



Prospect Hospice Quality Account 2018-19

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Quality Account 2018-19

1.1 Statement of Quality from our Chief Executive

This quality account for Prospect Hospice covers the reporting year 2018-19 and outlines our activity as a provider of specialist end-of-life care services across Swindon and North East Wiltshire during the year. It is written for a range of stakeholders, including patients and the people most important to them, funding partners and organisations we work alongside to deliver our services (primarily the local NHS and other healthcare focused organisations). In our Quality Account we will demonstrate that Prospect Hospice offer high quality services, which are good value for money for all parties involved in its funding, including the NHS, which currently provides 28 per cent of our annual funding. This Quality Account reflects on the challenges and achievements of 2018-19 and our key priorities for 2019-20.

In 2018-19 we continued to support high numbers of patients and those important to them through a wide range of tailored and personalised services.

Our care and support was only made possible thanks to the professionalism of the staff and the dedication of the volunteers, who are integral to our achievements. The Senior Leadership Team and the Board of Trustees would like to thank them for enabling Prospect Hospice to provide care and support for the people of our local community who sought our services in 2018-19.

The focus for 2018-19 was on embedding new services and our journey of continuous improvement across all that we do, as we reflected on the inspection at the end of 2017-18 and the subsequent challenges.

The Care Quality Commission (CQC) inspected Prospect Hospice during August 2019 and the hospice was notified on 31st October 2018 that the following evidence of compliance was required, to show how the organisation assures itself of effective governance for patients admitted to the inpatient unit. In addition, to review infection prevention, emergency equipment and compliance to training and ensure policies and procedures in place.

An action plan was put in place identifying improvements through the key lines of enquiry, to ensure all actions were undertaken and issues addressed. We also took the opportunity to review our other services, such as the therapy, family support and community teams. This continuous improvement programme has now been completed and we are now looking at developing new models of care and ways of working to enhance patient and family support. We have provided monthly position updates to the CQC. Both clinical and non-clinical teams have embraced the CQC Key Lines of Enquiry (KLOE) framework to support patient care. The Clinical Leads attend the Patient Services Committee to update Trustees on their services.

A review of the Board Assurance framework and senior structure has been undertaken. The outcome from this is an enhanced clinical structure with new roles of Medical Director,

Director of Governance and Quality and Matron, and for the In-patient Unit an additional role of Deputy Clinical Lead. The latter three roles have been recruited to, with the Medical Director currently being advertised. Risk registers were reviewed and action plans across all services with a standard Ward to Board reporting process put in place.

An external audit was undertaken for infection prevention and any actions required have been implemented. Policy and procedures have been reviewed and updated. Infection control audits and training put in place. The training policy and evidence of compliance was also addressed.

A focus on communication and transparency to support staff through change was implemented. This has now been embedded and forms a range of communication avenues for staff to express their views, this is in addition to the newly formed staff forum. A range of well attended workshops have taken place to enable staff to take an active part in looking to the future. This has led to feedback of staff being empowered and feeling their voice is being heard.

The embedding of the new Board Assurance Framework will be a work in progress through to next year, we will be having this evaluated externally in the first quarter of 2020. If you have any comments on the information included, please let us know by emailing info@prospect-hospice.net or calling 01793 813355.

1.2. Assurance of Accuracy

The information within this Quality Account is accurate to the best of our knowledge at the time of writing.



Irene Watkins,
Chief Executive



Tim Willis
Chair of the Board of Trustees

1.3. What is a Quality Account?

Quality accounts were first introduced to strengthen provider accountability for quality, and to 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 on the quality of services, and identify 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 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 are delivered by the NHS, the independent or voluntary sector), including providers such as Prospect Hospice that receive only a proportion of their funding from the NHS. Quality within the context of the quality account relates to the delivery of services that are safe, effective, caring, responsive to people's needs and well-led, the criteria by which the quality of services are measured by our regulator, the Care Quality Commission.

1.4 Prospect Hospice and Quality

We provide our specialist palliative care and dedicated end-of-life care and support services to adults living with and dying from advanced and progressive life-limiting conditions in Swindon and north-east Wiltshire. Care and support is individualised, and available to patients and those people who are important to them. For the latter group, this extends into the period of bereavement. Care and support continues to be offered free at the point of delivery to all the people we support.

Care and support is tailored to the needs of the individual and is provided through a range of services that are delivered on a number of sites: at the main hospice building in Wroughton, at

our Wellbeing Centre at Savernake Hospital in Marlborough, and across the community including through a palliative care team based at the Great Western Hospital, in people's homes and in local care homes.

The services provided by Prospect Hospice complement and enhance, rather than replace or duplicate the work of local statutory or independent providers. We use our expertise to enable the best possible experience for people, often at a time of anxiety, fearfulness and distress.

The services provided include in-patient care, a rapid response service known as SPoC (single point of contact service), day therapy and outpatient support, a hospice at home service, access to clinical nurse specialists, and medical consultant assessment and review at home, in hospital and in care homes. We also offer a range of family support activities including specialist social work assessment, carer support and bereavement care and support, therapy services (including physiotherapy and occupational therapy) and a lymphoedema care service.

In addition to direct care provision, Prospect Hospice is committed to bolstering the skills and confidence of other providers through education and training courses.

Quality matters to Prospect Hospice in everything we do, in our day-to-day operation and as we look to the future. Quality means providing the best possible experience for all of the people we meet - offering the right care or support to the right person, when and where it is needed most. Quality means that we do what we say we will do. In all that we do we want people who are experiencing our care and support to feel respected, supported, cared for and valued. We want them to know that they matter. We also want the teams we work with to feel empowered by the skills and confidence they acquire through our working together or through our education and training.

1.5 How We Measure Quality

We measure quality throughout the year through regular review, audit and evaluation. We involve others through actively seeking views on their experience of our care and support in real time. We also collect compliments and investigate complaints and negative feedback.

Additionally, we engage with and provide survey opportunities for our staff and draw upon their collective expertise to reflect on our care and the services we provide so that changes can be made to improve experience. We also meet with partners and stakeholders - at meetings and through regular events.



Our regulatory body, the Care Quality Commission conducts an inspection at least every two years to assess the standards and quality of service provision across the whole range of hospice services. Their feedback is invaluable and is something we listen to alongside other sources of insight to shape our future priorities.

As we face changing demand and complexity of need, we are inspired to reach even further to ensure we are there for people when they need us most.



2.0 About Prospect Hospice

Our Vision

- Excellent, personalised and compassionate care for everyone affected by a life-limiting illness.

Our Mission

- We work with our community to lead, provide and influence excellent care so that everyone affected by a life-limiting illness can access personalised care when and where they need it.

Our Strategic Aims

- We will provide excellent services and support within the hospice and our community to meet the growing needs of all patients, their families and carers.
- As the lead organisation in palliative and end-of-life care, we will continue to work with and in partnership across the community to improve understanding and support for everyone affected by a life-limiting illness.
- We will increase our community's understanding of the breadth of our work and the positive impact we make locally on our patients and their families.

2.1 Priorities for Improvement and Development for 2018-19

We are committed to developing the quality and capability of our service to be flexible to adapt to our patients needs and those that are important to them.

We are currently reviewing our future plans to ensure that we can be responsive and timely in supporting each patient to deliver a personalised pathway. As part of this improvement process we will be revisiting our vision, our mission and our strategic aims embracing all our staff in this process. The outcomes from this review will then be cascaded through the different services we provide to enable a continuous look of improvement through our new Board Assurance Framework.

2.2 Clinical Service Priorities for 2018-19

Following the restructure of our senior team we have strengthened our senior clinical roles and put in place a new Director of Governance and Quality to work alongside our Director of Services together with a new Matron role to support our clinical leads across all service areas. We are also advertising for a Medical Director. We are investing in staff professional and personal development plans on the In Patient Unit with internal and external facilitators. The key priority will be to ensure all our teams are working towards a personalised patient pathway. In collaboration with other Health & Social pathways:

2019-2020 This will include:

- strengthening risk management
- reducing medication errors
- developing leadership skills in clinical teams which will enable robust succession planning
- we aim to develop the Health Care Assistant role to include Nurse Associate

3.0 Voluntary Services

We continue to enjoy strong support from our local community. In the last financial year we recruited an additional 281 volunteers and provided 377 hours of volunteer training. Staff and volunteers worked together to review the volunteering roles on the In Patient Unit to ensure they fully complement the personal care provided by the staff team.

As part of this process, a robust induction process was developed to give prospective volunteers an opportunity to reflect on their own suitability for the volunteering roles before they were placed on the unit. We have also created new community-focussed roles to give volunteers the opportunity to support our community engagement work.

We have extended our rewards and recognition framework for our volunteers; introducing new ways of expressing our thanks and appreciation of their contribution. As an example, four volunteers have recently been nominated by their fellow volunteers and staff to receive hotel stays as part of a national scheme called Room to Reward.

Looking ahead to 2019-2020, we have big plans to extend training and development opportunities for our volunteers and to ensure potential volunteers from all sectors of our local community feel welcome and able to find a volunteering role that suits them. We are building on our work to ensure we meet the needs of service users from minority ethnic groups.

3.1 Community engagement

Engaging with local communities we do not reach as much as we would hope continues to be a critical part of what the hospice does. During 2018-19, and as part of our Awareness Campaign, we have used a number of different methods to reach into a wide range of communities across Swindon and north east Wiltshire.

We met with over 100 members of the local Nepalese community and gave a presentation on the role and support offered by the hospice to local people. We successfully recruited the Chairman of the local Hindu temple to the Hospice's Board of Trustees.

We raised awareness of the work of the hospice in communities we don't traditionally support through extensive advertisement in the local newspaper, targeted billboard advertisement and targeted Facebook advertisements with promotion material about the hospice.

We created and promoted 4 videos of 3 sets of patients and families' stories and a nurse story to improve understanding of what the hospice does, and raising awareness across our community through targeted advertisement on social media and Facebook, as well as highlighting in local media and on our website.

We created language specific material literature for the Nepalese community to support awareness of the hospice's work and how we can help a community where English isn't the first language. Finally, we also met with the local Councillor portfolio holder for homeless and the local authority head of housing. We agreed a plan for improving joint working to support how the Hospice reaches out to homeless people, vulnerable or low income households in local authority housing,

to raise awareness of our services, and how the hospice can support local people.

3.2 Spiritual Care Coordination

The role of the spiritual care coordinator within Prospect Hospice this year continues to enable us to meet patients' individual needs. This is facilitated by giving the patients the chance to explore spiritual aspects of their lives. We have identified a further need to educate people to the meaning of spirituality; to assist with this we are currently developing roles for our volunteers.

3.3 Support

Our Family Support Team have also been running a very successful Death Café programme. Death Cafés are an international movement. At a Death Café people drink tea/coffee, eat cake and discuss all aspects of death and dying.

A Death Café offers an accessible, respectful and confidential space where people are welcomed and respected in openly expressing their views. There is no agenda, objectives or themes; it is an open discussion group, rather than a grief support or counselling session.

There is one simple aim: to normalise discussion around what can be a difficult topic, in order to increase awareness of death with a view to helping people make the most of their lives.

Our Family Support Team have also been successful in achieving a grant to deliver a project "Caring for Carers." This is about taking our services out into the community closer to people's homes and running a programme of support sessions for the carers of people at the end of their life. This has been planned now and will be rolling out in the early summer 2019, then

evaluated and fed back to the grant giving Trust in the autumn to be presented at a national event.

3.4 Priorities being agreed with clinical commissioning groups in 2019-20 (CQUIN)

The hospice Director of Services is working in collaboration with Swindon Clinical Commissioning Group (CCG), Great Western Hospitals Foundation Trust, Wiltshire CCG and all other stakeholders, to review pathways of care, plan capacity and demand for services as part of a locally agreed CQUIN for 2019-20 (Commissioning for Quality and Innovation) – this will inform organisational and system requirements to enable the development of an End of Life Register for people in Swindon. A new IT system "Black Pear" is being implemented across Swindon, led by Swindon CCG to enable sharing of clinical information across organisations and this will become available to us 2019-20.

3.5 Clinical Audit and Quality Markers

Prospect Hospice has completed a wide range of audits across its teams and services. Clinical audits continue to form part of our system for improving the standard of practice.

In Quarter 3 the Audit and Research Group was re-focussed to become The Quality Improvement and Audit group. The frequency of those meetings has been increased to every 6 weeks to ensure the Director of Services and Clinical Leads are fully aware of audit outcomes in a timely manner.

In October 2018 a full audit of Infection Prevention and Control was completed by external consultants. This demonstrated 82% compliance. A robust action plan was implemented and

monitored. Improvements were actioned including estates work and a repeat audit to be delivered by the clinicians by peer review is planned for June 2019.

The following is a sample of the 12 audits that were completed in 2018/19:

- Blood Transfusion
- Nutrition
- Oral Care
- Admission Assessment
- Urinary Catheterisation
- Quality of Patient Records

In **2019-2020** the Improvement and Audit Group will review and update all audit tools.



Benchmarking Audit Results for 2018-19 for key performance indicators on the Inpatient Unit measured against Hospice UK patient safety audit returns

PH=Prospect Hospice A=Average

Occupancy							
Q1		Q2		Q3		Q4	
PH 90.9%	A 80%	PH 71.9%	A 79%	PH 72%	PH 79%	PH 84.3%	A 79.4%
Falls per 1,000 Occupied Bed Days:							
Q1		Q2		Q3		Q4	
PH 6.3	A 10.0	PH 7.5	A 10.3	PH 12.1	A 9.9	PH 11.0	A 9.8
Medication incidents per 1,000 Occupied Bed Days:							
Q1		Q2		Q3		Q4	
PH 15.0	A 10.5	PH 6.2	A 11.0	PH 37.4	A 10.5	PH 25.3	A 10.0

Our measures for medication incidents were higher than the national average. The medication incidents were all zero to low harm. All medication incidents are investigated, reported and lessons learnt are fed back at the clinical leads meetings. Medicine Management Polices, Standard Operating Procedures and Competencies are being reviewed and updated. We have secured from June 2019 three additional pharmacy support sessions which will include patient reviews and ward rounds. An improvement plan is in place with an external consultant to review and advise. We are confident that our open culture of reporting is effective.

We note that in Quarter 1 and Quarter 2 our falls rate is lower than the average and is slightly higher than the average in Quarter 3 and 4. Every fall is reviewed as part of the incident management process. We have reviewed the use of sensor mats and additional checks have been introduced. The falls policy is being reviewed.

In **2019-2020** The Hospice will be engaging with the Swindon Falls and Bone Health Collaborative

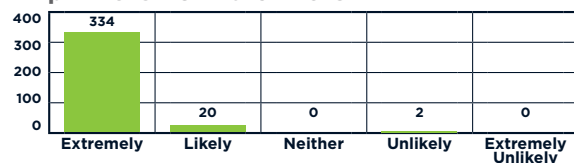
3.6 Meridian – Computer programmed feedback

In 2017-18, we continued to ask the question: ‘How likely are you to recommend the services provided by Prospect Hospice to friends and family if they needed similar care or treatment?’ We received 352 responses with a satisfaction score of 99 per cent.

Friends and Family Test

Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely
334	20	0	2	0

1 April 2018 - 31 March 2019

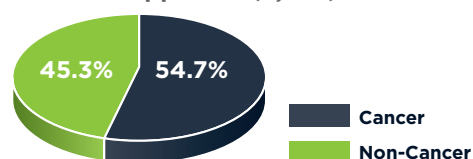


Cancer vs Non-Cancer Patients Supported

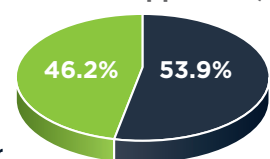
2017/18		2018/19	
Cancer	Non-Cancer	Cancer	Non-Cancer
1462	1211	1358	1164
54.7%	45.3%	53.9%	46.2%

The number of patients cared for with a cancer or non-cancer diagnosis has remained fairly similar over the last 2 years

2017/18 Cancer vs Non-Cancer Patients supported (2,673)



2018/19 Cancer vs Non-Cancer Patients supported (2,522)



Age

Age	Age Count	Age %
18-24	3	0.12%
25-64	591	23.46%
65-74	585	23.22%
75-84	690	27.39%
85+	650	25.80%
Total	2,519	100.00%

Gender

Gender	Gender Count	Gender %
Male	1,109	44.0%
Female	1,412	56.0%
Total	2,521	100.0%



Ethnicity

Ethnicity	Ethnicity Count	Ethnicity %
Bangladeshi	0	0.00%
Black African	2	0.08%
Black Caribbean	4	0.16%
Chinese	1	0.04%
Indian	15	0.60%
Mixed white/Asian	4	0.16%
Mixed white/ black Caribbean	3	0.12%
Nepalese	1	0.04%
Other	17	0.67%
Other Mixed	7	0.28%
Other White	37	1.47%
Other Asian	5	0.20%
Other Black	3	0.12%
Pakistani	2	0.08%
White British	1,737	68.96%
White Irish	23	0.91%
Not stated	658	26.12%
Total	2,519	100.00%

3.7 Compliments

Prospect Hospice maintains a compliments register which captures compliments across all service areas. The Compliments register is kept on the Prospect N: Drive, Patient Services Document. The following excerpts provide a sample of the feedback received by in 2018:

01/05/2018 Prospect At Home (P@H)	<i>Telephone call from Daughter TG - 35288 say a very big heartfelt thank you to everyone from Prospect who was involved with his care. T Stated that everyone was amazing going above and beyond to help him and in supporting the family and they are truly grateful and that she would never have 'gotten through it@ without us, personally mentioning SH,SD, L@POH</i>
30/11/2018 Clinical Nurse Specialist (CNS)	<i>We as a family would like to express our gratitude for all the care given to our beloved husband and father and for the continued support you have given to us as a family.</i>
25/12/2018 Bereavement Service	<i>I would like to say a big thank you for giving me your reading. It meant a lot to me as I have just lost my dearest twin sister. I am giving a copy to my niece am sure the words will comfort her as it did me. Thanks again .L</i>

Many of the compliments include feedback on the high level of support and compassion our staff have demonstrated to patients and their families.

In **2019-2020** We will be seeking to increase the volume of feedback received.

3.8 Complaints

During the year our complaints policy was updated and agreed. We received 4 Complaints relating to care and support across all of Patient Services (In Patient Unit (IPU), Therapy, Community Clinical Nurse Specialists (CNS), Prospect @ Home (P@H), Family Support Services). The nature of the complaints was varied with no common themes emerging. All complaints were investigated and responded to within agreed response times even if they were not made as a formal complaint. Where appropriate corrective action was identified and actions taken to recognise and deliver any required change. Complaints are also reported to the quarterly meetings of our Patients Services Committee.

In 2019-20 a “You said we did “approach will be further developed.

Assurance lessons learnt

At every board meeting a case study is reviewed from a patient/family’s experience reflecting on the service they have received, this assists the Ward to Board approach and enables change to be implemented if necessary. Extracts taken from the board are highlighted below:

November 2018

A 34 year old gentleman was admitted to Prospect IPU for terminal care. This gentleman was a bariatric patient (30 stone), so moving, handling and care had been difficult to sustain at home. The inpatient unit have recently purchased a bariatric bed with charitable funds, so were able to utilise this for the first time with this patient. Due to the patient’s complex care needs it became apparent the IPU required more specialist bariatric equipment to support this patient.

The company that had provided us with the specialist bed were contacted and they kindly sent in a support representative to meet the staff and patient and assess what was needed. They then arranged rapid delivery of appropriate equipment and also attended the hospice over several days to support staff in having training to utilise the equipment.

This made a real difference to care delivery as the staff were able to feel confident in utilising specialist equipment that they wouldn’t be familiar with, and the patients individualised comfort needs and dignity were improved by these measures.

February 2019

This quarter Prospect Hospice has looked after a patient with learning disabilities who had lived in a residential home for a long time. The patient’s preferred place of death was the residential home but the staff at the home had no experience of end of life care. Our P@H team sent HCAs to the home to role model end of life care, showing staff how to move the patient, give mouth care etc. which built confidence in the staff and allowed care home staff to facilitate a dignified death in the patient’s preferred place of death.

Support was also provided by our Care Home CNS team who supported collaborative care meetings with the wider community teams.

3.9 Inspection Outcomes

Work has progressed proactively across the whole of the Hospice to embed a new structure to support the full delivery of regulatory compliance using the CQC KLOEs. This includes non-clinical areas.

External facilitators from Great Western Hospital, (Carole Nicholls, Director of Governance and Assurance) have been provided to ensure a robust check and challenge approach to our improvement plan and Board assurance Framework. The Clinical Teams have fully embraced this process and it has become part of normal working.



A new interim Chief Operating Officer (COO) appointed to lead a rapid improvement programme, engaged with the CQC to provide regular updates on progress. The interim COO was recently appointed as the new Chief Executive (CEO) of Prospect Hospice. This appointment will enable staff and volunteers to continue to embed new ways of working within an environment of trust, with outstanding levels of engagement.

4.0 Statutory Statements

4.1 Review of services

During 2018-19, Prospect Hospice provided NHS-commissioned services for specialist and end-of-life care. It should be noted that the NHS makes a funding contribution of approximately 28%, which is supplemented by Prospect Hospice's income generation activity.

Prospect Hospice provided the following services in 2018-19:

- An In-Patient Unit
- Single Point of Contact Service
- Community Clinical Nurse Specialist service
- Consultant-led medical service
- Care home Clinical Nurse Specialist service
- In-reach hospital-based service of Medical Consultants and Clinical Nurse Specialists
- Day Therapy and supporting outpatients including complementary therapy
- A hospice at home service, known locally as Prospect@Home
- Six day therapy services including physiotherapy and occupational therapy
- Lymphoedema service
- Family Support services including social work support, carer support and welfare and benefits advice
- Bereavement service and spiritual care coordination
- Education and training for health and social care professionals in palliative and end-of-life care
- In 2018 we commenced a pilot working in collaboration with Swindon CCG and Community services to provide a night service. The service will be commenced when the community nurses are fully recruited to be able to work alongside the Hospice at Home team

4.1.2 Participation in National Clinical Audit

During 2018-19, there were no national clinical audits or national confidential enquiries that covered the NHS services that Prospect Hospice provides.

4.1.3 Participation in clinical research

The Director of Services is seeking a collaboration with the University of Bath to host an MSc final placement for Health Psychology in 2019 in addition to seeking to develop quality improvement projects with West England Academic Health and Science Network and the South West Hospices group.

4.1.4 Data Quality

Performance and data quality is reviewed by the Senior Leadership Team and by the Board of Trustees and its sub-committees. We are revising our data reporting for committees and the Board in line with our new Board Assurance Framework.

4.1.5 GDPR - Data protection - Information Governance

GDPR/data protection has had focus for the hospice during 2018, including activities such as reviewing all the privacy documentation. Our GDPR work has been supported by Swindon CCG and CSU.

All staff complete an online training course on information governance on an annual basis. We have a new Caldicott Guardian, Dr Charlotte Forsyth, Medical Director, Great Western Hospital.

From May 2018 onwards the focus for the organisation was to make its first submission to the NHS Information Governance Toolkit, which is an annual requirement for the NHS Standard Contract T & C's. By submitting to the Toolkit this evidences that an organisation looks after and processes data legally and securely, it not only does this, but it also asks an organisation to look at where they have any potential risks with either information assets or data flows, and how they mitigate those risks, if they do mitigate them or accept to run with the risks.

In March 2019 the hospice completed and successfully submitted the evidence of completion of the Information Governance Toolkit. Having done this we are able to gain access to access to the NHS high speed network. This gives us the opportunity to participate in work to develop joined up End of Life Care within the Swindon area.

4.1.6 Clinical Coding

Prospect Hospice was not subjected to clinical coding audit during 2018-19.

4.1.7 Duty of Candour

Duty of Candour requires Prospect Hospice to be open and transparent in all that we do, in particular around how we care for our patients and those important to them and how we manage complaints and incidents.

All Incidents are recorded on a paper numbered document and transferred to a central spreadsheet.

There is a separate register of Complaints recorded, kept in the Chief Executive office by the Executive Assistant and a log of all

Data breaches and where Duty of Candour applies this is also held by The Information Manager and Data Protection Lead.

All staff at Prospect Hospice understand the importance of Duty of Candour and all clinical incidents which involve a patient are notified to the patient or their next of kin, with an explanation and assurance of learning to prevent a recurrence.

Hospice Incident Reporting forms indicate where and when the patient or their next of kin has been contacted.

4.1.8 Staff Surveys-Engagements

In May 2019 the hospice signed up to a bi annual Hospice UK 2019 confidential staff survey, known as Birdsong which will benchmark survey results against other Hospices and ensure the senior management of the Hospice fully understands any staff concerns.

This year's Birdsong will close in mid-July and a full report will be received by September 2019. The report will help inform future work planned for 2020.

A new Freedom to Speak up (F2SU) Policy has been completed and agreed at Staff Forum. 3 members of staff have completed certificated training as the hospice F2SU Guardians and their details have been cascaded to all staff, posters are in situ which identify to staff their guardians and contact details.

Culture work

- Work has been undertaken throughout 2018-19 across 7 teams, the In-Patient Unit, Single Point of Contact Service, Community Clinical Nurse Specialist service, Care home Clinical Nurse Specialist service, Day Therapy and supporting outpatients including complementary therapy, Prospect at Home and Retail.

- This has been in a combination of confidential one to ones and team sessions to surface issues and understand the needs of Staff.

Ongoing work comprises of follow up at team level to engage staff with meeting needs and building a positive plan for the future and work at organisational level with all staff, defining and agreeing mission, culture, values and behaviours.

The Staff Forum was relaunched and we provided the members of the forum with additional specialist training to enable them to fulfil their responsibilities in their capacity as a staff forum representative.

4.1.9 Equal opportunities for career progression and promotion and the Workforce Race Equality Standard

Prospect Hospice is an equal opportunity employer and is fully committed to a policy of treating all its employees and job applicants equally. Prospect Hospice will avoid unlawful discrimination in all aspects of employment including recruitment and selection, promotion, transfer and opportunities for training.

We employ, train and promote employees on the basis of their experience, abilities and qualifications without regard to age, disability, gender assignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex or sexual orientation.

The Head of Voluntary Services has been appointed Equality and Diversity lead, working with a multi staff project group. Four meetings were planned during 2019 to identify any gaps and develop an action plan.

Following this an Equality and Diversity Steering group was put together to work through the action plan and champion equality and diversity.

The lead will oversee the steering group and arbitrate if necessary to resolve any concerns.

In **2019-2020** The Equality and Diversity Lead will convene in Quarter 3 of 2019 convene a group of Equality & Diversity Champions across the organisation, with the objective of raising Equality & Diversity issues, raising awareness and starting conversations about good practice in this area.

The volunteers for this group have come from all parts of the organisation and we currently have 10 members of staff and 2 Volunteers.

4.1.10 Risk Management

2018-19 saw the hospice develop a new ward to board approach to risk management, as well as the development of a new Board Assurance Framework. We believe our approach to continuous improvement is a reflection of how importantly we regard health and safety and risk management as key to our whole business approach.

2019-20 will see this new approach initially tested and then embedded across the whole of the hospice and board reporting structures.

As with previous years, all reported accidents are investigated and reported to the Senior Leadership team. This year also saw our health and safety policy statement and procedure reviewed and signed by the Chief Executive.

Root Cause analysis training was provided for senior leaders

in 2018 with additional training on incident identification and reporting. Staff valued this more formalised way of investigating so that improvements can be actioned. This needs to be further embedded in every day practice.

Next Steps 2019-2020

We will continue the cultural and reorganisation element of work commenced in 2018-2019. The Director of Quality & Governance commences in post on the 1st July 2019 this will bring together and develop education and audit across the organisation. In addition, work will continue to fully embed the Board Assurance Framework and the development of the Board of Trustees and their development.

We will aim to secure funding to strengthen a rolling programme of End of Life Care training for all staff and volunteers.

We will be reviewing all processes of risk management and governance. We will aim to strengthen and engage with the wider working of the organisation and evaluate Hospice at Home night service working in collaboration with Swindon Community Services and Swindon CCG.

We will continue to work in partnership with all our stakeholders to provide a strategic picture to support end of life care across North East Wiltshire and Swindon. This will inform the development of future service provision and support.

Comments From Healthwatch, Swindon

Healthwatch Swindon welcomes the opportunity to comment on the Prospect Hospice Quality Account 2018-2019. We are pleased to note the action taken since the Care Quality Commission inspection to deal with their requirements and the follow-up work which is continuing in to 2019-2020.

Statement from Swindon Clinical Commissioning Group and Wiltshire Commissioning Group on the Prospect Hospice Quality Account for 2018/19

Swindon Clinical Commissioning Group (CCG), as lead co-ordinating commissioner for Prospect Hospice, welcomes the opportunity to review and comment on the Prospect Quality account for 2018-2019 in collaboration with Wiltshire Clinical Commissioning Group.

The CCGs acknowledge that 2018-2019 was a particularly difficult year for the Prospect Hospice and are encouraged by the concerted efforts of staff, volunteers and the senior leadership team to deliver good quality care to patients, whilst also addressing the issues highlighted by the Care Quality Commission in August 2018.

Assurance of the Prospect's continued aspiration to provide high quality care to patients and their families requiring specialist End of Life support has been evidenced by the appointment of strong leadership team with a renewed focus on improving staff training and engagement, strengthened information governance arrangements and the development of an audit framework and programme targeting both clinical and non-clinical areas to further facilitate improvements in the quality of patient care.

It is recognised that good progress has been made by Prospect Hospice on the development of processes and procedures relating to identification of risks and incident reporting, and the effective use of the outcomes of these along with complaints, compliments and staff engagement to facilitate evidence based improvement. Swindon Clinical Commissioning Group will be

seeking further assurances during 2019-2020 of how this early progress will be built upon, and embedded across all service delivery areas.

With the development of an integrated end of life care model across Swindon and Shrivenham, Swindon CCG welcomes the Prospect's continued engagement and participation in the development of cross-organisational service improvements ensuring improved information sharing and delivery of consistent and personalised care including the development of a single End of Life Register and a Single point of Contact.

Swindon Clinical Commissioning Group is committed to working collaboratively with Prospect Hospice and other key stakeholders involved in the delivery of End of Life Care e.g. patients, primary care, secondary care, community services and the voluntary sector to ensure that a fully integrated seamless high quality personalised service is available to those in need at a time in their lives when they are at their most vulnerable.



Gill May

Director of Nursing and Transformation, NHS Swindon CCG



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