Beaumond House Hospice Care

QUALITY ACCOUNT 2021-22

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Registered Charity No. 1025442

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Welcome to our Quality Report

I am pleased to have this opportunity to present our annual quality report for the year April 2020 to March 2021.

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 excellence, 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 2021, 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.

Reviewing our day service menu of support is a key aspiration for 2021/22. 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 recruit volunteers.

So, this leads me to also thanking our all our supporters. Without your backing 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

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

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 the key questions on the following pages, 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.

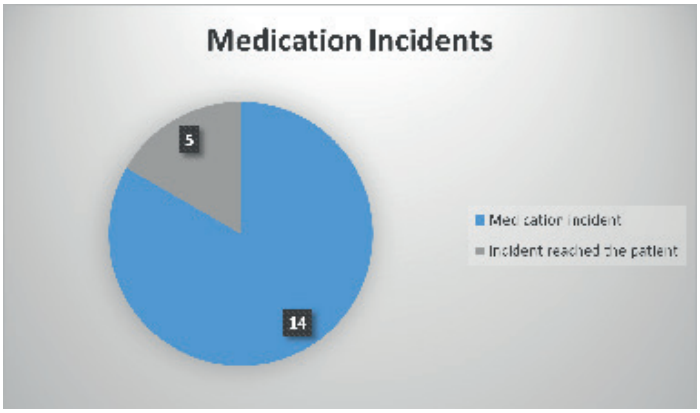
We strive to keep the environment clean and tidy to prevent and control the spread of infection.

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 incident 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 five incidents that resulted from an error in the process of administration or a near miss that reached the patient. This resulted in either low harm or no harm to the patient. Overall medication incidents were seventeen less than the previous year which is the third year in a row with a reduction in incidents.

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 bi-annual training sessions and supervision of practice to demonstrate knowledge and competency. 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.

We are currently reviewing electronic versions of medication administration with the intention of reducing errors, reducing paper and nurse time it takes in preparing these records.

Safety thermometer

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

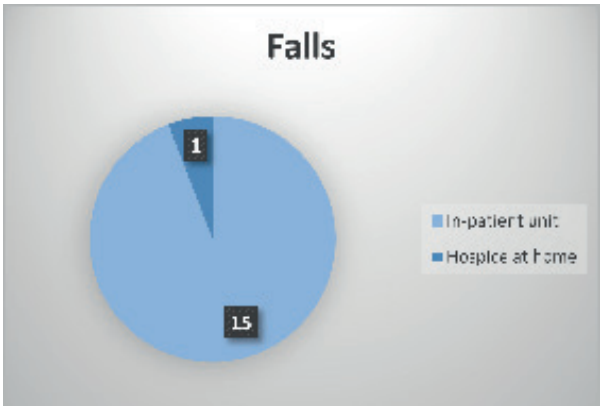
Falls (with and without harm)

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 16 falls occurred in 2020/21 and no patient sustained significant injury. We record falls of patients in the hospice and when a fall happens during hospice at home care.

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.

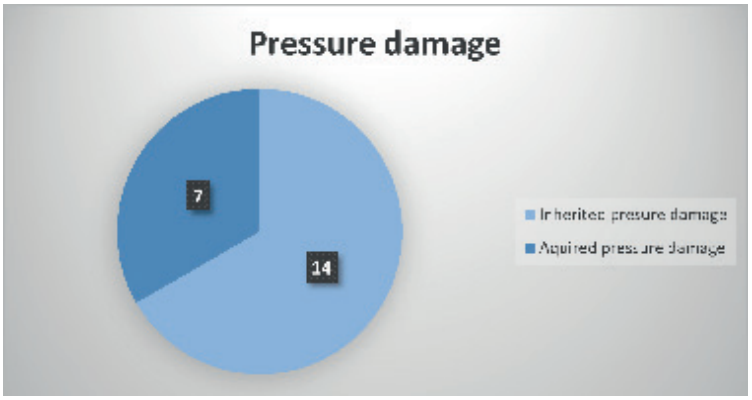
There are many factors that increase the risk of developing a pressure sore and we also use the MUST tool alongside an individualised nutrition assessment to assess risk of malnutrition.

During 2020/21 there were 10 occurrences of existing pressure sores where a patient is admitted to Beaumond House in-patient care with the pressure damage.

During an in-patient admission there were 3 instances of pressure damage developing. This is often due to a person's deteriorating condition, 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 (if harm or neglect a factor) 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.
During the period we cared for patients with infections including cellulitis, pneumonia, chest infections, Covid-19 and sepsis. We had two cases of catheter acquired infections that developed during in-patient episodes.

We had one suspected case of Clostridium Difficile where we started our action plan until confirmation that the samples obtained were 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

During 2020/21 we had the challenge of the pandemic. We were liaising with infection control and cascading information to the team. The hospice had one a small outbreak in the staff team with four cases of confirmed Covid-19 in December/Jan 2021. This did impact on services, and we were unable to accept admissions for a period of 10 days. The hospice at home service continued to support people in their own homes. Day services supported patients virtually via zoom or over the phone depending on patient and carer preference.

Visitors to in-patients has been under review and dependent on national and local guidance. 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 asked to take a lateral flow test before visiting the hospice or a test was provided on arrival. 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 ReSPECT 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 have 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

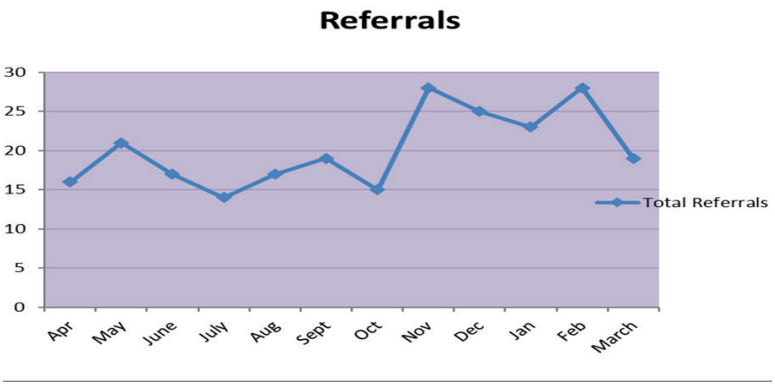
adopter organisation of the Communication Access model. Members of the team became champions and wear a badge to identify their awareness of the need to give a voice to people living with a communication disability.

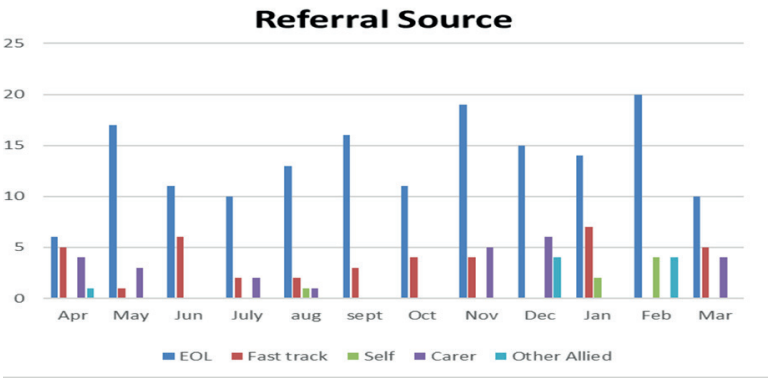
Improving knowledge and working together.
To network with other services and streamline knowledge and care delivery to ensure quality care for all, we have participated in a nationally recognised approach. QELCA (quality end of life care for all) enables professionals from varying palliative care services 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.

Indicator	
New referrals	242
In-patient episodes	992
Bed occupancy	64%
Average length of stay	9 days
Day Therapy attendances	1859
Hospice at Home hours delivered	4382
Bereavement support	227
Benefits advice	274
Complementary Therapy	0 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 our day therapy patients during the summertime and again over the winter months, which is consistent with previous years. Attendance at the hospice for day patients has been suspended due to Covid-19 restrictions however we have seen an increase in new patient numbers between February and March.

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.

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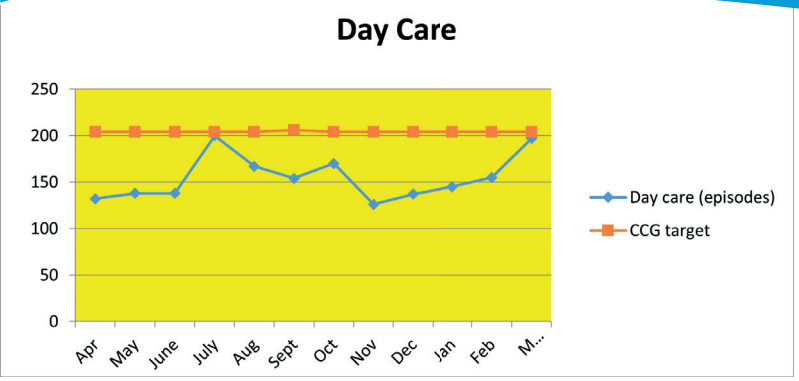
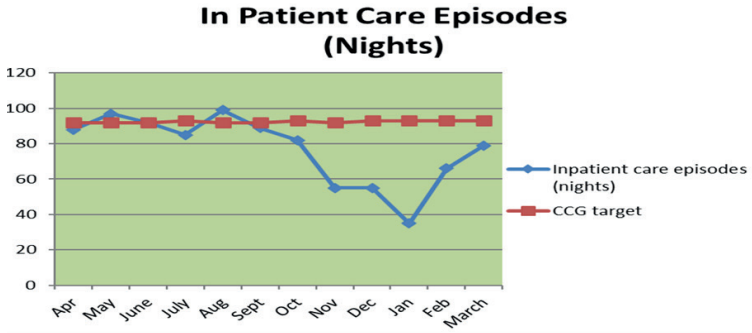


In-patient care

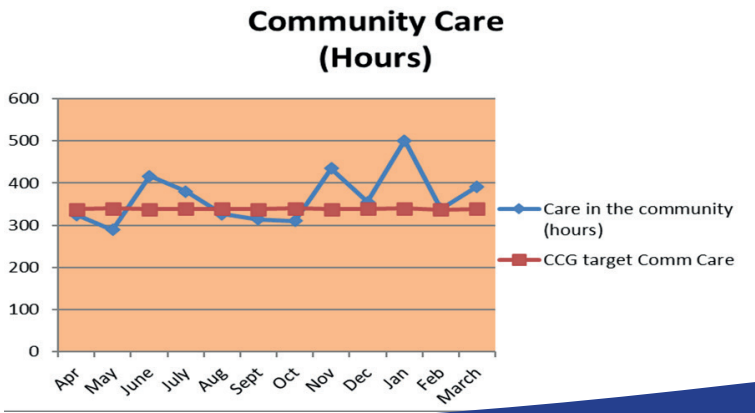
We have four in-patient beds and occupancy averages 82 episodes (days/nights) a month throughout the year. In-patients bed occupancy was an average of 64% across the year.

When asked how you would describe the care you received from Beaumond House, 85% of patients said it was outstanding, 4% said it was excellent and 11% said it was good.



Hospice at Home

We have seen an increase in demand within the community and for most of the year patient visits have remained on or above expected activity levels. However, we did see a slight decrease over the late summer, early autumn months, which is on trend compared to previous years. We have finished the year over our target by 317 hours.



Our people

Our Human Resources

When the pandemic hit, the speed of change and uncertainty ahead called for the leadership team to be responsive on a day-to-day basis; steering Beaumond House Hospice care through and interpreting the rapidly changing rules and legislation, dealing with the stress and pressure of entire workforce, and creating new and efficient ways of working whilst ensuring that the hospice services were still delivered.

This meant every employee had to adapt to the changing environment, learning new skill sets such as zoom to support some patients and carers remotely. We even had to ensure that the in-patient unit had no contact with Hospice at home to avoid any contamination.

This really cemented the importance of the mental health and wellbeing of our employees these have been extraordinary times and although we can see the light at the end of the tunnel, we must remain conscious of the challenges that are ahead for our workforce.

Our people – Volunteers

During 2020-21 a large proportion of the volunteer workforce stepped back either by choice or because, in line with government advice, they were asked to (if aged over 70 or with an underlying health condition).

Albeit with depleted numbers, limited volunteer roles continued to operate.

Where possible, services were adapted so that volunteers could provide support over the telephone or video link. Patients valued the continuity of the relationships they have built with volunteers in day therapy and weekly or twice weekly call offered them contact, support and a friendly voice and ear.

Some volunteers helped with doorstep drops as and when the restrictions permitted. This brought a cream tea, activity pack or information to the patients door, gestures to keep the contact going.

We kept in touch with our volunteers through newsletters that offered information abut the services and how the hospice was adapting and continuing to provide care and support to patients and their families.

Training

Throughout 2020/21, where it was been possible essential training continued to be progressed, with TEAMS or Zoom for new staff and e-learning for existing staff supported both through 1-1 and supervisions.

Month	Topic	All Staff required to complete	RN /HCA care staff only
January	Fire Safety Level 1 Health & Safety & Welfare - Level 1	All Staff All Staff	
February	Meds supervision and Theory	-	Care staff only
March	Safeguarding Children Level 1 Safeguarding Adults Level 1 Prevent	All Staff All Staff All Staff	RNs Level 1 & 2 RNs Level 1 & 2
April	Mental Capacity Equality and Diversity	- All staff	Care Staff only
May	Record Keeping and Assessment	-	Care Staff only
June	Infection Prevention and Control (All) Freda's Fall	All staff	Care staff only
July	Accessible Information Communication Skills	All staff All Staff	
August	Meds supervision and Assessment	-	Care staff only
Sept	Focus on Palliative Care	-	Care staff only
Oct	Tissue Viability Pressure Ulcer Prevention	-	Care staff only
Nov	Data Security Awareness Anaphylaxis (Face to Face KB)	All staff -	Care staff only
December			

During the last 6 months of 2020 the leadership team took the decision to prioritise a range of support measures / touch points supporting the team and giving opportunity for reflective learning, idea sharing, and development.

Throughout this reporting period, we had 60 full and part time contracted staff members and the total whole-time equivalent is 34.63 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 our care staff and without them patients would not have as much individual support which we regularly receive positive feedback about. Volunteers are trained to enable them to contribute effectively to our workforce.

Staff Survey

Each year we carry out a staff survey. The main reason for doing this is that it provides an opportunity to establish two-way communication and involve employees in the development process by giving them a direct voice to the leadership team and the Board of Directors. In 2020 we did it differently.

We asked the workforce what words best describe how they felt during 2020

Hopeful, Happy, Safe, Supported, Positive, Optimistic, Teamwork, Motivated, Passionate Scared, Fed-up with Covid, Worried, Uncertain, Anxious, Trepidation Concerned, Frustrated, Confused, Sad, Fearful, Worried.

Our employees told us what has been handled well by the Hospice over the past 6 months

1. Prompt response to the fast pace of all the changes that had to be put in place, in a calm manner and has been well led.
2. 2020 has brought the team closer together due to us all having to react quickly to whatever changes have been put in place. Everyone has embraced this.
3. Even throughout my three-month furlough period I always still felt part of the team. Monthly emails and calls helped. I felt all safety measures were in place on my return and never felt at risk. When I do have any concerns, they are listened to and considered.
4. The continued positive feedback from patients and their families confirms the excellent continued provision of our care services.
5. The extra attention to hand hygiene and infection control has been outstanding. The housekeeping staff and the care team are to be commended for this.
6. The success of the fundraising team in adapting to new and innovative approaches of fundraising means that we are now in a good position going forward for this year and can start to think about next year.
7. The Hospice has done really well at managing to maintain much needed care to those who need it while having to cope with all the difficulties caused by Covid 19.

What do you think could have been done better?

1. With the gift of hindsight there are sometimes things that could have been done better.
2. Finding a way of allowing close relatives to visit maybe once or twice a week, so they have more up to date information, can ask questions and see their loved ones and feel reassured.
3. More simplified clearer information probably would have been made easier to start right from the beginning wearing masks gloves and aprons instead of being unclear at times, but this was the government's recommendation.
4. It has been incredibly tough on a lot of people over these last few months in work and home, dealing with family who are looking for answers as a parent you are not able to give apart from lots of reassurance. Staff have handled everything thrown at them and have remained very professional at all times.

What we have learnt and what we can improve

1) Better communication particularly finding ways to communicate other than by email and social media.
2) Enabling patients to have a closer connection with their family during these unusual times.
3) Continue to support teams coping strategies and recognise that maintaining resilience levels needs continuous supportive measures.
4) Our recruitment processes will be subject to continuous quality improvement to ensure that the team members we employ work to the standards and values we expect with dedication to the patients we care for

Achievements of 2020/21

- Recruited differently with the constraints of COVID
- Fully recruited to nurse vacancies
- Continued to improve our retention of current staff
- Succession planning for critical posts
- Key policies have been reviewed and updated
- Provided alternative training and development
- Maintained the Mindful Employer accreditation
- Committed to be a Disability Confident Employer

Caring

Day therapy

We usually provide day care places for up to 11 patients per day with specific care needs. In 2020/21, we supported people in a different way due to the pandemic. Patients reported feeling supported during the lock down and that the contact from the hospice team helped them feel less isolated.

During times when the restrictions were less, we were able to provide some doorstep visits and the team were very creative in putting together wellbeing and activity packs for patients.

We organised a cream tea to be delivered to day patients and weekly cake for a period and we very much hope patients felt we cared for and kept in touch with them. Plans to reinstate the attendance at the hospice for day patients will be from June 2021.

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.

During the pandemic we have followed the recommendations for the use of PPE and other infection control measures to keep the patients, visitors and staff team safe.

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

This service has not been available during the pandemic. We are developing a new garden room which will offer a dedicated space for therapy and wellbeing once this service can be re-instated.

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 2020/21.

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
- Macmillan Quality Award survey on environment

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.

We are all so grateful to you and all the amazing carers who attended mostly at night, you all do an incredible job and provide a service that helped my farther and family greatly. We thank you form the bottom of our hearts, and we will never forget your compassion, support and professionalism.

A big thank you for all the help and support you provided myself and my wife. She was really worried about having loss of dignity in her final days, but your help and support prevented that for her. Your help truly was invaluable to us.

Just wanted to say a big thank you for taking care of him in his last few hours you made all the difference to his wife and children. You going in was like a big hug. Thank you Beaumond House, friends are what you are.

We would like to send our heartfelt thanks to each and every member of the Beaumond House Hospice team. Mums final journey wasn't always easy but your hospice at home team were a blessing, we will be forever grateful for their commitment, professionalism for taking us under their wing and treating mum with the dignity she so deserved and helping us a s a family coping in difficult circumstances. We will be forever grateful. Be proud and keep doing what you are doing

I received excellent service from hard working kind and caring workers, from the nursing, domestic and catering staff. Food excellent, a planned diet. Nice comfortable room and a laundry service provided.
No improvement.

Many thanks to all the staff and volunteers for keeping in touch at this stressful time, the weekly door step visits have been most welcome to know we are not forgotten, the zoom meeting have been great it is lovely to actually see people, have a chat, do the crossword and generally have a laugh. I think I can speak for most day patients in saying we really miss our weekly get together, there is always someone to listen to your worries, we all feel safe and respected and hopefully next year will be

better, also not forgetting the drivers who have delivered activities and cake.

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

The staff noisy at times and I do not like the hoist.
We have recently replaced the hoist with an alternative model, which has slower speed settings and an improved knee support.
The wet room needs improvement, water does not flow properly, would save staff time.
We now have a device to contain the flow of water in the wet room

I prefer the home visit to the telephone call because the phone calls are very brief.
During the covid 19 lockdown telephone support calls were implemented as a way of us keeping in contact with patients when home visits were restricted.

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 2020 to December 2020 all responses form people when asked to rate our overall service was 'very good' the highest rating for our service.

People described our service as 'The care was so excellent', 'Staff have been very attentive and really listen', 'The support given to the family has been brilliant'.

In January 2021 the question was changed slightly from 'overall, how was your experience of our services?' to 'How likely are you to recommend our service to friends and family if they need similar care or treatment'.

From the responses we have received, 83% of people said they would be very likely and 17% said they would be likely to recommend us. People described our service as 'I did not realise before this high standard of care was available' 'I have had excellent care form the very kind caring workers', 'Excellent support- go above and beyond with everything they do', 'The care is outstanding just loved everything'.

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 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 where we promote ways to care about each other and recognise when a colleague may need more support.

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 2020/21

- Supporting more patients to die in their preferred place of care
- More people supported overnight and therefore more carers supported too
- 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
- 83% of patients are very likely to recommend our service and 17 % likely
- Supporting people in different ways as the pandemic developed

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. We now monitor gaps in service by logging unmet need. This will be reviewed in our care Service Development subcommittee.

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