

# QUALITY ACCOUNT

2019-20



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## 1.0 Introduction

Prospect Hospice has always been at the heart of the local community we serve. However during these unprecedented times it has become apparent to the hospice that our role in supporting people in the community, in their own homes and surrounded by those people important to them is more important than ever. This drive to create 'wrap-around' care in our community is already shaping how we are working and will have a massive impact on our next organisational strategy.

We want to do as much as we can to create nurturing and compassionate communities to support end of life care as we start to see the longer-term impact of the pandemic and the increasing demand for palliative and end of life support. We will work with local groups and businesses and engage with employees, support groups, schools and colleges to bring forward ideas and engage in conversations about wellbeing and dying well. We will develop skills and improve confidence for carers and provide our specialist skills to reach out to as many people as possible as we know we cannot achieve this on our own.

We expect these changes to have far-reaching implications for how the hospice supports local people: it will re-shape how we deliver services, support our patients and their families and have implications for how our staff and volunteers operate. However, we have already seen the additional benefit the wrap-around care brought to the people we have supported through the Covid-19 outbreak and it is vital these benefit are built upon to create an improved, more patient-focused, way of working in the future. How we will work differently is discussed throughout this document.

**Irene Watkins**, Chief Executive Officer



## 1.1 Chief Executive's statement

I am delighted to introduce the Quality Account for Prospect Hospice, which provides us with the opportunity to reflect on our quality achievements and successes over the past twelve months as well as to identify areas for further improvement, including our quality priorities for the coming year.

We don't often get the time to reflect on how we have worked together to improve the care and support we provide to patients and their family, but this does help us to maintain our energy and resilience on a personal level and recognise what Prospect Hospice has achieved. Producing the Quality Account does give us this period of reflection and to form the focus for the year to come.

It has been another challenging year for the hospice as it continued its journey of transformational change, whilst at the same time working on plans to address the financial deficit. The trustees recognised that change was imperative to enable the building of new foundations for the future of the hospice. For forty years we have delivered excellent end of life care to the people of Swindon and north east Wiltshire and we want to continue to do so for another forty years and beyond.

Over the last two years, like 82% of all UK hospices, we have had a substantial financial deficit. We have been fortunate to have good retained reserves to see us through such difficult times as the fundraising landscape has become even more competitive and our retail shops are also under pressure from changes in consumer behaviour. All of this is against a backdrop of external changes and challenges, both nationally and locally, including changes to NHS commissioning and also the change in CQC inspection regime in 2018 which we have been working on as part of our change programme.

Securing our future is our key aim and that means addressing all of these challenges by adapting our service model. The trustees recognised the need to invest in the change programme and to provide a buffer for voluntary income shortfalls to enable the hospice to build new plans for the future.

### Covid-19 response:

As an organisation, we were incredibly quick to react to the Covid-19 crisis, taking prompt action and ensuring we kept our patients, staff and volunteers safe, whilst continuing to deliver the best possible care. As the outbreak developed, we worked closely with other providers and the Clinical Commissioning Group to dramatically redesign our patient services to keep people at home, safe with their loved ones and keeping local hospital beds free for Covid-19 patients. This required us to redeploy the vast majority of our clinical workforce to be community-facing, delivering the care where our patients needed, and wanted, it to be. We achieved all of this in a matter of days.

Our non-clinical staff responded with equal commitment, changing how they worked, supporting colleagues across the organisation in any way they could, undertaking activities they hadn't before simply because they knew it was the right thing to do, and because ultimately these actions enabled us to deliver the best possible end of life care in the face of a truly awful outbreak.

However, as we slowly come out of this pandemic, we have learnt some valuable lessons about maintaining the flexibility of the way the workforce has responded. Joining together other key services in the community and voluntary organisations puts our patients and their families at the centre of the next steps of change to deliver community cohesion and co-production of service changes.



Although, we had future plans in place to integrate and update our software, being forced into digital communication across all services has accelerated what was already a steep learning curve about the use of digital technology and we will be building on this over the next year. This includes supporting patient consultation via video call and our teams communicating with each other in new ways.

The changes Prospect Hospice has had to go through last year has not been easy for our staff and our volunteers. I want to thank everyone who has been part of this journey and I look toward to the coming year of involving all in renewing our vision and strategy.

To our colleagues across health and social care the horizon will also be subject to the ebb and flow of change. Prospect Hospice values the relationship with our colleagues in commissioning and other providers and we will endeavour to build on those to improve the experience of death, dying and loss.

**Irene Watkins**, Chief Executive Officer, June 2020



## 1.2 Patient story

### Sonia's story:

When Sonia Cox was first introduced to the hospice, little did she know the impact it would have on her. Now, she's met royalty, road tested state of the art equipment and celebrated her daughter's 16th birthday in style. Sadly Sonia died on the 15th June 2020.

Not long after Sonia was diagnosed with bowel cancer in 2017 she was referred to Prospect Hospice's inpatient unit for a week of respite care. "It was brilliant," she remembers. "The staff really seemed to care and I had a room to myself where I felt I could relax."

Christmas was drawing near and the team made it possible for her to get home for Christmas Eve so she could join in the celebrations. "Christmas is a big thing in my family and I felt much more chilled than I had before my stay. We had a brilliant Christmas all together as a family."

Since that first experience, Sonia has returned to the inpatient unit four more times and, on her most recent visit, was introduced to some impressive technology to help manage her pain.

Hospice consultant Sheila Popert introduced Sonia to an app she'd helped to create to help patients like her manage their pain. Narrated by Sir David Attenborough, the Forest of Serenity app takes patients on a guided walk around nature where he points out things to look at around you, which aids small head and neck movements, allowing patient with limited mobility the chance to explore their virtual surroundings. "I borrowed the headset for a weekend and found it really good. When it's on I feel completed zoned out and forget everything else around me."

The app and headset also helps to ease pain and Sonia completed charts to indicate her pain levels when she was using them and when she wasn't. "I definitely felt less pain while I was using it. Sir David Attenborough has such a soothing voice that I just chill out."

So impressed with the headset and how it made a difference to how she feels, Sonia has since purchased one herself so she can use it whenever she needs to. She's also let some of her friends and family have a go and explains that it's rather amusing to see. "When they try it on, you can see them getting really engaged with it. At one point he shows you a stone and everyone always tries to pick it up. It's really funny to watch. It just goes to show how real it feels and how engrossed you get in it."

As part of her most recent stay, Sonia was staying on our inpatient unit when charity president HRH The Duchess of Cornwall came to visit and got to meet her to tell her all about her experience with the headsets. "It was a real privilege to meet her," said Sonia. "I found her very outgoing and easy to chat to. She even tried the headset on and had a go herself for around a minute. She asked me questions about how to use it and I told her about how it eased my pain. She thought that was great and seemed really pleased with it."



But it isn't always about the big things, like meeting royalty or trying out new technology, that make a difference to our patients. Often it's about the small things that mean they can continue enjoying life until the very end.

For Sonia, this was getting to her daughter's 16th birthday party. "She's not like most teenagers," said Sonia. "She's very head strong. She knows what she wants to do and puts the plans in place to get there. She's already planned what she's going to do in terms of her next steps in education so she can have her dream career and I'm so proud of her."

"For her 16th birthday, she wasn't interested in going to her prom or having a big party but instead she wanted something really simple. She just wanted to be at home, sitting around a fire pit, toasting marshmallows with her friends."

As her daughter's birthday was approaching, Sonia wasn't sure she'd get to go along. "I'd been between the hospice and hospital for around four months and wasn't sure that I'd be able to go along but the staff here got together. They made sure I had my medication and arranged for my friend to collect me. I was there for the whole length of the party and that meant the world to me."

Speaking of her experience with Prospect Hospice, Sonia says; "It's thanks to the hospice that I'm still here to enjoy these special moments and, without them, I think I'd be in a much worse place than I am now. In fact, I don't think I'd be here at all."

"I don't want to say anything bad about the hospital because they all do such a great job, but at the hospice they're specialists in end of life care and they know what I need. I'm in less pain here and it's lovely that my family and friends are always welcome here too."

### **Staff member's feedback:**

I've known Sonia since I was 5 years old, we grew up the same street and I will be standing there next week with my sister and our friends to see her leave her childhood home one last time. I just read her story and it has brought a tear to my eye.

What a great job we did, I remember getting the first SOS call from Sonia whilst in my role with our Single Point of Contact team. She was happy to speak to me, relieved she said as she could speak freely in describing to me what was happening and boy was it colourful, but that was Sonia. I was so glad she let me help her, she was in so much pain and it felt really good to be able to help a childhood friend and give her advice on what to do to help and for me knowing it would make a difference, made me feel less sad about what I knew lay ahead for her. What an honour to do what we do.

Additional patient comments can be found in Part 3.1.

## 1.3 Quality Account purpose

This report provides an overview of Prospect Hospice's performance across our key priorities and illustrates our commitment to providing a quality palliative and end of life service for patients.

It also outlines our planned measures for assuring and sustaining our performance for the future. This includes the recognition that there are areas which require improvement.

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 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. The criteria for the Quality Account includes delivery of services that are safe, effective, caring and responsive and well-led which are measured by our regulator, the Care Quality Commission.

### Our vision

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

### Our mission

- We work with our communities 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 strengthen our organisation, to ensure patients and those around them can continue to rely on us being there for them.
- 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 extend our influence across the community to improve understanding and support for everyone affected by a life-limiting illness.
- In all that we do:
  - We are committed to working smarter by utilising emerging and existing technologies where appropriate, to help us achieve our goals and maximise impact.
  - We will value the skills and commitment of our employees and volunteers in everything we do.

## 1.4 Prospect Hospice and quality – a review of 2019/20

### Strengthening the executive team

Last year saw the revitalisation of the hospice's senior management structure, appointing a new CEO, Irene Watkins, and the creation of the new executive team. We believe that a new structure at the highest level was required to ensure the delivery of the highest levels of performance across the hospice, to enable our strategic and operational goals to be achieved in the coming years.

### Strengthening the organisational culture

In May 2019 we ran a series of workshops aimed at engaging all staff in the development of Prospect Hospice, providing staff with the opportunity to shape the future of the hospice. Specifically, to define and shape the culture of the organisation.

Approximately 150 staff attended the workshops and one of the key outputs was a large amount of information on the values and behaviours that staff felt reflected the purpose of the organisation and the culture they wished to develop.

The staff forum has been able to bring together all of the outputs from the workshops and to develop a set of values and behaviours on behalf of all staff. This has taken several sessions, with staff forum members asking for feedback from the staff they represent at various stages throughout the process. It should be noted that the staff forum has worked extremely hard on this piece of work, has shown great commitment and been fully engaged in the process. As a group and as individuals they have been exemplary ambassadors for staff and have created an excellent set of values and behaviours entitled ASPIRE.



Embedding the ASPIRE values and behaviours has and will play a significant role in the development of the culture we aspire to and to organisational development. It will also have a positive impact on:-

- staff morale
- staff engagement
- staff wellbeing
- attraction and recruitment of staff
- turnover and staff retention
- our reputation as an employer
- our reputation with stakeholders, patients, families and the local community
- delivery of services to patients and families

## Job evaluation and pay grade structure

As a charity we have to rely on local supporters for approximately three quarters of our annual income. We cannot afford to keep pace with the NHS 'Agenda for Change' pay structure. However, we also know that it is critical to recruit and keep high-quality staff in order to deliver the best care for people at the most difficult time of their lives. Therefore during the year, we undertook an extensive job evaluation and pay grade structure review.

This was a huge task and one that involved many people across the organisation because we recognised that involving our staff throughout this process was vital if we were to get a successful outcome. The initial work is now complete and a set of recommendations has been agreed by the board, with implementation of the new structure to be in place by October 2020. We hope that our new pay grades will deliver an affordable salary structure that also enables the hospice to attract the best staff to ensure we can continue to deliver the highest quality services in the future.

## Responding to the CQC and improving our governance

Our board recognised that there were a number of lessons we needed to learn from the CQC report of 2018. One area of improvement was how the board ensured that what they were being told was actually happening in the organisation. Working in partnership with the



executive team and external expertise from Cass Business School, we have created a new board assurance framework. The board assurance framework was approved by the Board on the 24th March 2020 and sent to CQC as part of the agreed CQC action plan. The board assurance framework will be reviewed in November 2020 and shared with the CCG and CQC.

This new model is already in place and enables the effective risk and assurance reporting from 'ward to board' and back again. It will be fully implemented throughout the organisation during 2020/21. The board has also put in place a number of initiatives that increase the efficacy of our governance, not least being a buddying structure, where pairs of trustees 'buddy up' with departments of the organisation. This involves them taking part in formal and informal interactions with staff and volunteers at all levels, and then reporting back to the board. It is turning out to be a very effective cross-check on how things are running.

Traditionally Prospect Hospice's model of care has not required a medical director. However, when we looked at feedback from the Care Quality Commission (CQC), one of the areas we saw as key to our future development was a new clinical structure. For more information on the medical director please see Part 3 of this document. A second Matron post was agreed and has been advertised for, this will mean further clinical support for the Clinical team

During 2019-20, 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.

## Our services

Prospect Hospice provided the following services in 2019-20:

- An inpatient unit ( IPU)
- Single point of contact (SPoC) service
- Community clinical nurse specialist service
- Medical director-led medical service
- Care home clinical nurse specialist service Date ended
- In-reach hospital-based service of 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, occupational therapy and Breathless and fatigue support
- 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 medical students and health and social care professionals in palliative and end-of-life care

## Response to Covid-19

Whilst we recognise that the pandemic's impact on the hospice was only experienced during the final quarter of the year, its effect has been substantial and will be far-reaching.

As an executive team we recognised that we had several key priorities when responding to Covid-19 firstly to ensure the safety of our staff and volunteers, without whom we cannot function.

Secondly, and equally important was to ensure our patients and those important to them continued to receive the best quality end-of-life care possible, albeit recognising this care might look different.

Finally, we recognised that as the specialist in end-of-life care and key health care partner for Swindon and north east Wiltshire, we had a wider role in supporting the delivery of health care to local people.



We are pleased to be able to report that, despite the many challenges we faced, we were able to deliver on all of these challenges, ensuring the hospice was a safe place for all who entered, that our staff who did not need to physically be at the hospice could work effectively from alternative locations, and that we were able to support out patients with the best possible end-of-life care.

This last priority was achieved through working with and understanding the needs of our health partners, particularly the CCG and the local hospital's community services. Through this joint-working we recognised the need to keep patients cared for at home where they could be surrounded by their loved ones, and keeping the hospital beds free for potential Covid-19 patients. To achieve this community focused wrap-around care we temporarily suspended our inpatient unit and shifted all of our care into the community where it was needed. We expanded our 24 hour, seven days a week services, brought together two multi-disciplined teams, a north and south team, and created a whole service support package for our patients, understanding the needs of our community.

We could not have achieved this without the flexibility of our staff and volunteers, who responded with speed, commitment and compassion to this new way of working and rose to the challenge. For many this experience has proven incredibly positive. Our staff have relished these new ways of working, learning (or in some instances re-learning) new skills and embracing our new approach to wrap-around care. These benefits, for both the patient and our staff will have a direct impact on how we shape out services in the future.

## 2.0 Looking forward - our priorities 2020-2021

Prior to Covid-19, Prospect Hospice had begun to lay the foundations in 2019 to change its way of working. Work was prepared in planning for the future with investment in IT, the planned introduction of Vantage (incident reporting tool), SystmOne (shared patients records system), the board assurance framework and ASPIRE values, which came into their own during this current Covid-19 pandemic.

The onset of the pandemic, accelerated a process of required change from two years to six months. The workforce planning was stopped in order for the hospice to respond dramatically to deliver our services in the community so as to free up Great Western Hospital beds. The inpatient unit was temporary closed and was reopened in May 2020 with six beds, a necessity to allow single room access for specialist care required.

The executive team and board have strengthened the governance of the hospice to respond to the pandemic through monthly meetings and more frequent operational meetings to manage the change.

Our recent experience during the Covid-19 crisis has demonstrated that sticking rigidly to traditional roles is not in the best interests of our patients and that a flexible approach, working in an integrated fashion with other health care providers, can provide a more all-encompassing and satisfactory approach and meant the identification of our first key priority for 2020-21.

### Key priority one: "Wrap-around" care

To ensure that the admission to our specialist inpatient unit for care and support is prioritised on need, either to address complex symptom control or to be the place of choice for a person to spend their last days of life.

To ensure that our discharge transition process provides 'wrap round care' to a patients' home, where possible, to ensure stabilisation is achieved to enable the carer or family to provide continued support. Alternatively, to provide our specialist skills and education to support other providers, including care homes, to enable them to support those with palliative care needs and through the end of life and bereavement pathway.

## Key Priority two: Good governance, the CQC inspection and a new board assurance framework

The hospice was inspected by CQC in June 2019 and improvement work, following their verbal feedback was commenced immediately. The CQC report was received on 5 September 2019. The report rated us as 'requires improvement' in four out of the five domains. An updated action plan was submitted to CQC on the 4 October 2019. In response to two further enforcement actions relating to Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014. The work to ensure compliance with regulation 12 and 17 action plan is on track, in particular, transferring the paper care planning process to Crosscare software, staff training and ensuring that 'ward to board' reporting is in place for the board assurance framework.

Every month we have sent progress of compliance to Regulation 12 and 17 to the regulator. These submissions have demonstrated our progress against our action plan for care plans and 'ward to board' and 'board to ward' governance.

The education of staff on the governance process, with activities such as standardised templates put in place for team meetings, has been a vital element of how we will ensure we embed our progress across the workforce. Our staff were able to identify any issue that they wanted to escalate up to the monthly clinical governance meeting and forward to the pre board executive committee prior to trustee committees and board.

The CQC report of June 2019 also noted many areas of good practice and reported:

*"The chief executive officer was clear on the organisational priorities and, with the senior leadership team, had identified ways of working to improve the position of the service. It was recognised that work was still needed to improve the culture and ensuring the service was a good place to work.*

- *Managers at all levels in the service had the right skills and abilities to run a service providing good-quality sustainable care. There were new members of the senior leadership team.*

- *The service provided mandatory training in key skills to all staff and ensured most staff completed it. This was an improvement from the last inspection in August 2018.*
- *Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. This was an improvement on the last inspection in August 2018.*
- *The hospice was designed to meet the needs of families and relatives of patients.*
- *The service-generally controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died. They kept equipment and the premises visibly clean. This was an improvement on the last inspection in August 2018."*

The board assurance framework (BAF) is an on-going piece of work commenced in 2019 and progress is going well in achieving the initial BAF and strengthening of the hospice governance programme (this work is covered in greater detail in part three of this report).

To achieve completion of the BAF in 2020/21, the corporate risk register has also been remodelled, as well as the completion of NHS England Covid 19 risk register will be presented to the board in June 2020.

In February we introduced a new monthly board meeting to provide additional assurance in light of Covid-19. This model will be reviewed in September. The board will then consider returning to the quarterly committee and board schedule in November. However, should there be a second wave of Covid-19, this will again be reviewed by the board so that they have closer scrutiny of events that may unfold.

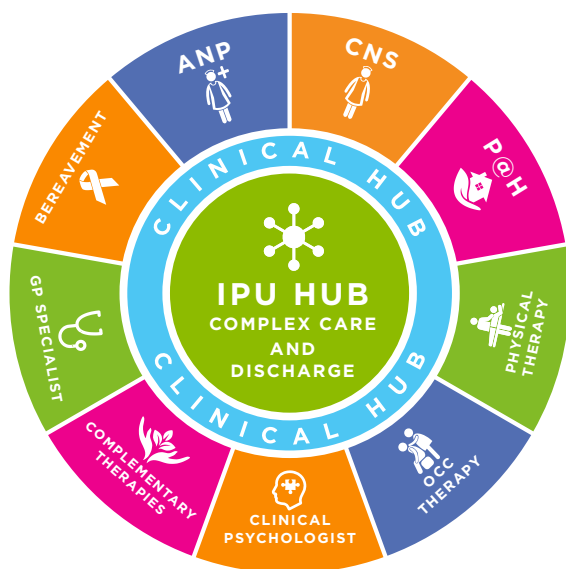
In light of the hospice's Covid-19 response and the actions we have put into place to address issues related to the CQC report, the CQC in March agreed on request made to them by the CEO that submitting monthly reports were no longer required. We will continue to keep the CQC informed of any significant changes or impact to the service.

## Key priority three for 2020-21 Prospect Hospice community-based model

We have identified a number of positives from the recent pandemic and one example is how we work in the community and support patients in their own homes. We have always recognised that people faced with a progressive life limiting illness, with or without comorbidities, require different levels of health and social care at different points in their illness. However, the changes to our service provision brought on due to Covid-19 demonstrated that we could create and deliver a more effective wrap-around package of care in patients' homes.

We understand we cannot do this alone, so we will collaborate and aim to have co-production with other organisations, not only clinical but also local businesses, support groups and volunteers; A focused programme of work to help reach out to previously unreached and disenfranchised communities such as the homeless, ethnic minorities and recognising the importance of engaging with young people in our community through schools and colleges.

Specialist palliative care teams provide care in an advisory/consultant/educational/coaching role and shared care with primary care clinicians and other providers of end of life care. They work collaboratively with other care providers.



We believe this can be achieved through collaboration within the community. We will develop a community hub model, for a personalised patient pathway which will require organisational change, and this will be achieved over the next year through engagement, consultation and collaboration with our staff, volunteers, the community, health and social care providers. We will also collaborate with other charitable organisations and work closely with the primary care trusts across Swindon and north east Wiltshire. This will commence during the 2020-2021 year

A revised admission and discharge pathway is ready to put in place for the inpatient unit hub (IPU) subject to winter pressure funding. This will include a 10-14 day maximum length of stay followed by discharge transition into the community where appropriate. We will be evaluating this pathway to identify the outcomes achieved for our patients.

In addition, two advanced nurse practitioners (ANP's) will be recruited for an advanced role providing clinical assessment, examination and diagnosis which is invaluable to support complex patients in the IPU and community. The ANP will be supported by the medical director and, in turn, will support the clinical nurse specialist (CNS) team.

The ANP role is expected to have positive outcomes and improve patient experiences as the ANPs will be developing their skills, knowledge and experience, through four key pillars of advanced practice, clinical practice, leadership and management, education and research.

It is widely recognised that advanced care plans (ACPs) are a vital part of improving patient choice and the quality in end-of-life care. Our plan will be to improve and enhance the profile and understanding of ACP within our communities of planning ahead for end of life.

## Key priority four: Learning and development

An area of focus for next year is the continued improvement in enhancing our learning and development of staff and volunteers. We will be creating a new focus at senior level in the organisation to identify our staff and volunteers who already have specific educational skills, and who can help enhance and develop skills of other staff and volunteers across the hospice. This role will also have a key responsibility in developing our equality, diversity and inclusion programme within the hospice.

We will continue with the aim to develop those in health care assistant roles to develop, to the next level as a nurse associate. This development role was agreed as a priority for 2019, but due to Covid-19 its implementation was postponed. This will now be one of the priorities for 2020-21. Joint work with The University of Oxford Brookes is expected to commence in September 2020.

We will aim to work in partnership with other hospices to strengthen and coordinate education in life limiting illnesses and end of life care across BSW (Barnes, Swindon and Wiltshire).

### **Key priority five: New technologies to improve how we operate**

We are in the process of implementing SystmOne for a senior clinical group of Prospect Hospice staff including all our doctors. This will enable us to read and write in patients' records to ensure that GP surgeries who use this system have an up to date record of our involvement and decision making for their patients and to enable us to access their records to aid effective and efficient decision making. It is in our business plan for 2020 to implement this in all our departments for all our patient records. A project plan will be sent to the patient services committee in November 2020 this is expected to be a 9-12 project.

Our board has agreed to the implementation of Vantage, which is a new electronic system to record and report risk. This will only be implemented once SystmOne is in place as it is a priority to enable access to patient records.

Vantage is a software audit and risk management tool to stream line current paper formats in to a digital format to improve efficiencies and information availability



## **2.1 Statement of assurance from the trustees.**

This report has been reviewed by the board of trustees at Prospect Hospice. The chief executive is the responsible officer and signs to state that, to the best of their knowledge, the information contained in this report is accurate.

**David Barrand,**  
Chair of Trustees

**Irene Watkins**  
CEO



## 2.2 Participation in clinical audit

During 2019-20, there were no national clinical audits or national confidential enquiries that covered the NHS services that Prospect Hospice provides.

### Local audit

Clinical audits have taken place within Prospect Hospice throughout the year and form part of the annual audit cycle within the overall audit plan. The Quality and Audit group meet on a monthly schedule to update the audit schedule which is shared with the CCG through contract meetings with them.

In December 2019 the quality and governance team completed a full review of the audit process for 2020-21.

The new audit cycle was agreed with the patient services committee and ratified by the board in January 2020. Recommendations from the report will be incorporated into an updated internal action plan as part of Prospect Hospice's clinical governance 'ward to board' approach. Progress will be monitored by the quality improvement and audit meeting, who report into the patient services committee.

The audit schedule was shared with the Clinical Commissioning Group.

## 2.3 Participation in clinical research

In 2019 the director of services arranged with The University of Bath to host an MSc final research placement in health psychology. The hospice secured a placement which was put on hold due to Covid-19. It is expected that we will create an annual placement at Prospect Hospice working collaboratively with the university.

Additionally we are seeking to develop quality improvement projects with West England Academic Health and Science Network and the south west hospices group.

We have worked in collaboration with Great Western Hospital to provide and host a training site for medical students and this will continue.

Our medical director has introduced the use of virtual reality for symptom management to patients in the inpatient unit and day therapy unit. It has been shown to be beneficial in reducing pain and anxiety in patients with life-limiting illnesses. She has undertaken a service evaluation as the initial step towards a research project in collaboration with the University of Birmingham.

### New Policy - Subcutaneous injection administration by families

This has been implemented as a response to COVID-19 and managing the care of more complex patients in the community. It has been written by our medical director and training provided for nursing staff to apply this, to enable families to administer end of life drugs at home. Learning will be captured and shared from patients being supported by this new initiative. The outcomes from supporting patients in this way will be evaluated as part of the development of community services in 2020/21.

## 2.4 Goals being agreed with clinical commissioning groups in 2020/21

Our director of services continues in 2020-21 to work in collaboration with Bath and North East Somerset and Swindon Clinical Commissioning Group (CCG) and Great Western Hospitals Foundation Trust to review pathways of care, plan capacity and demand for services as part of a locally agreed commissioning for quality and innovation (CQUIN) for 2019-20 – this will inform organisational and system requirements to enable the development of an end of life register for people in Swindon.

Working in collaboration with Great Western Hospitals, we hosted 40 year 5 Bristol University medical students at prospect Hospice from September to November 2019 with placements in IPU and in the community with our clinical nurse specialists. The placements were planned with and supported by a Clinical Teaching Fellow in Palliative Care who joined the students on site. This was an exceptionally well-evaluated placement experience by all the students and the Prospect staff.

Additionally, the medical students and some members of our clinical team participated in patient simulation exercises that we developed with the Clinical Fellow using our specialist team for the planning and the full exercise to enable a multidisciplinary approach, in addition to a team of actors and a SIM Man model. This was very positively evaluated as a learning experience by all participants. We will continue to host these placements. Our GWH Prospect team of Clinical Nurse Specialists have also taken part in a simulation exercise with actors, funded by the Prospect and supported by the Clinical Fellow. The learning from this has resulted in the implementation of some process service improvements in the hospital end of life team.

Below are some quotes from students within the placements:

- “Particularly enjoyed the VR (virtual reality) use in palliative care in anxiety and pain management
- “Comfortable learning environment where I was able to ask questions”
- “felt uplifted and energised by this day of teaching”

- Changed my perceptions of hospices for the better – if only more healthcare settings could be like this”
- “Appreciated the structured plan to the day”

## 2.5 Review of patient feedback

In 2019-20 we continue to ask the question; how likely are you to recommend the services provided by Prospect Hospice to friends and families if they needed similar care or treatment? We received 362 responses with a satisfaction score of 99.4%.

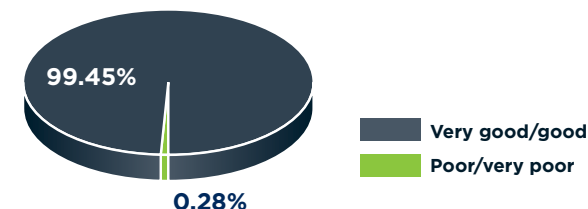
In quarter three a feedback box and new card for patients and families to complete with their feedback has been placed in the inpatient unit. We will be developing the role of our volunteers to distribute these to increase response rates.

During 20/21 we will be reviewing our software and processes on patient and family feedback.

Specific patient feedback comments can be found in section **3.4 Overview of the quality of care**

### Friends and family test

Percentages of Very good/good and poor/very poor (Hospice Care, 1/2/2019 to 30/4/2020)



### FFT response breakdown

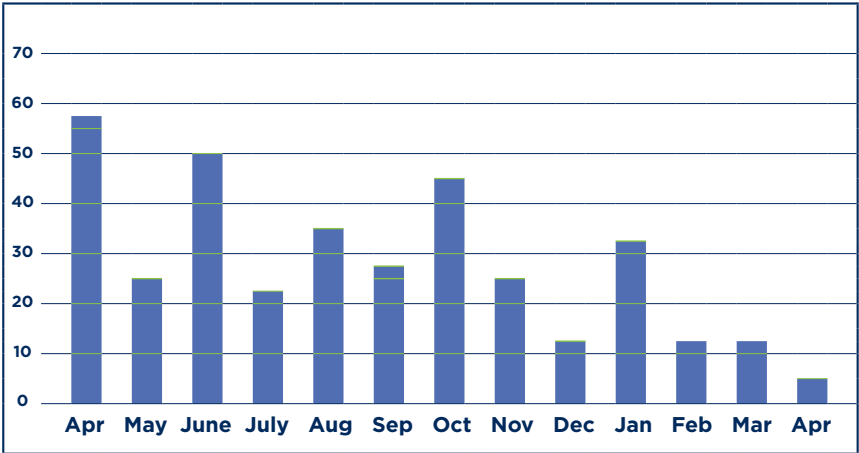
(Hospice Care, 1/4/2019 to 30/4/2020)

Response	Percentage	Number of times response selected
Very good	93.92%	340
Good	5.52%	20
Neither good nor poor	0.28%	1
Poor	0.28%	1
Very poor	0.00%	0
Don't know	0.00%	0

### Number of surveys completed each month

(Hospice Care From 1/4/2019 to 30/4/2020)

362 Surveys



### 2.6 Patient information and data

Table one: 2019-20 Cancer vs non cancer patients supported

2017-2018		2018-2019		2019-2020	
Cancer	Non-cancer	Cancer	Non-cancer	Cancer	Non-cancer
1462	1211	1358	1164	1001	1624
54.7%	45.3%	53.9%	46.2%	38.12	61.28

The number of patients cared for with a cancer or non-cancer diagnosis shows a slight year on year increase for patients with a non-cancer diagnosis



Table two: Patient age count 2019-20

Age range	(Blank)	18-24	25-64	65-74	75-84	85+	Grand total
Patient count	3	4	570	545	736	767	2625
Patient percentage	0.11%	0.15%	21.7%	20.8%	28.03%	29.2%	100%

**Table three: Patient ethnicity count 2019-20**

Patient Ethnicity	Patient ethnicity count	Patient ethnicity %
Blank	668	25.45%
Black African	2	0.08%
Black Caribbean	5	0.19%
Chinese	4	0.15%
Indian	18	0.69%
Mixed white/Asian	1	0.04%
Mixed white/black African	1	0.04%
Mixed white/black Caribbean	2	0.08%
Nepalese	2	0.8%
Not stated	23	0.88%
Other	22	0.84%
Other Asian	8	0.30%
Other Black	1	0.04%
Other Mixed	1	0.19%
Other White	39	1.49%
Pakistani	5	0.19%
White British	1801	68.61%
White Irish	22	0.84%
Grand total	2625	100%

Recording of ethnicity Count will be a focus for 2020-21 to ensure that this patient information is fully recorded.

**Table four: Gender**

Gender	Gender count	Gender %
Blank	1	0.05%
Male	1476	56.22%
Female	1148	43.73%
Total	2625	100%

## 2.7 Care Quality Commission (CQC) registration and compliance

### Specialisms

Caring for adults over 65 yrs.  
Caring for adults under 65 yrs.

### Regulated activity

Prospect Hospice is a registered charity.

Transport services, triage and medical advice provided remotely	Transport is provided by volunteer drivers (basic first aid trained) for our day therapy unit.  End of life medical advice is provided by out of hours doctors for patients, families and external health-care professionals.
Treatment of disease, disorder or injury	Provides specialist palliative and end of life care and respite care for people with a progressive and life-threatening illness, their families and carers.
Diagnostic and screening procedures	Blood tests, ECG, bladder scanner



## Governance

Throughout 2019- 20 and moving forward in 2020, our focus has been to ensure the governance of the hospice is robust and the board assurance framework for 2020-21 is discussed in key priorities two and four.

Our board of trustees completed workshops with the CASS School of Business. The result of this workshop was to develop a road map and dashboard to look at how we could deliver a plan for the year and the overarching review of Prospect Hospice's strategy.

Three members of the executive team attended external charity training on trustee and senior management. Topics covered were statutory, legal and financial responsibilities, safe guarding, cyber risk, trustees and recruitment as well as a charity commission update.

## Clinical governance

Our clinical governance framework was ratified by the board of trustees in January 2020. The risk registers were remodelled and we have strengthened our incident/ risk reporting through weekly clinical team meetings to review incidents and act accordingly.

Policies have been and continue to be reviewed regularly to ensure that they are in date and updated in line with NICE guidelines, best practice and regulatory requirements.

In 2019 all health and safety policies were reviewed and updated. An external health and safety consultant review of the organisation was completed in 2020 and this included the completion of an overarching health and safety policy. Recommendations from the review are in place.

## 2.8 Data quality

As a specialist palliative and end of life care provider, Prospect Hospice does not submit data information to the Hospital Episode Statistics\* (HES) which is a database containing details of all admissions, A&E attendances, and outpatient appointments at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver.

Prospect Hospice's performance and data quality is reviewed by the executive team and by the board of Trustees and its sub committees. Data reporting was revised in 2019/20 in line with our new board assurance framework.

The Covid-19 lockdown commenced on 23 March 2020 and, due to the unprecedented impact across society as a whole, the board now meets on a monthly basis to consider information submitted by the executive team.

\*Because we are not eligible to participate in this scheme.

## Reporting against core indicators and statement relating to quality

Across the organisation we promptly dealt with 70 clinical incidents and 90 non-clinical incidents during 2019-20 which is a slight decrease from last year's reporting. There were no never events.

Person involved	01.04.19 to 31.03.20	01.04.18 to 31.03.19
Customer	7	8
Not applicable (e.g., security, member of public)	18	12
Patient	70	84
Staff	31	50
Visitor	1	2
Contractor/consultant	0	0
Volunteers	33	41
Totals:	160	197

## Medication errors

Prospect Hospice has a robust medicine management system and all CD errors are reported to the local intelligence network (LIN).

In May 2019 a new medication reflection account was introduced to support staff. This enables them to complete a thorough review of their role in the incident and the impact of this to reduce the risk of recurrence.

We increased the provision of pharmacy support on the inpatient unit which has seen improvement in the quality improvement process, prescription charts are checked daily and any area of risk or note are recorded on the prescription chart and amended by the doctor. The pharmacist also now attends the multidisciplinary meetings to ensure medicine changes are correctly managed.

An independent external review of medicines management was completed in May 2019 and repeated in March 2020. Following this, an action plan to implement the recommendations will be in place by July 2020. This has been delayed due to Covid-19 but will recommence in September 2020.

The following quality marker data information applies to the inpatient unit and is reported quarterly to the CCG:

Falls	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
No harm	3	6	4	6
Low harm	1	4	2	0
Total	4	10	6	6

All patients have a falls assessment on admission and falls incidents are reviewed and lessons learnt.

## 3.0 Duty of Candour

We continue to have an open policy of reporting all our clinical incidents, whether they cause any harm or not, including informing and apologising to patients and /or their families in keeping with the 'duty of candour' regulations when there is a notifiable.

## 3.1 Assurance of lessons learnt

We continued at our quarterly board meetings to review a case study from a patient/family's experience reflecting on the service they have received, this continues to assist the ward to board approach and enables change to be implemented if necessary. As a response to Covid-19, in February the board of trustees took the decision to move to monthly board meetings (replacing quarterly committee and board meetings) to enable an increased scrutiny and governance during the pandemic.

## 3.2 Complaints

For the period April 2019 to March 2020 there were four complaints relating to care and support in patient services. Complaints are reported to the quarterly patients' services committee.

Number of complaints received	4
Number of complaints upheld in full	0
Number of complaints upheld in part	0
Number of complaints not upheld	4

One complaint remains in progress due to the complexity of the matter and issues around data protection. The complaint response will be concluded as soon as possible.

### 3.3 2019-20 priorities for clinical service priorities

#### Priority one: To appoint a medical director

We have appointed a new medical director. Traditionally Prospect Hospice's model of care has not required a medical director but when we looked at feedback from the Care Quality Commission (CQC), one of the areas we saw as key to our future development was a new clinical structure. In February 2020 we announced the appointment of our new medical director, Dr Sheila Popert. As part of the new executive team, working closely with the director of services, has responsibility for driving the quality of our acute inpatient clinical services to new heights, and also identifying how we shape our services to meet the changing needs of our community.

#### Priority two: To invest in the professional and personal development plans of the staff on the inpatient unit (IPU).

We invested in our clinical staff. In 2019 a planned development programme for the nurse in charge included leadership skills and development plan was put in place. Further development was planned for 2020 to include performance management and absence management but this has been put on hold through quarter four of 2020 due to the Covid-19 pandemic.

Our healthcare assistants all completed an education programme to complete the Care Certificate in July 2019.

#### Priority three: To ensure all our teams are working towards a personalised patient pathway in collaboration with other health and social pathways

We commenced the work to streamline our services and to develop an integrated pathway between the community clinical nurse specialist team, single point of contact team, and the inpatient unit. The Covid 19 has accelerated this work, due to the staff are responding positively to working across services in the community. These changes also coincide with the clinical administrators working together to form one team to support the service teams reducing the risk of single point of contact for the clinical teams. We have introduced a "what matters to me" document, to our IPU to strengthen personalised care.

#### Priority four: We aim to strengthen risk management

This has been achieved through the board assurance framework (BAF) which provides a structure and process to enable the organisation to focus on the risks that might compromise the achievement of its strategic objectives. It maps out the key controls to mitigate the risks and provides a mechanism to inform the board of the assurances received about the effectiveness of these controls. The BAF links to the corporate risk register, where, for each strategic objective, the associated risks are recorded and managed as described above.

The BAF is a dynamic tool which is regularly reviewed throughout the year and provides an effective focus on strategic and reputational risk, highlighting any gaps in controls and assurances. It provides Prospect Hospice with the confidence that systems and processes in place are operating in a way that is safe and effective. Risks identified are monitored monthly and link to the BAF and eventually will be able to be monitored in real time through introduction of Vantage software.. The BAF is regularly reviewed prior to each board meeting by each principal risk owner (executive directors) and the audit and risk committee. It will be reviewed in full at the November 2020 Board meeting.

As Prospect Hospice is implementing new systems for our software, we will be reviewing the BAF as it evolves.

Supplementary to the BAF the following governance documents are in support of the delivery to the BAF:

- Health and safety policy
- Clinical governance policy
- Risk strategy and policy (work in progress)
- Organisation's risk registers
- Freedom to speak up policy
- Complaints policy
- Information governance policy
- ASPIRE (Authentic, Specialist, Person-Centred, Inclusive, Resilient and Excellent)

An external consultant was engaged to provide increased support on risk management and health and safety matters

### Priority five: To develop the health care assistant (HCA) role to include nurse associate

Agreement was reached in partnership with Oxford Brookes University to develop the role of the HCA and was due to commence in 2020. This was put on hold to allow the hospice to concentrate on the Covid-19 pandemic, but we expect the programme to commence in September 2020. The HCA will benefit from an enhanced career pathway. They will broaden their skill set, and support the registered nurse for example through medicine management input which is expected to improve patient outcomes.



### 3.4 Overview of the quality of care

As specialists in palliative and end of life care our purpose is to deliver the very best care, comfort and support to our patients and those that matter most to them. During the year there were **1,823 patient referrals** to our hospice services and we made **86,000 patient and carer related consultations** that needed to take place to ensure the very best care was delivered.

On average the hospice has an active caseload of approximately 875 patients at any one time. Whether our care and support services are being delivered within our inpatient unit, day therapy unit, wellbeing centre, Great Western Hospital, outpatient clinics or in patients own homes, we know that we made a difference to our patients and those that matter to them. We know this because they told us so with their feedback and comments such as:-

- Lisa Sherriff, daughter of patient who died at home during Covid-19 (she has also used family support services): "From the very start of their involvement, Prospect Hospice told me that I wasn't alone, and that we weren't alone, and that is how it has been. They have taken some of the pressure away, and Lizzie has been amazing. It is good to know that she's there if I need her because sometimes it can feel overwhelming."
- Chris Marlow, day therapy patient: "I'm a glass-half-full kind of person, but knowing that Prospect Hospice is there for me has been a huge support. If I need their help, they're there. If they say they'll do something, they do it. People don't know how much they will do for you until you really need their help. They're like an old friend - and you really know who your friends are when you're ill."
- Debbie Braiden, daughter of inpatient unit patient: "For mum, she was so at home and comfortable we are sure she was convinced she was still home in Fairford! The care she received at the hospice was nothing more than first class, with the upmost respect given to her wants and dignity."
- Patient Nigel James about the care given to his family by the CNS and family support team: "The care my wife has received from the hospice has been exceptional. Helen took time with her to



recommend she attends the carer's café. She was reluctant at first but now she never misses them. She's made friends with lots of people in the same situation which is really beneficial to her."

- Kitty, aged 8, about our inpatient unit: "I thought it was very nice and clean and does not smell and it was nice to see people so happy and kind staff looking after people."
- Anonymous comment left in our IPU comments box: "Charles was in a very low place when he came and in tremendous pain and discomfort. Over the past weeks he has been so much more comfortable and pain free and is in a much happier place. Thank you all so much for all your special caring and the lovely meals so expertly cooked and presented. Also, to the conscientious cleaning staff, gardeners and the smiling staff in all departments. Thank you all so much for your efforts to reviving both our wellbeing."

**The comments above were supported by our CQC Report of 2019 - receiving Good for the domain care. It was noted that:**

"Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress. They also understood patients' personal, cultural and religious needs. Inspectors found a committed team who wanted to work well together, inclusively for the benefit of people using the service."

### 3.5 Data protection and information governance

The patient's rights are central to the care delivered by the hospice. All information about patients are treated confidentially and will only be shared with other healthcare professionals involved in the care and treatment of our patients in order to optimise their care. To do this, the hospice uses an electronic patient record system.

Consent to share patient records is always sought from the patient when they have the mental capacity to decide. Patients have the right to change their decision at any time regarding consent or refusal to share their clinical information. Where the patient does not have the mental capacity to provide consent, the decision to share their clinical records is made by their hospice clinical team in the patient's best interests.

In 2020 we will again submit evidence to the NHS Information Governance Toolkit, which is an annual requirement for the NHS standard contract terms and conditions. Our director of people also holds the role of our Caldicott Guardian and our director of community development and is the Senior Information Risk Officer (SIRO).

There were 70 incidents in the reporting period April 19 - March 2020 and all incidents were closed. 18 were classified as medium risk incidents, and one was classified as high risk which was reported to the Information Commissioning Office (ICO). There was no fine or notice serviced by the ICO. The ICO investigated and asked for all our mitigation and internal investigation to be carried out. This was completed and new processes were put in place.

### 3.6 Equality and diversity

Our equality and diversity lead, the head of voluntary services, learning and inclusion has worked with the steering group throughout 2019 held equality and diversity awareness sessions and also appointed equality and diversity champions for the organisation. A programme of events has been planned for the coming year and, whilst this work has been on hold during the Covid-19 pandemic, this will continue in 2020-21

There will be a rolling out of a training programme for the entire staff group. There is an aim for 2020-21 to work hard to diversify

the volunteer group by further liaison with schools and the local community to open up further opportunities, for example, for people with learning disabilities, young people and those people with mental health needs, and, in doing so, helping build confidence to enter the workforce.

### 3.7 Voluntary services

We continue to enjoy strong support from the local community, with our volunteer workforce remaining steady between 850-900 people. 133 new volunteers were placed into roles within the last financial year. Without our retail shops we get one direct recruitment enquiry a day across the 365 days of the year.

Our volunteers are engaged across the organisation and provide valuable support through our retail shops, catering, gardening, patient services and administration.



### 3.8 Staff engagement

#### Invested in our staff

We recognised there had been considerable change at the hospice over the previous two years and the impact this had on our staff. Therefore it was important for the whole organisation to reconnect with each other and our aims and mission.

The executive team, working with external experts, set up a number of staff consultation and engagement days, where we brought all of our staff together to strengthen relationships, understand each other's priorities and reset our expectations. Feedback from these days was incredibly positive, helping to shape a wide range of activity that followed, including the priorities for the staff forum and the values and behaviours work. These sessions also helped us to recognise the need to implement a series of coaching and mentoring sessions during the year for managers and leaders across the organisation.

We engaged in the bi-annual Hospice UK 2019 confidential staff survey, known as Birdsong which benchmarks survey results against other hospices to assist the executive team of the hospice to fully understand any staff concerns and the report has helped inform our future work planned for this year.

In response to the Covid-19 pandemic and the unprecedented amount of change and uncertainty faced by our staff, we put in place a wide range of support including workshops, access to one-to-one support from a psychologist, counselling support, virtual wellbeing cafes, built a new staff website full of useful information as well as a range of wellbeing self-help resources and signposting. We also undertook a pulse survey of all staff to identify any wellbeing concerns and to assess staff engagement.

### 3.9 Our Patron; HRH The Duchess of Cornwall

We were privileged to welcome a visit by Her Royal Highness The Duchess of Cornwall on 20 February 2020. The visit gave our staff a great boost to start our 40th anniversary year. Everyone worked very hard to present such a polished and varied tour of our services for Her Royal Highness, enabling her to see all the hard work that goes into supporting our patients and their families. The feedback from staff about the visit has been very positive. Due to the impact of Covid-19 all 40th anniversary celebrations have been put on hold for the foreseeable future.



### 4.0 “Healthwatch Swindon and Healthwatch Wiltshire welcome the opportunity to comment once again on the Prospect Hospice Quality Account.”

We recognise the challenge which Covid-19 presented to the Hospice and congratulate the team on the action they have taken to work both differently and collaboratively with other providers since February 2020. Healthwatch is obligated to listen to and report on comments we receive from the local population about health and care services. We received no comments about the Hospice – positive or negative – during 2019/20.

We acknowledge the work the Hospice board and staff have undertaken to respond to the Care Quality Commission and Clinical Commissioning Group critical inspection reports. We look forward to seeing the results of the changes put into further effect in next year’s Quality Account.”

## 4.1 Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Prospect Hospice 2019/20 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Prospect Hospice Quality Account for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports Prospect's identified quality priorities for 2020/21.

It is the view of the CCG that the Quality Account reflects Prospect's on-going commitment to quality improvement and addressing key issues evidenced in:

- Creation of a Board Assurance Framework to strengthen risk management, including a supporting system to record and report risk
- Introduction of a new clinical structure, with the appointment of a Medical Director and second Matron post to support clinical teams
- Development of advanced nurse practitioner roles to support complex patients both within the Inpatient Unit and the Community

The development of the HCA role to include Nurse Associate was not progressed during 19/20 whilst Prospect responded to the demands of Covid-19. During 2020/21, the CCG look forward to the completion of this development programme.

The CCG welcomes continued focus on:

- Implementation of SystmOne in all departments for patient records, providing efficient and timely decision making in relation to patient care
- Engagement with staff, volunteers, the community and health and social care providers in the development of a community hub for a personalised patient pathway

The CCG recognise the progress made by Prospect Hospice on the continued 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. The CCG look forward to seeing continuation of the positive impact across all service areas during 2020-2021.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG are committed to ensuring collaborative working with Prospect Hospice to achieve continuous improvement for patients in both their experience of care, safety and outcomes.

Yours sincerely



Gill May  
Director of Nursing and Quality



**Bath and North East Somerset, Swindon and Wiltshire CCG**





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