

Debbie Abrams Chief Executive Beaumont House – Presentation to Annual Public Meeting 9th November 2016 6.30 pm

Time does go by so quickly, and for each of us time is precious so we need to make the most of every day as much as possible. On reflecting back on my time with Beaumont House I realised I had been in this post nearly 6 months now and a lot has happened in that time. You have heard much of what has been happening from Julie and from Ian and I would like to add a little more to that. I won't cover care service issues as that will be ably covered next by our Heads of Care.

Can I start by stating the obvious which is that I work with some awesome people, staff, volunteers, patients, Directors. We rely on the kindness and generosity of local people who year after year support us in a range of financial and non-financial ways. In addition various organisations contribute their time, products or grants for specific projects. In total this meets the gap between what we get from Newark and Sherwood clinical commissioning group (which is approximately £350k per year) and what we need to function.

You have heard that each year we need approx. £1m per year to provide in-patient, day care and hospice at home services in and around Newark and that is about right, I will say a little more about how we try to manage cost pressures shortly but firstly to say a little more about the paid workforce and our bills.

Who are we - we are a team of 50 staff that work various hours which equate to just over 34 whole time equivalent posts. I won't single any one of them out for praise or acknowledgement of what they do because they all do a terrific

job. Of those 64% work directly with patients and 36% the rest of us work mainly in administration, managerial and fundraising roles including HR, Finance and the Charity Shop managers. Direct pay costs are the main part of what funds go towards. We also have to meet all the usual bills for utilities, services etc. that you would expect.

I know that many of you are concerned about the gap between income and expenditure and you may well ask what are we doing to help manage costs? Well each time we have a vacancy we are looking at do we need that particular role in that particular way and several posts are now delivered to the same quality on reduced hours. Volunteers are crucial in helping us keep our staffing costs reasonable and yet still ensuring each patient gets dedicated individual time as required. It was my privilege recently to present flagships awards and long service awards to staff and volunteers and also to congratulate many of the care team who have completed a significant programme of training and development to attain a National Vocational Qualification at level 2 or level 3 in the delivery of care services.

In the same way as each contract comes up for renewal we are scrutinising costs to ensure we get best value for patients. For most new jobs we try to get three quotes and choose the most competitive. We don't always go for the cheapest though because we do have to consider quality is just as important if not more important with some services. Local organisations help us a lot too. This room for example has been made available to us at no cost and I would like to say thank you to the Golf Club for that and for making us so welcome.

On a different topic we are keeping costs to a minimum as we deliver environmental improvements and so far in the last few months the conservatory has had a facelift, the kitchen has been re-decorated the upstairs corridor has a new floor and also the two day lounges are in the process of being modernised.

We are just in the process of developing the plan for next year but suggestions include the need to do something to the entrance hall among other things. So what else is on the cards for the future, well it's here where I wish I had the gift of foresight to be able to tell you exactly what is going to happen, but there is no clarity at the moment.

I am reminded of the quote from Alice in Wonderland where the cat says
Where are you going? And Alice says which way should I go?
The cat says – that depends on where you are going
Alice says – I don't know
And the cat replies – then it doesn't really matter which way you go.

Well unlike Alice, although we don't know, we do know that it does matter which way we go and that we do want to continue to provide services to local people.

The main unknown issue is our future income from the NHS that the Newark and Sherwood Clinical commissioning group pay. Last April they gave us 12 months' notice of the intention to cease our contract which is normal practice when changes are being introduced. We are expecting to hear shortly about a new End of Life care pathway that the commissioners want in place

throughout Mid Nottinghamshire (which is Newark and Sherwood and also Mansfield and Ashfield). We could not bid to provide all those services alone so we are exploring options to do this collaboratively with one or more other organisations. We are optimistic that we are doing all the right preparation work to be able to put in a strong bid to help maximise our chances of being awarded the new contract. I do want to be transparent and say that there is a small risk of another provider coming into the area and bidding to provide these services but we will do our best to put in a very effective submission. At the moment we don't know the timescales for all this. The last we heard it was supposed to be all sorted ready for the 1st April but we are running out of time to get that done so that date might be changed and our current contract extended for a few more weeks into the new financial year.

As soon as we do know something definite we will share it with you and that is our commitment.

The other unknown that some of you have spoken with me about is what is the future for Beaumont House. The Directors have a development day planned on 2nd December and will be considering the future strategy and our approach to engaging people in exploring options.

You may have heard for example that even if we spend a lot of money on BH that it will still have its constraints such as the lift not taking people who cannot transfer into a chair and that is something we do need to consider but at the moment have no answers.

You may also have heard that the Chair and I and the Heads of Care have visited St Barnabas Hospice in a Hospital to learn about that and wondering if

we are going to go down that road. Well I did go to Newark hospital to have some very early non-committal conversations with the manager there and there is a vacant ward which it might be possible to convert but that is all ifs and buts and maybes. What is definite is that we do want to explore how we can further develop our collaborative working with Newark Hospital as there are things we can learn from each other about how to help people with life limiting illnesses and people who require care at the end of their lives.

Thirdly you may have heard conversations about what if we bought some land and raised funds for a completely new purpose built hospice. That is something that also needs to be considered and I know some of you would very much like to see that but we do need to be much more informed about what is possible and what is not possible, to hear from yourselves what your views are and then for the Board to recommend what to do.

Do feel free during the question and answer sessions to share any thoughts you have on this with us. We welcome this opportunity to hear from you and would also welcome any ideas as to how we can do our annual public meeting differently next year.

There is so much more I could say and probably should say but I would prefer to stop here for now and would be happy to answer any questions later and hear any comments that you would the Board and the Leadership team to consider.

Thank you.