



THE MYTON HOSPICES

QUALITY ACCOUNT



Our Quality Account 20/21

The Quality Account is an annual report that summarises how the organisation is working to improve the quality of its services, the progress we have made and our priorities for the coming year.

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Introduction from Ruth Freeman CEO

On behalf of the Board of Trustees, the Senior Leadership Team and everyone who works or volunteers for us I am pleased to present The Myton Hospices Quality Accounts for the period 1st April 2020 to 31st March 2021.

Our organisation is dedicated to ensuring that people with a life limiting condition living in Coventry and Warwickshire and their families have access to a range of high quality services at which they are the centre.

Our care begins from the moment a person is told their illness cannot be cured and continues right until their last moments in one of our Inpatient units or at home. The care is holistic, and we see beyond the illness to the person and what's important to them and this includes supporting their families and loved ones.

Like everyone else Myton has been significantly affected by COVID 19 but we are proud of the part we played in the local response to the pandemic across Coventry and Warwickshire, working with colleagues from other organisations to ensure the care continued for some of the most vulnerable people in our communities. We kept our inpatient and community services running and provided remote support for patients who preferred to remain in their own homes.

Despite their own challenges all of our amazing teams worked tirelessly to support patients and their families, and whilst admissions into our Inpatient units dropped slightly during the year we still admitted over 500 patients and supported a total of 1405 patients across all of our services including those who accessed them remotely. We consistently evaluate our practise and welcome feedback from those accessing our services so that continuous improvement is embedded in everything we do. We are currently evaluating the impact of, and our response to, the Coronavirus crisis and it is clear that the measures we put in place to support patients, such as reaching out to them remotely made a real difference to how they coped. Consequently, we will continue to offer this to those who need our support in the future even when they are accessing our 'physical' services meaning that patients will never again be discharged from our care.

To the best of my knowledge the information reported in this Quality Account is accurate and is a correct representation of the quality of services provided by The Myton Hospices.

Ruth Freeman

Quality Account - statement of Karl Demian, Chair of the Board of Trustees

The last 12 months has been a year of unprecedented challenges to The Myton Hospices and to society as a whole and the impacts of the Covid-19 pandemic will remain with us all for many years to come.

Throughout the period we have worked extremely hard to ensure that we have continued to provide our vital services to those that need them and our success in doing this has made all of us very proud to be associated with The Myton Hospices and of all of the people, staff and volunteers that have made that possible.

Our focus has been to keep everyone that came into contact with us safe and able to use our services with confidence. We have played our part in making available our Warwick site to NHS South Warwickshire Foundation Trust to help support the fight against COVID and to help protect our wonderful NHS.

At the start of the pandemic, we faced two challenges, how to keep supporting the people that needed our help and to meet the financial challenges that we faced as many of our fundraising activities were cancelled or delayed and our shops were closed for long periods.

This report sets out what we have achieved this year and how well we have met those challenges.

The Myton Hospices is fundamentally about our people and all staff and volunteers have responded magnificently, adapting, and changing to continue to support the people that need us with the care and compassion that is at heart of everything we do.

The Myton Hospices is also about the people and organisations that support us through donations and fundraising activities.

The past year has demonstrated how much our services are valued through the generosity of the people and organisations of Coventry and Warwickshire that have enabled us to weather the financial storm and to help ensure that we can continue to grow and develop in future years.

This report shows what we have achieved in this most difficult of years and I would like to say thank you to every member of staff, every volunteer, everyone who has donated or raised money for us, all the organisations and their people who have supported us. I am proud to be part of this wonderful organisation.

Karl Damien

Part 1: Welcome to The Myton Hospices

Our Vision

Myton believes everyone in Coventry and Warwickshire should live well towards the end of their life and has the right to a good, natural death, the way they want it to be and with their loved ones supported.



Our Mission

The Myton team provide high quality, specialist care to people whose condition no longer responds to curative treatment, from diagnosis to death. We aim to meet their physical, psychological, spiritual and social needs and ensure their families are supported both through and after this difficult time. We are also committed to training, supporting and encouraging other care providers to practise good palliative care

Our Values

- ✓ **RESPECT** and dignity for all
- ✓ **VALUE** every individual and ourselves
- ✓ **ONE MYTON** One Team, One Goal – delivering holistic care
- ✓ **PROFESSIONALISM** in all we do

1.2 The services we provide

The Myton Hospices is the only provider of inpatient hospice care in Coventry & Warwickshire. We have hospices in Warwick, Coventry and Rugby and specialist nursing teams that care for people in their own homes. We care for anyone with a terminal illness, aged 18 years and over registered with a GP in Coventry and Warwickshire.

- We support our patients and families' spiritual and emotional needs as well as looking after their physical symptoms
- We are a charity and all of our care is provided free of charge to patients and their families
- We support families, including children, before and after bereavement
- We provide education and training in palliative and end of life care to other health and social care organisations
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1.3 COVID-19 impact on service delivery

At the very outset of the COVID19 pandemic the Hospice made a strong commitment to continue to care for our patients, their families and carers. To enable our care to be delivered safely and within the constraints of a global pandemic we made significant changes to our service delivery model in early **April 2020**:

- Warwick Inpatient Unit (IPU) was stood down and the unit was leased to Warwick Hospital for their use during the first peak of COVID 19.
- Inpatient bed capacity was increased on our Coventry Hospice site to 20, with patient referrals taken from across the whole of Coventry and Warwickshire between 8am to 8pm over 7 days per week.
- Coventry IPU has a large number of single rooms which enabled us to isolate all patients on admission; we were therefore able to admit patients regardless of their COVID status.
- A number of staff were redeployed from Warwick to Coventry to support the opening of the additional inpatient beds; this also enabled us to safely manage periods of high absence where staff were required to self-isolate.
- Our Myton at Home teams in Rugby and Warwick and Leamington were strengthened by re-deploying Myton's Registered nurses, with community experience into the service. In South Warwickshire we worked collaboratively with Shakespeare and Shipston Home Nursing to ensure as many patients who could be cared for at home were kept out of our over-stretched hospitals
- In response to the national lockdown our 3 Day Units were stood down and all face to face outpatient activity ceased. As a result, we transformed our outpatient services, Counselling, Fatigue and Breathlessness (FAB) programme, Therapies, Lymphoedema, Wellbeing and Living Well to telephone and video consultations.
- Our Clinical staff who could not be patient facing operated a telephone support service to ensure our volunteers remained in contact with the Hospice and did not feel isolated and forgotten.
- As we were unable to hug family members, in May 2020, we started sending out 'Hug' cards to our patients next of kin following the death of their loved one. Along with the card we gave each family a metal Myton butterfly and provided a contact number to enable them to access post bereavement support as required.



- We contacted patients who had been discharged during the previous 3 months to see if they and their families were coping or in need of any support – many did require our help and the feedback has been excellent.
- Whilst we initially suspended all visiting to our Hospice sites it soon became apparent that patients were declining admission to the Hospice as they were fearful they would not be able to have contact with their loved ones. We therefore introduced a strict visiting policy to support visits for nominated individuals. On the whole visitors and patients have responded to this incredibly well and have adhered to the strict infection prevention and control measures we have put in place to keep everyone, including our staff, safe.

“We are so grateful for the team at Myton for taking such great care of our grandad, and always making us feel so welcome when we visited, especially during these strict visitation times. We were always met with compassion and warm smiles from your lovely staff and it really made such a sad and worrying time that little bit less of a dark time for us all. We are all so thankful that Grandad spent his last days in such a wonderful place with such lovely staff, we can never really show you how grateful we are. We really could not have thought of a more deserving place for fundraising in Grandads name.”

September 2020

Week commencing 28th September 2020 we moved back to Warwick Myton and started to once again welcome patients and their families back onto our inpatient unit.

Following the reopening of Warwick, a decision was made to maintain both IPU's at 12 beds.

We have now adopted a similar model of care on both IPU's which is a

blended approach of symptom control and nurse led beds (for patients who are approaching end of life with less complex needs). The demand for inpatient beds, especially on our Coventry site, continues to remain high.



The Lymphoedema team saw our first face to face out-patient on Thursday 3rd September 2020 and a really positive experience was reported by both the patient and members of staff. This was followed closely by the reintroduction of some face to face consultations with our Counselling, Therapy and Wellbeing Teams.

December 2020 - Despite all of the challenges – Christmas came to Myton!



“We visited my Grandad on Sunday 13th Dec and your volunteers and staff came past his window/doors with reindeers and Santa which was lovely as my grandad managed a wave back and I captured this moment which I’ll never forget. You put a Christmas tree outside with lights on for him to see and wrapped a Christmas blanket over him in his cosy room. The Carol singers were coming round and it was very emotional. My grandad was only with you for 6 days, in that time he was cared for and we can’t praise the staff enough for making his last days as comfortable as possible. My grandad sadly passed away on Thursday 17th Dec with his children by his side. He was amazing for 92 years old, rest in peace grandad...No more suffering. I take comfort in being able to visit you as if you had still been in hospital then we would never have seen you again. Thank you for all you do at Myton, you are all very special and wonderful... I will always donate and raise money”

January and February 2021

In January 2021 our staff and volunteers joined the vaccination programme for health and social care staff. In addition, we initiated Lateral Flow Testing (LFT) for all patient visitors via twice weekly testing clinics and in February 2021 all staff and volunteers started to undertake twice weekly LFTs.

Part 2: Review of Quality Performance

2.1 Patient Safety

Patient safety incidents

We encourage an open and transparent culture where reporting of accidents and incidents provides us with an opportunity to identify where we can make improvements.

Where an incident results in a patient sustaining a significant harm i.e. a fracture to a limb following a fall or development of a Grade 3 or 4 pressure ulcer whilst in our care, we undertake a full investigation using a Root Cause Analysis (RCA) methodology to identify any contributing factors and put measures in place to help prevent such an occurrence happening in the future.

Our Clinical Governance framework ensures that outcomes from RCA investigations are communicated widely across our clinical teams to ensure shared learning takes place; additionally, all incident reports are discussed at our Clinical Governance Committee and reported to our Board of Trustees.

To ensure full compliance with our Care Quality Commission (CQC) registration we submit timely notifications of all patient related incidents whereby significant harm has been sustained. Between April 2020 and end of March 2021 we notified the CQC of a total of 4 incidents. Of those, 2 related to the development of a Grade 3 pressure ulcer, the remaining 2 related to harm sustained by patients following a fall.

Medication incidents

One area where we have seen a significant rise in the numbers of incidents reported has been in relation to medication incidents. A review undertaken by our Clinical Governance and Quality Lead revealed a total of 48 medication related incidents were reported between November 2020 and February 2021, for the corresponding period in 2019/2020, 14 incidents were reported.

The review was able to confirm that no significant patient harm had been caused by any of the incidents reported. The high number of new starters within both the nursing and medical team, especially in Warwick Myton was noted as a contributing factor along with the increased stressors associated with the current pandemic potentially affecting staff ability to concentrate and remain focused. Recommendations were made in relation to quality improvements to improve processes around medications management and targeted staff support would be provided by the Clinical education team and Clinical Governance and Quality Lead.

2.2 Patient and relatives experience

As with any healthcare provider analysing feedback, whether positive or negative, enables us to gain a better understanding of the experience our patients and their relatives receive across several aspects of our care provision.

Social media enables the sharing of real time feedback from those who have/or are experiencing our care. Whilst we appreciate we do not always meet everyone's expectations in relation to the services we provide we are confident that on the majority of occasions people are happy with the services they receive.

The granddaughter of a patient who was cared for in Coventry at the very beginning of the COVID 19 pandemic contacted us to say ***“the care her grandmother had received whilst she was in Myton was amazing, the whole team was incredible and she would never be able to thank us enough”.*** **June 2020**

“It was the little things which made a big difference”

Myton Hospice provided care, with nurses visiting daily, and the hospice even offered support to Helen and Julie. Helen said: “It was a very rapid decline after her short hospital stay. She moved in with me so I could care for her, the doctor telephoned weekly and the palliative care nurse got involved too. I was thankful to have her at home but it all became a lot easier when Myton got involved. We both looked forward to the Myton at Home nurses’ daily visits. It was the little things they did which really made a big difference, like washing her hair, making her comfortable, and keeping the pain under control.”

“They showed us how to move and turn her in bed without causing discomfort, and they were also honest about her deterioration.

“We also very much appreciated their warmth and kindness.”

Helen remembered how the Myton at Home team arranged for June to get a wheelchair so she could see the garden.

And they were open and honest so that, when she didn't have long left, June's granddaughter was able to travel to see her one last time.

“Their care was for our whole family”

Helen added: “The daily contact with the nurses was so important to us all. Mum was positive throughout the illness, and we followed her lead.

The care Myton gave was very much for our whole family, and they even checked in with me after she died to see how I was doing.”

June died on May 5 at home, with Helen by her side.

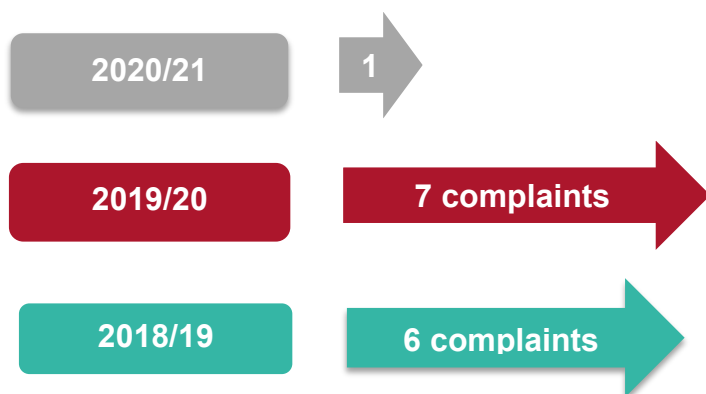
I just wanted to thank you so much for the medical & emotional support you gave him those last few months. Although we never got to meet you we thought of you as a good friend. He always cheered up after your phone calls. He endured so much for over a year & I am glad he is now free of pain. I'll always be grateful for everything you did. X

Received by our Lymphoedema nurses March 2021

Where a concern is raised about any aspect of our care we take that concern very seriously and do our utmost to put measures in place to improve. In December 2020 -

A relative advised us of the unacceptable noise levels she experienced when sitting with her dying mother in Coventry Myton. The patient's bedroom was opposite the clinic room where medications are stored and prepared and is obviously in constant use 24/7. We offered our sincere apologies for the distress and anxiety this had caused and reassured the relative the lack of suitability of this room for end of life care would be given full consideration in the future.

During this reporting period we have been pleased to note a significant reduction in the number of nursing and care complaints in comparison to the previous year.



2.3 Care Quality Commission (CQC)

The Care Quality Commission (CQC) is an independent regulator of health and adult social care service providers in England. They work with providers to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and where the need for improvements are identified the CQC will support and monitor to ensure improvements are achieved.



All 3 Hospice sites were inspected by the CQC during 2016 and received an overall rating of GOOD.

We had anticipated a further inspection during 2020. In March 2020 the CQC paused routine inspections. We have maintained an excellent relationship with the CQC throughout the pandemic, their regular updates and advice have been incredibly useful. In late January 2021 we participated in an engagement call with our CQC relationship managers for each of our Hospice sites. The call was an opportunity for the CQC to gain insight into the quality and safety of our care delivery, understand what had been our greatest challenges and hear how we had responded to those challenges. They were very supportive and have, to date, raised no concerns in relation to the information shared.

Part 3: Updates on Priorities set for 2020/21

3.1 Introduce a new Wellbeing Service across all 3 sites

In response to dwindling patient numbers and consistently high Did Not Attend (DNA) rates the services provided by our Day Units underwent a significant reconfiguration during the summer of 2019. A revised programme was introduced in the autumn of the same year and whilst patient numbers marginally improved on our Coventry and Warwick sites, DNA rates remained high across all 3 units.

Whilst we had hoped to see some positive movement during 2020, at the outset of the pandemic our 3 Day Units were stood down in line with government guidance. We consequently changed our service model and delivered our Wellbeing Services remotely giving patients and their families access to Registered Nurses, Physiotherapists, Occupational Therapists, Living Well advice, Fatigue and Breathlessness strategies, Spiritual and Pastoral Care, Complementary Therapies and Counselling. We were able to support nearly 872 patients in this way via 6013 sessions of care and the feedback has been extremely positive.

In light of the success of this which includes the opportunity to support more patients and in addition to our ongoing concerns about the risks of bringing vulnerable patients into our buildings we have made the decision to withdraw our eight - week Therapeutic programme. We shall continue to offer support virtually as a permanent addition to our service offer. In the fullness of time patients and carers will be able to attend our Day units for assessment, appointments and support, individually and in groups- this will be developed when it is safe to do and in line with what patients and carers tell us they need. In providing support in this way we will never have to discharge a patient or carer once they are known to us and we will be in an ideal position to quickly identify any concerns and step in or signpost accordingly.

3.2 Further develop our reputation as a provider of Specialist Palliative Care Learning and Development across Coventry and Warwickshire

At the very outset of the pandemic our Head of Clinical Education was redeployed into our Myton at Home team to bolster our community services to enable patients to remain at home. In September 2020, following the reopening of our Warwick site she returned to her education role and immediately started to reengage with care homes and other healthcare providers. Our palliative care study days/education programme were initially recommenced as virtual sessions only, however more recently our clinical education team have started to visit some care home providers. Early indications are our education programme will be in high demand in the coming year. We have agreed a date to recommence student nurse placements on our IPU in early April 2021.

3.3 Continue to build a collaborative working relationship with other Specialist Palliative Care Providers across Coventry and Warwickshire

Our working relationships with other care providers have only strengthened as a result of the pandemic. Hospices and NHS providers have developed close partnership working to strengthen our local response to COVID 19. Collaboration and shared working has enabled our patients, their relatives and our local community to receive care that is joined up and responsive. Our focus has now started to shift towards the future delivery of a truly collaborative Palliative and end of life care service across the whole of Coventry and Warwickshire.

Part 4: Other achievements during 2020/21

4.1 Established a service level agreement for University Hospitals Coventry and Warwickshire NHS Trust (UHCW) to deliver our Spiritual and Pastoral Care service.

We had been in discussion with the UHCW chaplaincy team prior to COVID 19 about working together and have consequently developed an SLA that will ensure our services will be delivered in the same way as previously but with enhancements made possible by working with a much larger multi-faith 24/7 team. The partnerships will be:

- A collaboration between UHCW, all 3 of our hospices and with community services
- An opportunity to deliver more S&PC in the community: UHCW undertake a great deal of work around Compassionate Communities which we are keen to tie into, this will be an opportunity for Myton at home patients and families to have greater S&PC support
- An opportunity to progress bereavement support in the community which Simon Betteridge (see next bullet point) wants to progress
- Led by Simon Betteridge – Lead Chaplain and Bereavement Service Manager at UHCW who will have overall responsibility for the combined service
- Managed day to day within our 3 hospices by Jerry Lennon Patient, Carer, Family Support Services Lead
- An opportunity to build closer links with UHCW

4.2 Clinical Practitioners – A new nursing role

As a result of the reconfiguration of the senior nursing team an exciting opportunity has arisen whereby we have been able to introduce the new role of 'Clinical Practitioner' across the IPU's, Myton at Home and our Patient and Carer Wellbeing Services. Each successful applicant will undertake further training to enable them to become a non-medical prescriber and expand their knowledge and skills within the palliative and end of life care speciality. This has enabled some of our existing staff to gain promotion and has helped us to retain some of our excellent nursing team who may otherwise have left Myton seeking career progression within other organisations.

4.3 The Wellbeing of our frontline staff during a pandemic

Our staff have worked remarkably hard, under enormous pressure facing a serious and uncompromising threat to their own health and that of their families, friends and neighbours. Yet they have continued to deliver exceptional care to our patients and their families.

- To ensure their safety clear guidance was provided in relation to infection prevention and control.
- Our Director of Community and Business Development took the lead on the procurement of PPE – this ensured our front-line staff never ran short.
- We set up 'Wobble' Rooms on all 3 hospice sites, these are safe places where staff can go to express feelings, show each other compassion and support, take some time for self-care, relaxation and recuperation (R&R); and concentrate on their wellbeing.
- Our CEO provided regular staff/volunteer updates and briefings that were timely and honest.
- Staff wellbeing programme was introduced which includes mindfulness, physical exercise, virtual lunch time get togethers, sing along and even joke telling!
- New staff and volunteers Wellbeing group has been established. This group will continue to focus on staff wellbeing, morale and motivation and will also incorporate the work of the staff forum.
- Early inclusion on the NHS vaccination programme was secured through collaborative working with our acute trust partners. 98% of nursing and care staff have been vaccinated.
- Twice weekly Lateral flow testing is undertaken by staff, volunteers and patients' visitors – this helps staff and their families feel confident we are doing everything we can to minimise their risk.



A message from Chad...

My name is Chad and I've been a nurse at Myton for just over 10 years, I started as a staff nurse on Coventry Myton Inpatient Unit (CIPU) and worked my way up to a senior staff nurse and then team leader. I've recently taken on a new role as Clinical Nurse Practitioner in the Myton at Home team, whilst still working some shifts on CIPU.

I enjoy nursing, and the level of care we provide to patients and the time we give to their families is incredible. The hardest part of my role is the emotional aspect of caring for patients who are dying and the most rewarding is the difference we make to ensure that they are as comfortable as can be. This has remained the same throughout the year and not changed during the pandemic.

Although the public closed their doors to protect themselves we kept open our doors at the hospice. The Thank you clap on Thursday's was a humbling time as a nurse, but we've always provided this care, it's what Myton is all about.

When it all started back in **March 2020** I was extremely worried that I would get Covid, but more so that I would take it home to my family. I thought about different ways I could protect my family and when I sat as far away as I could at the dining table my son said "**Don't worry mum, sit where you want to, if you've got it we will all get it anyway**".

I have been exposed to Covid, but thankfully I haven't caught it. I have been so careful and sacrificed a lot, as have all my family.

I continued my role working within the hospice and the level of care we deliver hasn't changed. We've pulled together as a team more than ever to support each other. The unit became more clinical with how it looks and we soon learnt how to put on and take off all the PPE. Through the **summer is was tough wearing it for 11.5 hour shifts**, but I got used to it. It's sad that when I'm wearing PPE patients **can't see my smile** and **holding a patient's hand whilst wearing gloves just isn't the same**. Distancing from relatives who are upset is really difficult when you want to be able to comfort them.

At some points during the pandemic we've had to restrict visiting which has been very difficult, it's hard to ask people to choose who can see them, knowing that this would be the last time they see their loved ones. I know this has been about national guidance but it has been a struggle. As is the same for many, my only social interaction over the past year has been with colleagues and they have grown to be my friends more than ever.

It's been a privilege to be part of the same journey and make a difference together. Some of our colleagues have retired and left Myton and we didn't get the opportunity to say goodbye. We've had to change how we practice and we've worked harder than ever, the pressure has been relentless with members of staff being off sick, shielding or isolating. Because of the situation we've sadly had to withdraw some

services like our day units, but we've been working really hard to offer alternatives at home or remotely.

Over the year our workload has increased dramatically and sometimes it feels like we have been pushed to our limits. The hospitals were forced to delay non-Covid related appointments and it feel like that's impacted directly on the patients we are seeing now.

Those who have not been investigated and those frightened to go for chemotherapy and radiotherapy, it's heart breaking and I'm worried about the months ahead, but we will keep going like we always do.

My role in the **Myton at Home team** is a new challenge for me, the biggest difference is that we provide care to patients in their own homes. This means that their relatives can be with them when they need them the most and they are able to spend this time together as a family.

We provide care for the patients and ensure that their family is also supported. We as a team are proud to be able to offer this service to enable people to stay at home when they are dying. We can support carers who are struggling with managing everything themselves, as they are unable to have help from family and friends due to the restrictions. We as a team try and make a difference to the last days or weeks of a patient's life.

I had my vaccine a few weeks ago and it feels like a milestone, we are moving forward but it's still hard to stay positive sometimes. It doesn't look like the virus is going away any time soon, I know more people that have had Covid and we are becoming tired of the situation we are in. But nevertheless, we continue to provide the best possible compassionate care.

This year isn't going to be easy but the **support of our community and volunteers is incredible, we've been sent cards, gifts, food and PPE.**

Some of our amazing volunteers have returned to help on the unit and other areas of Myton and we look forward to seeing all the others once restrictions are lifted. After we were on the news the phone didn't stop ringing all weekend with people wanting to make much needed donations and help in any way they can.

I'm sure that together we can get through this.

With sincere thanks from me and the rest of the Myton Team.

Chad Khaira



Part 5: Planning for the Future -Our Organisational Priorities 21/22

Having started to emerge from what has been the most challenging year in Myton's long and happy history we have a very long list of objectives at the current time. We have decided that we want everyone to focus on just 6 of them so that we can, as an organisation make a combined effort to move these things forward. They are:

- The Health and Wellbeing of our staff and volunteers
- Measuring the impact of the changes we made in 2020 and making adaptations where necessary
- Taking our Services outside of the hospice walls
- Increasing the number of, and supporting our, volunteers
- Measuring demand for services
- Developing a digital strategy

Adapting to a new/different 'normal' once the pandemic is under control will require healthcare providers to work together to truly enable them to gain a deeper understanding of unmet needs. The pandemic required an unprecedented response from healthcare providers, who demonstrated remarkable resilience and fortitude, inter-organisational barriers were cast aside and a real sense of teamwork was established. All of these achievements need to be built on going forward to ensure sustainability and most importantly to provide the ongoing joined up care and support our patients and their families so deserve.