



**healthwatch**  
Central Bedfordshire

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Bedford Borough

# Enter & View Visit Report

**St John's Hospice, Moggerhanger**

**14<sup>th</sup> August 2024**

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## Details of visit

**Service address:** St John's Road, Moggerhanger, Bedford, MK44 3RJ

**Service Provider:** Registered Charity – Hospice

**Date and Time:** 14<sup>th</sup> August 2024 10am to 1pm

### Authorised

### Representatives:

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## Acknowledgements

Healthwatch Central Bedfordshire & Healthwatch Bedford Borough would like to thank the service provider, patients, visitors and staff for their contribution to this Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above.

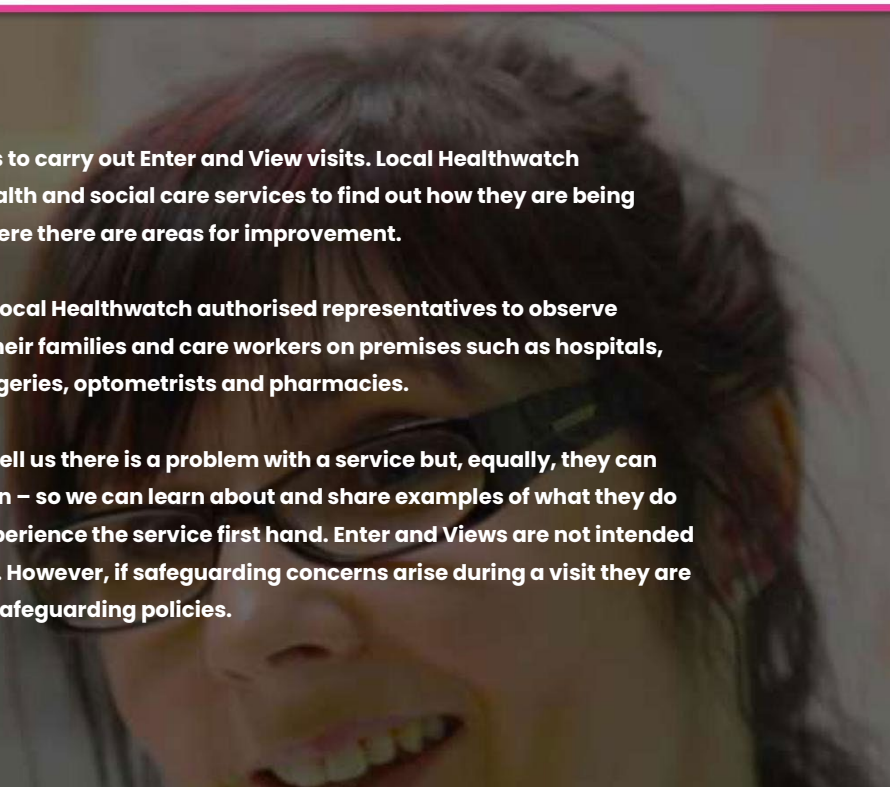
Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.



## Purpose of the visit

- To engage with patients and relatives to understand how dignity is being respected in a Hospice environment;
- Identify examples of good working practice;
- Observe patients and relatives engaging with staff and their surroundings;
- Consult with patients, relatives and staff about their experience of the environment within the Hospice and how care is delivered.

## Strategic drivers

- Healthwatch in Central Bedfordshire and Bedford Borough were invited to meet with the leadership team at Sue Ryder, St John's Hospice, to discuss how Healthwatch can assist with promoting the services St John's provides, and to highlight access to End of Life care for all members of the community.
- Concerns were identified by the team at St John's, that not every patient requiring End of Life support is made aware of the option of care within the Hospice, as an alternative to a hospital environment and approach.
- Hospice care is a local Healthwatch priority.

## Methodology

This was an announced Enter and View Visit.

Following an initial introductory meeting with the senior leadership team at St John's Hospice, to assist with the promotion of the Hospice and its services, it was agreed that a joint visit by Healthwatch Central Bedfordshire and Healthwatch Bedford Borough would be undertaken to talk to staff, patients and their family members to seek direct feedback on current service provision.

In early August 2024 a letter and poster, informing staff, patients and relatives of our intention to visit, was sent to the Hospice; the poster could be seen displayed in reception on the general notice board.

Upon arrival, we were warmly greeted by the Receptionist and asked to sign in. We were then immediately met in reception by the Head of Clinical Services and taken into a nearby room where we were introduced to the Quality & Clinical Governance Lead, Ward Manager, Practice Educator and Service Manager.

We were shown a PowerPoint presentation welcoming us to St John's, illustrating their vision and goals. Details were also presented regarding services the Hospice provides, together with how they administer a total pain management holistic care approach. In addition, information on managing quality, feedback and raising concerns were highlighted and discussed. Finally, a short section regarding funding and fundraising completed their presentation.

We were given a full tour of the inpatient unit and common / family areas. This included, patient rooms, bath and shower rooms, a quiet area, secure storage facility for medication, kitchen, nurses station, family room and outside terrace and gardens.

Specific questionnaires were used to interview the Manager, staff, patients, friends and relatives. A total of 10 interviews were completed over a three hour period.

Interviews were held with the Head of Clinical Services, together with a variety of clinicians within the inpatient unit of the Hospice designed to gather feedback regarding both the patient and staff experience. Patients, relatives and a volunteer were also interviewed, to gain valuable feedback on their personal experiences. An Observation Form was also completed reviewing the entrance and reception area, patient rooms, common and family areas, and the gardens.



When the visit was concluded we were given leaflets and flyers by St Johns' staff to help promote End of Life care within our communities.

We distributed several of our leaflets and encouraged relatives and staff to contact Healthwatch directly, after the visit, if they had any additional comments or concerns.

## Summary of findings

St John's Hospice provides an inpatient unit, which is MDT led. It also offers Community Services provision within their Palliative Care Hub (PCH.)

The Hospice predominantly provides End of Life care, as well as care for those seeking pain management, additional pain relief / symptom control, psychological support, plus the provision of support to patients discharged from hospital with complex needs.



Patients can self-refer into the Hospice; a referral form is available on the Hospice website which is reviewed by the Multidisciplinary Team (MDT.) The Hospice does not offer respite care at present as they are predominantly a specialist palliative unit, although the Manager explained they are currently looking at a respite model.

The length of stay varies but is on average 14 days. The hospice provides accommodation consisting of 10 single en-suite rooms and two shared rooms.

The inpatient unit operates a 24/7 assessment service. Currently the Hospice has capacity to care for 15 inpatients with a 1:4 nurse to patient ratio during the day, and a 1:7.5 nurse to patient ratio at night. The Hospice usually operates at 80% occupancy.

When admitted, patients are assessed and reviewed for risks as part of the admittance document which includes a Risk Assessment. Mitigations will be put in place, for example, for falls management or delirium. Any incidents are reported via Datix and a risk register is available throughout the Hospice.

Many staff have worked at the Hospice for '**years**', most of the staff for '**over 15 years**'. Staff recruitment is ongoing, predominantly using Career Fairs, and the Manager added that Community Nurse's in particular need to have local knowledge so they can give appropriate advice.

During 2023, St John's supported over 3,000 patients and their families. The Hospice only receives 40% of their income via statutory funding and relies on the remaining 60% via general fundraising and goodwill. They are currently operating at a £2.1Million deficit, due to a lack of statutory funding.

St John's is an attractive, period building surrounded by well-maintained landscaped gardens with views across the countryside. It is situated just outside a residential area in a small rural parish. The building has multiple floors, is wheelchair and access friendly, both at the front and rear of the building. Both the interior and exterior of the building is in good condition, immaculately clean and in excellent decorative order.

Patients, relatives and staff have full access to the attractive gardens and people have the choice of sitting in various different areas depending on the weather conditions. Secluded areas are available to all for time alone and reflection.

Feedback from ward staff regarding their work within the Hospice was consistent; the team were all like-minded kind, caring, conscientious people, who take pride in patient care and the needs of their relatives. They see St John's as a **'valuable asset'** to the community, due to staff attitude, the holistic care approach, and the palliative care provided.

Comments from staff were that the quality of care is very high - **'The care is amazing, it's a privilege to work here and it is a beacon to people'**.

Another staff member said, **'I keep coming back to work here due to the staff and palliative care provided'**.

All staff members expressed how they would be happy for a relative of their own to be cared for at St John's. One ward staff member said **'absolutely'** and another said **'100%'**.

Staff described the level of support and training given to them as sufficient and that additional training can be freely requested where appropriate. Practical training and supervision are easier to fit into a working day, although online training is more difficult. There is however the ability to complete online training out of working hours as paid overtime.

The level of support given to staff from the Ward Manager was said to be very good. Feedback from everyone was very positive with comments such as **'The Ward Manager is amazing, kind, supportive and approachable'**.

However, it was suggested by one staff member that there was a disconnection between senior management and staff; stating they felt **'Not heard'**.

Communication was seen as **'good'** within the inpatient team, although sometimes it was difficult to achieve attendance for all staff at ward meetings due to shift patterns and long working hours. However, staff were clearly satisfied with the communication levels. Staff felt that the level of handovers, daily huddles, clinical supervisions and monthly clinical



updates are adequate. The Datix facility is also used to share critical and general information.

Feedback from all clinical staff regarding staffing levels was satisfactory whilst operating at up to 80% capacity. However, when operating at 100% patient capacity, more staff are needed to provide continuity of care, and this issue has been recognised by management who are reviewing staffing levels to help resolve issues at busy times.

Patient and relative feedback was also positive. All individual responses expressed by patients and relatives indicated they felt they were receiving the best End of Life care and palliative treatment. Comments included, **'Everyone has been wonderful'** and **'It's been incredible, we are very grateful'**. One gentleman who had recently lost his wife, commenting on the care his wife had received, said, **'I can't fault it'**.

Representatives were also advised by relatives and patients that the quality and choice of food was very good. The Chef visits patients daily to ask what they would like to eat. Patients can request anything to eat at any time between the hours of 8am to 6pm. Provisions are also made for evening / nighttime snacks.

General Feedback or complaints are formally collected from patients and relatives using several methods. A complaints leaflet and QR codes are visible within the Hospice, a comments and suggestions box is available in reception, and patient feedback forms are distributed by volunteers. In addition, the Datix facility is used by staff to record patient feedback, complaints or concerns, and relevant escalation and/or action taken. All complaints go to the National Complaints Manager which are then escalated to the Chief Nurse, and all service user feedback is monitored nationally and discussed at a weekly incident meeting. Anything raised about HR or quality of care is looked at by the wider team at Sue Ryder.

## Results of Visit

### Patients & relatives

As the majority of patients were being cared for at End of Life or were very unwell, it was inappropriate in most instances to engage within an interview process. However, we were able to talk with two relatives and two patients, who explained they were very happy with the care and treatment they had received within the Hospice environment.

One patient said, *'all are wonderful'* and *'everyone is welcome'* explaining that her relative had also stayed the night. She went on to explain that her daughter had been *'well supported'*, both emotionally and physically. This patient talked about taking pleasant time outside in the gardens, meeting a therapy dog and enjoying a foot massage.

Another patient commented *'they have been incredible; we are very grateful'*, explaining that the Hospice was recommended by a palliative care consultant. However, both patient and relative were concerned that the noise from the nurse's station at night was quite distracting due to the sound of constant loud conversations.

### Activities and Entertainment

Wi-Fi is available throughout the Hospice for all to access and a small selection of children's games are available in the family room.

The Hospice is visited quarterly by children from the local school who entertain patients and visitors by singing, who also put on a larger event at Christmas. The Rock Choir also visit and had performed during the previous week.

Keysoe International Equestrian Centre have also previously attended the Hospice and brought ponies on to the premises to meet patients, relatives and staff.

Bereavement and volunteer groups are also regular visitors, offering support and conversation.

### **Other Therapies**

The Hospice welcomes visits from therapy dogs and pets, with care and consideration given to risk management regarding allergies. Additional therapies such as foot massages can also be arranged.

### **Wellbeing**

The Hospice has recently recruited a Wellbeing Team to build and support relationships within different faith groups. All patients and relatives have access to the 'Reflection Room to accommodate religious and cultural practices.

The team also provide a signposting service, working with multiple agencies to support relatives with additional external wraparound care.

### **Staffing**

St John's is a consultant led facility which consists of Doctors, Sue Ryder Nurses, Physiotherapists, Complementary Therapists, Occupational Therapists and Healthcare Assistants.

The nursing workforce is one of the most important factors in the provision of safe, effective, high quality compassionate End of Life care in a timely, cost-effective, and sustainable manner. Evidence and experience show that having the right numbers of nursing staff, with the right skills, in the right place, at the right time, improves health outcomes, the quality of care delivered, and patient safety (RCN, 2021).

The importance of appropriate staffing plays an important part in the delivery of safe and effective health and care. Safe staffing can be a complex area and has to take account of multiple factors. It must be matched to patients' needs and is about skill-mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals. (NMC, 2018)

## Ongoing Care Needs

The Manager explained they have identified a need for a larger building, as all the Palliative Nurses are based here and space is currently limited. In particular, they would like a summer room for patients. They are currently working with a service user group to achieve this.

As they are currently a specialist palliative care facility, they would like to be able to provide respite care. Last year, St John's were able to upgrade all the beds but currently require more IV pumps. In addition, they would also like to be able to provide different colour bedspreads and pillow shapes to enhance patient comfort. Funding will be required for both elements.

## Environment

### The Exterior

St John's is due to officially unveil a new garden 'sanctuary' on its grounds, which has been relocated from RHS Chelsea Flower Show. The Sue Ryder Grief Kind garden, sponsored by Project Giving Back and designed by Katherine Holland, featured in the 'All About Plants' category at RHS Chelsea Flower Show earlier this year, with Katherine winning a gold medal for its design.



Following the show, each plant, tree, and piece of timber has been relocated to St John's, where a team of volunteers helped bed in the new green space for staff, volunteers, patients, and their families to enjoy. This will be a welcome and tranquil space for patients, relatives and the workforce.

## Reception Area

The Reception area is clean and welcoming, with subtle décor. Plants, flowers and artwork help to create a pleasant entrance and environment. Plenty of comfortable chairs are available with a friendly professional welcome from reception staff. Access is via the front of the building using a ramp with an automatic door.

Healthwatch Enter & View poster was clearly displayed just inside the entrance on the general notice board.

## Staff Appearance

All staff were dressed in their appropriate uniform with name badges clearly displayed. All staff were very friendly, welcoming and approachable.

## General Décor

Clean, well decorated and maintained; no evidence of areas being in a state of disrepair, neglected, or run down.

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## Patient & Relative Interviews

The following patients and relatives were interviewed:

- 2 x relatives (one also a volunteer)
- 2 x patients

## About the Staff

Patient and relative feedback was very positive. All patients and relatives interviewed were very complimentary about the staff. All felt they were receiving the best End of Life care and palliative treatment. Comments included, *'Everyone has been wonderful'* and *'It's been incredible, we are very grateful'*.

All agreed staff were very approachable and friendly, nothing appeared to be too much trouble for the staff who were very responsive to patient needs.

Patients and relatives spoken with had not complained about the staff but would **'talk to the Manager'** if they did wish to make a complaint, however all agreed this was **'highly unlikely'**.

### **Food and Drink**

Healthwatch representatives were advised that the Nutritional Team hold regular meetings to seek improvement in food choices and to better support the patients experience with food. The Manager added that a Service User Group helps to develop the menu which includes vegan options etc. The Housekeepers are also trained to replace the Cook if unavailable.

Patients can request anything to eat at any time between the hours of 8am to 6pm. Provisions are also made for evening / nighttime snacks. One patient explained they were experiencing difficulties eating solid foods and the hospice had provided a **'good variety of options'** including trifle and ice cream. Another patient said, **'my omelette was very nice'** and if you wanted something specific, they would cook it for you.

### **Quality of Life**

All patients and relatives interviewed agreed that the quality of care received at St John's was very good and contributed to a better quality of life, particularly those that were seeking care for pain management or symptom control.

### **Feedback**

Positive feedback was received from all patients and relatives spoken to. One patient explained that her stay in the Hospice for pain management was also **'more support for my daughter, therefore helps both emotionally and physically'**. Another patient told us they have a **'favourite Doctor'** and she likes to be able to **'go outside'**. A relative explained that she had **'stayed overnight with mum'** and was very comfortable. She added that she was very pleased this option was available to them.



A volunteer interviewed explained he is **'guided by staff'** on who to visit within the Hospice but is free to access all areas other than the kitchen.

He **'can't fault'** the care provided at the Hospice and is very proud to be a volunteer. He added that if anyone raised issues or concerns about the Hospice he would report it to staff and make sure the Manager was aware of the situation. He feels very welcome in his role, has been given sufficient training as a volunteer, and would speak up if he felt any more training or help was needed.



## Staff Interviews

The following staff were interviewed:

- 1 x Hospice Manager (Head of Clinical Services)
- 5 x Staff

## Staff feedback

Staff working at St John's clearly feel that the quality of care provided is very high and they are appreciative of the level of support given by management. Although one staff member felt there was a **'disconnection'** between senior management and staff, and her voice was **'not heard'**, the majority agreed the level of support was very good. One staff member said her Manager was **'amazing, kind, supportive and always thanks us'** adding that her colleagues were also **'amazing'**.

It was felt that communication was also **'good'** between all staff, and the use of Datix helps when sharing critical and general information. Staffing levels were satisfactory although some staff mentioned this can be a challenge when operating at full capacity. One staff member said they felt there was **'not enough staff to adequately care'**, adding, **'patients are diagnosed later so symptoms are not controlled and emotional support is needed'**. Other staff mentioned, following a safe staff meeting, that it was recognised more staff are needed. Staff also mentioned that **'digital improvements have helped with staff allocations'**.

If a patient's condition should suddenly deteriorate, staff are relied upon to be aware as they will **'know the patient'** and the team rely heavily on the Doctor's and Nurses' observations in such circumstances. In such incidences group decisions are always taken.

The Doctor and Nurse are involved in assessing the individual needs of patients via ward rounds, and by talking to the patient and family members, stating **'all are involved in the process'**. A formal review of general care plans is undertaken every seven days, and the Doctor's MDT ward round will also review care plans every day, or they are reviewed as and when needed.

Staff morale was currently described by some staff members as **'getting better'** and **'varied'**. These comments related to a previous period where morale was low due to lack of staff. Several staff explained they felt very tired during this time, due to long 12-hour shifts. However, ward staff understood and supported each other, which helped. Other staff members explained that morale can be **'challenging'** but is at present **'good'** and **'very good'** due to increased levels of staffing.

One staff member said they were not always able to take their breaks as scheduled but admitted this was due to their own choice; **'being with a patient you do not want to leave'**. Others felt the standard of care is affected when they take their breaks as they want to also spend time with relatives, supporting them too.

When staff were asked if they felt they were part of a wider team within Sue Ryder, this elicited a mixed response. Some staff said **'yes'**, others said they were aware and do work and interact with their sister Sue Ryder Hospice. However, one staff member said **'no'** adding, **'we are in our own little bubble here'** and another said, **'we have not taken part in fundraising so no connection, but I would like to be more involved'** and **'we get a lot of emails but these don't create a better relationship'**.

An individual member of staff expressed how they felt that healthcare in general was **'really tough'**, especially when considering patient dependency and specific care needs describing the NHS as **'too task oriented'**. Another described the role as **'emotionally challenging.'** However, the support within the team around this was described as **'good'**.

The majority of staff were aware of the process to follow if a patient had additional needs and would feel confident in caring for them. One staff member mentioned a hearing loop and a **'Comms folder and various aides'** another mentioned **'MND Workboards'** and acknowledged that continuity of care was important as well as the use of a small team. Other staff explained that preparation when the patient is referred is important, i.e., talking to family members to discover things they need to know about the patient, and what support mechanisms will help, in addition to ensuring they have access to Interpreters if needed, and to be aware of patient choice.

To accommodate individual needs of patients, i.e., access to religious practices, the Manager explained they have a reflection room for patients and relatives to use and they would always accommodate a patients religious views, and work with a National Spiritual Lead when needed.

One staff member highlighted the lack of a break-out area for staff to either eat or have time to reflect away from the ward. Healthwatch representatives were told this had previously been requested but had not been implemented, saying, **'this has been voiced but not listened to'** adding that **'morale has been better'**.

Another member of staff expressed issues with employing agency staff during busy periods, not officially covered within the staff rota. It was felt that existing staff should be offered overtime at an increased hourly rate, rather than pay elevated costs for agency cover. This made the staff member ***'not feel financially valued'***.

All staff positively expressed how they would be happy for a relative of their own to be cared for at St John's. Although one staff member did say they felt that discharge could be quicker and smoother.

### **Staff meetings**

Staff felt that the level of handovers, daily huddles, clinical supervisions and monthly clinical updates are sufficient. The Datix facility is also used to share critical and general information. One staff member described staff meetings as an opportunity to ***'talk about issues and get things off my chest'***.

### **Staff role**

Staff demonstrate respect, compassion and provide a consistently high standard of holistic care. Staff focus on and value continuity of care with their patients to ensure all needs are met.

Staff feel able to raise any concerns they may have with the Clinical Lead and the majority would have the confidence to do so. One staff member said, ***'I'd have the confidence because I need to provide the best care I can. I can email or talk in person about any concerns'***.

Staff communicate well with both patients and relatives and have access to various tools / aides to support with any difficulties, and ensure all detail is captured and understood.

Many staff expressed how much they like working at the Hospice, with one staff member who added, ***'I enjoy working here with my colleagues. I like holistic care and making a difference to patients and their families'***.

## **Staff Training**

Staff described the level of support and training given to them as sufficient and that additional training can be freely requested where appropriate. One staff member said, *'Training is all addressed, there are always training opportunities whether internally or externally'*. Practical training and supervision are easier to fit into a working day, although on-line training is more difficult. There is however the ability to complete on-line training out of working hours as paid time. Another staff member said, *'they do listen to requests and are on the ball'*. The level of support given to staff from the Ward Manager was said to be very good and the Manager explained they would like to *'increase face to face training'*. Another staff member mentioned that mandatory training should be arranged as a *'formal day'* as opposed to fitting it into their working day/week.

## **Complaints**

All staff interviewed were fully aware of the complaints and safeguarding procedures and where information is available to support this. Feedback is recorded within the Datix facility and shared with relevant staff. Patients and visitors have access to QR Codes displayed around the hospice to be able to leave feedback. Post discharge surveys are also sent out to patients and relatives by the administration team.

When asked how feedback is obtained from patients and relatives relating to their views on the quality of service provided at the Hospice, one member of staff said they would *'ask them'*. Others mentioned this could just come up in general conversation with patients or their relatives.

A senior member of staff explained that if a patient was experiencing difficulties communicating with staff and wanted to make a complaint, they would investigate the best way to communicate with them. If a complaint is raised many staff felt it was important that all staff acknowledge there is an issue, and would then ask the patient/relative how they would like it addressed.

The Manager explained that all staff would *'find the best way to talk to patients who were experiencing difficulties'*. If there was a language barrier they would use Language Line or contact Capita Translation for British Sign Language (BSL) and anything that required face-to-face advocacy.

Additional services can be provided to overcome language barriers, such as Advocacy Support, which is a national service provided by Sue Ryder. Staff explained that additional communication tools could also be used, such as communication boards, clocks, voiceover aides and iPads. In addition, support mechanisms are discussed with patients and relatives during the initial referral, in preparation for their stay.

The Manager added that since April 2024 they had received three complaints which were all based in the community and involved multi agency services. The Manager confirmed that if a complaint is raised they keep in contact with the patient/relative throughout the process, and provide regular updates including conversations with staff. If a complaint is unresolved the patient/relative will be advised to contact the Ombudsman in a formal letter.

Many staff confirmed that continuity of care also aides better communication, as staff build relationships and understand how individuals are able to personally communicate.

Healthwatch representatives were informed that most complaints result from a breakdown in communication, which can easily be resolved and does not need a full investigation. However, if an investigation is needed, this involves a 20-day process and includes regular contact and updates with patients, relatives and staff.

## **Visitors**

During the visit it was noted that all visitors were greeted in a friendly, caring and compassionate manner.



## Summary

The feedback received from staff, relatives and patients about their experience at St John's Hospice was extremely positive.

Staff in particular expressed how proud they were to work there and felt well supported by colleagues and line managers. Two staff members said they '**felt privileged**' to work at St John's.

Staff were clearly happy for their relatives to be cared for at St John's. This is indicative of the feelings of the Authorised Representatives who undertook the visit, as well as being consistent with the feedback that Healthwatch receives pertaining to the services St John's provide, although one staff member had reservations regarding the speed with which discharge is conducted and felt this could be improved.

From feedback given by patients and relatives it was clear they also felt that the level of care reached a high standard, and that staff were wonderful. One patient in particular expressed '**how very grateful they were**', to be cared for at St John's.



## Recommendations

- To continue to actively monitor and retain ward staffing levels on the inpatient unit to ensure the high quality and continuity of care is maintained, and staff morale continues at the current rate.
- To scope and investigate BLMK funding streams to support the option of St John's providing a full respite care facility, given its excellent geographical position across both Bedford and Central Bedfordshire Place areas.
- To investigate the option of creating an opportunity for existing permanent ward staff to cover overtime at an increased rate, to reduce agency staff cover.
- To consider the creation of a breakout area, separate from the ward, for staff to eat and take quiet time to aid staff wellbeing and give time for adequate reflection.
- To monitor the level of nighttime noise at the nurse's station to ensure this does not unduly disturb patients.
- It is recommended that this report is shared with interested parties, and for Hospice staff to encourage patients, their family members and other staff to advise Healthwatch direct if they wish to contribute any *additional* comments about the service provided at the Hospice, or comment on the report. Contact Healthwatch Central Bedfordshire direct on 0300 303 8554 or by email to [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)

## Service Provider response

Allison, Alice and the team have read the report you produced from your visit. We were delighted to read it and your feedback was constructive and helpful. Thank you.

Allison Mann (Service Director) and Alice Green-Smith (Head of Clinical Services)  
**Sue Ryder St John's Hospice**



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