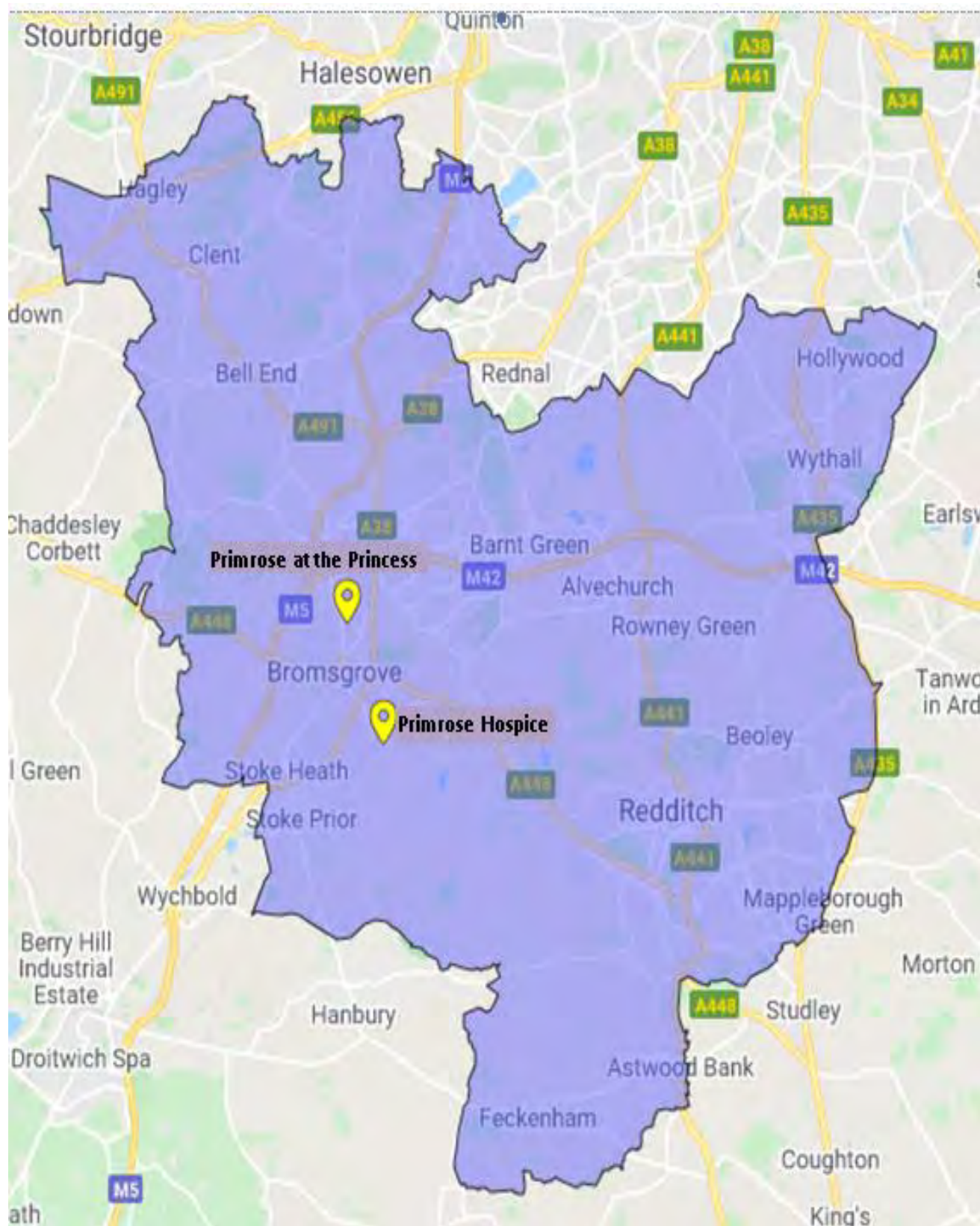




Quality Account 2020 - 21



Registered Charity No. 700272



PART 1

Chief Executive's Statement of Quality



David Burrell
Chief Executive Officer

On behalf of the Trustees and Staff I am pleased to present the 2020/2021 Quality Account for Primrose Hospice and Family Support Centre.

The purpose of this report is to provide information about the quality of our services and to detail some of the progress we have made during the past year as well as looking at priorities for 2021/2022.

The report is for all our stakeholders - our patients, families and carers, the general public in our communities, the local statutory and voluntary sector organisations that we work with along with our NHS commissioners.

As with all organisations, the last 12 months have been dominated by Coronavirus.

COVID-19, the global Pandemic and associated restrictions has been one of the greatest challenges that Primrose Hospice and Family Support Centre has faced.

The response from Primrose Hospice has been determined and proportionate and followed these principles:

- Patient, staff, client and volunteer safety is paramount.
- Maintain services where we can – change the models if necessary.
- Look at novel approaches to support the community.
- Maintain our reputation and standing in the community.
- Be here after the outbreak... be financially robust.

I'm very pleased that Primrose Hospice and Family Support Centre has played its part supporting this community through these challenges, expanding capacity, working differently and looking for opportunities to provide new and novel services.

We have adapted and learnt how to support people in different ways, using remote conferencing platforms where possible, having continued face to face support on an individual basis and maintaining groups whenever possible.

In recognition of the complexity of supporting our patients and clients remotely we increased nursing cover to 5 days per week and increased counselling hours by 32 hours per week.

I am very pleased that throughout the pandemic to date, only 2 members of staff have tested positive and were able to isolate with minor symptoms only.

Robust and determined action early in the pandemic has protected our staff, volunteers, clients and patients.

Prudent management of our financial situation and the benefit from national initiatives, donations from individuals and organisations have helped ensure that we are a viable concern going forward.

We are grateful for the financial support we have received and also for the camaraderie that we have benefited from within the Hospice Sector and the NHS.

We have not endured any shortages of equipment or PPE during the pandemic to

date and actually supported some local NHS institutions with supplies from our stock. Like many organisations COVID has brought challenges but also opportunities:

- We have learnt how to support patients and clients remotely.
- We have invested in facilities that will support group meetings with social distancing being maintained.
- Staff have worked flexibly covering non-traditional roles and ensuring our services are maintained.

We are now at a turning point where we are boldly re-imagining our services with a view to moving to more sustainable services and new models of care and family support.

We played our part during the pandemic; we will continue to adapt our services through the next phase and we will emerge as a viable organisation which will continue to serve this community.

To the best of my knowledge the information reported in this Quality Account is accurate.



Primrose Hospice was due to be inspected by the CQC in 2019/2020 but inspections were suspended due to Covid. A summary of our most recent inspection is detailed below.

Primrose Hospice **Good**



St Godwalds Road, Bromsgrove, B60 3BW
(01527) 871051

Provided by: The Primrose Hospice Limited

CQC inspection area ratings

(Latest report published on 16 August 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

Mission Statement

Primrose Hospice is a charity which enhances quality of life for people with life limiting illness in North East Worcestershire; in addition, we provide care and support for families, carers and friends.

Vision Statement

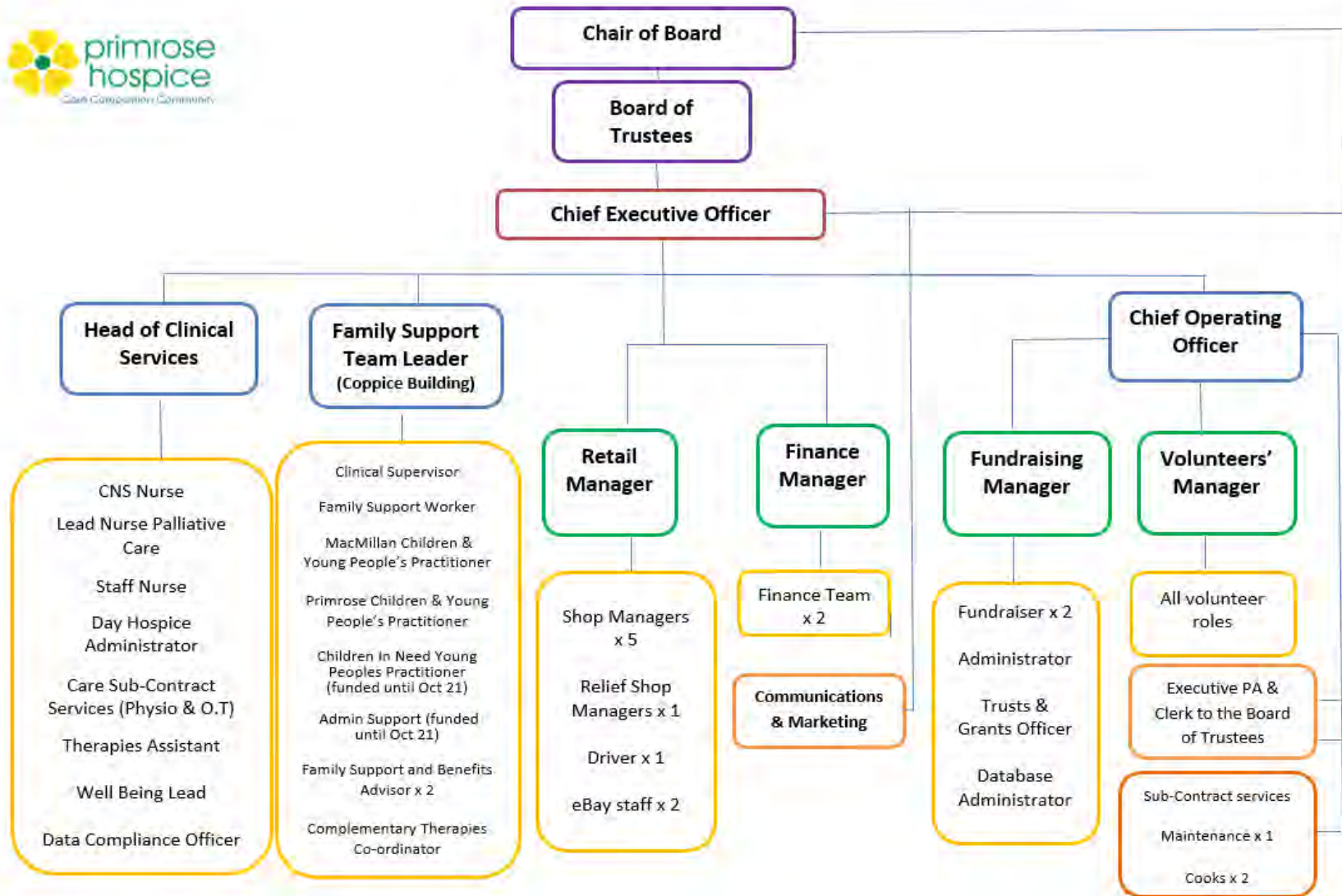
To provide the best possible care and support to anyone in our catchment area who requires our services, ensuring choice and empowerment for every individual.



Senior leadership team



Socially distanced group meeting



Our Services

Primrose Hospice is an independent local charity based in Bromsgrove and provides services to patients and their families across the North East Worcestershire area. Supporting anyone with a life limiting illness along with their families.

We offer a wide range of services to our patients, families, friends and carers.

We rely heavily on our wonderful volunteers to support the staff to deliver our services. We currently have over 360 volunteers, including our Board of Trustees; we are grateful to them all for their time and dedication to Primrose Hospice. Without them we could not provide such excellent quality services to so many local people.

There are 2 main parts to our services and both teams work closely to deliver support to individuals and families:

Clinical Team

The specialist team provide a range of support for patients diagnosed with a life limiting illness, both on-site and in patients' homes including nursing, pain management, prescribing of drugs, symptom control, physiotherapy, occupational therapy, well-being and emotional and spiritual support. The team are fully trained in a process called ReSPECT which enables them to support patients to make decisions regarding what is important to them at end of life.

Family Support Team

This team offers individualised support to adults and children including a counselling service, benefits advice, complementary therapy and group support. Families are supported both prior to and after a bereavement and our specialist counsellors and trained support volunteers help individuals and families to come to terms with losing someone they love. Our specialist children's workers support young people to express their emotions through craft and play activities. We offer help both here in our specialist centre and in people's homes.



Primrose quarterly bulletin winter 2020



PART 2

Priorities for Improvement 2021 - 22

Primrose Hospice is fully compliant with the section 20 regulations of the Health and Social Care Act 2008.

Planning for the Future

Strategic overview and summary

Planned Priority Improvements for 2021-22	
Improvement Priority 1	To invest in the Clinical Services Team to increase the number of post holders providing services and invest in equipment, education and training to provide an increased range of services.
Improvement Priority 2	To increase Day Therapy utilisation (previously 'Day Hospice') so that we support more people. This will be achieved by a concerted campaign to promote services to Healthcare Professionals together with adapting services to be more relevant to an increasing number of people.
Improvement Priority 3	To improve the provision of drop in services at Primrose Hospice and Family Support Centre making our services easier to access with the aspiration to become a community hub for people impacted by end of life.
 <div><p>We are here for YOU AND YOUR FAMILY</p></div>	

Progress against the Improvement Priorities identified in 2020 – 21

There were 2 planned priority improvements set for 2020/2021. These priorities were set prior to the COVID-19 pandemic and clearly this outbreak has dominated the year.

Improvement Priority 1

Following some recent staffing challenges, our initial priority will be to maintain services and ensure that our services are not overly dependent on individuals so that sustainability is improved.

Improvement Priority 2

To undertake a Care Services Review to ensure that our services are “Fit for the Future” and able to accommodate ever increasing demand and complexity. This review will take up to 12 months to complete and will collaborate with users and Stakeholders to recommend appropriate and affordable services.

Progress made against Priorities 1 and 2

Both of these priorities changed dramatically to become focused on supporting people during a pandemic, whilst keeping everyone safe.

We are very proud that we managed to rapidly adapt our services for patients moving to on-line and remote support together with safe practices for contact when required. Groups continued where possible and safe to do so. We have also learnt how to better utilise technology for consultations, groups and for remote working should staff be required to isolate.

The work on Services Review (Priority 2) has now gained momentum with the appointment of a new and experienced Head of Clinical Services who has developed a vision for our services and we are now starting to implement multiple work streams.

COVID-19 partly became a catalyst that stimulated us to think differently about the services we provide and how we provide them and if we are to take some positives from this difficult period, it is that we were provided with challenges that made us fundamentally rethink how we operate. We will build on what we learnt in 2020-21 to further enhance our services to patient and clients.

Review of Services

Hospices are required to report against those services commissioned by their local NHS.

We currently provide the following services either face to face, by telephone or webinar:

- Day Therapy
- CNS Clinics
- Physiotherapy
- Occupational Therapy
- Wellbeing Services
- Family Support Services
- Complementary Therapy

Income Generation

Primrose Hospice receives an annual grant from Hereford and Worcester CCG representing approximately 17.75% of its overall costs. During the financial year 2020/21 additional payments have also been received from the CCG in respect of COVID support. This is in recognition of the impact of COVID-19 and the additional costs that hospices face as they continue to provide palliative and end of life care during the pandemic. Funds have also been gratefully received from the Treasury UK, the Job Retention Scheme and grants from our local authorities. We are not expecting any further funding from the Treasury for the year 2021/22.



Quality Improvement and Innovation Goals agreed with our Commissioners – CQUIN payment Framework

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Primrose Hospice income in 2020 - 21 was not conditional on achieving quality improvements and innovation goals through the CQUIN payment framework.

Participation in Clinical Audits

During 2020 - 21, there were no requests to take part in any national clinical audits or national confidential enquiries that covered Hospice services. During this period Primrose Hospice was not therefore required to participate in any national clinical audits and national confidential enquiries.

The following clinical audits were undertaken and reviewed by Primrose Hospice during 2020 - 21. As a result of these the appropriate observations have been documented and actions have been taken to improve the quality of services

Infection Control Audits (Biannual)

Kitchen Audit

Controlled Drugs Accountable Officer Audit

Environment Audits – Day Hospice Building and Coppice (Bi-Annual)

COVID-19 Risk Assessment Audit

Access to Patient Records Audit

Handling of Linen, Waste Disposal, Sharps & Patient Equipment Audit

Primrose Hand Hygiene, PPE and Clinical Practices Audit

Data Quality

Monthly data quality checks are performed to ensure the accuracy and timeliness of the data we collect. We understand that high-quality data is important and can lead to improved patient care and the services being delivered.

Secondary User Service (SUS) Submissions

The Secondary Uses Service (SUS) is a collection of health care data required by hospitals and used for planning health care, supporting payments, commissioning policy development and research. Smaller providers including Hospices are not required to complete these data submissions and are therefore not included in any published data.

Primrose Hospice continues to participate in Hospice UK national data collection as and when requested. No returns were made during 2020-21.

Information Governance and IG Toolkit

In February 2021 the Senior Information Risk Officer, the Caldicott Guardian and the Data Protection Officer jointly completed the NHS Data Security and Protection Toolkit Self Assessment and Primrose Hospice were compliant with all mandatory requirements.

Duty of Candour

It is the policy of Primrose Hospice to take an honest and open approach with users of our services, and when things go wrong with care or treatment to provide service users and other relevant persons with support, truthful information and a written apology.

It is broadly acknowledged that healthcare treatment is not risk free. Patients, families and carers usually understand this and want to know not only that every effort has been made to put things right, but every effort is made to prevent similar incidents from happening again to someone else. A critical test for patients' trust in Primrose Hospice is how we respond when things go wrong.

Primrose Hospice ensures an honest and open culture exists across and at all levels within the organisation, and ensures that systems are in place for reporting notifiable safety incidents and informing relevant person(s) in a timely manner when such an incident has occurred.

Deaths

The majority of people when asked to express a preference would prefer to die at home; therefore ensuring that patients' preferences are met is often considered a good quality marker for good end of life care.

For patients who have received care from our Clinical Services team and when the information is available, we document the preferred place of death and also the actual place of death. Some patients choose not to express a preference or it is considered inappropriate to ask. A number of our patients are also discharged and referred onto the Community End of Life Care teams prior to their death and therefore in this instance we would not capture the data directly.

Statutory Notification of Death.

The Care Quality Commission (CQC) has confirmed that the hospice is not required to complete a statutory notification of death unless a patient actually dies on our premises.

What others say about us

As a health care provider the Hospice is required to register with and maintain registration status with the CQC and as such we are required to demonstrate our ability to meet the necessary standards for continuous registration.

Primrose Hospice is subject to periodic reviews by the CQC and as reported in the last Quality report its last unannounced on-site inspection review was on May 18th 2016. The Hospice was awarded an overall rating of 'Good' following this inspection and was considered to be 'good' in each of the five CQC Domains; safe, effective, responsive, caring, well-led. Primrose Hospice has not participated in any special reviews or investigations by the CQC during the reporting period. The Care Quality Commission has not taken any enforcement action against Primrose Hospice during 2020-21.



The Family Support team - Worcestershire Health and Social Care Awards finalists.

PART 3

Quality Overview and Clinical effectiveness

Staffing

Staffing levels and structure as at 31.03.21 are shown below:

Contracted Staff :

Post	Head Count
Head of Clinical Services	1
Clinical Nurse Specialist	1
Senior Nurse Palliative Care	1
Staff Nurse	1
Wellbeing Services Lead	1
Therapies Assistant	1
Care Team Administrator	1
Family Support Administrators	2
Head of Family Support	1
Adult Family Support Worker	1
Family Support and Benefits Adviser	2
Family Support Supervisor	1
Children and Young People's Support Workers	3
Complementary Therapy Coordinator	1
Total	18

Bank Staff

Post	Head Count
Staff Nurse/Day Hospice	1
Total	1

Subcontracted Staff :

Post	Employed by
Physiotherapist	WHACT
Occupational Therapist	WHACT
Total	

Staff Sickness and Furlough

Staff sickness levels and staff furloughed for 2020/2021 are shown below:-

Clinical Team & Family Support

	Q1	Q2	Q3	Q4	Total
Available days to work	723	839	815	785	3162
No days of sickness absence	20.5	5	0.5	7	33
% of days / shifts lost	3%	1%	0%	1%	1%

Contracted in Staff Physiotherapist and Occupational Therapist

	Q1	Q2	Q3	Q4	Total
Available days to work	76	79	79	75	309
No days of sickness absence	8	1	5	51	65
% of days / shifts lost	11%	1%	6%	68%	21%

Staff Furloughed

Furloughed Staff		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Team	Number of staff furloughed during the month	1	1	1	1	1	1	1	1	1	1	0	0
Family Support		3	2	2	2	2	1	1	0	0	0	0	0
Total		4	3	3	3	3	2	2	1	1	1	0	0
Clinical Team	Days Furloughed	17	15	15	18	16	18	17	17	18	10	0	0
Family Support		48	31	31	37	23	14	9	0	0	0	0	0
Total		65	46	46	55	39	32	26	17	18	10	0	0

Vaccinations 2020/2021

Flu

All staff within the Clinical teams and Family Support services were encouraged to participate in the flu vaccination scheme during the winter which was offered free.

100% of the Clinical Care team received a vaccination and 66% of the Family support team received vaccinations.

COVID-19

A COVID-19 vaccine has been offered to all frontline health and social care workers across Hereford and Worcester. All staff and volunteers at Primrose Hospice have been asked to participate in this priority programme. Within the Clinical team 100% of staff have received both their first and second vaccinations.

Training

Staff mandatory training is determined essential to the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. The table below summarises the position for the Clinical and Family Support teams as well as other non-care support staff as at 31/03/2021.

Staff training position as at 31.03.21

Module	Clinical Team & Family Support (%)	Non-Care (Support) %
Fire Safety	100	100
H & S	95	100
Manual handling (theory)	95	100
Information Governance	95	100
Fraud Awareness	90	96
Equality and Diversity	95	96
Communication Essentials	90	92
Infection control	100	100
Palliative & End of Life Care	90	92
Safeguarding	100	100
WRAP	100	100
Complaints Handling	90	100
Consent	95	N/a
Manual Handling (clinical staff)	100	N/a
Suicide Risk	95	N/a
Nutrition & Hydration	100	100
Care Planning		
Medicines Management	100	N/a
Palliative Care Emergencies	100	N/a
Mental Capacity (clinical staff)	100	N/a
Adult Basic Life Support (clinical staff)	100	N/a

Who has accessed our Services?

Indicator	2020/21
Number of individual service users who received care or support from the services provided by Primrose Hospice.	1182
Total number of new referrals received and recorded onto our caseloads.	809
The number of COVID related referrals.	55
Total Number of nurse led patient consultations	2299
Total number of *Physiotherapy and Occupational Therapy consultations. <small>*please note our Physiotherapy service has been suspended since Dec 20.</small>	364
Total number of Wellbeing related support contacts and including the younger women's support group called the GALS Group.	203
Total Number of Family Support and Complementary Therapy client contacts – Adults.	4383
Total Number of Family Support contacts– Children.	340
Total Number of Benefits Advice contacts.	500

Referrals and Activity 2020/21

It is not an exaggeration to say that this year has provided the Hospice with some of its greatest challenges. Throughout the COVID period our staff have worked tirelessly to ensure our patients and their families have received ongoing care and support. Wherever possible and with caution we have continued to provide face to face care but we have also changed and adapted services, working differently to ensure all our patients and families are cared for as safely as possible and within guidelines. To this end we have reviewed and changed our service delivery models making much more use of telephone support and remote platforms.

Our new Virtual Primrose programme provides patients and their families a chance to book on to one of our informative, social or active online events. The sessions are run by our Clinical and Family Support teams along with volunteers and are delivered via Zoom; ranging from Tai Chi and arts and crafts to sessions with our nurses and counsellors.

Our services have continued to be well utilised throughout the year. The following charts provide a breakdown of the number of referrals into our services along with the number of support contacts we have carried out during the year with our service users.

Charts 1 – 5 provide a breakdown of all referrals received into our Clinical Services team during the year, along with the number of patient care contacts they provided. Whilst the number of new referrals received across our services was more limited than usual, existing patients continued to receive ongoing care.

Chart 1:

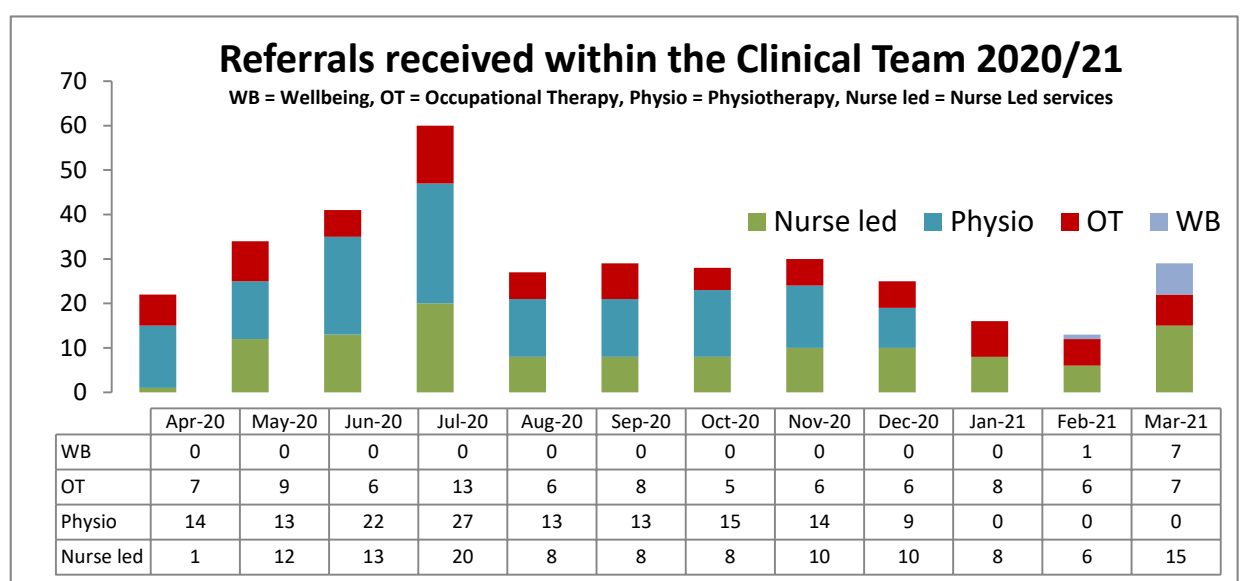
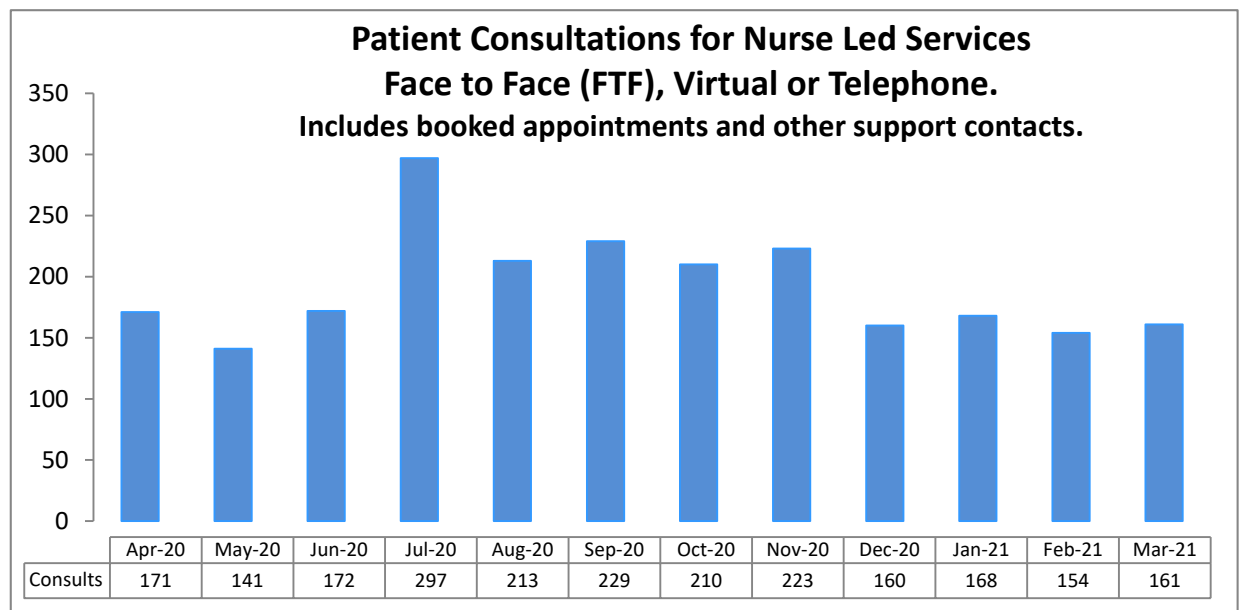
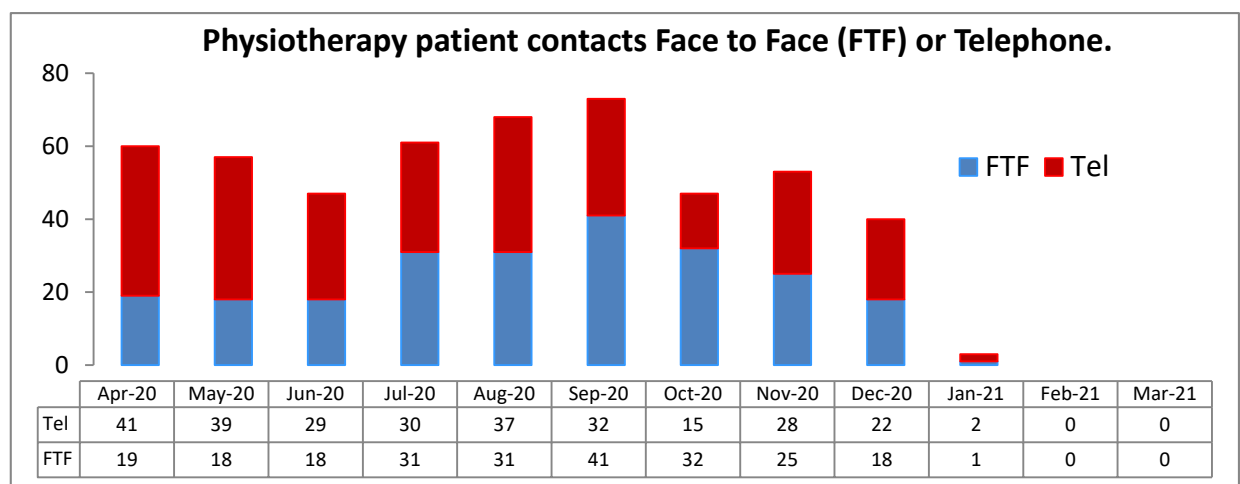


Chart 2:



- Referrals and activity into our nurse led services peaked during July; this is due to the appointment of a new Clinical Nurse specialist following a period of vacancy within the team

Chart 3:



- As highlighted in charts 3 and 4 both Physiotherapy and Occupational Therapy services continued throughout the COVID-19 pandemic, providing both face to face and telephone support along with meeting the ongoing needs of equipment provision to our patients. Our Physiotherapist has been absent since mid December and whilst patients within this caseload continued to receive care from other team members no new referrals have been accepted into our Physiotherapy service.

Chart 4:

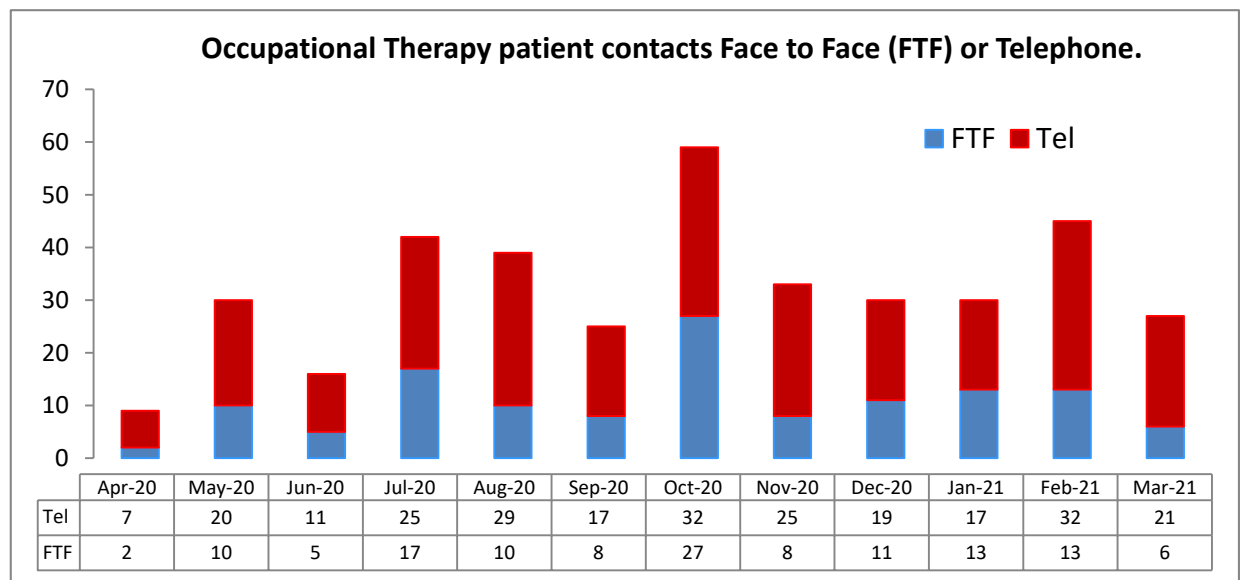
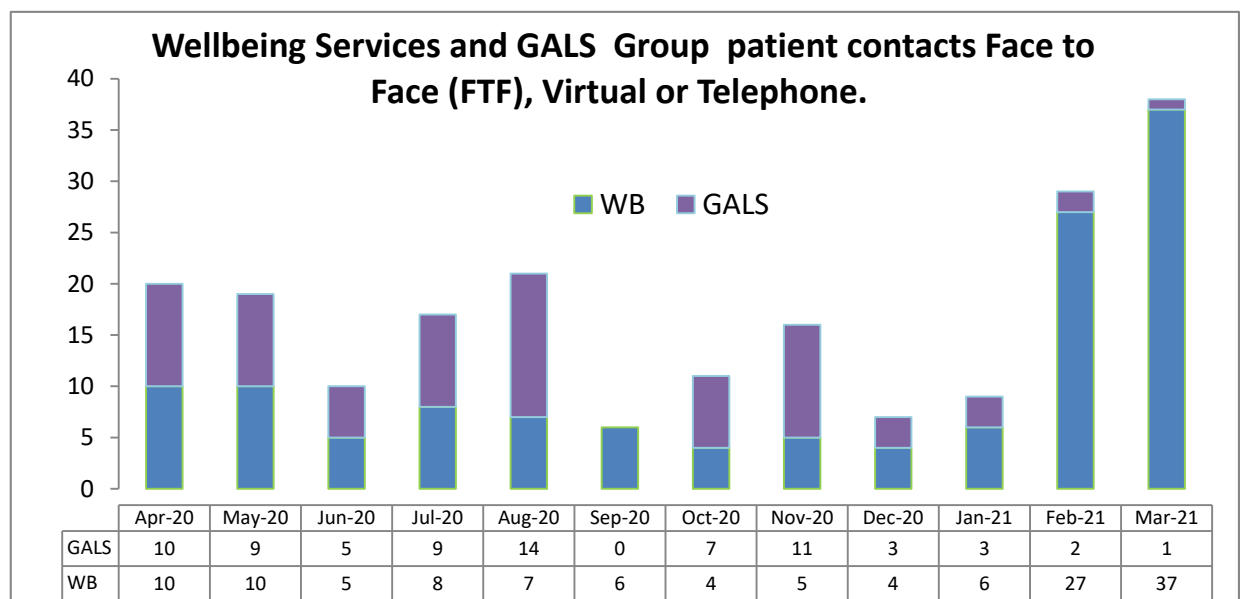


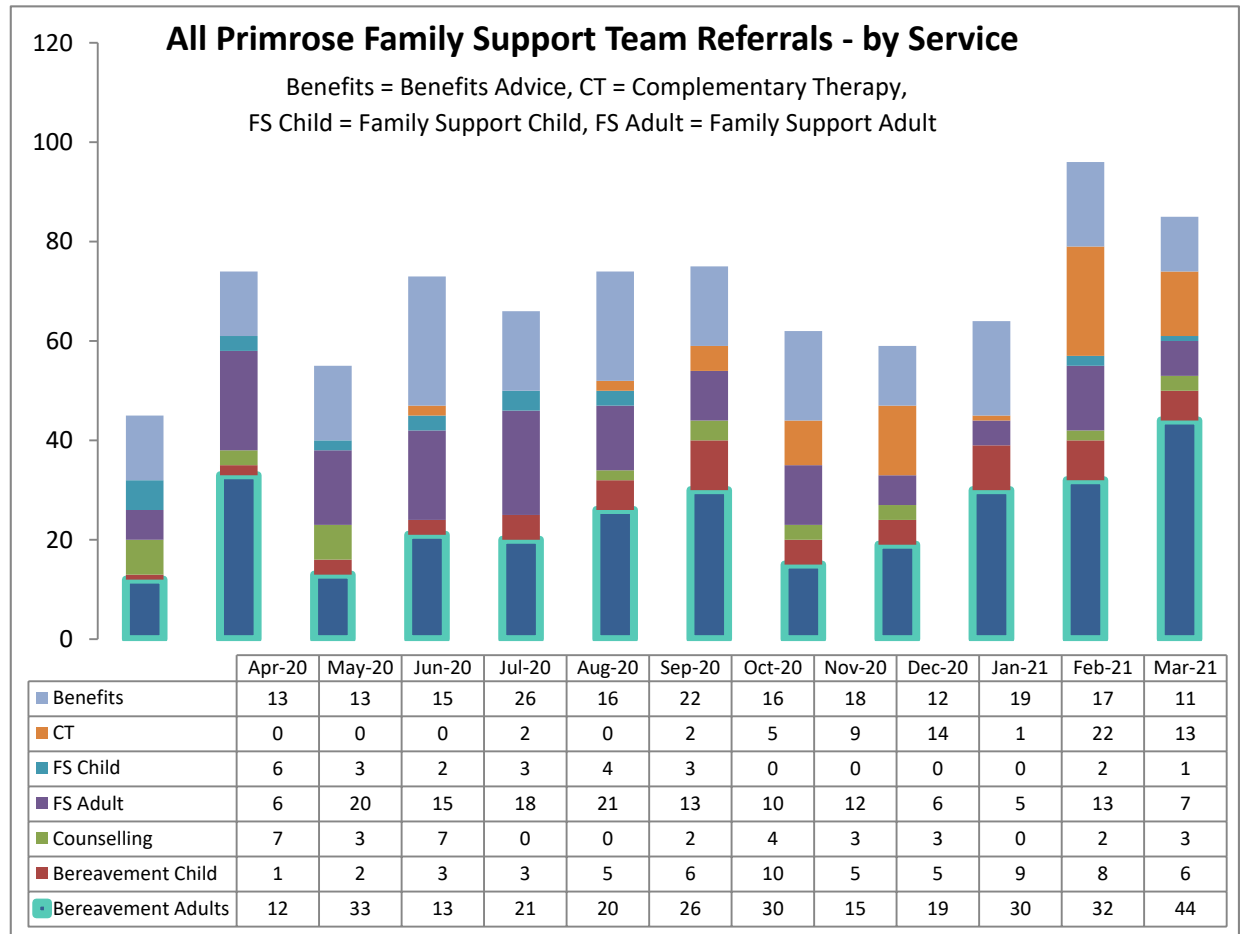
Chart 5:



- Our Wellbeing lead was furloughed in March 2020 and returned in January 2021. During this period group sessions within the Wellbeing service were temporarily suspended; therefore no new referrals were received during this time. Existing patients were supported via telephone contact by members of our Clinical team and Family Support staff. Members of the younger women's support group 'GALS' were also supported by telephone contact rather than the usual face to face group sessions.

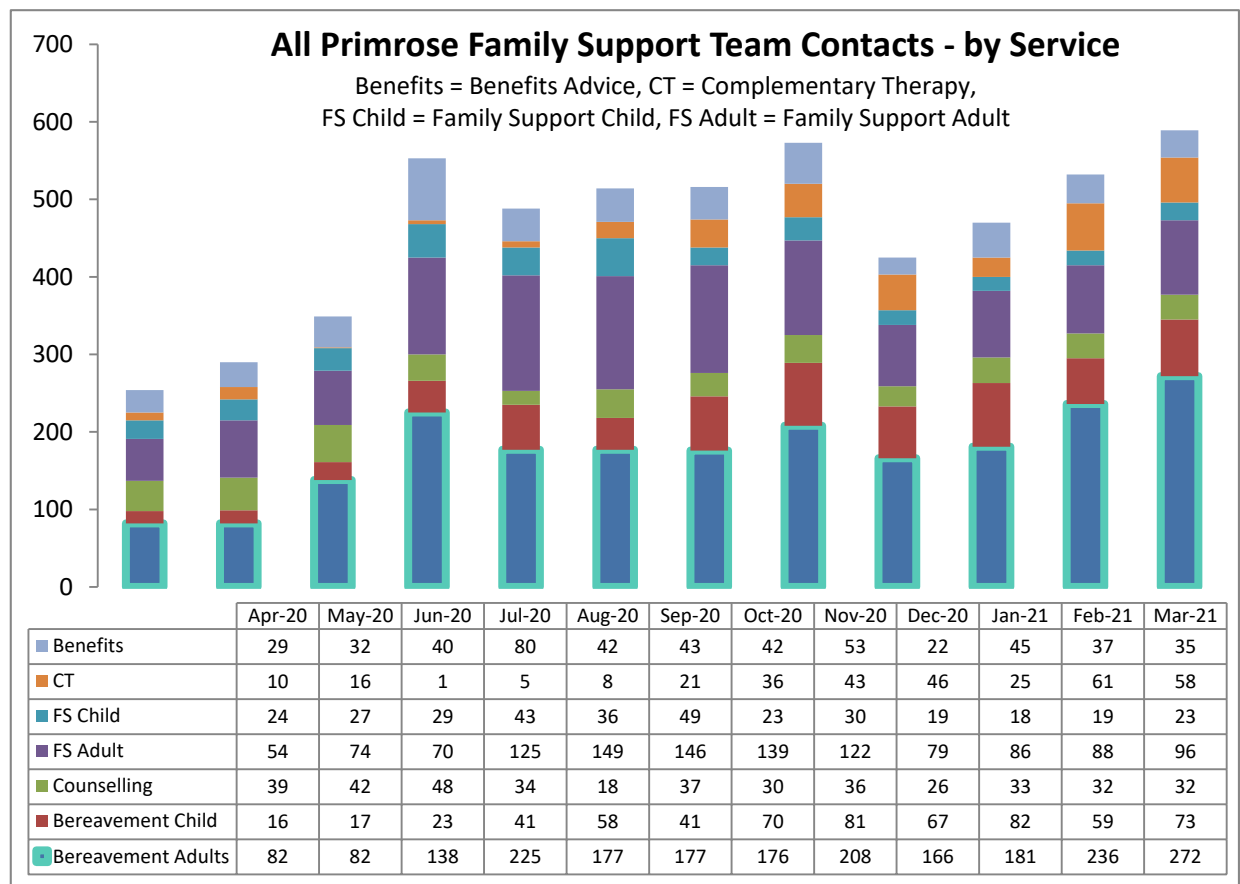
Charts 6 and 7 provide a summary of all referrals received into our Family Support Services during 2020/21, along with the number of care contacts they provided.

Chart 6:



- New referrals and contacts for both our adult and children's Bereavement services remained high throughout the year with particular peaks in activity seen during July and then again during February and March.
- Within our Benefits Advice service peaks in both activity and referrals were seen during July.
- For both our Adults and Children's Family Support services growth in contacts were seen between July and November.
- Due to the nature of Complementary Therapy and its close physical contact this service was suspended for the first part of the year. Clients continued to be supported via telephone with virtual sessions resuming in the autumn.

Chart 7:



Demographics.

Table 1:

Ethnicity of new referrals into the Hospice across all services for 2020/21.

Ethnicity	%
White British	76%
Other White European	0%
Asian / British Asian	2%
Black or Black British	1%
Mixed Race	1%
Not given /unknown	20%

Table 2

Age group split for new referrals into the Hospice across all services for 2020/21.

Age Group	%
0-17	9%
18-25	3%
26-39	8%
40-49	9%
50-59	15%
60-69	20%
70-79	22%
80-89	11%
90-99	2%
100 +	0%

Table 3

Gender split for new referrals into the Hospice across all services for 2020/21.

Age Group	%
Male	39%
Female	61%

Safety and Effectiveness

Clinical Incidents

Patient and client safety incidents are any unintended or unexpected incident which could have or did lead to harm for someone accessing our services. All incidents and near misses are documented and the importance of staff raising both clinical and non-clinical incidents continues to be encouraged. Clinical incidents continue to provide a useful means of reflecting on difficult situations, and how we can make improvements for the future. Non-clinical incidents are reviewed at the regular Health and Safety meetings and all clinical incidents at the Clinical Governance Committee.

During the year 2 Clinical Incidents were reported as detailed over.

1. During April 2020 a member of staff tested positive for COVID 19 and immediate advice was sought from the Health and Care Trust. The staff member stayed at home and isolated as soon as symptoms presented; prior to this appropriate PPE had been worn and all health and safety guidance had been followed during home visits.
2. During August 2020 a client known to our Family Support team posted an adverse comment on the Primrose Hospice Facebook page raising concerns that she had not received any counselling support from the Hospice during the Coronavirus pandemic. Our Head of Family Support services made contact with the client to investigate and discuss her concerns further. The client acknowledged that there had been a misunderstanding between the two parties as she was also receiving care from another provider which would have limited our own involvement in her care.

Accidents

There were no patient related accidents reported during the year.

Complaints

The Hospice always works hard to deliver the highest possible standards of care to patients and families. During the year there were no formal complaints made regarding our clinical services. One adverse comment was made as detailed previously in the clinical incidents section.

Compliments

Last year 71 expressions of thanks or compliments about our staff and care services were documented. An example is detailed below:

"To you it's your job, to us you were our lifeline, you gave us respect, care, dignity but above all you gave support and confidence, you went above and beyond your job. Our heartfelt thanks to you from all of us here. We will always remember you".

Medication Errors

No controlled drugs are stored or used at Primrose Hospice. The Controlled Drugs Accountable Officer is a member of the NHS Arden Intelligence Network and provides quarterly occurrence reports as required.

Slips, Trips and Falls

There were no patient related slips, trips or fall during reported during the year.

Infection Control

As Primrose Hospice has no inpatient facility, MRSA, MSSA and other infections are not reported. Extensive infection control measures are in place. Patients and staff with diarrhoea or vomiting suspected to be related to infection are asked not to attend until 48 hours clear of symptoms. Symptom screening for potential COVID-19 infection is in place. The device associated infection rate is zero.

ReSPECT / Advance Care Planning (ACP)

The concept of and the opportunity to engage in Advance Care Planning is discussed with all patients. Advance Care Planning is a process that can take place over a period of time and a number of discussions. The ReSPECT process encourages people to have conversations and create a personalised plan to ensure they get the right care and treatment in the future when they are no longer able to make or express their own choices. The process is intended to consider both the choice of patients and the clinical judgement of health care professionals. The ReSPECT process can be particularly important for people who have complex health care needs or people who are likely to be nearing the end of their lives.

Patients attending Day Therapy and Clinical Nurse Specialist Clinic are offered the opportunity to record their preferences using a ReSPECT document. In addition to this patients may be supported to complete an Advanced Decision to Refuse Treatment should they wish to do so.

Discussions around resuscitation are approached wherever possible and appropriate. Staff use their judgement in deciding which patients would find these discussions helpful and which would find them too difficult or distressing.

Within our nurse led services, 75% of patients had commenced care planning discussions as at 31.03.21; this includes patients who chose not to make any advanced decisions. For 19% of patients the discussions were not considered appropriate and the remaining patients had not yet been seen.

Safeguarding

Primrose Hospice is fully committed to safeguarding the welfare of all those it cares for. We recognise our responsibility to promote safe practice and to protect all from harm. The rights, wishes and feelings of all those we care for and those important to them will be respected and listened to. Our Safeguarding policies and procedures ensure that robust systems are in place and set out the framework within which all employees and volunteers of the organisation are required to work to keep children, young people and adults safe. The welfare of those we care for will always be paramount. The Head of Family Support is the Safeguarding lead for the Hospice. During the period April – March 2020/21 there were no safeguarding issues reported.

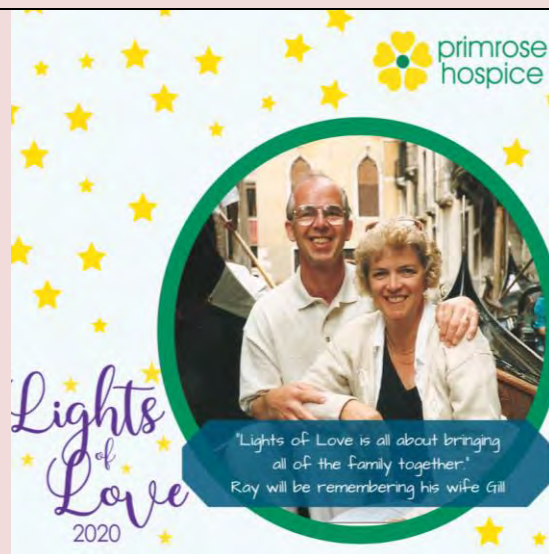
Feedback

What patients, families and carers have said about us this year:-

"Just a few words to say a massive thank you to you and all the wonderful staff and volunteers at Primrose Hospice. I cannot put into words how much you have all helped me in my darkest of times. Now we are all entering uncharted waters so people are scared and worried but if we all pull together we will get through it."

"We can't thank you enough for the outstanding care you provided to my Dad. Your compassion, support and professionalism during such a difficult time will never be forgotten & you will always remain in our hearts."

"Thanks to Sylvia for the healing sessions which were extremely relaxing, the whole experience has been like an oasis of peace in amongst what I can only describe as trauma."



"I've been meaning to send this message for a little while now, but - well, you know..... I hope I've made my appreciation clear before, but just wanted to say thank you for all the help and support you gave during the last months. It made such a difference to have someone to turn to when we had a medical query or just for any sort of advice (or even a chat) on those difficult days when the world turned into a very bleak place."

"How lovely and reassuring Rachael was when he came to see her. It was the best hour he had spent since his diagnosis....."

"A huge thank you to Sophie for the support and friendship she has provided over the last few months. We loved coming to make the salt memory jar and felt that made a significant bond between us. We both use the quilt to signal needing a cuddle and a chat. Thank you for your kindness & understanding at a heart-breaking and confusing time."

"I feel so grateful that we have been given the opportunity to attend these groups. The Blackwell sessions were amazing and helped us to remember to have fun even through our grief. The staff are so friendly and supportive and always there to help. Thank you from the bottom of my heart for helping our family."

"Just a note to thank you for all the invaluable wonderful care you gave to my husband leading up to his passing on the 14th October 2019. The kindness and caring you all showed not only to him but also to myself and his daughter was marvellous and we will always be eternally grateful."

"I just wanted to say thank you for your recent support during my Friday sessions. I can't quite express how different I feel and how much better I feel able to deal within the moments that just creep up. I don't think I realised how much I was holding on to and now I have let some of it go it has helped focus on some of the more important things. The things I can control and shape for the future. You had such an expression of calm and sense and I will always be grateful it was you on the end of the phone. Thank you for the special work you do."

"Thank you for all your help talking to me when I was at a very low point in my life. You are very caring, understanding lady. You listened every week offered me advice on ways to move forward you will never know how much you helped me."



Rachael
CNS Nurse

Staff

During 2019-20 a staff survey was conducted by an independent organisation but obtaining formal staff feedback for 2020-21 during the COVID-19 pandemic has been difficult. However, some examples of informal feedback received is detailed below:-

1. Staff wanted to learn more about other departments and to improve their understanding about different job roles including the importance of each. As a result a monthly newsletter has been put in place.

2. Our retail staff stated that they would like to have closer connection with the Hospice services. Following this the retail staff were invited to the Hospice site.

Annexe

Our draft Quality Account was shared with NHS Herefordshire and Worcestershire CCG, Healthwatch Worcestershire and the Health Overview and Scrutiny Committee.

The following comments were received from Healthwatch Worcestershire and NHS Herefordshire and Worcestershire CCG:



Healthwatch Worcestershire Response to the Quality Account of Primrose Hospice 2020-2021

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county. This involves ensuring that the experiences and views of patients, carers and the public are used to influence how organisations, such as Primrose Hospice provide services.

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2020-2021 for Primrose Hospice.

- 1. Do the priorities of the provider reflect the priorities of the population?**
Healthwatch Worcestershire acknowledge the challenges presented by COVID-19. From the Primrose Quality Accounts it appears that the Hospice adapted well to providing services during the pandemic.

The Improvement Priorities for 2021/22 are to invest in clinical services, to support more people with Day therapies and to improve the provision and ease of access of drop-in services - all of which should benefit the patients and service users at the Hospice.

We welcome the collaboration demonstrated with patients and service users in developing services as outlined in Improvement Priority 2 for 2020/21 and the continuing work on the Care Services review.

- 2. Are there any important issues missed?**
Healthwatch Worcestershire are not aware of any important issues missed however It would be useful for information to be included about patient feedback methodology and findings for 2020/21.

3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?

The involvement of patients and the public in the development of this Quality Account is not clear although HWW does acknowledge that this has presented extra challenges during the pandemic. However, the commitment to continue with the Care Service Review collaborating with stakeholders and service users to ensure services are 'Fit for the Future' is welcomed.

4. Is the Quality Account clearly presented for patients and the public?

Healthwatch Worcestershire recognise the restrictions that arise from the formal requirements of the Quality Accounts and that some of the statements required do not apply to Hospice Services.

Given those restrictions Healthwatch Worcestershire believe the Quality Account is clearly presented for patients and the public. However, Primrose Hospice could consider producing an Easy Read version of the Quality Account in an accessible format.



Jo Ringshall
Chair
Healthwatch Worcestershire



Response of Herefordshire and Worcestershire Clinical Commissioning Group to the Quality Account of Primrose Hospice 2020-21.

A significant component of the work undertaken by Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) includes the quality assurance of services provided for the population of Herefordshire and Worcestershire that are all, or part funded by the NHS. This includes steps to assure the public that the content of this Quality Account is an accurate reflection of the quality of services provided by Primrose Hospice.

HWCCG have continued to receive regular data in alignment with an agreed annual Quality Schedule for the receipt of reports. This is in addition to participating in regular dialogue and HWCCG Contract and Quality Review meetings with Primrose Hospice. HWCCG is therefore in a good position to confirm that, as far as it is possible, the content presented in this Quality Account appears accurate.

The change in focus from the planned improvement priorities for the year as a result of the COVID-19 pandemic was appropriate, given the wide-reaching implications for staff, patients and volunteers. It has been pleasing to see the response of the team to ensure safety whilst continuing to offer support where possible and the swift transition to remote ways of working which have underpinned this approach. The increase in nursing resource and bereavement services to support patient need during this time has contributed to the system response to the pandemic.

HWCCG supports the planned priorities for 2021/22 which demonstrate a good understanding of patient need as well as innovation and best practice in the hospice sector.

HWCCG are pleased to confirm that there has continued to be a high level of satisfaction with the services provided by Primrose Hospice throughout 2020-21. Feedback from service users is consistently excellent and there continues to be good levels of assurance that there is a transparent process for investigating incidents and learning from findings. Despite the pandemic a range of audits has been undertaken and appropriate actions taken, demonstrating a commitment to quality improvement. An excellent training record has also been maintained.

In summary, HWCCG consider the Primrose Hospice Quality Account for 2020-21 to be a balanced and fair report that reflects the quality of services delivered. We continue to wish the team every success in maintaining the delivery of highly valued and well-respected services for local people.

Julia Neal RGN, MSc

Quality Manager, Herefordshire and Worcestershire CCG

