



# QUALITY ACCOUNT 2022-23



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I am delighted to introduce Beaumont House Hospice Care's Quality Account for 2022-23 which summarises the progress we have made, examples of improving quality, as well as setting out our priorities for the coming year.

As I write this welcome, I have been in post as Chief Executive Officer for 2 months having previously been the Head of Clinical Services for 10 years.

I am privileged to be the Chief Executive of such a compassionate and patient centred organisation, and I look forward to what's in store in 2023/24. Our dedicated and passionate people provide excellent care for each person who touches our services.

In November 2022 we celebrated our 35th birthday. It remains our honour to provide nurse led community services to those

with a palliative and end of life care need in our hospice and in patients' own homes.

We launched our 5-year strategy in early 2023 which, through our strategic aims, creates the roadmap for our future, the heart of which is providing outstanding hospice care, enabling our local communities to live well and die well.

I wish to thank our End-of-Life Care Together Alliance partners, our army of fundraisers, volunteers and wonderful staff for all they do to support Beaumont House Hospice Care.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality-of-care services provided by our Hospice.

I hope you find the report useful and interesting.

**Louise Sinclair**  
**Chief Executive Officer**



I am delighted to present our annual Quality Report for 2022/23. The Quality Account has been developed through our ongoing focus on excellence and “operation outstanding” as we strive towards recognition of outstanding services. We work closely with patients, their families, carers and staff, leading to the continuous development of our services. All our core service areas have seen a rise in activity this year - with 82% In-patient bed occupancy.

It has been a year of positive achievements and innovation in the care services, once again in the face of financially challenging times. This report provides an overview of our quality governance arrangements for monitoring, identifying risks and trends to ensure the hospice works safely and continuously improves. We have now restored all our services post COVID. We have increased capacity for our Hospice at Home service and established our holistic care service offering therapeutic sessions for patients and carers.

Two new initiatives include the introduction of the Teapot group, our bereavement support group led by volunteers, and our volunteer “end of life care companions” who provide In-patient support alongside a soul midwife.

In our ambition to become “outstanding” we have been progressing the first year of our new 5-year strategy. We have been working on our

personalised care, frailty and becoming paper light. We have published a series of patient stories that illustrate how we go “the extra mile” and alongside this we are monitoring “unmet need” and learning how we can ensure the hospice services are accessed by all who need them in a timely way. We have received no formal complaints in this period.

Our aspirations for 2023-24 include aims for our patients and families as well as our staff and wider community. We plan to introduce Virtual Reality to enhance patient experience, relaxation, and comfort. We plan to hold a hospice open day inviting the community to see what we do and how we can help. We will also be facilitating a death café to encourage the community to talk about death, dying and funerals and taking part in Dying Matters week, encouraging people to plan ahead.

For our staff in 2023-24 we are developing and learning from our new approach for staff appraisals linking outcomes and objects with our strategic aims. We will also be launching a new clinical supervision policy and model. We want to achieve an agreed level of S1 proficiency throughout our healthcare assistant team and we also want to train a member of the team to deliver Yoga sessions as part of our Wellbeing service, and recruit and train a Freedom to Speak up Guardian. Throughout the coming year we will be preparing and applying for the Macmillan Quality Environment Mark which is due for re-application in May 2024.

All this is achievable because of our staff, volunteers, patients, and carers who are dedicated and skilled. I would like to take this opportunity to say a personal thank you to everyone who has contributed to the growing success of Beaumont House and our ongoing journey towards “outstanding”.

Dr Della Money, Trustee and Chair of the **Care Services Development Board Sub-Committee Chief Executive Officer**

# Review of Quality Account for 2021-22

- Post Covid our services are fully restored including open visiting.
- Continued partnership in the End-of-Life Care Together Alliance.
- ReSPECT model embedded in practice.
- Transition to Wellbeing model in progress, led by a newly appointed Wellbeing Lead
- New bereavement counselling and support model introduced.
- Complementary therapy model being delivered in our garden room.
- In response to staff feedback new communication systems including a weekly Friday email.

## Our Vision is to achieve

'Outstanding hospice care, enabling our communities to live well and die well'

## Our Mission (purpose) is

'Personalised care for you and your family when every moment matters'

## Our Values

### PATIENT CENTRED, WE 'GO THE EXTRA MILE'

Every life matters and every moment matters - patients and their families and friends are at the centre of everything we do.

### VALUE & SUPPORT OUR PEOPLE

All of our people are important and highly valued, and we support and develop them to be at their best.

### OPENNESS & HONESTY, CREATING A SAFE ENVIRONMENT

We provide a safe environment in which feelings may be openly expressed and acknowledged with sensitivity and honesty.

### COLLABORATION

We provide a unique and special range of services, in collaboration with our partners in the End of Life Together Alliance.

### EFFICIENCY, CARING, PROFESSIONAL

We provide good stewardship of our resources and operate in a professional, caring, and efficient way.

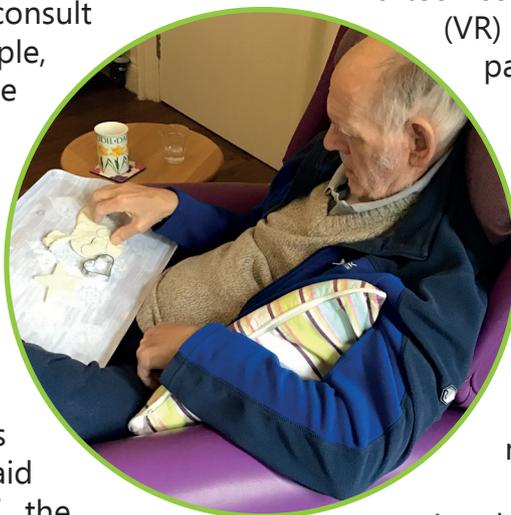


# Wellbeing

During 2022 to 2023 Day Therapy has offered a range of therapeutic activities

- Art and music therapy.
- Chair based exercise- yoga and movement therapies.
- Volunteer led activities and guest speakers
- Symptom management.
- End of life care planning sessions.

All Day Therapy patients are given the opportunity to join our quarterly Hospice User Group (HUG) meetings. This offers patients and volunteers the opportunity to consult on proposed changes. For example, this year we upgraded one of the In-patient bedrooms, the HUG were shown a mood board and chose fixtures, fittings and décor. HUG is also used as a platform for patient suggestions and sharing relevant service information, updates and to feedback any actions from previous meetings following a 'you said we did approach'. Some of the suggestions from this period included the introduction of 'Boccia', and the addition of another accessible parking space.



Our ambition was to transition Day Therapy to a Wellbeing service. The new service includes Day Therapy, in addition to our holistic therapy service supporting patients and carers.

We have built upon our bereavement service to offer individual bereavement counselling sessions

and the launch of our drop in 'teapot' support group. We appointed a Wellbeing Lead to coordinate and drive this service forward, to meet one of our strategic goals in reaching more people by expanding the service we offer.



In line with this ambition, we started working with a tech company to introduce Virtual Reality (VR) to the Hospice. The use of VR in palliative care is thought to have many benefits including reduction of some symptoms and an improvement in well-being.

We have developed a spirituality policy and worked to expand our chaplaincy team. The ambition for the coming year is to broaden our spirituality support to include multi-faith and a humanist.

Another ambition is to develop a spirituality booklet to enable us to explore preferences with each person we care for. This fits nicely with the personalised care agenda which we are working to embed into our daily practice, shifting the focus from 'what's the matter with you' to 'what matters to you'.

## Day Therapy sessions provided

Year	Number of Day Therapy episodes	Number of patients
2022-23	2161	164

## In-patient Care

The figures capture the number of nights provided as In-patient care. The average length of stay is 9-10 nights per patient.

Year	Number of In-patient Care nights	Number of patients
2022-23	1204	87

We started the process of upgrading our syringe drivers and have bought two new 'Bodyguard' models which have replaced the McKinley T34. All our nurses have undergone the necessary training and supervised practice. The plan for the next year is to purchase four more.

Our 'Blue' inpatient bedroom has been fully re-decorated using calming blue and neutral tones chosen by the HUG.

We purchased an AED (automated external defibrillator). Having an AED on site can save precious time in an emergency and can improve cardiac arrest survival odds and can be the difference between life and death.



We announced our aspiration to build a new In-patient unit and are in the early stages of the planning process.

## In-patient companionship

We identified there was an opportunity to provide companionship and support for patients and their loved ones.

Volunteers in the In-patient area play an integral part in the care that our patients and their families receive. The volunteers provide:

- A listening ear.
- Companionship for the patients.
- Support for families and loved ones.
- Therapeutic activities with the patient (e.g., hand massage).
- Practical help on the In-patient unit such as bringing meals from the kitchen.
- Time to spend reading, helping to write a letter.





### Soul Midwifery

A new volunteer role was developed during 2022.

Soul Midwives regard every dying person as if they are the most important person in the world.

They offer a range of gentle therapies to soothe and reassure and are skilled advocates and advisors.

They are non-denominational in their pastoral support, encouraging deep conversation, with love and dignity.

Here is a quote from Beaumont House Soul Midwife Nik Davis about her role.

“We all know with certainty and sadly often much trepidation, fear and angst, that we will die, that is an indisputable fact of life, about which we do not have a choice. But we do have a choice about how we support both ourselves and our fellow human beings with the experience of death. No matter how diverse the circumstances and experience may appear at first, I have learnt that there are three common denominators that weave us all together, throughout this acutely vulnerable and most unknown of journeys and that is love, care and compassion.

The simple act of listening, sitting alongside another, holding their hand, hearing all that they feel and say without judgment, is how we can help people to find their own way home. It is the most beautiful gift we can ever give ourselves and them, to enable people to die with peace in their heart, knowing they mattered and that they were loved and that is the role of the soul midwife”

### Referrals

We have started to track unmet referrals to explore the reasons why we have not met a patient need.

In the Quality Account for 2023/24 we will report on unmet need, the reasons for this and any outcomes and actions.

## Hospice at Home

The number of hours provided by the Hospice at Home team to support people to stay in their own homes has risen year on year for the last three years.

Over the next year we plan to offer our service to more people in the area we serve particularly wishing to provide care into Sherwood where our activity is lower than in Newark.

Year	Number of hours delivered by Hospice at Home	Number of patients
2022-23	4500	214

## Impact

We are tracking when our care prevents a hospital admission or helps a patient to transfer home early from hospital showing the impact Beaumont House Hospice Care can have on easing secondary care services.

implement any changes necessary to prevent similar reoccurrences. For example, extra lighting was installed, and a sign relocated after a security concern was highlighted.

We encourage reporting of all accidents, incidents and near misses. This helps us to improve systems and ways of working to reduce hazards and risks.

## Quality, Governance and Safety

In February 2023 we launched our 5-year strategy. Our new strategic aims provide a roadmap for the future detailing our ambitions for the next 5 years. Striving for quality in each area of our work, ensuring we have the right structure to be the best we can be and emphasis on nurturing and investing in all our new and existing relationships provide overarching principles for the strategy.

Our aim is to be known throughout Newark and Sherwood for delivering the highest standards of care and support, enabling all those who need us, and those who matter to them, to achieve their individual aspirations and wishes, and ensuring they are cared for and die in their place of choice.

## Accidents and Incidents

Reporting, investigating and learning from accidents and incidents is vital to ensure our service is safe, and that our culture remains open and transparent. We reflect as a team on any learning from each incident or near miss and



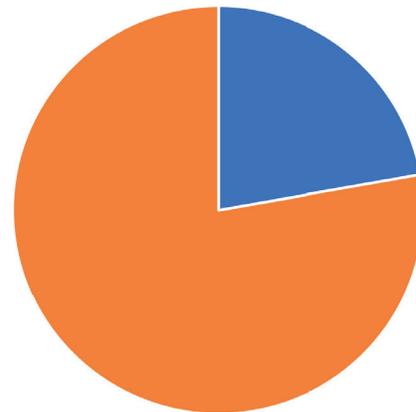
## Medication Incidents

Of the 18 incidents, four reached the patient with the potential for harm. No evidence of harm was found after investigation for each case.

Regular internal audits are in place for monitoring and compliance. The findings and learning's are then cascaded within the team and reported up to the relevant sub-committees. There are three sub-committees that report to the Board of Trustee's who hold ultimate responsibility for governance. Some audits are also reported externally e.g. quarterly occurrence reporting is submitted to monitor incidents involving Controlled drugs.

In addition to this there are annual external audits. Some which are planned e.g. the pharmacy audit which is carried out by a local nominated pharmacist. Others such as the infection control audit are unplanned.

Medication Incidents



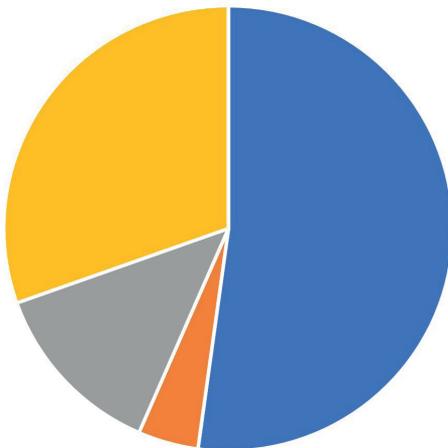
■ Reached the patient ■ Did not reach the patient

Medication Incidents	
Reached the patient	4
Did not reach the patient	14

## Pressure Damage reported for this period

There was one Root Cause Analysis completed for a patient with Stage four pressure damage. This was investigated and reported to the care subcommittee and learning from this was then cascaded to the team.

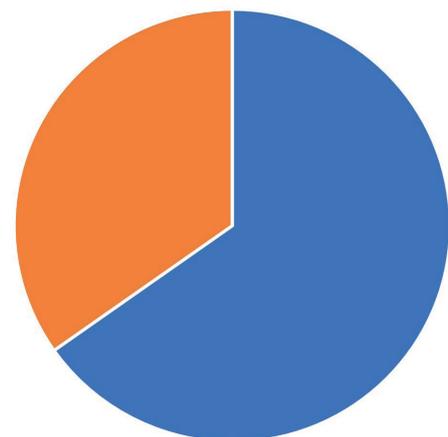
Pressure Damage



Hospice at Home developed/deteriorated ■ Hospice at Home inherited  
 In-patient developed/deteriorated ■ In-patient inherited  
 Day therapy developed/deteriorated ■ Day therapy Inherited

Pressure damage	
Hospice at Home developed/deteriorated	12
Hospice at Home inherited	1
In-patient developed/deteriorated	3
In-patient inherited	7
Day Therapy developed/deteriorated	0
Day Therapy inherited	0

Total Pressure Damage



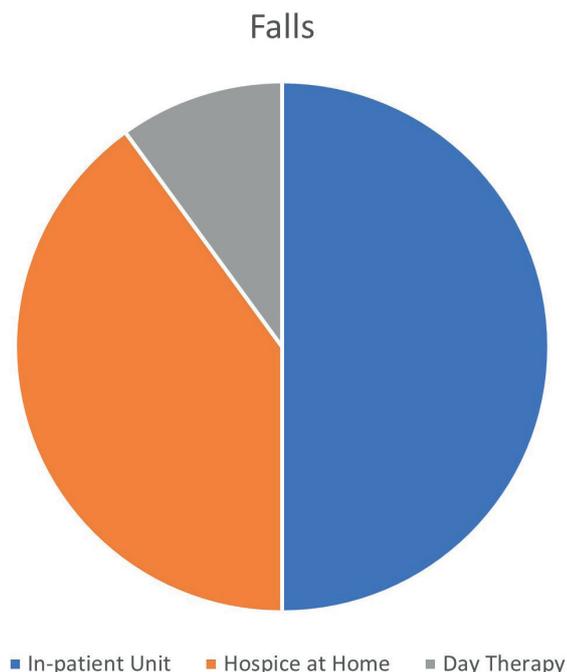
■ Total developed/deteriorated ■ Total inherited

Total pressure damage	
Total developed/deteriorated	15
Total inherited	8

## Falls reported for this period

We investigate each fall that happens either in the hospice setting and in the patient's home to explore the reasons for the fall and if the fall may have been preventable. We share any lessons learned. Falling may indicate that a patient requires further assessment from a therapy team or measures (such as equipment) putting in place to help keep them safe.

Falls	
In-patient Unit	5
Hospice at Home	4
Day Therapy	1



## Safeguarding

As part of ensuring we keep our patients safe; all staff complete annual training. We internally log and monitor safeguarding concerns and escalate where appropriate. During this period, we have raised five concerns, one of which resulted in a safeguarding referral.

## Food hygiene

We offer a wide variety of nutritional home cooked food to all our patients, tailoring to each individual taste and dietary requirement and we have achieved a five-star hygiene rating.



## Operation Outstanding

We commenced 'operation outstanding'. This is a rolling project to look at key areas for development and improvement and to capture and celebrate episodes of care in which we have gone above and beyond to achieve outstanding care. We appointed a post to work alongside Clinical Nurse Lead and Head of Care. The key areas for development are-

- Streamlining documentation to become truly 'paper light'.
- Embedding the personalised care agenda.
- Ambition to recognise and understand frailty.
- Reviewing and developing our Clinical Supervision structure and policy.

## Learning and development

Having the right people in the team is key to delivering high quality care. To support people within their roles and equip them with the right mix of skills and experience, we deliver regular training and development opportunities for our staff.

This is made up of quarterly Learning and Development sessions looking at relevant topics. Topics we covered during this period included-

- Nutrition and Hydration and Mouthcare at the end of life
- Personalised Care- 'What matters to you?'
- Pain management

These sessions also leave a space for a Wellbeing check-in and reflections with the team.

This is in addition to a mandatory training programme and any ad-hoc training opportunities that arise. For example, we had a training session on a specialist piece of equipment used by a patient, to have a better understanding of the condition and enable us to care safely.

## Team recognition

We nominated a colleague and were delighted when she was awarded the Cavell Star Award in recognition for dedication for learning and self-development within her role.

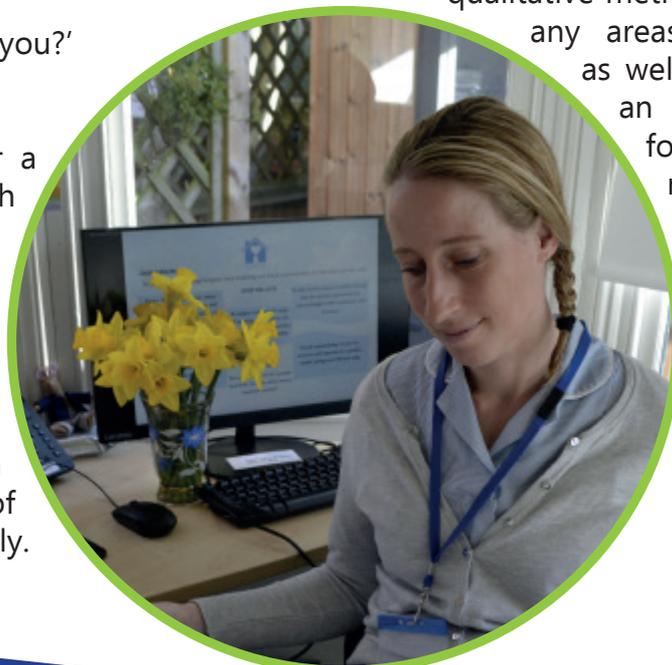


We have also invested in the development of individual staff, for example sourcing funding for a member of the team to attend a frailty module.

Clinical Supervision continued throughout this year in different formats including planned group sessions, direct supervision and in group or one to one discussion during meetings or one to one's.

There are plans for new policy and procedure in 2023.

We hold quarterly 'after death analysis' meetings, and this year changed the format to a more qualitative method to capture any areas of learning as well as providing an opportunity for team reflection and discussion.





## Risk management

The assessment of hazards and risks in the physical environment, in clinical and non-clinical working practices is undertaken to protect the health, safety and welfare of staff and volunteers, patients and visitors as far as is reasonably practicable.

Risk management helps the hospice to identify where there are areas for improvement and to help us to learn from past events to create a safer future.

All risk management related activities are reported to the Board of Trustees on a quarterly basis. The report identifies specific areas of risk management and action taken to improve them. Each Sub Committee reviews the Risk Register at quarterly meetings, and this also feeds into the Board. Agenda items include audit results, complaints, accidents and incidents, health and safety issues and sickness and absence.

## CQC Monitoring

The hospice last had a full onsite inspection by the Care Quality Commission (CQC) in August 2016. The final report awarded the rating of "Good" across the five domains of Safe, Effective, Caring, Responsive and Well Led. The report can be found on the Beaumont House website and on the CQC website.

CQC reviewed information and data about our service on 9.11.22 and no further regulatory activity was indicated at the time.

## Summary of review

This was not an inspection although we assured the inspector of the arrangements, we have for people to access our services in a timely way, effective governance for monitoring and managing safe staffing levels and how incidents are monitored, actions taken and learning shared. We shared how we review patient feedback and that the complaints policy and process is easily accessible. We confirmed our 'open visiting' status had been resumed for In-patients following the Covid-19 pandemic.

### How we go the extra mile

The Beaumont House hospice team try to go 'above and beyond' to ensure people live well and have the care they wish for. One such example follows.

Dates to redecorate the Blue bedroom were set to ensure the room was kept free to coincide with the decorator's availability. We were fortuitous in having volunteers to strip the wallpaper and make ready for the decorator.

We received a request to support a husband and wife in their late 80's, both with palliative care needs and we will call them Tom and Val. However, the In-patient unit only had 1 bed with 1 out of action and so they started to explore nursing provision in a care home. It was not going to be possible to be together and so they decided to stay at home.

At this time, we were also caring for Sue in her 50's who wished to die at home. She had 2 teenage sons and her Mum who uses a wheelchair. Night care had been provided but none was available as we had allocated care to Tom and Val.

We were made aware that Tom felt unwell, had spoken to his GP and an ambulance called.

Our RN on duty swung into action and intercepted the ambulance by speaking with a clinician discussing symptoms and a care plan with Tom's best interests and wishes in mind.

With a little help communicating backwards and forwards with their closest relative, their niece, we came up with a plan.

We managed to move the hospital bed into the spare bedroom meaning 2 beds were side by side.

An unnecessary hospital admission was avoided, and we were able to safely transfer Tom and Val into the hospice where they shared a room meeting their very specific wish not to be apart.

This action made night care available for Sue needing support in her own home.

Val and Tom stayed at the hospice until their symptoms were stabilised and they were ready to move to long term care.

We had a very determined team pulling together to make this work for Tom, Val and Sue.

*All names have been changed to protect identity.*



## Feedback

All Feedback we receive on our services and care we provide are so valuable in informing us of where we are successful and where improvements can be made.

We've received feedback from 96 people that have been supported by Beaumont House.

Here are some of the comments to show how people felt about the services they received:

“ 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 father and family greatly. We thank you from 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 coming in was like a big hug. Thank you Beaumont House, friends are what you are.

“ We would like to send our heartfelt thanks to each and every member of the Beaumont 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 as a family coping in difficult circumstances. We will be forever grateful. Be proud and keep doing what you are doing.

## Responsive

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

Lighting in inpatient bedrooms to allow for easy reading in the evening.

**We have recently purchased a free-standing dimmable lamp for our inpatient unit**

Raised toilets in all areas.

**We have installed new sanitaryware to our visitor toilet, all areas now have a raised toilet.**

Higher tables in the dining room to allow more leg room and easier wheelchair access.

**After lots of research we have recently purchased more suitable tables and chairs for our dining room.**

## Operation Outstanding

### 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.

From the responses we have received, 75% of people said they would be extremely likely and 25% said they would be likely to recommend us.

How people described our services:

“We found everybody we spoke to were friendly and caring and very informative.”

“All staff and volunteers are caring friendly and professional. I include all kitchen and catering staff too; the meals are class. Thank you all.”

### Complaints

There were no complaints for the year 2022-23.

### Workforce

Beaumont House Hospice Care currently employs 79 staff. 41 make up the clinical team and 38 are support staff.

156 volunteers support the hospice in almost all areas from retail to the kitchen and in our care services. We are extremely grateful for the time people give so generously to enhance the services, raise funds and support our cause.



During this year we appointed a new CEO Heidi Hawkins who left to take up a position in another hospice in February 2023 and the incoming CEO Louise Sinclair has been the Head of Clinical Services at the hospice for 10 years, commenced the role on 1<sup>st</sup> March 2023.

There have been interim posts of Head of Clinical Services and Clinical Nurse Lead.

### Covid 19

By the end of this year, we've seen restrictions relax allowing open visiting once again, and more targeted use of PPE dependant on risk level.

This remains under constant review as guided by our local infection prevention and control team.

## What our stakeholders said about us

““ —

“As a local GP advocating for my patients, I am so grateful to Beaumont House for its high-quality care of local people who always have nothing but the highest praise for the support and care they have been offered: a ‘comfort blanket’ and ‘salve’.

Professionally, I believe that Newark is very fortunate to have a local hospice at a time when some smaller hospices are struggling to survive. The team has always been utterly responsive and flexible, going the extra mile for patients and their families.

We need to continue to support their work as much as we possibly can as they are dependent upon public fundraising for 70% of their income.”

**Dr Julie Barker**

— ””

““ —

“As a CNS in specialist palliative care I work closely with Beaumont House services: In-patient Unit, Day Therapy Community, Complementary Therapy; attending weekly planning meetings, MDT, Newark PCN community meetings. We do a lot of joined up working and sharing patient care.

As a specialist palliative care team, we find Beaumont House services invaluable to support our patients and their carers on our active caseloads. In my opinion the close team communications are effective in delivering optimum patient care.”

**Louise McGillian Clinical Nurse Specialist in Palliative Care**

— ””

““ —

“I’ve had the privilege and pleasure of working alongside the Beaumont House Hospice Care team for a number of years now, as a Clinical Nurse Specialist in Palliative Care.

We have a well-grounded and trusted relationship, working with the wider community teams, such as District Nurses and GPs to help our patients. Promoting the Hospice movement and Palliative Care Specialty - reducing myth and fear around what we do, promoting our role, purpose, and aim: of improving quality of life and Wellbeing. Be that Physically, Emotionally, Socially or Spiritually.

Such a valued partnership and service that provides our patients and their families with such an accessible and varied support network, which is invaluable. There is something to offer for everyone. From preventing crisis situations in the community with such calmness and tranquillity with their Hospice at Home team, always willing to go above and beyond to achieve patients’ wishes and preferences, to assisting with elective hospice admissions for periods of review and assessment in symptom management, when home becomes unmanageable, to offering an accessible, diverse ever-evolving Day Therapy service.

It offers opportunities of recharge and respite for patients and their care givers. Our patients receive such a high standard of care and support from Beaumont House Hospice Care, a real credit to the Newark and Sherwood Community.”

**Josh Campbell Clinical Nurse Specialist in Palliative Care.**

— ””

## What our stakeholders said about us

“

“The NHS is changing from focusing only on a patient to the wider longer-term health and social needs of our local communities and our challenge is to meet that need.

Not as individual clinicians but as a group of providers working together, sharing our knowledge and skills to enable our local people to have the best possible experience, this is very relevant for care of people coming towards the end of their lives and their families that support them.

Beaumont House Hospice Care plays a huge role not only providing local services but is also influencing the types of services our local communities will receive in the future. Our local Alliance of Community Nurses, Hospitals and Voluntary services are creating new services for our communities and our local Hospices, Beaumont House and Nottinghamshire Hospice are leaders in that creation.

The Alliance is stronger because it allows us the opportunity to learn from the Hospice movement, to deliver local services to local people that meet their individual personal needs.

As we enter this new phase of our local partnership, Beaumont House will continue to provide leadership, engagement, knowledge and expertise to enhance the experience for our local people and their families so that as a person relies more on our Hospice services, those services are available and flexible to meet the individual needs and enhance their quality of life as they deteriorate further.”

**Carl Ellis. Head of Service for End-of-Life Care Together**

”



## Operation Outstanding

### Our priorities for 2023-24 are:

#### We will deliver outstanding hospice care to those who need it

- Deliver truly personalised care to all those touched by our services evidenced through personalised care plans and completion of 'this is me'. Staff adopting 'what matters to me' approach to personalise care. Ensure all patients can have their wishes documented through a ReSPECt form and other documents noting wishes.
- Further develop our Wellbeing service to include carers support, a multifaith volunteer team and the introduction of Virtual Reality to enhance patient experience.
- Raise the profile and work of the hospice to reach more people and encourage our local community to plan ahead through an open day, death café (called 'with the end in mind') and taking part in dying matters week.
- Complete a programme to raise the profile of frailty and care of people with frailty in the hospice services.
- Prepare and apply for the Macmillan Quality Environment Mark which is due for re-application in May 2024.
- Seek hospice champions to support patients in the In-patient unit each day.
- Increase our number of syringe drivers moving to the Bodyguard range.
- Capture, report and understand unmet need.
- Completion of development projects including:
  - paper light – reducing our use of paper and increase digital use.
  - IPOS relaunch as a patient reported outcome scale.
  - become research ready so we can take part in a piece of research, developing links with Nottingham Trent University.
  - Introduce a new clinical supervision model and policy.

#### We will be seen as a place of choice for people to work and volunteer

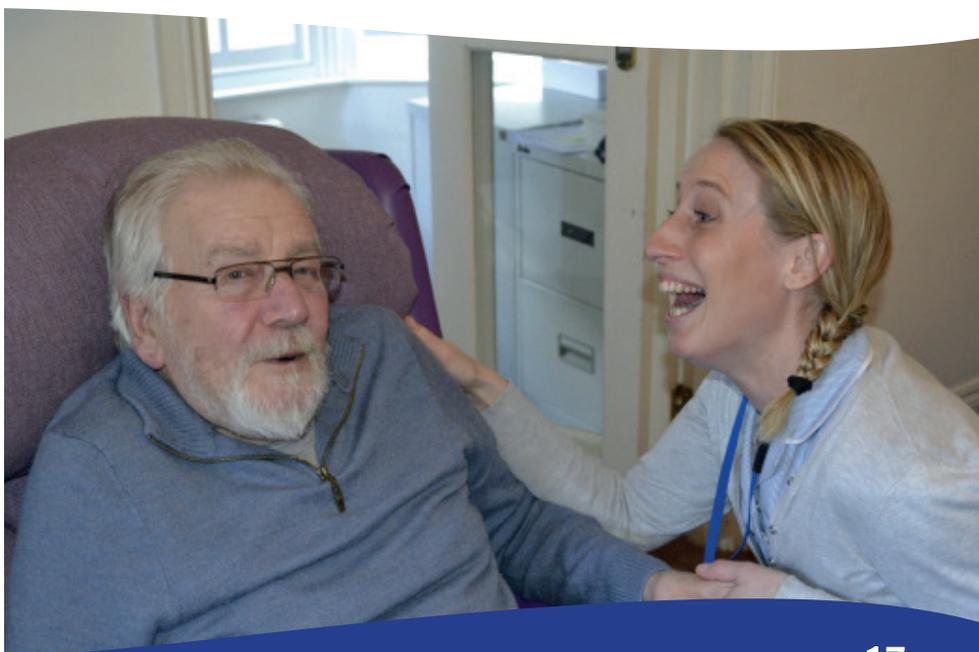
- Recruit to the Head of Care and Clinical Nurse Lead posts.
- Recruit and train a Freedom to Speak up Guardian.
- Launch a new clinical supervision model and policy.
- Complete gap analysis for Trustee membership and recruit accordingly.

#### We will generate the income we need to provide our services

- Increase our number of shops to support income streams.
- Increase our online sales presence on various platforms.

#### We will lead our hospice well

- Achieve an agreed level of S1 proficiency throughout the HCA team.
- A robust plan to support delivery of a new In-Patient unit.
- A new approach for staff appraisals linking outcomes and objects with our strategic aims.
- Facilitate a survey.



## Acknowledgements

Thanks go to the following professionals who contributed to this report.  
Dr Della Money – Chair of Care Services Development Sub Committee and Trustee

Karen Brown RN – Clinical Nurse Lead

Lauren Wells PA to Head of Care and HR administrator

Sally Briggs Price – Care Admin Team Leader

Emma West – Communications and Marketing Manager

Louise Sinclair - CEO

Thank you to those who provided a testimonial for the hospice, we appreciate working in partnership with you.



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