

## Report of the Executive Leadership Team, Barnsley Hospice to the Overview and Scrutiny Committee (OSC) on 25 April 2023

### Barnsley Hospice

#### 1.0 Introduction

- 1.1 This report provides the Overview and Scrutiny Committee (OSC) with up-to-date information about Barnsley Hospice, a registered charity, to ensure that the committee is aware of the nature of the organisation, the full service offer available to the people of Barnsley and the future opportunities and challenges ahead.
- 1.2 Barnsley Hospice provides Specialist Palliative End of Life Care (SPEOLC) services using inpatient beds, outpatient medical clinics, support and wellbeing services and counselling for people living with active and progressive life-limiting illness which cannot be cured. The hospice is a vital partner to the Barnsley health and care system, keeping people out of hospital and alleviating pressure on the NHS and providing expert specialist palliative and end of life care for people who need it.
- 1.3 People with progressive life-limiting illnesses require different levels of health and social care at different points in their illness. Apart from care and treatment specific to their underlying condition(s), they are likely to have needs that are often referred to as palliative or end of life care especially as they approach the last year(s) of their lives.
- 1.4 In addition to physical symptoms such as pain, breathlessness, nausea and fatigue, patients who are approaching the end of life may experience anxiety, depression, social and spiritual distress. The proper management of these issues requires a holistic approach and effective and collaborative, multidisciplinary working across all health and care teams involved in the patient's care, within and outside of the hospice, for example, GP, Hospital and Community Nurses.
- 1.5 Throughout their illness, patients sometimes episodically, sometimes for prolonged periods, require expert assessment, advice, appropriate and responsive care, and support from specialists in palliative care.
- 1.6 Specialist palliative care services at Barnsley hospice are delivered by highly expert staff who have the requisite qualifications and experience to support patients to live as well as possible and maintain their comfort and dignity as they come towards the end of life.
- 1.7 The hospice provides complex symptoms management, parallel planning with Multi-Disciplinary Teams in the community and hospital, advanced care planning, support for personalised care including access to continuing healthcare funding and care, specialist medical, nursing and therapy support, access to bereavement and counselling care and twenty-four seven access to specialist advice service for patients, loved ones and health care professionals.
- 1.8 Those close to the patient, including partners, children, friends and informal carers, play a crucial role for patients, during and after the person's death. Arrangements are in place at the hospice through counselling and bereavement services to support this group.

## 2.0 Background

- 2.1 Barnsley Hospice would not exist if it were not for the actions of members of Barnsley community who set up Barnsley Hospice Appeal as a registered charity in the late 1980's to raise funds to build the hospice. The hospice has been operated as a registered charity ever since and will have its 30<sup>th</sup> Anniversary next year. We are in the process of pulling together a 'look back in time' to identify and record the history of the hospice for our website, which is such a wonderful legacy of Barnsley people dreaming big, working hard together and changing Barnsley for the better.
- 2.2 In April and May 2021 the Care Quality Commission (CQC) carried out a routine inspection at the hospice. At that time a number of significant issues of concern were identified and the hospice was issued with three warning notices relating to the safe care and treatment of patients, the service's capacity to safeguard patients from abuse and improper treatment. In addition, the CQC issued the hospice with 12 requirement notices and told the hospice that it must take prompt action to comply with the regulations, and the overall management of the service. This resulted in an overall Inadequate rating for the hospice and it was placed in Special Measures.
- 2.3 This poor CQC inspection report led to some staff at management level leaving the hospice and later that same year the CEO resigned. A new Chief Executive/Chief Nurse was appointed in October 2021 and Board Development and improvement plans were agreed and implemented with a focus on clarifying and refreshing our purpose, increasing motivation and setting direction. Initial objectives included:
- a. To achieve the best possible care for our patients
  - b. Remove the Special Measures imposed by the CQC
  - c. Achieve compliance with CQC regulations
  - d. Improve our CQC rating for the next inspection
  - e. Create an engaged, capable and happy workforce with a common culture and purpose
  - f. Be prepared for a future CQC inspection
- 2.4 The CQC returned to re-inspect the hospice in January 2022. The visit was unannounced. Although the CQC recognised that there were improvements in some areas, it was not enough to change the overall rating at that stage. The new organisational structure approved by the Board of Trustees in the previous December was not yet fully recruited to and improvement plans were still either in early stages of implementation or not yet implemented due to staff not yet being in post.
- 2.5 Subsequently, the hospice has been effective in recruiting high calibre staff to the new organisational structure and delivering the improvement plans. The current size and shape of the hospice team can be seen in the staff structure chart at Appendix 1. This new structure reflects an increase in the number of employed staff and also an increase in the level of expertise and experience of staff employed which has resulted in increased operating costs.
- 2.6 As a charitable hospice we raise the bulk of our funding through support from our local community and for the past 8 years we have received a £1.5M grant from the NHS. For the year 2022/23 the money received from the NHS covered 34% of the hospice's total costs. We have significant fixed costs but considerable uncertainty around the amount and timing of our income. For example, during the Covid-19 pandemic we had to close our retail hub and our fundraising events had to be cancelled. The hospice has also been hit this year by the soaring cost-of-living increases experienced by everyone in the UK including energy, fuel, food and the cost of paying a fair wage to our dedicated staff.
- 2.7 We rely on our Retail Team and our Fundraising Team, which we refer to as Income Generation Teams, to bring in the money to fund the care and services we provide at Barnsley Hospice. For the year 2022/23 the money brought in via the Income Generation Teams covered 30% of the hospice's total costs. This money is raised through various ways including:
- One-off or regular donations from individuals
  - Barnsley Hospice Retail Hub
  - Organised fundraising events

- Hospice Lottery
- Corporate fundraising
- Legacy gifts, i.e., supporters leaving gifts in their wills
- Fundraising activities by individuals, schools, churches and community groups

2.8 The cost of running the hospice has increased over the last three years with costs for next year increasing by c.£950K to £5.4M. We have secured a 20% increase to the NHS grant for the year 2023/24, however, we are facing considerable financial pressures and the long-term financial viability of the hospice is a concern. The table below shows a financial overview for the last three years and our expected position for 2022/23. You will see that the expenditure for this last year is £1.393M more than our income and this financial gap has been covered from hospice financial reserves.

	2019-20	2020-21	2021-22	2022-23
Income	£3,925,000	£3,700,000	£6,193,000	£3,093,000
Expenditure	£3,886,000	£3,625,000	£3,470,000	£4,486,000
<b>Surplus/(Deficit)</b>	<b>£39,000</b>	<b>£75,000</b>	<b>£2,723,000</b>	<b>(£1,393,000)</b>

### 3.0 Current Position

3.1 The CQC returned again to reinspect the hospice in November 2022 and the subsequent inspection report, which we received in January 2023, identified that the hospice had achieved an overall rating of 'Outstanding' which is the highest possible rating. This has been achieved by:

- Delivering strong leadership with clear vision and values.
- Showing a positive picture of improvement and acceptance of issues raised and ownership at every level of the organisation.
- Maintaining a focus on continuous improvement and an increased focus on quality and safety at the point of care.
- Maintaining a focus on developing an inclusive culture.
- Developing a clear communication and engagement strategy.
- Establishing a clear baseline/position and tracking progress on improvement activity.

3.2 Clearly there has been significant investment in our staffing resource which has provided an increase in leadership, governance and high-quality care provision. We will need to build on this investment to ensure we are able to continue to improve and provide outstanding care.

3.3 We have introduced our strategic objectives for the 2023/2024 year. Our four strategic objectives have been achieved by engaging internally with staff groups to understand what really matters to them and aligning this to the national and local policy direction for specialist palliative and end of life care.

3.4 Our four strategic objectives are:

- **Strategic Objective 1 – We deliver outstanding care:** The care that we provide to patients and those that are important to them will be of the highest achievable quality and will be accessible for all, personal, effective and safe. It will respect their dignity and be delivered with compassion.
- **Strategic Objective 2 – We are acknowledged as a centre of excellence for specialist palliative and end of life care:** We will provide a leadership role beyond our organisational boundaries in the development of innovative and outstanding palliative and end of life care research and education and its application to practice.
- **Strategic Objective 3 – We will develop and sustain our financial health:** We will manage the financial health of our charity efficiently and effectively to achieve long term sustainability whilst investing for growth and development.
- **Strategic Objective 4 – We have a culture and environment where people can thrive:** We will be the employer and charity of choice in Barnsley. Our people will deliver outstanding care

and services and will have an enjoyable and rewarding experience that inspires them to be the best they can.

3.5 Aligned with our strategic objectives are our priorities for 2023/2024 which are:

- **Planning** - looking at Co-production of services for our patients, identifying opportunities for research projects, opportunities to engage with high profile lobbying policy and practice and professional networks, developing a 3-year financial plan, retail strategy for growth and fundraising strategy.
- **Building capability** - this includes developing professional networks, linking with local universities and educational providers to develop an annual palliative care conference in Barnsley. Identifying opportunities to sell/develop commissioned services and implementing our volunteer strategy.
- **Improving our processes** - embedding continuous quality improvement methodology at the hospice to enable continued growth which includes access to services by patients. Implementation of digital processes will allow us to improve our finance and quality performance at the hospice.
- **Equality, Diversity and Inclusion (EDI)** - gathering patient data will help us establish links with diverse communities and help develop and implement our EDI and wellbeing strategy.
- **Delivering value for money** - digitalising our processes at the hospice will help us reduce our waste and improve patient safety. Digitalisation will produce accurate service delivery costs and benefits and allow identification of cost sharing initiatives.

3.6 Barnsley Hospice is proactive and determined to give patients more say about the care and support they receive. We know that there are high numbers of patients admitted to hospital for end-of-life care and many of these patients are frail, elderly and have no advanced care planning in place.

3.7 Barnsley Hospice works closely with the hospital and community palliative care teams to identify patients who would benefit from admission to our inpatient unit to support symptom management and for end-of-life care. This helps to reduce the burden on already overstretched services within the hospital and community.

3.8 Each day we make contact with the hospital and community services to inform them of our bed status and actively encourage the use of our facilities. On occasions we do struggle to fill our complement of beds, however this seems to be improving which could be an outcome of our outstanding CQC inspection.

3.9 Our Orangery wellbeing and support services provides daily sessions for outpatients who have a life limiting disease. The service continues to support symptom management, advanced care planning, alternative therapies, wellbeing treatments and specialist physiotherapy treatments.

3.10 Our inpatients and outpatients' service users have access to a social worker who can provide advice and support with obtaining funding, benefits, housing, grants and is one of the lead clinicians in safeguarding cases.

#### **4.0 Future Plans & Challenges**

4.1 As identified earlier in this paper, the long-term financial viability of the hospice is a concern and we are working with our commissioners to look at opportunities to grow our commissioned income and seeking to identify business development opportunities. In addition, we are seeking to identify cost-sharing opportunities with other organisations. As well as working in a lean and efficient way as much as possible, whilst still maintaining the highest standards of care and services, we will need to work especially hard to maximise our income through fundraising and retail activities.

4.2 Feedback from some initial analysis on Equality, Diversity and Inclusion identified that patients in areas such as the Dearne and Penistone have reduced access to our services at Barnsley Hospice. Therefore, as a team we have started a process to understand why. Colleagues met with primary care teams in the

Dearne and informed them of the specialist palliative care services we can provide at the hospice. Some of the teams were surprised and were not aware of the services, others provided reasons why patients were not able to access our services including; location, transport links and cost to access. Barnsley Hospice team are now scoping opportunities to strengthen our presence in primary care and community teams which includes identifying space within Barnsley for specialist palliative care groups to take place.

- 4.3 Next year marks the 30<sup>th</sup> Anniversary of the hospice and we hope to celebrate this with the Barnsley community via a wide variety of events throughout the year.

## **5.0 Background Papers and Useful Links**

- 5.1 [Barnsley Hospice Care Quality Commission \(CQC\) Reports](#)  
5.2 [Hospice UK Financial Sustainability Index](#)

## **6.0 Glossary**

- 6.1 ICB= Integrated Care Board- A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
- 6.2 CQC= Care Quality Commission- The Care Quality Commission (CQC) regulates all health and social care services in England. The commission ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people's own homes. CQC is an executive non-departmental public body, sponsored by the [Department of Health and Social Care](#).

# Barnsley Hospice Staff Structure

