Quality Report

Welcome to our Quality Report

I am pleased to have this opportunity to present our annual quality report for the year April 2019 to March 2020. It has been a year of positive achievements and innovation in the care services in the face of financially challenging times. This report signals the priority that the Hospice places on safety, patient experience and effectiveness of our services. It focuses on the quality of services we deliver to patients and is a statement of our value of openness, to be publicly accountable for the quality of our services that we provide. The Quality Account has been developed through a continuing focus on quality, building on previous audits and reports and responding to the feedback we received, consulting with patients, their families, carers and staff, leading to the continuous development of our services.

Although the focus of this report is up until 31st March 2020, it is important to highlight that the all the staff, volunteers, patients and carers have demonstrated incredible strength and resilience during the extreme, unexpected and unprecedented COVID-19 pandemic. We recognise that our services will only ever be as good as our dedicated and skilled workforce and we want to acknowledge and celebrate their achievements and resilience during this difficult time.

This report also provides an overview of the quality governance arrangements that we have in place for monitoring, identifying risks and trends to ensure the hospice works safely and continuously improves. We are proud of the progress that has been made and have plans about making improvements going forward, wherever possible. Whilst these developments depend on funding, they do include expanding our bereavement support and complementary therapy service.

I would like to thank our hard working and highly professional team for their careful navigation on what has been an extremely challenging year. They have managed the balance of risk management with care and compassion so very well and have not wavered in their quest to continuously extend our reach and help more people. Extending our day service menu of support is a key aspiration for 2021. Another is increasing the capacity and flexibility of our Hospice at Home service.

Of course broader services often needs increased funding. Whilst staff were creatively redeployed in order to meet the challenges of Covid 19, the significant reduction in our charitable income as a result of shops closing and events being cancelled has meant that we will be looking for new ways to bring in income and volunteers. So, this leads me to also thanking our public and sponsors. Without your support we can't help others; thank you so much for what you have done and what you will do to support us in the year to come

Thank you

Dr Julie Barker
Chair – Care Services Development Board Sub-Committee

Contents

Introduction 3

Safe 3

Effective 8

Caring 16

Responsive 18

Well led 20

Introduction

Our Quality Account is an annual report which reports the quality and improvements in the services we deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of care and treatments that patients receive, and patient feedback about the care provided.

We are a nurse-led community hospice serving those in our community who have a life-limiting condition with palliative care needs. Our aim is to provide professional, person-centred care, delivered in a home from home setting or in a person's own home. Patients and their families frequently comment on the warm and happy atmosphere they experience. We have committed staff who do all that they can to provide a quality service, delivered with care, compassion and respect. The well-being and safety of patients and carers is essential, and we work hard to provide a safe, effective, caring, responsive and well-led service.

Our values underpin everything we do:

1. We work with integrity and passion to deliver individualised care for patients and their families
2. We create a happy supportive atmosphere where all staff and volunteers feel valued
3. We develop true partnerships, benefitting all parties, inspiring confidence, and pride
4. We effectively listen and communicate, drawing real value from all relationships.

Our Quality Account demonstrates how we meet these values. This year we have structured this using the five key questions that the Care Quality Commission (CQC) ask of all healthcare providers. CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

At our last inspection we were rated as GOOD across all five key areas and the full report is on our website for information. Our ambition is to achieve recognition for the outstanding care that we provide in a future inspection. We will be asked key questions below about our services and this report is an opportunity to share some of our achievements and challenges in each of those areas:

Are Services Safe?

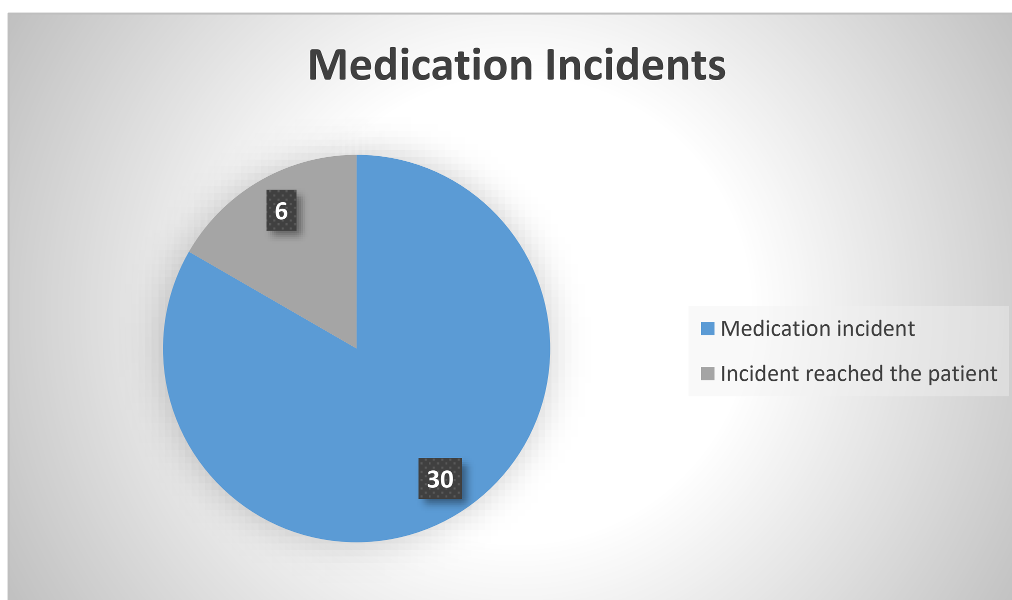
Making sure the care we provide for people is safe is a priority for us. We make sure that staff have the qualifications, competence, skills, and experience to keep people safe. The premises and any equipment used must be safe and medicines must be supplied in sufficient quantities, managed safely, and administered appropriately to make sure, people are safe. We strive to keep the environment clean and tidy to prevent and control the spread of infection.

Monitoring of accidents and incidents is a way of looking at each event, investigating and then importantly taking the learning forward to perhaps alter systems, identify training or development needs.

Our emphasis is on a culture where people feel safe to report incidents and near misses and we then reflect and learn and where required implement changes in practice.

Learning from medication incidents

Recognising that incidents and near misses can happen and reporting them, helps everyone learn and improve the safety of care we deliver. We continue to be encouraged by the level of reporting of incidents, as this reflects our values of having an open, supportive culture.



The medication incidents that are reported vary from events that are external to the organisation such as incorrect labelling from the dispensing pharmacy, through to incidents in documentation and incidents that occur during the administration procedure. During the year there were six incidents that resulted from an error in the process of administration or a near miss. None of these resulted in harm to patients. Overall medication incidents were seven less than the previous year.

All the incidents are investigated, and we encourage an open and honest approach to reporting near misses as well as errors. The learning we take from incidents is discussed by the care services sub-committee and helps inform changes needed in practice, process, or training.

Our care team have annual training sessions and bi-annual supervision of practice. We have over this period added an assessment that all Registered Nurses (RNs)complete to demonstrate knowledge and highlight any areas for development. We have responded to a

request from the RN team to say that there was duplication of documentation within the recoding of medications. This has been streamlined.

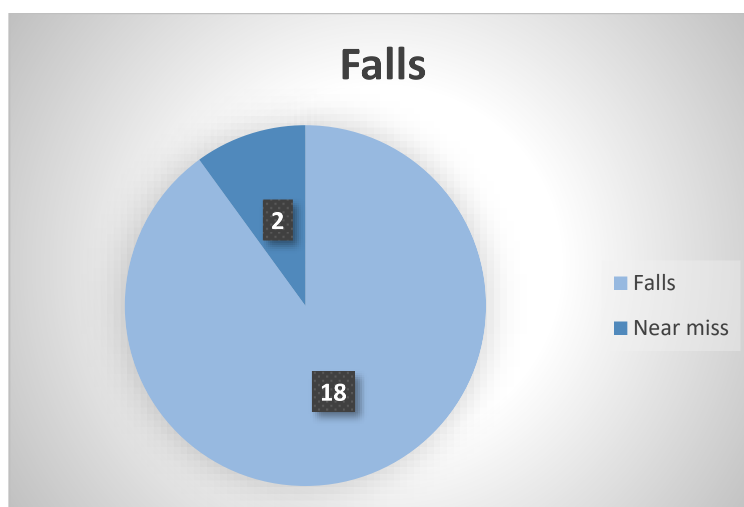
Safety thermometer

The NHS Safety Thermometer allows staff to measure harm and the number of patients that are **'harm free'** from **pressure ulcers**, **falls**, **infections, urine Infections** (in-patients with a catheter) and **venous thromboembolism.** We record four main areas of potential harm to patients:

Falls (with and without harm)

We try to balance promoting a person's independence and choice with actions to reduce the risk of falls. Even though the population we care for are, by nature at higher risk of having falls due to their underlying condition or frailty, we aim to keep the environment clear and trip hazard free. A risk assessment is pro-actively undertaken by clinical staff and we refer to supporting members of the multidisciplinary as required (e.g. physiotherapist or occupational therapist). A personalised care plan is developed with the patient. Despite these actions occasionally a patient may fall.

When a fall does occur, we investigate with the aim of improving the overall care and safety of the patient and all other patients. A total of 18 falls occurred in 2019/20 and no patient sustained significant injury. There were also two near miss falls which does indicate the team are confident in reporting when occurrences nearly happen. Staff assess each person for their risk of falling on admission and look at their history of falls and the risk factors that may specifically relate to their circumstances and condition. We then work with the patient to reduce risks and refer their case to the falls prevention team for further support if required for advice and walking aids if needed.

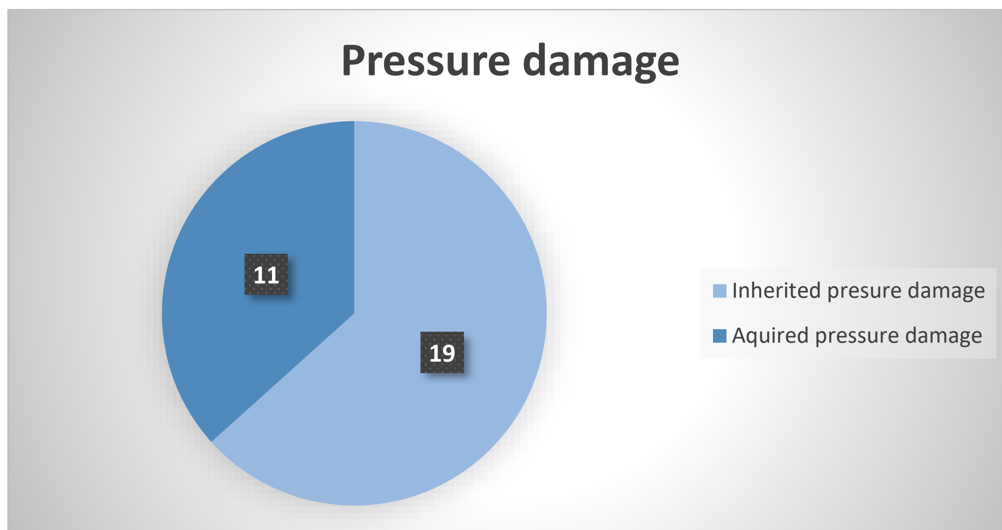


We continue to use a falls toolkit developed by Hospice UK. This includes a complete incident reporting plan which we have found effective when reviewing the falls.

Pressure damage

We use the Braden Scale for predicting pressure ulcer risk. This tool helps us assess a patient's risk of developing a pressure ulcer. All patients are asked on admission if we may carry out a skin assessment and this is repeated during their stay with consent to monitor skin condition. There are many factors that increase the risk of developing a pressure sore and we also use the MUST tool alongside an individualised nutrition assessment to assess risk of malnutrition.

During 2019/20 there were 19 occurrences of existing pressure sores when a patient is admitted to Beaumond House in-patient care. During an in-patient admission there were 11 instances of pressure damage developing. This is often due to a person declining re-positioning and being in the final phase of care with advanced disease, poor nutritional uptake, and dehydration and when the focus is on comfort. For pressure sores of stage three and above a Root Cause Analysis is carried out and where required this is reported to the Multi Agency Safeguarding Hub and the Care Quality Commission. When pressure damage occurs, we fully investigate the matter with the aim of improving the overall care and safety of patients.



Preventing pressure damage is very important to us as we know how painful a sore can be and how long this can take to heal. We have specialist equipment available for in-patients and day patients to help prevent damage such as high specification pressure prevention mattresses and cushions.

There are many factors that can contribute to pressure damage so it essential that our care team have the right skills and knowledge to work with patients to reduce risks and identify

any early signs of skin damage. We provide training on induction for all members of the care team.

For patients we support at home it is important to offer information and help the carer to understand how to prevent pressure damage and promote healthy skin. The same risk assessments are used to understand patients' needs and plan their care with them. The RNs are able to access equipment to support pressure relief for those at high risk. Collaboration with the community nursing service ensures we work to the same care plan and offer the same advice and information.

Healthcare associated infections

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections. The most well-known include those caused by Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C. difficile). HCAIs pose a serious risk to patients, staff, and visitors. They can incur significant costs and cause significant morbidity to those infected. As a result, infection prevention and control measures are a key priority for healthcare providers.

We had one patient admitted with a chest infection. We are pleased to say that we had no catheter acquired infections that developed during in-patient episodes and see this as a reflection of the excellent infection control practices that are in place at the hospice.

We had three suspected cases of Clostridium Difficile where we started our action plan until confirmation that the samples obtained was negative. The approach we take is to commence precautions on suspicion of Clostridium Difficile to help prevent any potential spread of this infection. There were no confirmed cases of Clostridium Difficile during this period.

Venous Thromboembolisms

A venous thromboembolism (VTE) is the formation of a blood clot in a vein usually in the leg. Sometimes a clot forms in the lungs and that is known as a pulmonary embolism. All clots are serious, and we are pleased to report that we have had no VTEs to report during this period.

Covid-19

For the last quarter of 2019-2020 we started to see the rise in cases of Covid-19 in England with the lock down occurring at the end of March 2020. We were liaising with infection control and cascading information to the team. We commenced pre-visit and pre-admission screening to ensure patients were not symptomatic.

In April due to the high risk of transmission of the Covid-19 infection between visitors, patients and our staff and the severe implications of this, we had to make the very difficult decision to stop almost all visiting to the hospice. We encouraged patients and their relatives to bring devices such as a laptops, smart phone or tablets to help communication and the care team supported people to use the technology to help people keep in touch.

For patients who were rapidly deteriorating, highly distressed and/ or approaching the end of life, we continued to support visiting but used discretion as to what was appropriate. We hoped these restrictions still offered the opportunity to have important conversations and for loved ones to be there in the final hours if they, and the patient wished this.

In those circumstances' visitors were continued to be screened for symptoms before visiting and were informed of any risks associated with entering the hospice. Visitors were advised to wear the same Personal Protective Equipment as staff and comply with the strict infection control guidelines we put in place.

These measures were followed as required at all times with varying reductions and increases in procedures depending on Public Health England and local infection control guidelines.

Effective

End of Life Care Model in Mid-Nottinghamshire

We are pleased to be part of the Alliance (formed in October 2018) where key organisations provide palliative care across mid-Nottinghamshire. This was developed to integrate End of Life services for patients with the aim of supporting their preferred place of care and death and prevent unnecessary hospital admissions.

The service has been designed to effectively support the patient's and their carers by working collaboratively focusing on the individual patient's end of life needs, and consented sharing of electronic patient records, advance care planning and the ReSPECT process. The service is for all patients with an end of life care need or specialist palliative care need irrespective of primary diagnosis. Usually the service is for patients who may have a prognosis of 12 months or less and / or specialist palliative care needs.

Respecting patients' wishes
The ReSECT process (Recommended Summary Plan for Emergency Care and Treatment) has been introduced as a national approach to end of life care decision making. We have trained

the team in understanding the process, how this benefits patients and families, and communication between health and social care professionals.
We have incorporated this process into the other documents that are available for advance care planning. All the decisions that patients make, wishes they have about their future care are recorded centrally, electronically and shared with consent.

Patient outcome measures
IPOS (integrated palliative outcome score) is used across all our services. This very useful tool is for patients to identify what has been troubling them socially and practically as well as symptoms they may have. Care is then planned accordingly to support patients to try and reduce the effects of any concerns and the IPOS is repeated to check the patient outcomes are improving. This is audited quarterly for quality purposes.

Communication needs
The installation of a hearing loop ensures patients with a hearing loss have an improvement in the ability to hear, join in and contribute during their time in the hospice day therapy area. We also purchased a portable hearing loop to enable the team to effectively communicate with people with a hearing loss within the wider hospice area.

To help improve the lives of people with a communication difficulty we have been an early adopter organisation of the **Communication Access** model. Members of the team became champions and wear a badge to identify their awareness of the need to give a voice to people living with a communication disability.

Improving knowledge and working together.
To network with other services and streamline knowledge and care delivery to ensure quality care for all, we have participated in a nationally recognised approach. QELCA (quality end of life care for all) enables professionals from varying palliative care services in our area to come together, share their experience and good practice with the main aim of improving and developing services locally for patients and their families.

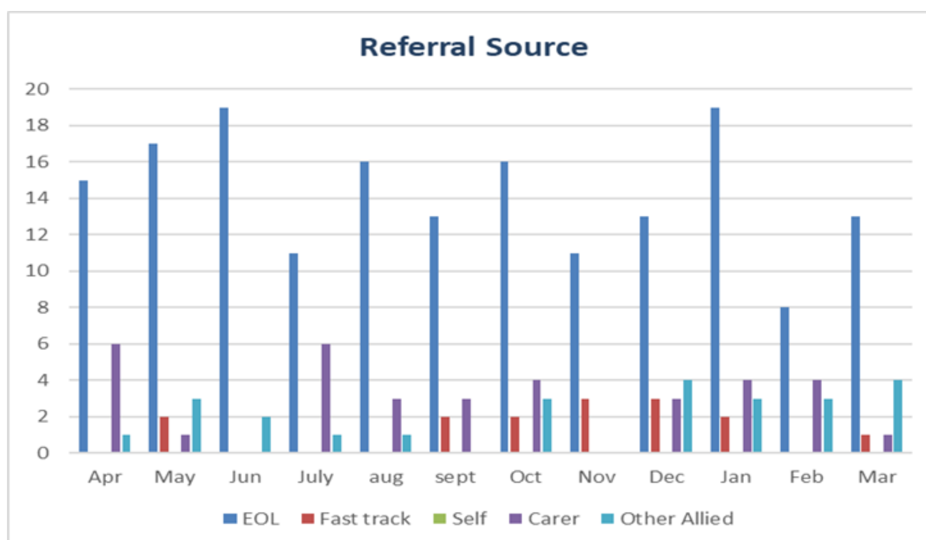
Our Clinical Activity

Indicator	
New referrals	374
In-patient episodes	180
Bed occupancy	80%
Average length of stay	10 days

Day Therapy attendances	1974
Hospice at Home hours delivered	4474
Bereavement support	210
Benefits advice	274
Complementary Therapy	206 sessions

Our referrals

The following two charts show our monthly referral rate along with the source of the referral. Our referral rates do vary between months. However, on average we received around *20 per month* with the majority source being for end of life patients.

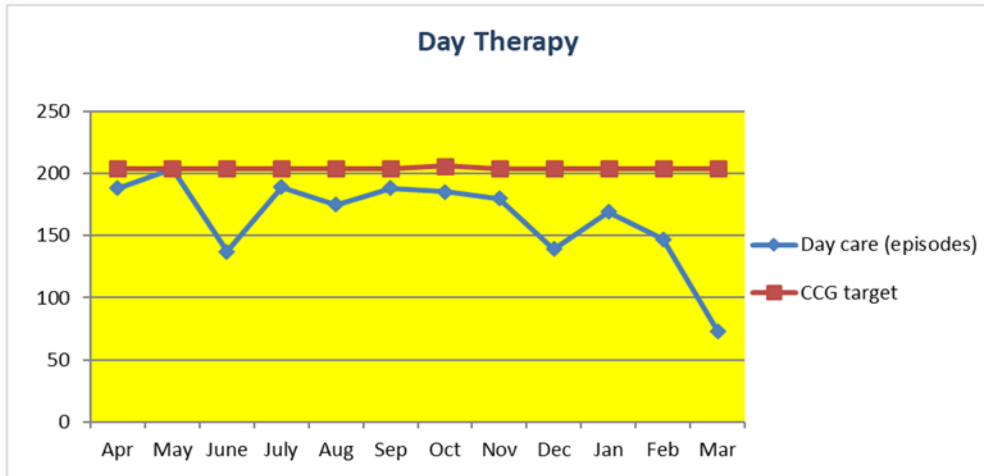


Our activity

Day Therapy

We saw a dip in attendance in our day therapy patients during the months of June and again over the winter months, which is consistent with previous years. During March we had to close Day Therapy to patients due to Covid-19 restrictions so we had a sharp decline in our patient numbers.

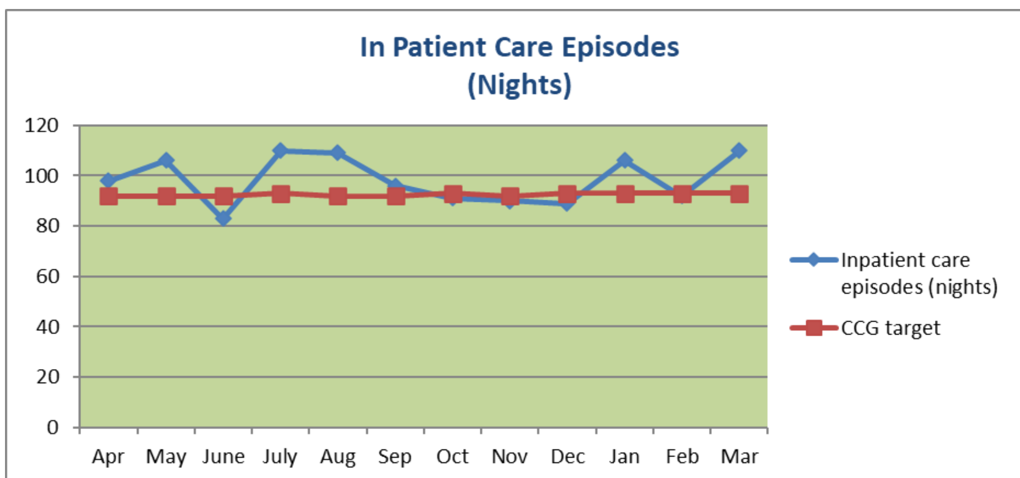
The team have continued to support day therapy patients in a variety of ways including home visits, use of social media, and regular phone calls.



In-patient care

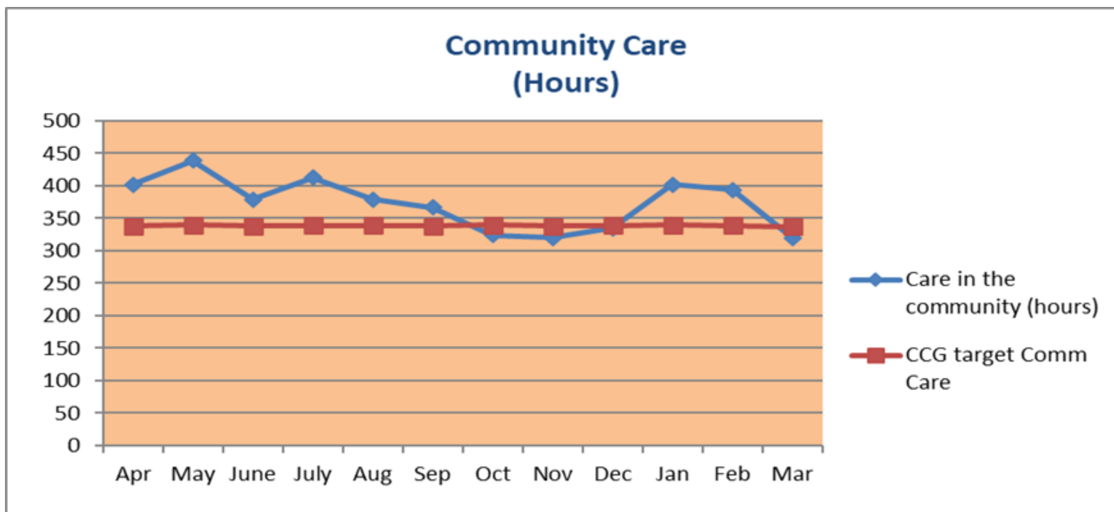
We have four in-patient beds and occupancy averages 98 episodes (days/nights) a month throughout the year. Most months we have met or exceeded our Clinical Commissioning Group target. In-patients bed occupancy was just over 80% across the year.

When asked *how you would describe the care you received from Beaumond House*, 89% of patients said it was outstanding, 11 said it was good.



Hospice at Home

Over the year we have had a focus to increase the awareness of our Hospice at Home provision and we have seen an increase in demand within the community. For most of the year the patient visits have remained on or above expected activity levels. However, we did see a slight decrease over the winter months, which is on trend with the previous year. We have finished the year over our target by 423 hours.



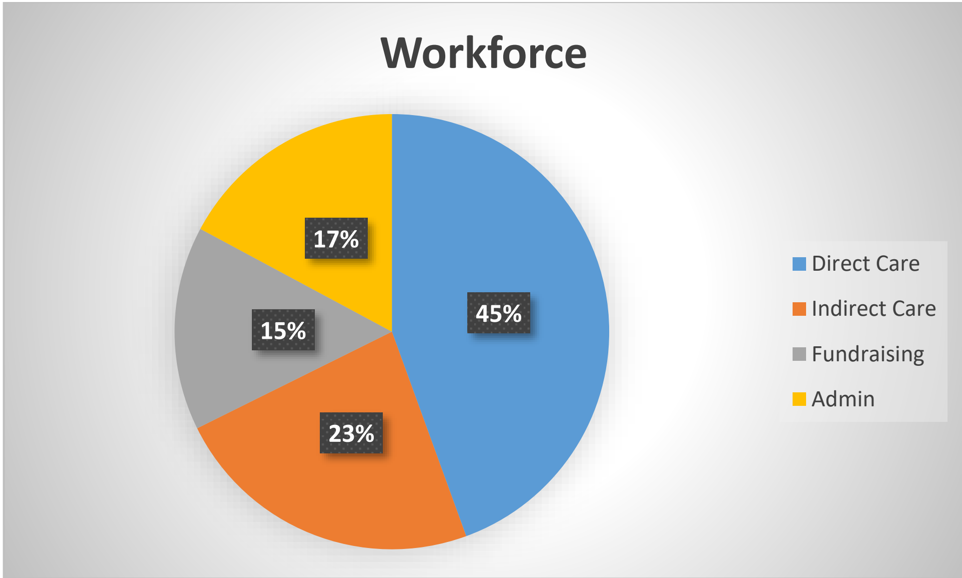
Our people

Staff and Volunteers

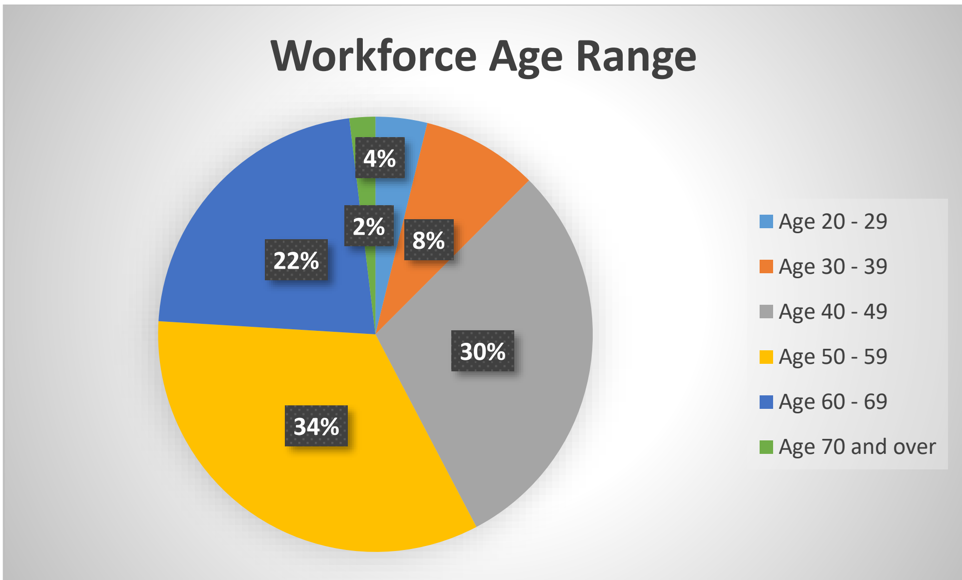
People and their equal opportunities are at the heart of our employment practices and the hospice aspires to be inclusive to reflect the local population. We know everyone is different. The benefits of an active approach to equality, diversity and human rights are far reaching. We have an inclusive culture, and we believe that by encouraging diversity we can have a positive impact on the high standard of patient care delivered and that it offers patients greater choice. We are committed to valuing differences between people and understand the positives of employing a diverse range of talented people.

During this reporting period, we had 52 full and part time contracted staff members and with a total whole-time equivalent of 30.8 members of staff. The workforce comprises of Nurses, Healthcare Assistants, Catering, Housekeeping, Fundraising and Administrative staff (including HR, Finance, Facilities and Care Support services). When extra staff are required, we call upon a bank of staff who know our services and who have all completed mandatory training.

In addition, we have many volunteers who work alongside the care staff and without them patients would not have as much individual support, which we regularly receive positive feedback about. Volunteers participate in training to enable them to contribute effectively to the workforce.



Indirect care staff includes essential housekeeping and catering staff meaning that nearly two thirds of staff are care facing



Beaumond House is committed to training all employees with face to face, e-learning, and team training. There are many other training topics which enhance staff and volunteers' knowledge and skills. Care staff also participate in learning and development sessions and clinical supervision and use reflective practice.

Staff Survey

Whilst there were a number of positives in the last survey, it was also clear that we can do more to improve in some areas and that we listen to the results from the staff survey and take appropriate action.

As a key part of the workforce plan, we have looked at how we can make the hospice a better place to work for current and future staff and to improve our leadership capabilities.

What works well

- Enabling choice and dignity to patients and families at the end of life and access to good quality, professional and personalised care
- Promoting partnerships that inspire confidence and pride
- Having a satisfying role, a happy working environment and feeling part of a valued team. We are interested in our work.
- Giving and receiving emotional support, we feel supported and appreciated
- Feeling involved in what the hospice is trying to achieve and that BH is a great place to work. Our work gives us a sense of personal accomplishment.
- That we are proud to work for the hospice and tell others that we work for Beaumond House and we recommend it as a great place to work.
- We feel attached to Beaumond House and are motivated to help achieve its objectives and inspired to do our best. We are clear what is expected of us.
- We receive the training we need for our roles and have the right learning and development opportunities.
- That we have confidence in the decisions made by the board and the leadership team and that we have confidence in the decisions made by our managers and that managers will take action on the results of this survey.
- Managers recognise when we have done our jobs well, are open to new ideas and motivate us to be effective. Staff feel valued for the work they do, think that BH respects individual differences e.g. cultures.
- Poor performance is dealt with effectively and our performance is evaluated fairly.
- We have not experienced harassment, bullying or abuse from managers, colleagues or patients and are treated fairly at work.
- The hospice takes positive action on health and wellbeing and we have a good balance between work life and private life.
- People in our teams can be relied upon when things get difficult, we work well together to improve the service we provide.

What we need to do differently or do more of

- Continue to promote a happy, supportive atmosphere where all staff feel valued.
- Be proactive and innovative and respond to local needs as a local centre of excellence.
- Review rates of pay and job security and the total benefits package. The majority of staff do not feel their pay is reasonable when compared to people doing a similar job in other organisations.
- Help people feel safe to challenge how things are done.
- Further enhance the way we manage change.
- Encourage people to contribute their views before decisions are made and involve people in decisions that affect their work.
- One person (the same or a different person) experienced harassment, bullying or abuse in each of the three categories of being from a patient, their manager, and from a colleague.
- Give people regular feedback on performance

These survey results have been reviewed by the HR Manager and CEO and drop-in sessions are held to discuss how we can improve the working environment, practices and support for the team.

Achievements of the last 12 months (2019/2020)

- Successfully recruited in all areas
- Improved our retention of current staff
- Less absence
- Continued work on succession planning for critical posts
- Key policies have been reviewed and updated
- Provided innovative training and development
- Continued to be a Mindful Employer accreditation
- Committed to be a Disability Confident Employer
- Flagship awards demonstrate the commitment of the team in going above and beyond
- Long service awards for those reaching length of service milestones
- A focus on wellbeing and mental health first aiders for the team

Caring

Day therapy

We provided day care places for up to 11 patients per day with specific care needs. In 2019/20, we continued to improve and develop our day therapy service with the aim of attracting more patients from all backgrounds and with an ambition to end any local inequalities in end of life care.

We provide a nurse-led assessment service for people of all ages who have a life-limiting illness. As well as an individual nursing assessment, patients attending day therapy have input from complementary therapists, chaplains, other healthcare professionals and, where appropriate, creative therapists. In addition to our day therapy coordinator, our day therapy service now has weekly dedicated time from our Clinical Nurse Lead. The aim of this is to provide more tailored care specific to the patient's needs, develop and facilitate more 'outcome' based therapies, and support our day therapy coordinator.

The armchair gallery project was successfully completed in day therapy. Over the period of approximately six months, each patient group participated in a five-week course of this interactive art therapy.

The project used digital technology to facilitate interactive art therapy, taking the patients on a tour of seven different cultural venues, e.g. Chatsworth House and Mr Straw's house. The sessions were led by a qualified therapist who engaged patients in the exploration of practical arts sessions (in response to collections and artworks from the seven venues) that included the visual arts, print making, movement, sculpture, digital arts (animation, sound, film etc) and poetry.

Patients who attend our day service have commented how much comfort they get from coming to day therapy and how much they appreciate the range of activities offered. For example, we provide relaxing activities such as arts and crafts, educational activities with guest speakers visiting, and activities aimed at promoting mobility and physical health such as seated chair exercises.

The Hospice User Group (HUG) has continued to involve patients largely who are attending day therapy, volunteers and occasionally carers as well as staff members.
This has given the opportunity for anyone using the services to ask questions, make suggestions and offer feedback. We consult the group on various topics before changes are made. This year the group raised:

- Meal portion sizes and choices. The catering team responded and adjusted portions and choices according to the patient wishes
- Some day therapy attendees commented that, since redecorating the dining room it felt a little sparce and we worked with the local art group to produce a beautiful local scene that the HUG members chose
- HUG members said they wanted to contribute regularly to the cost of day therapy and we introduced a suggested amount of £10 towards this which remained optional

In-Patient care

We provide care for patients with symptom control needs and for those people who wish for Beaumond House to be their preferred place of death. We also support patients and their families when caring at home has become difficult either due to an increase in care needs or the carer needs urgent respite. The medical support is provided by the GP and specialist palliative care from the community team if needed. We work with local community services including physiotherapists, occupational therapists, community nurses and pharmacists.

When a patient is admitted we work with them to establish their care needs, future wishes and help them plan for the time they have left.

Hospice at Home

This service helps support patients and families when it is their wish to be cared for in their own home. The team have provided personal care, assessment, practical advice and advance care planning with patients. They also support the carers through longer visits to enable them to have time way from caring for a while.

Care provided overnight has continued to support people in achieving their preferred place of death. This valued part of the service enables carers to rest and sleep knowing their loved one has a Health Care Assistant with them through the night. We work collaboratively with Nottinghamshire Hospice in providing this service and both organisations provide this night care in response to patient and carer need in the last weeks of life.

Compassionate care - patient reported outcomes

It is important to us to find out what is important to patients when they are referred to our services and review this throughout the admission. Patient reported outcome measures are a way the patient scores what is troubling them. It is particularly useful in helping plan their care with them in response to this. It addresses emotional, spiritual, and social concerns as well as physical problems. Our chaplaincy team is drawn from a number of different faiths and is available to patients and carers. They support us in ensuring that the wider spiritual needs of the patients are met.

Complementary therapy

We have provided massage, Reiki, spiritual healing, and relaxation sessions for carers, those who have been bereaved and patients. People who have received this service comment that it helps improve sleep, anxiety levels, and general wellbeing.

Responsive

Comments, compliments, and complaints

There are many ways we gather feedback, and all feedback is welcome and where required action taken to address any concerns. We collate the comments from thank you cards and share with staff and volunteers by way of acknowledging and appreciating their hard work. We had no formal complaints in 2019/20.
Feedback can be anonymous in the hope people will be honest in reviewing and evaluating the care so we can continually strive to improve and develop.

Finding out what people think about our services

We have several ways in which people can give us feedback on our services:

- 'Tell us what you think' leaflet which can be used for comments, suggestion, compliments, and complaints
- Patient surveys
- Friends and family test (Overall, how was your experience of our service?)
- Directly in person, by email or letter to Head of Clinical Services
- Through our social media channels
- Hospice User Group

Comments we receive on our care and services are valuable in informing us of where we can make improvements. Here are some of the comments we have received to show how people feel about the services they receive.

'The care here is wonderful, the staff are so kind and caring and couldn't be in better hands. I would recommend this place to anyone, and God willing hope to end my days here, surrounded by love and care.

'The whole team of staff work hard to deliver care of the very best. They came up with suggestions regarding diet and drinks.

'so thankful, could not get any better kind, caring staff, lovely. Lots of different drinks and plenty of food'

"We have been very impressed by everyone we have met here. The standard of care and attention to every detail is very high and the way you provide an ambiance of peace and safety and calm and uttermost respect and love. You are really doing an excellent job. Thank you"

'Our entire family was overwhelmed by the care and compassion shown towards my father during his care at Beaumond House. The whole experience was extremely humbling. No words have expressed our gratitude"

I am delighted to have been offered the gift of complimentary therapy. As carer of my husband I do get tired and stressed sometimes and strain various muscles so to have half hour of relaxation, massage or reflexology (the choice is mine) is very special. I come away from the session feeling valued as a person and my whole body feels much looser and relaxed. Thank you.

As my husband received Day Therapy at Beaumond House, I was offered the chance of complimentary therapy last year. I was unsure at first but found I have benefited enormously from the experience. It has been lovely to receive the treatment, relaxing and 'switching off' for a short time, knowing my husband is being safely cared for during this time. Just to relax and chat with Maxine, the therapist, or just to drift into my thoughts, has been a great help to my mental wellbeing. The help this gives to carers is beyond price. Thank you Beaumond House and Maxine, your care has been greatly appreciated.

'You asked, we did' is one way to review our responsiveness and here are a few examples to demonstrate this.

Your shower is great apart from the fact that you have to waste 10 towels every time. Can I make a contribution to getting it fixed for you?

We now have a device to contain the flow of water in the wet room

The urine bottles will not seal as the green tops have melted out of shape. Can I buy you some new ones?

We have sourced our urine bottles from an alternative suppler

My room not having a waste paper bin. It would have been very useful to have one

It's a pity that the runaway on the shower is not more effective, and the water runs towards the hole and not away.

For infection control reasons we usually used closed bins but have planned for individual use of open bins where there is a low risk

The dishes you put the pills in – why can't we use the same one all week. Would save a lot of money over the year.

Unfortunately, these are single use only

Friends and family test

The Friends and Family Test is an important feedback tool that supports the fundamental principle that people who use services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. It provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming our services and supporting patient choice.

We started using the Friends and Family test in 2016 and asked people if they would be likely to recommend Beaumond House to their family and friends.

From April 2019 to December 2019 100% of people responded they are extremely likely to recommend our services to friends or family. Comments included "first class treatment" and "the standard of care is second to none".

In January 2020, the question changed from ‘how likely are you to recommend our service?’ to ‘overall, how was your experience of our services?’.

From January 2020 all responses have been ‘very good’, the highest rating for the service. People described the service and support as “brilliant” and “could not have been better”.

Adapting the care provision

It is important that we adapt our services to patient need and have recognised the need for pieces of equipment that would help us care for varying complexity of patient need.
Given this we are looking to purchase a suction machine and an automated external defibrillator. We have recently purchased a bladder scanner which has improved our ability to respond to patients with a potential blocked catheter or retention of urine, reducing the need for an invasive procedure and associated risk of infection.

We have reviewed the layout of our in-patient unit and in response to requests for the care team to be located closer to the patients’ bedrooms, have refurbished an identified area which will be a new clinical office. This allows very quick response to patient need.
This dual use space allows for nursing procedures to be carried out in an infection control friendly environment for either in-patients or day patients.

Staff wellbeing

Having the right people in our organisation is hugely important. People with the right skills, experience, and training. To support our people in their roles we recognise the need for supporting mental wellness in a challengingly emotional environment.

One in four of us will experience a mental health issue in any one year. With this in mind we nominated three members of the team to become mental health first aiders who are now trained to recognise mental ill health and find the support they need.

Each year we promote awareness of mental health day in October and week in May where we undertake training, mindfulness, anxiety management and other ways of developing self-care and care of each other.

Well led

Governance of our hospice

Our Board of Directors share ultimate responsibility for governing the Hospice and they direct how it is managed and run. The Board of Directors, have established five sub-committees which ensure governance and scrutiny on all aspects of our ways of working

including care services, human resources, finance and facilities, fundraising and marketing and governance, risk and scrutiny.

The Board of Directors are required in law to routinely assess and monitor the quality of care we deliver to our patients. As part of that process, directors regularly visit to carry out directors' inspections and health and safety inspections. The learning from these inspections is considered at relevant board sub-committees with action logs used to ensure follow through on actions.

Key achievements for 2019-2020

- **Supporting more patients to die in their preferred place of care**
- **No instances of healthcare associated infections for this period**
- **80% bed occupancy offering local hospice care for local people**
- **Over 200 contacts with people who have been bereaved offering support after the death of their loved one**
- **89% of patients said their care had been *outstanding***
- **Customer Service Award**

Quality Initiatives

We will continue to invest in staff through training and development and opportunities offered around work experience.

We will work to ensure that the hospice continues to engage with the local community as we further develop the services offered to the people in our district.

Customer Service Award

From the minute someone enters the hospice or contacts us by phone our desire is for them to feel welcome and listened to. We were delighted to learn that this approach led us to being nominated for and successfully awarded the Newark Business Award for Customer Service.

Acknowledgements

Thanks go to the following professionals who contributed to this report.

Dr Julie Barker – Chair - Care Services Development Board Sub Committee, Director & GP
Louise Sinclair RN - Head of Clinical Services
Karen Brown RN – Clinical Nurse Lead
Debbie Abrams OBE - CEO
Charlotte Coggins – Head of HR

Sally Briggs Price – Care Administrator