



# Quality Accounts

## 2018-2019

**We have one simple but very important mission:** to maximise the quality of life for those with cancer and other life-limiting illnesses

Weston Hospicecare was born in the Weston-super-Mare community 30 years ago. Today we depend on our community to fund 80% of our total operating costs, we exist to serve members of our community affected by life-limiting illnesses and their families and carers, and without our army of community volunteers we quite simply could not function as we do. The common thread is community: the hospice remains in the hands of the community and it is a privilege for those of us entrusted with its stewardship for a period of time to serve.



On behalf of the Senior Management Team and Trustees, a massive thank you to our community for continuing to support us during the past year and we pledge to do all we can to enhance our services and to protect the good name of your hospice in the years ahead.

A handwritten signature in black ink, appearing to read 'Paul Winspear'. The signature is stylized and written in a cursive-like font.

**Paul Winspear**  
**Chief Executive Officer**

Our purpose is to relieve suffering and bring peace to adults with life-limiting illnesses in our community, by giving compassionate care. Attending to their physical, emotional, mental and spiritual needs, we strive to enhance quality of life and enable a dignified death in their place of choice while supporting their loved ones and carers, both during illness and after death.

We have 5 strategic goals:

**GOAL # 1**  
**Preserve and Consolidate**

Keep doing what we already do well: put our patients first, value our staff, protect our reputation, enhance our culture, and continuously improve our services. Stay grounded, put teamwork before egos, be vigilant, do not become complacent, learn from the past. In short, live out our hospice values in everything we do.

**GOAL # 2**  
**Increase our community engagement**

Achieve higher levels of engagement with our community, in both the clinical domain with our H&SC partners, and in the public domain with companies, organisations, societies and individuals. Achieve this by being more outward-looking and spending a greater proportion of our time proactively seeking opportunities, networking and engaging.

**GOAL # 3**  
**Develop our patient services**

Steadily develop our clinical services to better support patients and families, particularly in the community setting and in their own homes both directly by our own staff and volunteers, and indirectly in collaboration with our H&SC partners.

**GOAL # 4**  
**Grow our income streams**

Grow our income streams to provide higher, more consistent and less volatile income. Look for innovative opportunities to add new fundraising income streams, and develop alternative sources of income.

**GOAL # 5**  
**Be an employer of choice**

Invest in our workforce, provide opportunities for learning and development, promote personal growth, provide career pathways, enhance our HR management systems, maintain and reinforce the right culture.

Quality Accounts are annual reports to the public from providers of healthcare about the services they deliver.

Quality accounts were introduced to strengthen provider accountability for quality, and place quality reporting on an equal footing with financial reporting. They are intended to be both retrospective and forward-looking. They look back on the previous year's information regarding quality of services, and explain both where a provider is doing well and where improvement is needed. Quality accounts also offer a forward look, outlining what a provider has identified as priorities for improvement over the next reporting period and how they will achieve and measure success.

The duty to publish a quality account applies to all providers of NHS-funded healthcare services (whether these services are delivered by the NHS, or the independent or voluntary sector), including providers such as Weston Hospicecare that receive only a proportion of their funding from the NHS.

The primary purpose of Quality Accounts are to encourage healthcare organisations to access quality across all of the services they offer and to enable leaders, clinicians and staff to demonstrate their commitment to continuous quality improvements and to explain their progress to the public.

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*“I have been to three sessions now, the best time of my life for a long time. Amid the chaos and sadness, I found peace. All of you wonderful people have given me such a feeling of well-being. In a time of heart ache, fear, there is a hospice like a shining beacon, a light in the dark.”*

March 2019



## 2.0 Registration

During the period covered by this report, the Care Quality Commission (CQC) registered the hospice's services. We had our last CQC inspection on 14<sup>th</sup> December 2016. We see this process as supportive and providing an external opinion on the operation of the hospice and thereby helping to identify any areas for improvement in the provision of our services. We were inspected on the new standard set of key lines of enquiry (KLOEs) that directly relate to five key questions:

1. Are they safe?

2. Are they caring?

3. Are they effective?

4. Are they responsive to people's needs?

5. Are they well-led?



The inspection team spent time talking to patients and families. They also spoke to staff and examined training and human resources records. The staff involved felt that CQC's new approach gave them an opportunity to demonstrate more fully the wide range of high-quality care provided.

 <b>Weston Hospicecare</b> <span style="background-color: green; color: white; padding: 2px 5px;">Good</span>

The full report can be found by following this link: <a href="http://www.cqc.org.uk/location/1-128212128">http://www.cqc.org.uk/location/1-128212128</a>

### 3.0 Review of Services

The contract for service provision to the NHS in 2018/19 represents **20%** of our total operating costs to enable the provision of these services by Weston Hospicecare. Our local community and our shops generated the remaining funds through fundraising activities, legacies and donations. Total operating costs 2018/19 amounted to **£4,222k**. This includes the costs of operating Fundraising and Retail, which both make a net positive contribution to hospice income and we have to raise £3,374k to break even.

**This means that for every £ the CCGs provided to Weston Hospicecare, our local community matched it with **£3.15** (2018/19)**

During 2018/19 Weston Hospicecare provided seven services, as listed below. The Hospice Community Nurse Specialists (HCNS), Day Services and In-Patient Unit (IPU) have agreed service level specifications with the Clinical Commissioning Group (CCG).

- **In-Patient Unit** – This service provides 10 beds and a 24-hours advice line.
- **Day Services** – This service supports up to 12 patients per day for two days per week, plus groups on Thursdays.
- **Physiotherapy/Occupational Therapy** – These services involve teaching techniques and introducing changes that

help empower patients and allow them to maintain a good quality of life for as long as possible.

- **Hospice Community Nurse Specialist Service** – Our team of nurses offers advice, support and symptom control to patients in their own homes whilst providing a triage service, linking up with other outside organisations.
- **Consultant** – Our consultant provides expert medical cover both for the in-patient unit and the community nurse team.
- **Family Support Team** - Service provides emotional and spiritual support (e.g. bereavement care, chaplaincy, Buddy Groups, Men-In-Sheds) to both patients and their loved ones. We also have volunteer Companions that provide support to patients and carers and a Chat and Cherish group for family and friends.
- **Wellbeing and Complementary Therapies**  
Complementary therapies work alongside conventional medical treatments. Available therapies include adapted massage, aromatherapy, reflexology, relaxation techniques, beauty treatments, hypnotherapy and Indian head massage.



Weston Hospicecare continually monitors the effectiveness of these services through the number of patients seen and contacts made, clinical audit, patient/carer feedback and specific service reviews. We are committed to embedding the Ambitions for Palliative and End of Life Care<sup>1</sup> to achieve the following six ambitions:

- 1. Each person is seen as an individual**
- 2. Each person gets fair access to care**
- 3. Maximising comfort and wellbeing**
- 4. Care is coordinated**
- 5. All staff are prepared to care**
- 6. Each community is prepared to help**

## 4.0 Priorities for the 2019/20 Period

### 4.1 EMIS Web

Within the Weston Hospicecare catchment area 100% of the primary care organisations now use EMIS Web as their patient care management system, whereas the Hospice uses Crosscare. Our services are provided both within the Hospice and at the patients' homes so



remote working solutions are fundamental and in line with Ambitions for Palliative and End of Life Care ambition 4. Data sharing with the primary care GP practices is an ideal scenario in an attempt to promote joined-up working and better patient care. This would also enable the use of managed electronic referrals to generate further efficiencies and savings. This is a key project for the Hospice and with a grant from NHS England through Somerset CCG this has become a possibility and we plan to implement a changeover to EMIS Web in July 2019.

## 4.2 Outcomes and Complexity Collaborative

Continue to build on the Outcomes and Complexity Collaborative (OACC), a service improvement initiative that looks at complexity of care, which includes caseload, resources and planning services, and measures outcomes, demonstrating



that we have made a difference at individual patient and organisation level. Plan now to adapt this on our computer system and work with South West Quality group to look at measures of benchmarking.

## 4.3 Continue to Train in Advanced Skills

We will continue our Hospice Community Nurse Specialist development with one more members of the team undertaking the non-medical prescriber's (NMP) course, thus providing patients with better access to medication. This can improve patient safety, patient-centred care, and quality of care. Patients reported high levels of satisfaction with, and confidence in, NMPs due to their level of specialist knowledge, experience with specific treatments, and recognition of their own limitations<sup>2</sup> and the three undertaking Physical Assessment and Reasoning Course (PACR) course (*see also 5.4*).

## Other Priorities for 2019-20

4.4 Increase Community Team with a Band 5 Registered Nurse

4.5 Introduce Bereavement Group for Teenagers

4.6 Update our Inpatient Bedrooms when available

4.7 Support a curacy with Bath and Wells Deanery

4.8 Poster presentation of the essential mouthwash QIP

4.9 Have a "Before I Die Board" in town centre as part of Dying Matters week in May

<https://www.bing.com/images/search?q=before+i+die+board&qpvt=before+i+die+board&FORM=IGRE>

*“Doctors, consultants, backup team wonderful. Explained and discussed all my questions and that of my wife. Chefs really helpful in trying to do liquid diets. Nurses impossible to better. Cleaning staff orderlies so friendly and helpful and considerate. Volunteers so helpful and a tremendous benefit to the patients. A good team all round. Thanks everyone.”*

*May 2018*

## 5.0 Priorities and what we said we would do for 2018/19

### 5.1 SAFE

- We continued to commit to prioritise patient safety, clinical effectiveness and enhancing patients' and their families' experience of our hospice services through getting staffing right, delivering care, measuring impacts, monitoring patients, their family and friends and improving our staff experience.
- See 4.1 - Implementing EMIS Web in 2019-20. It was an aim to be set up and then commence in April 2019, this has slipped into next year's priorities as it has been a huge undertaking for an organisation our size and staff doing the work on top of their day jobs. This will enable GP practices and community services promote joined-up working and result in safer and better patient care.
- During this year, we have undertaken a quality improvement project around the Hospice Community Nurse Specialist teams' referrals, discharges and caseloads and as a result during 2019-20 we will be increasing the team by adding a Band 5 Registered Nurse.

### 5.3 CARING

- We said we would achieve 4.8 out of 5 across the hospice from the iWantGreatCare questionnaire to show our staff were kind and caring, people were treated with dignity and respect, were given the right information and involved in decision, as well as being supported and having trust in the staff looking after them. We achieved: *(see over)*

Your average score for all questions this period



## 5.2 RESPONSIVE

- We planned to continue developing our Day Services for patients and their carers, continuing with a patient focused, flexible model of contact with the hospice. This included therapy days, a drop-in service, and new initiatives such as our first whole year for Men in Sheds. Examples of groups and attendances:

Fatigue and  
Breathlessness  
Group  
90

Expressive  
Movement  
Therapy  
102



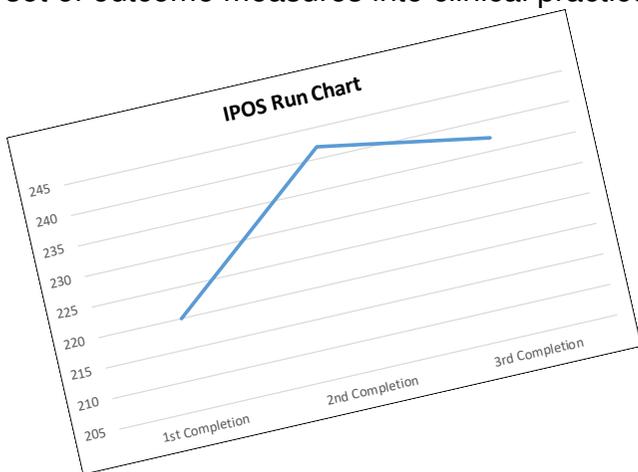
Qigong  
486

- We had an appeal to improve our beds and recliner chairs in response to patient and staff feedback. In June 2018, we launched our Comfort & Care Appeal and replaced the 8 beds, 9 recliners, 4 mattresses and infusion machine we needed.



## 5.4 EFFECTIVE

- We said we would promote HCNS development; four members of the team have now qualified and are non-medical prescribers (NMP) and one has completed the Physical Assessment and Clinical Reasoning (PACR) course.
- Following last year's introduction of IPOS (Integrated Palliative Care Outcome Scale) as an outcome measure in Day Services – we said we would introduce Outcomes and Complexity Collaborative (OACC) to all our patients in the coming year. This has help hospice learn more about outcome measures, and has introduced a shared set of outcome measures into clinical practice.



We now use performance status and phase of illness at all clinical handovers, both in-house and with the hospital palliative care team.

- We said we would continue to support non-cancer patients and this year we ran our first support for people with neurological conditions and their carers

Support for people with neurological conditions and their carers



If you are living with a neurological condition such as Motor Neurone Disease, Multiple System Atrophy or Huntington's Disease, Weston Hospicecare invites you or your carer to attend our courses at the Wellbeing Centre, Weston Hospicecare. Expert speakers will provide information, practical advice and where to get support if you need it.

Monday afternoons 1:45-4pm			
Session 1 17th March - Introduction - Local services - First aid	Session 2 7th April - Planning ahead	Session 3 19th April - Wellbeing	Session 4 13th May - Practical Advice

## 5.5 WELL LED

- We stated we would make further improvements and level of compliance in Information Governance. This has been achieved by successfully completing the NHS Data Protection and Security Toolkit and having staff IG and GDPR training at 97%



Instead of more traditional forms of bereavement support – talking, listening, and counselling – Men in Sheds offers a welcoming and enjoyable space where men of any age can meet, work at their own pace on projects of their choosing, share skills and experiences, chat with like-minded people, and become more socially active by doing so.

## 6.0 Review of Activity

### 6.1 Inpatient Unit



Average Length of Stay = 14.1 days



**180**  
Admissions

**106**

Deaths

**67**

Discharges

Weston Hospicecare In-Patient Service	2015-16	2016-17	2017-18	2018-19
Total Number of Patients	174	161	199	185
Occupancy (%)	71	61	67	68
Discharges (%)	37	36	34	39
Average Length of Stay in Days	13.9	14.2	12.4	14.1
Non-Cancer (%)	8	8	6	6

### 6.2 Community Team

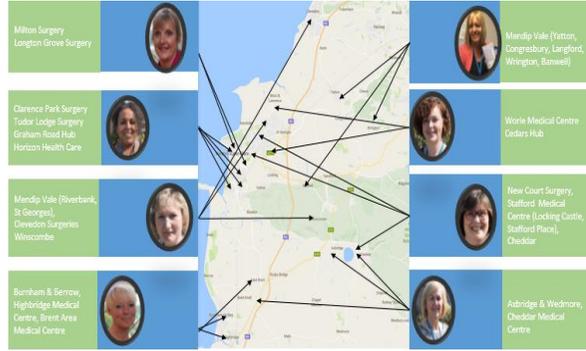
Weston Hospicecare Community Nurse Specialist Service	2015-16	2016-17	2017-18	2018-19
Total Number of Patients	809	812	970	998
Deaths	430	411	406	465
Discharges	96	77	98	103
Died in Preferred Place of Death (%)	87	83	84	86
Non-Cancer (%)	20	19	15	14

**465**

**Patients referred to community nurses**

**1,959**

**Patients and families supported last year**



**23,816**

**Miles covered by to support people in their own homes**



**12,819**

**Community contacts**

**998**

**Patients supported**

**3,049**

**Hospice Community Nurse Specialist face-to-face visit**

Weston Hospicecare Day Services	2014-15	2015-16	2016-17	2017-18	2018-19
Total Number of Patients	94	117	117	133	163
Attendance	1,176	1,058	1,177	1,160	1,285
Non-Cancer (%)	16	16	33	37	35

*People seen by physio or attended Qigong*

*2017-18*

*2018-19*

**509**

**658**

<b>Weston Hospicecare Chaplaincy Services</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Total Number of Patients	168	179	225	195
Funerals Conducted	37	55	57	50
Face-to-Face Visits	416	439	608	905

*“It’s good to finally have others that know what it’s like...”*

<b>Weston Hospicecare Bereavement Services</b>	<b>2017-18</b>	<b>2018-19</b>
Total Number of Pre-/Post-Bereavement Clients	165	244
Face-to-Face Visits	781	710
Bereavement Coffee Morning	146	124
Buddie Groups (meeting at hospice only)	206	281

**2,611**  
Family Support Team Contacts

**281**  
People attended Buddie Groups

<b>Weston Hospicecare Companions Services</b>	<b>2017-18</b>	<b>2018-19</b>
Total Number of People Supported	70	85
Number of Volunteer Contacts	451	423

**423**  
Companion Visits

## 6.5 Complementary Therapy

*Complementary  
Therapy Treatments*  
2017-18    2018-19  
**835**        **990**

<b>Weston Hospicecare Complementary Therapy</b>	<b>2016- 17</b>	<b>2017- 18</b>	<b>2018- 19</b>
Massage (inc. hand/foot)	59%	65%	55%
Reflexology	32%	25%	22%
Indian Head Massage	4%	4%	4%
Other	5%	6%	19%*
<b>Total Treatments</b>	<b>836</b>	<b>835</b>	<b>990</b>

\*Increase due to introduction of hypnotherapy.

**1,959**  
**Patients**  
**and families**  
**supported**  
**last year**

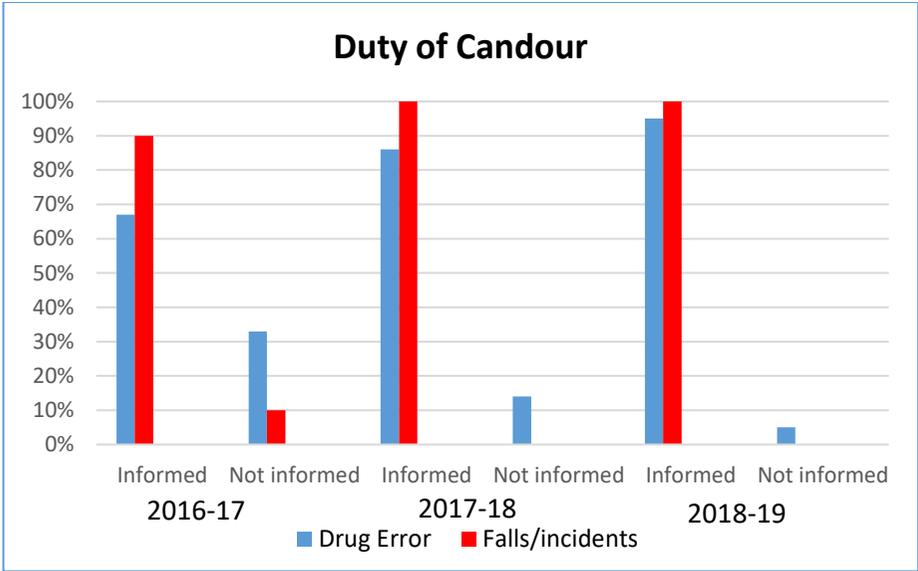


## 6.6 Other Quality Indicators

<b>Measures</b>	<b>2017-18</b>	<b>2018-19</b>
Number of patients cared for with MRSA	0	0
Number of patients contracting MRSA in the hospice's care	0	0
Number of patients admitted with a C Difficile infection	0	0
Number of patients contracting a C Difficile infection in the hospice's care	0	0
Number of formal complaints received	1	1
Number of compliments received	239	342
Number of reported drug errors	9	12
Number of patient accidents reported in the year (Falls)	17	15
Number of patient pressure ulcers reported in the year	14 <sup>1</sup>	22 <sup>2</sup>
In-Patients' assessment for VTE (%)	90	91

<sup>1</sup> 3 pressure ulcers developed at the hospice, 1 healed, 2 developed into grade 3

<sup>2</sup> 5 pressure ulcers developed at the hospice, 1 developed into a grade 3



The Duty of Candour was introduced in November 2014 and applies to care providers registered with the Care Quality Commission. Weston Hospicecare reviews all incidents to determine whether any incident to which duty of candour should have been applied have been missed.

## 7.0 Patients' and Families' Experience 2016—2017

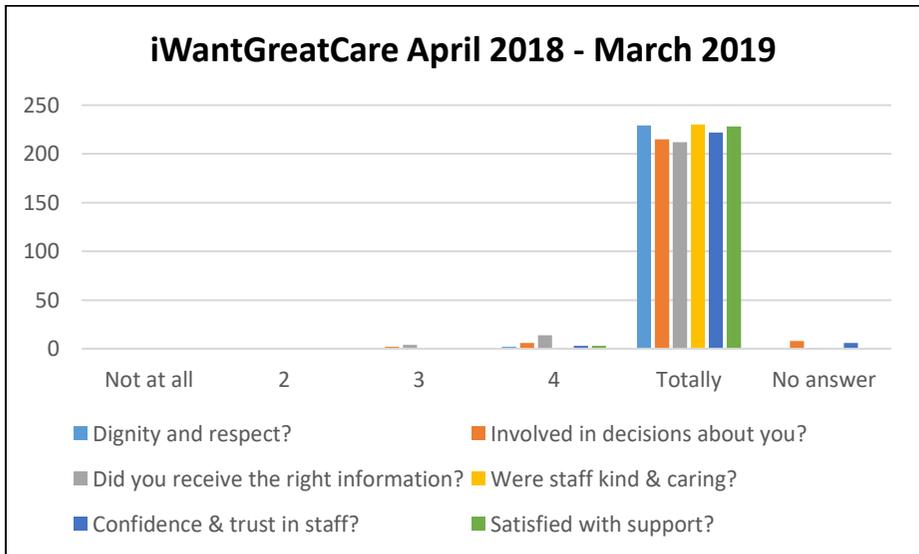
### 7.1 iWantGreatCare Satisfaction Survey

During 2014-2015, along with other hospices in the South West, we introduced iWantGreatCare to transparently demonstrate to our patients (and colleagues) that we are open, aware and focused on patient experience as a central part of delivering high quality care.

During 2018-2019, we surveyed patients who received services from the Hospice Community Nurse Specialist team, Day Services, In-Patient Unit, Physiotherapy, Time for You and Expressive Movement Therapy. 23% (231 patients completed 2018-19) of total patients completed iWantGreatCare questionnaire. We examine and review all feedback, both good and bad, to learn from it and make changes where needed. We aim for 90% to be extremely likely to recommend our services to their friends and family if they needed similar care or treatment. In 2018-19, we achieved this with 97%.



To the six questions asked:



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## *A selection of quotes from iWantGreatCare*

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“From the minute I walked through the door I was treated with great kindness. I was very scared when I arrived and very quickly that disappeared. The whole staff team treated me with respect and dignity, keeping me informed the whole time. The doctors had the time to sit and talk and I felt they looked at the whole of me, which was what I needed. Within 24 hours of walking through the door, I felt like a different person. I had some of me back. Thank you”

June 2018

“Felt I was listened to and treated with care and respect. I would have no problem with recommending my friend and family to Weston Hospice knowing they would get the same love and care that I have been given. Thank you very much.”

May 2018

“After my foot massage reflexology treatment I was able to help out at my son's scout group that same night. I was on my feet for 2+ hours, helping the scouts with model making. It was amazing to be able to go along, be with my son, and be upon my feet. I haven't been able to do that since my diagnosis 8 months ago. It meant the world to both of us.”

March 2019

“Care as always is excellent. I like the way it is personal and tailored. I always feel supported both physically and emotionally. I had a particularly good session with Norma when I had neck pain and a swollen knee. I love quiet time. Food is good, company is great. Thank you so much. Just wish there was more parking available”.

April 2018

“I could not improve the care I received. The staff could not have done any more with my care. Nothing could be any better. The doctors, nurses, down to the cleaners. The food is lovely and well presented. Thank you to all from the bottom of my heart.”

May 2018

“In the darkness of my mind when I could not find the light I was guided to find my own light switch and turn it on my way.

The service saved me there is no doubt in my mind. I now enjoy life and am optimistic.”

June 2018

“I felt the care was individualised to me, I could say what I wanted. I came out the session and felt that I turned the corner. I could see no way forward for me but after the session I can honestly say I improved greatly.”

August 2018

“Jenny Chapman was amazing at keeping communication channels open for me with the GP, practice nurse, chemist and so forth.  
Mary (counsellor) very attentive and a great benefit to me and the patient's cousin and sister.  
Karen Murphy - best chaplain ever.  
Alison (wellness centre) very professional and helped me relax and have a bit of my time.  
Ray Broadhurst - companion. Excellent guy who worked wonders for the patient.”

May 2018

**More reviews can be found at:**

<https://www.iwantgreatcare.org/hospitals/weston-hospice>

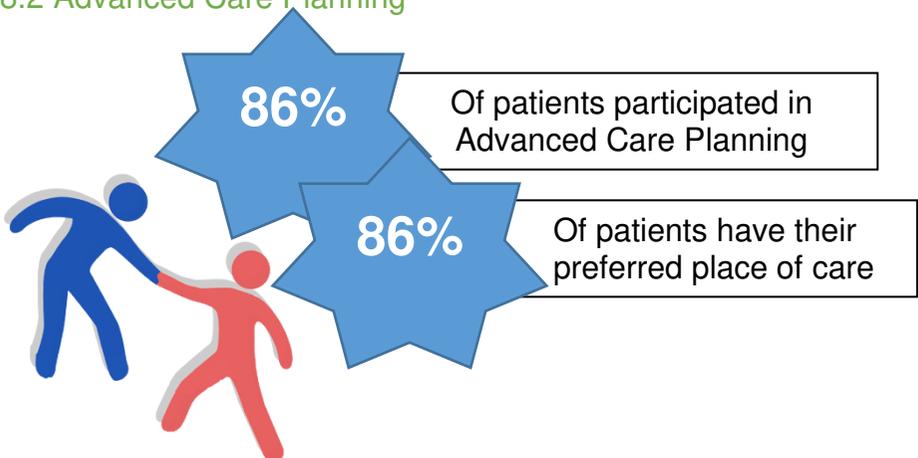
## 8.0 Audit and Quality Improvement

To ensure provision of a consistently high quality service, Weston Hospicecare completed 14 Clinical, 11 Key Performance Indicators and 6 Quality Improvements as part of an annual plan. This provides a means to monitor the quality of care being provided in a systematic way and creates a framework where we can review this information and make improvements where needed.

8.1 Examples of audits and quality improvement cycles this year are:

Audits	Quality Improvements
<ul style="list-style-type: none"> <li>Information Governance</li> </ul>	<ul style="list-style-type: none"> <li>Use of Palliative Outcome Measures (OACC)</li> </ul>
<ul style="list-style-type: none"> <li>Medicine Management</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition and Hydration</li> </ul>
<ul style="list-style-type: none"> <li>Infection Control</li> </ul>	<ul style="list-style-type: none"> <li>Admissions &amp; Discharges from HCNS Caseload</li> </ul>
<ul style="list-style-type: none"> <li>Assessment for VTE</li> </ul>	<ul style="list-style-type: none"> <li>Mouth Care</li> </ul>
<ul style="list-style-type: none"> <li>Duty of Candour</li> </ul>	<ul style="list-style-type: none"> <li>Review of Multi-Disciplinary Meeting</li> </ul>
<ul style="list-style-type: none"> <li>Companions Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>IPU Shift Patterns</li> </ul>
<ul style="list-style-type: none"> <li>Advanced Care Planning and Preferred Place of Care</li> </ul>	

8.2 Advanced Care Planning



## 8.2 Use of Palliative Outcome Measures

Collaborative QIP to implement Palliative Outcome Measures between the Hospice and Hospital palliative care team, working together to use the same assessment tools.

Resulted in poster presentation at Hospice UK Conference with two team members attending.



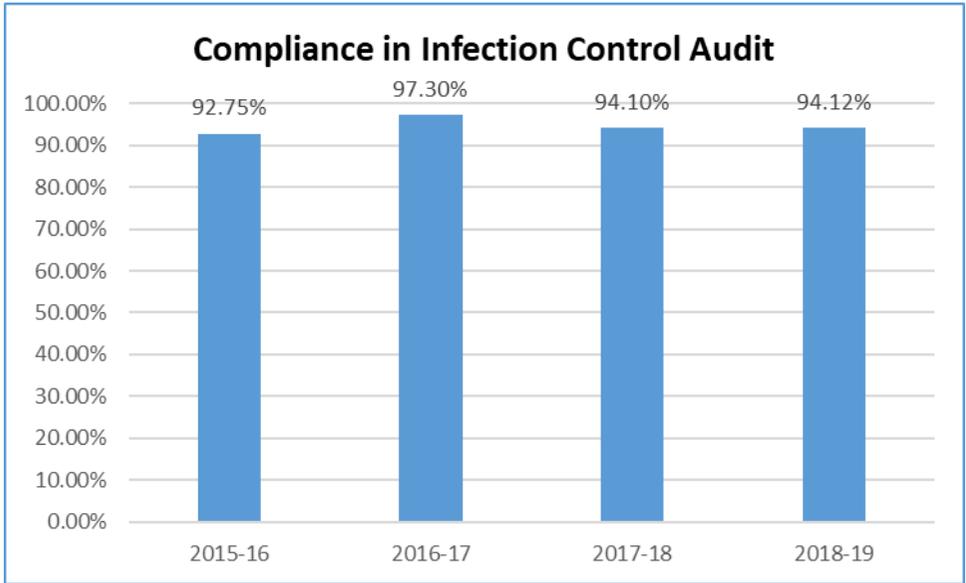
## 8.3 Hospice UK and South West national benchmarking programme

Hospice UK's benchmarking programme focuses on all incidents that occur relating to patient falls, drug incidents and pressure ulcers. Weston Hospicecare has taken part in the programme over the last 12 months and we will continue to do so over the coming 12 months. We are involved in the South West Hospices Quality Lead Forum to promote and develop the quality of Specialist Palliative Care delivered within a Hospice Care setting. Focus is upon quality and standards of care through sharing good practice across the region and benchmark against the agreed set of metrics. An area we plan to work on over the next 12 months is inpatient dependency scoring to develop a more unified approach.

## 8.5 Infection Control Audit

Audit completed across the whole organisation using the HPA tool Hospice Infection Control Audit tool that was adapted from the Infection Control Nurses Association Audit Tool and includes

hand hygiene, environment, kitchens, personal protective equipment etc. We undertake this audit twice a year.



## 9.0 Celebrating Success



March 2019  
Weston Hospicecare provided unfaltering, expert and compassionate care. Robert was visited by hospice community nurses to help manage his condition, but he also attended the inpatient unit on several occasions to bring symptoms under control, often leaving with a renewed sense of positivity and comfort. Sandra says the hospice supported Robert and the whole family from diagnosis to bereavement. Weston Hospicecare supported us unfalteringly. The community nurses visited on a regular basis, offering support and

advice as well sorting out medications. My husband needed more and more support and became less mobile because of his breathlessness.

“He was admitted to the hospice as an inpatient on several occasions to tweak medication within a safe environment and to generally care for him. After every stay, he returned home more able to cope with a renewed positivity.

“I cannot imagine how any of us would have coped without the hospice throughout this time. Every time we went to the hospice, it was like walking into a big hug, both my children have also described it as this. The hospice is a calm, safe and extraordinary haven for anybody suffering or facing difficult times, my family wouldn't have coped without it.



January 2019

Alison was cared for by the hospice before she died last year.

Elliot said: “The hospice made my Mum as comfortable in the most difficult time of her and my family’s life.

“I spoke with her about how the hospice gave her peace of mind that we as a family would be supported in a time where she could not give us the support she wanted to.

“The hospice to me was, and is, an organisation and a home that offers support and guidance in a time where it seemed like there was none.

“The staff team is truly dedicated from the clinical team in the IPU, the volunteer base and the

complementary therapy staff and more.

“I think the hospice represents a light to people experiencing dark times.

Elliot described how he found comfort in the immediate aftermath of the death of his mum from the hospice’s bereavement team.

He said: “I was able to talk to a professional outside of my family about what was happening and how I was feeling which was of great comfort to me”.

He continued: “My father, brother and myself are so grateful for everything the hospice has done for my mother, us and our extended family and hope to continue support the hospice so individuals and families can receive the same care, respect, comfort and dignity that they deserve



December 2018

An emphysema sufferer has praised Weston Hospice services by stating the care given has “100% extended my life”.

“When told I couldn’t be treated to cure my condition, they recommended attending the hospice as a way of ensuring I could get specialised treatment to relieve symptoms for the remainder of my life.

“Coming to the hospice filled me with dread initially, but after the first time I felt at ease straightaway.

Terry attends the hospice’s day services and has attended Fatigue and Breathlessness sessions. He continued: “it has really helped me be honest and

open with my thoughts and feelings.”

“One of many things I have learnt at the group is how to deal with panic attacks associated with

emphysema. I have learnt a trick that helps me keep calm when I get an attack that has actually saved me trips to the hospital.

“Being in this atmosphere is what has inspired me to keep going and it also gives me hope.”

“I am just so blessed, the hospice has helped my life be so much more relaxed and relatively pain and worry-free.

“I have had the time and support to put my affairs in order which has taken a huge pressure away. I know when I am in my last few days I will get all the love and care here that I need, so that takes a lot of fear away.”



May 2018

“We were sitting in the hospice garden, and I realised the one thing I really wanted to do was get married.”

With three weeks to prepare, Claire and Rob feared her hopes of a ‘fairy-tale wedding’ would be impossible – but they found help from family, the wider community and the hospice’s Short Break Fund, established by the family of a former patient, paid for their wedding night hotel stay, too.

Claire said: “It was amazing, even better than we could ever have wished for. We really wanted it to be a magical day and people really came together – it’s hard to put into words how grateful we are.

“I don’t think we could have done it any better if we’d had 18 months to plan it.”

Claire returned to the hospice after the wedding, and was keen to highlight the support she has received.

She said: “It’s been fantastic here – absolutely amazing. I feel safe here, and can’t fault anything.

“Before I came here, I could feel my body going – but here, that has stopped. You know when your time is coming, and I don’t feel that any more. I have been able to relax.



July 2018

Debi's mum died at the hospice in March aged 81 after battling idiopathic acute pulmonary hypertension.

Debi, says the hospice provides a physical place where those with a terminal illness can share laughter.

She said: "Mum started at the hospice by going to the Wednesday day care some years ago as a frightened lady who did not know what to expect. Her initial meeting allayed those fears and she met people, who turned out to be real friends.

"Everyone from nursing, volunteers, to the people on reception, was awesome and how they kept smiling is beyond me.

"When mum was told in hospital that she would need to go into residential care she was very upset but her illness progressed rather quickly and I will never forget the smile she had when she was told that she could go to the hospice instead of into care.

"The staff at the inpatient unit were just awesome. Always smiling, always human and above all truly caring.

"Without Weston Hospice people would suffer in silence and would not have the chance to be shown that hope and positivity can help in healing and feeling better. It's our own little smile factory.



July 2018

Martyn Brummell attends the hospice each week to receive treatment for and advice about how to live with, Motor Neurone Disease.

Martyn has been attending the Expressive Movement Therapy that allows him to

keep active like he was before his diagnosis.

He said: “The enjoyment I get out of Expressive Movement Therapy is immense, and it gives me such joy. It allows me to go into my own world, particularly when music is played.

Martyn particularly enjoys the connection he feels with others taking part. “I think of all the things I was able to do like swimming, running, boxing, table tennis and bowls. It keeps alive all the things I was able to do.”

Weston Hospicecare is proud of the care we deliver, and equally proud of all the people that make it possible – employees and volunteers alike. Almost 53% of our clinical staff have reached 5 or more years of service.

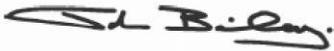
We rely on the support from our local community to be able to provide the level of care we currently offer for patients and those close to them.

On behalf of every patient and family member we have supported over the last year, we thank you for your continued support of Weston Hospicecare.

The 2017/18 Quality Accounts have been prepared with information that is complete and correct to the best of our knowledge. If you have any comments or questions about the information provided, or on our services, we would love to hear from you. Please do contact us at:

[MedSecs-Admin@westonhospicecare.org.uk](mailto:MedSecs-Admin@westonhospicecare.org.uk)

or on tel. 01934-423900.



**Director of Patient Services**  
Weston Hospicecare



## 10.0 References

1. National Palliative and End of Life Care Partnership (2015), 'Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020,' available at <http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>
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