ❑ Focus on developing a 'Living Well' service with Commissioners
- ❑ Provide greater individual choice and independence, potential to reduce admissions
- ❑ Monitored through Executive Team and Board

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Quality Priorities for 2013/14

❑ **Priority 4**

❑ **Registration of professional staff**

- ❑ Identified by national drivers, supporting professional development, staff survey
- ❑ Ensure organisational governance
- ❑ Focusing staff development to service need
- ❑ Linking individual responsibility to service provision
- ❑ Monitored through staff PDP programme



"We cannot add days to their lives but with your help we can add life to their days"

Nottinghamshire Hospice

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