



## QUALITY ACCOUNT

### 2021-2022





# CONTENTS

Introduction by our medical director	3
Chief executive's statement	4
Our strategic aims	5
Our services	7
Report following an inspection by the Care Quality Commission	8
Response to Covid-19	11
Looking back at priorities for improvement	14
Priorities for next year	20
Assurance	23
Joint statement of assurance by our chair of trustees and chief executive	26
Quality performance indicators	27
Patient and family experiences	40
Statement by Healthwatch Swindon and Healthwatch Wiltshire	45
Statement by BaNESSW CCG	46

# INTRODUCTION BY OUR MEDICAL DIRECTOR

Producing the Quality Account is an opportunity for us to share key steps we have taken to ensure we maintain a focus on continuous improvement in all that we do so that our patients, carers and supporters can be confident that they are receiving the best possible care and support. To help us achieve this aim “what matters to you?” remains the most important question we ask our patients.

We received wonderful news in October 2021 that Prospect Hospice was rated as “outstanding” by the Care Quality Commission. To achieve this, when the rating three years previously had been “requires improvement”, is quite extra-ordinary and is testament to the hard work and commitment of the staff and volunteers that make up Prospect Hospice.

Over the last year Covid-19 has continued to exert its influence and to impact upon our services and the way we deliver our care. During the peaks of the pandemic, when face to face consultations were more difficult, we had to develop new tools to fill the gap and, as a result, Prospect Hospice staff have become far more confident in the use of digital technology. Whilst many patients and families value the ability to see someone face to face, for some patients there are times when a telephone call or a video consultation is much more convenient so we

anticipate using a combination of consultation techniques going forward. Inclusivity is very important to Prospect Hospice and to help facilitate this for those patients who do not have the technology themselves, we obtained a grant to purchase 18 electronic tablets that we loan out to patients.

Research and education are a key part of the hospice's business and includes teaching medical students and providing training in palliative medicine for GP trainees as well as regular lunch and learn sessions – Our community consultant also provides teaching for GP practices. We have an MSc psychology student and one of our specialty doctors is also undertaking an MSc. This year the team lead for Prospect@Home, was invited to present a paper at the Hospice UK annual conference on the work we have been doing on teaching informal carers to give subcutaneous injections and Prospect Hospice also had a poster on display outlining the work we do using virtual reality to help patients self-manage their symptoms.

We were delighted to re-open beds on the inpatient unit when the first wave of the pandemic passed. For some patients it is the best option for controlling their symptoms or for care at the end of their life. Our clinical excellence is supported by the daily input of an experienced



**“What is important is not what illness the person has but who that person is and what is important to them.”**

prescribing pharmacist reducing drug errors and supporting safe prescribing particularly in patients with complex co-morbidities. However the vast majority of our patients are looked after in their own homes. Whatever the setting, what is important is not what illness the person has but who that person is and what is important to them. As the great physician Harvey Cushing wrote: “A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world”

*Sheila Popert*

**Sheila Popert**  
Medical Director



# CHIEF EXECUTIVE STATEMENT

This year was another tough year. A year ago I would not have imagined that we'd still be facing the aftermath of the pandemic, balancing increasing infection rates and winter-pressure as well as the challenge of keeping our services open, staff safe and supporting our patients and their loved ones in the most appropriate way possible. However, despite everything, we did it.

We continued to face financial challenges brought by the pandemic. For a second year we held no community events or mass gatherings as it wasn't safe for our supporters. We also had fewer people coming back into our shops, though numbers did start to increase towards the end of the year. This all makes raising the £7.5m we need each year more difficult than ever - as each year 75% comes from our amazing supporters.

However, there was very good news too.

Last summer, the Care Quality Commission (CQC) was finally able to come back into the hospice and undertake a full inspection, as Sheila, our medical director, has highlighted. In October 2021 the CQC's report came back and they rated us as overall 'Outstanding' receiving a 'Good' rating for Safe, Effective and Responsive and 'Outstanding' for Caring and Well-Led. You can read more about it on page 7.

I cannot describe the sense of pride I have in all our staff and volunteers across the hospice. They have faced the challenge of the previous

rating head on. They looked at what needed to be done, they dug deep and rose to the challenge in spectacular fashion. We believe this rating by the CQC now reflects the outstanding care and support our staff provide to our patients.

The onset of the pandemic meant we needed to review what our patients and those important to them wanted, and how we could best support them. This has meant treating far more people in their own homes, through virtual contact using video calling, or in their local community.

Our move to a more community-based model of service delivery will result in people in Swindon and north east Wiltshire receiving a more enhanced, personalised service, tailored to their needs in a place that suits them. This new model will enable us to have a presence in many more communities, increasing our flexibility as our patients need us to.

We also recognise we're part of a wider health care system and that the only way to ensure everyone gets access to the care and support they need is through closer working with local partners. You can read more about the new Integrated Care Systems on page 11, so I won't go into detail here, other than to say change can often be scary - sometimes funding streams are not as secure as we'd like - but ultimately if we all operate in an open and honest way, then support



**"Our focus will be on delivering outstanding care and support to people who need our help, next year and for many years to come."**

for patients can only improve.

For all the demands and complexity of the last year it has also been rewarding. I have seen our staff and volunteers grow and develop, take on new challenges and always strive for excellence in all that they do. Everyone at Prospect Hospice recognises they have a role to play in ensuring our patients and those important to them get the best possible care and support.

There will be inevitably as we live with Covid next year further change and also opportunities to collaborate to ensure longer term we make good use of our specialist resource, but I have no doubt that Prospect Hospice will be ready for them. Our focus will be on delivering outstanding care and support to people who need our help in Swindon and north east Wiltshire, next year and for many years to come.

A handwritten signature in dark ink, reading 'Irene Watkins'.

**Irene Watkins**  
Chief executive

# OUR STRATEGIC AIMS 2022 TO 2025

We said in last year's Quality Account that we would review our strategy with trustees and members of the public in 2021. Despite the pandemic, we have begun this process with our trustees, and have also delivered a set of engagement days, called Your Prospect, for staff across the organisation so that they could also help shape our new strategy.

Unfortunately, the pandemic has meant we could not run a programme of engagement with our community, but we intend to do so when that becomes feasible.



*Our strategic aims 2017-22 are:*

- 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.
- We will strengthen our organisation, to ensure patients and those around them can continue to rely on us being there for them.
- 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.
- We will value the skills and commitment of our employees and volunteers in everything we do.
- 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.

As we review the hospice's strategy for the next three years, we are drawing on our learnings from the pandemic and the evidence that most people wish to die at home, close to family and friends.

# OUR STRATEGIC AIMS

## 2022 TO 2025 (CONT.)

During the pandemic our inpatient unit closed between 25 March 2020 and 1 May 2020 and during that period our staff were required to deliver care in the community. They were all incredibly flexible and responsive, and ensured we could continue to deliver outstanding end of life care to those who needed it. In discussion with the CCG, and with some additional short-term NHS funding, we increased our inpatient unit bed capacity at the end of December 2021 to 10 beds, and then to 12 beds from January 2022 through to the end of March 2022, to help manage the extreme bed pressures in the Great Western Hospital and local care homes.

Two of the new practices we had to adopt proved highly successful and are being continued.

First, our palliative care consultants and GP specialists were able to set up virtual consultations, home visiting and outpatient appointments in local GP surgeries.

Second, we developed our single point of contact (SPoC) service to include a daily duty clinical nurse specialist model to be able to respond to urgent needs every day.

We have examples including some concerns raised about too many health and social care services being involved to support people at home and this is confusing for patients and families. Our rapid response services means we can send a senior member of the clinical team out to someone's home to assess, advise and support with treatment and care plans and update others accordingly. Single Point of Contact's aim is to prevent unnecessary hospital admissions and to provide one key contact for our patients and their families.

The future strategy for the hospice will be to continue to be receptive to the needs of our community and adapt our service accordingly. It is hoped that following the CCG-commissioned end of life review we will be in discussion about the appropriate number of beds required in the future.



# OUR SERVICES





**REPORT FOLLOWING AN  
INSPECTION BY  
THE CARE QUALITY COMMISSION**



# CARE QUALITY COMMISSION RATES PROSPECT HOSPICE AS 'OUTSTANDING'

Following a full inspection of Prospect Hospice by the Care Quality Commission (CQC), we were delighted to receive an overall rating of 'Outstanding' in October 2021.

CQC inspectors look at five areas within the hospice operation: Safe, Effective, Caring, Responsive and Well-Led. Prospect Hospice received a good rating for three categories and was graded as 'Outstanding' for Caring and Well-Led, with an overall rating of 'Outstanding'.

The CQC recognised that our staff provide outstanding care to patients, ensuring they are active partners in their care and those patients felt that they are truly cared for and supported by hospice staff. Their report also highlighted that the hospice achieved outstanding for being well-led, and that leaders in the organisation had an inspiring shared purpose to deliver outstanding care and that staff were proud to work within the hospice team.



*Inspectors found Prospect Hospice to be proactive and innovative in how it responded to patient need, developing new ways of working where needed. One such recent innovation was the introduction of a whole system of training, with new protocols, so that family carers could safely administer prescribed pain relief via subcutaneous (just under the skin) injections for their loved ones. Carers fed back how they found this increased involvement in caring for their loved one a positive experience. The Prospect Hospice team is available to support the family carers on the phone or with virtual contact if needed. This new practice is now being adopted through the End of Life alliance across Banes, Swindon and Wiltshire.*

Carolyn Bell, director of patient services, said: "When someone you love is in pain, you want to do everything you can to help them. In the past, family and carers have had to call our nurses and wait for their arrival before anything can be done. This small act enables the carer to be able to administer that pain relief themselves, when it's

needed, without the time delay and the feedback we've had from those who have trialled it has been incredibly positive. They're pleased that they can do this one small thing for their loved one and there's no waiting to ease their suffering. It also frees up our staff to attend other patients who may need more complex care."

# CARE QUALITY COMMISSION RATES PROSPECT HOSPICE AS 'OUTSTANDING

The CQC spent time with our medical director, Sheila Popert, who has developed an app for use by patients as an alternative method to manage pain symptoms, tailored to patients' needs and interests. Some patients had been prescribed a high level of opioids to manage pain which often caused them to feel drowsy and less alert. Patients fed back that their quality of life had been improved by using the headsets and had supported relief of a variety of symptoms including respiratory distress as well as pain and, as a result, they needed to use less prescription medication.

Inspectors also spoke to patients and family members of those who had received care and reported that relatives told them how staff gave strength and encouragement without giving false hope.

Carolyn Bell said: "Being honest with people is incredibly important. We're always open with them about their condition and treatment as people are best placed to make the right decisions about their care when they have all the facts and it is wonderful for our staff that their outstanding work is recognised by the CQC".

The biggest improvement was seen in the well-led section where the hospice was also graded as outstanding. The report commended the hospice for the improvements made in this area and noted that there was compassionate, inclusive

and effective leadership at all levels and that patient and family experience was always taken into account.

Over the last few years the hospice has seen a change in leadership and the report recognised that the trustees, executive and leadership team were visible and approachable and that the voices of patients, carers, staff and volunteers were heard, listened to and acted upon. It also noted that the culture within the organisation was inclusive, supportive and cohesive and that staff felt respected and valued and they enjoyed working at the hospice, feeling it was an excellent place to work.

***Our chief executive, Irene Watkins, said: "While our priority is always that of the patient and how we can do the best for them and their family, the hospice is also a place of work for many people. We need to ensure that those who dedicate their time to supporting our patients and raising the funds to do so are supported in their roles, feel they can raise concerns or suggestions and feel listened to and that their comments are acted upon. It is also about having a culture within the hospice of empowering our staff to be innovative and work with other service providers to get the very best outcome possible. We all want to feel valued in the workplace and it's pleasing to see that staff feel they are recognised."***

Inspected and rated

Outstanding ★



The report also acknowledged the progress in services by introducing the single point of contact (SPoC) to assess patients as they were referred. It also praised the service for making adjustments in accordance with a patient's religious, cultural or other needs noting that the hospice chef met with patients to discuss their preferences and created individualised menus from their discussions.

***Irene Watkins said: "I'm delighted that this report reflects how we work differently to other healthcare professionals to ensure each person receives the tailored care that is right for them."***

***"We're all unique as individuals - our wants and needs are all very different and even change as we go through life. For those with a limited life expectancy it is about maintaining well-being and quality of life and to the point we approach death. Our staff are incredibly proud and privileged to be able to support those in our local community at this very difficult time of life personally and for their friends and family. And I am equally proud that they are genuinely outstanding."***



# **RESPONSE TO COVID-19**

# RESPONSE TO COVID-19

**While we'd all like to have seen Covid-19 be a thing of that past, over the last year we've quickly realised that this is something we now have to learn to live with. However, despite this, minimal disruption occurred over this time thanks to staff working above and beyond and always putting the needs of patients and their families first.**

Our infection and prevention control has been extremely robust and as a result we have protected patients, visitors and staff. During this period our protocols, testing and monitoring regimes continued. We were able to maintain the required levels of PPE and tests throughout and, although we were impacted by some Covid-19 related absence, we were able to manage this effectively.

Staff told us they felt safe in the workplace as a result of our measures. We also had a strong focus on staff wellbeing and staying connected and engaged throughout the pandemic, providing support in many forms such as webinars, resources, psychological support, regular one to one meetings and team meetings. Staff wellbeing was also a key focus for the staff forum during this time and we completed a staff pulse survey specifically focusing on wellbeing and inclusion that showed us staff engagement remained high.

Throughout this time, we're pleased to report that absence related to depression, anxiety and stress has reduced by over 50% between the start and end of the period (2021-2022).





# RESPONSE TO COVID-19 (CONT.)



“ I feel we receive the support and information/communication we need for the hospice and for our own wellbeing I cannot think of anything that could make it a better place to work personally. ”

“ I feel that Prospect Hospice is doing all they can to make the place an excellent place to work especially under the current circumstances. ”

“ Personally I think Prospect Hospice is going above and beyond for us all. ”

“ I feel I have been brilliantly supported throughout my very difficult time. ”

“ Prospect Hospice is the best place I have worked for. In my opinion there is nothing better to be done. ”

“ Fantastic organisation to be part of. ”

We were delighted that we were able to gather staff together to hold hospice wide staff information and engagement days known as Your Prospect. These days give staff the opportunity to be kept informed of organisational development and gives them the chance to feed in their thoughts and ideas – this time the focus was on the charity's strategy and the vision for the future of the hospice.

# **LOOKING BACK AT PRIORITIES FOR IMPROVEMENT**



# PRIORITY ONE – PROSPECT WITHOUT WALLS

**During 2021/22 we further developed our work to enhance our spiritual care. We approached a number of spiritual care leaders across our community to identify opportunities for partnership working to deliver spiritual care closer to our patients' homes. We engaged with a wide range of religious leaders, including members of the Christian, Catholic, Jewish and Sikh faiths, as well as representatives from the Humanist Society, to seek their insight and support.**



This has culminated in a service level agreement for joint working between the partners, which will offer both enhanced training for our staff and specific end of life care training and face-to-face support for individuals to enhance options of spiritual care provision. This training, which aims to deliver improved spiritual care for those than need it, was due to take place in February 2022. However, because of rising Covid-19 infection levels this was postponed and now is due to take place in quarter one 2022/23.

As highlighted last year, this shift in service delivery was about supporting patients with our exceptional care where and when they most need it, in their own home or within their communities.

The shift in service provision blossomed in the early part of the year, with a range of services for carers and those who are bereaved delivered either virtually or out in the community, such as 'talk and walk' sessions and virtual relaxation sessions for patients and those important to them. Unfortunately, as the infection rate increased these services became more virtual to safeguard our patients, staff and volunteers. However in early 2022/23 we will reach out to our community to promote a greater understanding of what we do, and convey how we can support people who have an end-of-life care need and those important to them.

# PRIORITY TWO – EXPAND DIGITAL CAPABILITY

**We recognise that optimised digital systems provide a safe and responsive infrastructure to enable our staff to make effective and efficient decisions, communicate with healthcare partners and others, and ultimately continue to provide patients and their loved ones with exceptional care.**



In 2021/22 we began to move from an existing stand-alone patient care record system to a new system, SystmOne. SystmOne is already in use by local primary and community care partners, so has the advantage of giving us direct links to many GP surgeries and community teams in our area which will support more effective patient care and support. This transition has continued throughout the year, despite some Covid-related challenges, and we anticipate going live in the summer of 2022.

Last year we also piloted Sentinel's Vantage incident and accident reporting software across one department. Vantage enables real-time reporting of incidents and accidents across the organisation, to help us manage risks more effectively. It also enables systematic learning from areas of excellence. This year we rolled Vantage out across the organisation.

We are also in the process of moving our clinical audit, safeguarding, compliments and complaints, CQC evidence and various other operational quality and safety data onto a single digital system.

# PRIORITY THREE – INCREASE ENGAGEMENT IN RESEARCH AND FUTURE EVIDENCE

We remain committed in equal measure to using up-to-date research to influence our own practice and to contributing to evidence that can shape the future of palliative care and end of life care more generally. We have a wealth of knowledge and expertise in these fields, and over the past year we have sustained and shared this by:

- Engaging in discussions to fund a research lead at Prospect Hospice to take our research capabilities to a higher level
- Working with the University of Bath for a second year to host a Health Psychology MSc final research placement
- Promoting and publishing findings from some of our innovation initiatives:

*We had two presentations accepted for the Hospice UK Conference. One was an oral presentation on training family members and carers in the administration of sub-cutaneous medication, so that timely pain relief can be delivered by them in the patient's home.*

*The other was a poster presentation on the implementation and review of the use of virtual reality (VR) headsets to provide system relief for patients. VR can transcend the world of palliative care and end-of-life care.*

- Following his earlier recordings of several mindfulness sessions for Prospect Hospice, Sir David Attenborough kindly made a bespoke recording for an individual young patient which was hugely appreciated by the patient and the family. These sessions can also benefit the wider population, as some are suitable for anybody.





# **PRIORITY FOUR** – PLAY A LEAD ROLE IN THE DELIVERY OF ‘A VISION FOR ENHANCED PALLIATIVE AND END-OF-LIFE CARE ACROSS THE BANES, SWINDON AND WILTSHIRE (BSW) INTEGRATED CARE SYSTEM (ICS)’

**Prospect Hospice does not and cannot operate in a vacuum. We are part of a wider health care system, and recognise that the way to ensure everyone gets access to the care and support they need when they want it is through closer working with local partners.**

In December 2020 the newly-formed BaNES, Swindon and Wiltshire (BSW) Clinical Commissioning Group was granted the status of an Integrated Care System (ICS).

In an ICS, NHS organisations, local authorities and other partners - including the third sector such as hospices - “take collective responsibility” for the management of resources to improve the health of the population and to deliver on the aims of the ICS.

The BSW palliative and end of life care oversight group is a collaboration of providers and commissioners, led by the CEOs of the three hospices in the ICS area: Salisbury Hospice, Dorothy House and Prospect Hospice.

The oversight group has developed eight recommendations to build on work already in place to achieve equitable, sustainable, cost-efficient and outcome-driven palliative and end-of-life care services fit for the current and future needs of the population of BaNES, Swindon and Wiltshire.

In the past year, Prospect Hospice has implemented six of the oversight group’s recommendations across Swindon and NE Wiltshire. Progress will report back on the success and benefit

realisation of this work during 2022, as it progresses. The oversight group’s recommendations are:

- **1: Created a palliative and end-of-life care alliance**
- **2: Adopted “What matters to me” – this is part of our mantra**
- **3: Consistent identification of end-of-life care need**
- **4: Supporting roll-out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) template for those patients without the capacity to make decisions**
- **5: Improved use of data and technology through SystemOne**
- **6: Instigated a single point of contact and coordination (SPoC)**

All BSW hospices are working in collaboration to adopt a “compassionate community” approach, and to adopt a system-wide approach to workforce planning, end of life care education and research.

At a local level for Swindon, an end of life review has been instigated across all partners, with Prospect Hospice as the specialist provision at the heart of the discussions on palliative and end of life care for our local community. Work has started in Wiltshire to review community end of life provision and Prospect Hospice has taken an active role in the first workshop to review services and explore options together to improve these.

# PRIORITY FIVE – WHAT MATTERS TO YOU, MATTERS TO US

**We specialise in providing personalised care to patients, their loved ones and carers who are affected by life-limiting illnesses. We build our services around the needs of patients and those who matter to them, using our experience and expertise, but with the person at the centre of all we do.**

## **Over the past year, we:**

- Launched “What matters to you, matters to us” - a short Prospect Hospice survey comprising two questions on an A5 sized card which asks about someone’s experience of the hospice and its services. This is run as a quarterly “feedback fortnight” activity to collect views primarily from service users, but can be used by carers and family too. This is collated, reported and followed up if concerns are raised.
- Put in place measures to learn from patient and family feedback and enable them to help design our future service provision. We worked to set up the ‘I want great care’ electronic feedback system with champions in each team identified to support roll-out and implementation. This has been delayed because of other system priorities and the ‘what matters to you, matters to us’ feedback mechanism is already in place.
- Put diversity and inclusion at the heart of our service design.

- Continued to invest in what matters to our staff so they feel truly valued and find joy in their work.
- Provided compassionate support to staff to help them emerge from the pandemic feeling personally strong and resilient.
- Met our commitment to staff to support them to evidence, celebrate and reinforce the fact that they provide safe, effective, coordinated care built around the patient, loved ones and carers. We have developed a communications programme called Because of You, which highlights the positive impact staff’s work has on individuals and families. This will run in the local and regional media in 2022/23, with the first articles appearing in April 2022.
- Committed to working towards achieving a CQC rating that reflects the exceptional quality of our work. In October 2021, following a full inspection by the Care Quality Commission (CQC) Prospect Hospice was delighted to receive an overall rating of “Outstanding”.

**Prospect Hospice is undertaking a review of carers and our part in supporting them in their roles as they supporting family members facing end of life. This can often be highly stressful and difficult for many people.**

# **PRIORITIES FOR NEXT YEAR**



# LOOKING FORWARD: OUR PRIORITIES FOR 2022–2023

## **Priority one - Embedding new digital systems**

This year we implemented a new incident and accident reporting electronic system, Sentinel, which offers real-time recording and reports of all incidents and accidents across the hospice, as well as ward-to-board dashboard reporting functionality. The focus for this year will be to embed the system to ensure we make the best use of it that we can.

We also began the move from our existing patient record system to a new one, SystemOne. This new software has far greater integration with other health care practitioners and GPs across our catchment area and will enable real-time viewing of patient records to support improved patient care for all the people we support. SystemOne is due to be implemented in the summer of 2022.

## **Priority two - Managing workflow and capacity across all teams**

Over the last two years we have undertaken a huge amount of change to ensure we were able to achieve our outstanding CQC rating. This year will see us take stock of where we are, ensure we are managing our workflows and capacity across all of our teams in the face of the pandemic and start the process of identifying areas where we can improve, develop and innovate.

## **Priority three - ICS/ICA – Seeking collaboration opportunities where we can make a difference**

The NHS Long Term Plan (2019) outlined the move from Clinical Commissioning Groups (CCGs) to Integrated Care Systems (ICSs). The newly-formed BaNES, Swindon and Wiltshire (BSW) CCG was granted this status in December 2020.

As highlighted in the CEO's opening statement, we recognise the importance of partnership working and this is why the new integrated care systems are so important. Whilst everyone recognises how vital the NHS is and its important role, the NHS cannot and should not provide all the care everyone needs. The charitable and voluntary health sector has an incredibly important role to play – it's only by working together that we can hope to ensure every patient, no matter who they are or where they live, can access the care they need where and when they want it.

The Integrated Care Alliance will bring these partners together, identify priorities, agreeing who can best ensure they are delivered and, importantly, avoiding duplication.

# LOOKING FORWARD: OUR PRIORITIES FOR 2022-2023

## Priority four - Compassionate communities

When we shifted our focus as an organisation to increase our community-based support we knew one of our goals would be to implement the ethos of compassionate communities across Swindon and north east Wiltshire. Previously we have worked with employers on establishing a Dying Well Community Charter, and a commitment to Compassion Communities feels like the next logical step.

Our focus, starting next year, will be to work with local communities to help them better understand the issues around death and dying. This work will help support a growth in kindness and compassion for those who are facing the most challenging time of their lives.

We will work with community groups, employers and key business leaders to identify opportunities for greater collaboration. Together we will be able to maximise our impact and to increase community cohesion, compassion and support for people facing an end of life care support need.

## Priority five - End of life care review for Swindon

Towards the end of 2021/22 the Clinical Commissioning Group for Swindon began an end-of-life care review to better understand the needs of local people faced with a terminal illness. We worked alongside commissioners and other health care providers to help inform and shape outcomes.

*This report was initially expected in February / March '22 but has been delayed and will now be issued in early June 2022, and so much of our focus for the coming year will be on reviewing the report's findings and identifying the best ways to support the future delivery of end of life care to our community.*



**ASSURANCE**



# ASSURANCE

*This section provides a series of statements that all providers must include in their Quality Account.*

## Income generated

During 2021/22, Prospect Hospice provided NHS-commissioned services for specialist end-of-life care. The NHS only makes a regular funding contribution of approximately 28% of total income, at a static rate for nine years in real cash terms; the majority of our funding comes from voluntary income-generation activities – in the main this is from donations from the public. In this year we also received additional Covid winter pressures and HSEI (Huk) non-recurring funding. Despite the challenges posed by the pandemic, retail delivered on its budget this year. Net profit in 2021/22 was £0.3m, against a loss of £0.4m in 2020/21, reflecting an increase in profitability of £0.7m year on year, however our overall income is lower than pre Covid years. Fundraising income, including legacies, was £0.5m above budget, and £0.9m up on 2020/21. The Charity Extra campaign which ran in May 2021 raised £0.2m, which went some way towards filling the gap caused by our inability to run our usual fundraising activities.

## Specialisms

Caring for adults

## Local audit

We have had a vacancy in the quality improvement audit lead post since July 2021, and have been unable to fill that role to date. However, our audit work is supported by a senior

project nurse lead role, and we have appointed a project nurse to lead our carers review as part of the requirements of our contract with the CCG.

## Research

See our response to 2021/22 'key priority three', on page 11. As we hoped, we were able to resume working with the University of Bath for a second year to host a health psychology MSc final research placement.

## Culture

We aim to be a learning organisation where the experience and safety of patients, staff, visitors, volunteers and others – those people who make Prospect Hospice what it is – is prioritised in everything we do.

The CQC reported following its visit in July 2021 that there was a strong, visible person-centred culture and staff provided emotional support to patients, families and carers in every way they could. The CQC found:

- Trustees and members of the executive team were stable and worked cohesively across all levels. Together, with the staff team, the executive team had made significant improvements to the leadership and culture of the service.
- Governance, risk and reporting structures had been reviewed, reorganised and

strengthened, and that the culture within the organisation was inclusive, supportive and cohesive.

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff members described Prospect Hospice as an excellent place to work, was made of up individuals who all have one common purpose, to provide high quality, person-centred care.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- Comprehensive and successful leadership strategies ensure and sustain delivery, and develop the desired culture.
- The service supported and valued the contribution of its volunteers.
- Staff and volunteers at all levels in the hospice, were committed and focused on improving the experiences and care for all patients who used the service. This included recognising, acknowledging and apologising when things went wrong. Staff were aware of the hospice's being open policy and the being open principles of the duty of candour.

# ASSURANCE (CONT.)

In November 2021 we began running a series of four Your Prospect workshops for staff; attendance and engagement was excellent. Feedback from employees was very positive.

The main purpose of the workshops was to kick-start the next phase of culture development, emphasising the need to work as one team and to engage with our community, raise the profile of Prospect Hospice and drive up income.

The workshops also provided all employees with the opportunity to feed into the strategy, and the outputs from all four workshops were collated and provided to the board to inform their strategic planning.

## Care Quality Commission (CQC) registration and compliance

In July 2021 the CQC carried out a full inspection of Prospect Hospice. In October 2021 the CQC rated Prospect Hospice as overall 'Outstanding'.

## Regulated activity

Prospect Hospice is a registered charity.

## Clinical governance

Our clinical governance structure is in place. The clinical risk register is incorporated in governance meetings, which include senior clinical staff, with oversight from the medical director. Incidents continue to be regularly reviewed at weekly incidents and safeguarding meetings. The clinical governance agenda is used at all team meetings to enable consistency in approach, with risks and issues escalated to team leaders and the executive team.

## Health and safety

We said in the last Quality Accounts that a new external consultant was due to continue working with us into 2021/22. During the year we have worked with a partner health organisation to trial shared health and safety resource to improve outcomes and maximise efficiencies. We are currently reviewing options for the future.

## Data quality

The Hospital Episode Statistics (HES) is a database containing details of all admissions, A&E attendances and outpatient appointments at NHS hospitals in England. As a specialist palliative and end-of-life care provider, Prospect Hospice is not eligible to participate in this scheme.

Prospect Hospice's performance and data quality is reviewed by the executive team and by the board of trustees and its sub-committees. We appointed a patient services data analyst on

## Clinical coding

As a specialist provider, we are not subject to payment-by-results clinical coding requirements.

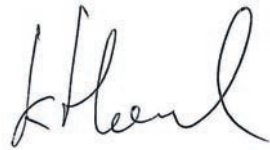
Transport services*, triage and medical advice provided remotely.	Transport is provided by volunteer drivers (basic first aid trained) for our day therapy unit. End-of-life medical advice is provided by out of hours doctors for patients, families and external healthcare professionals.
Treatment of disease, 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.

\*Note: No transport provision required in 2021/22 as the pandemic stopped day therapy activity.

# 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.

Signed:

A handwritten signature in black ink, appearing to read 'K. Heen', written in a cursive style.

Chair of trustees

A handwritten signature in black ink, appearing to read 'Dore Watta', written in a cursive style.

Chief executive



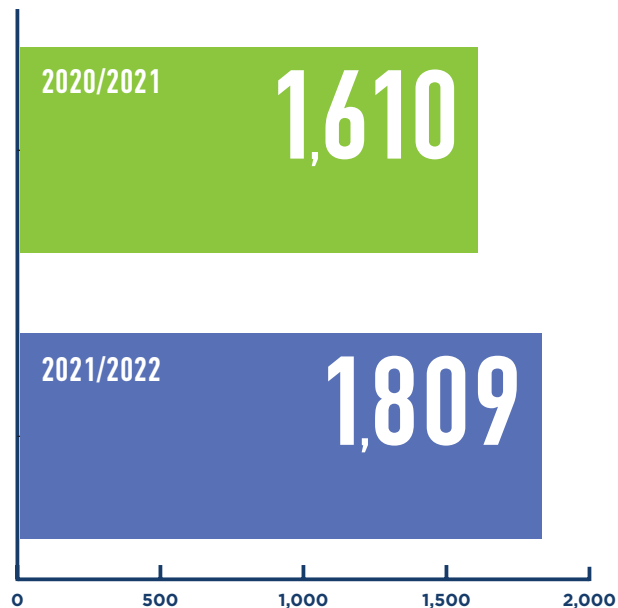
# **QUALITY PERFORMANCE INDICATORS**

# QUALITY PERFORMANCE INDICATORS

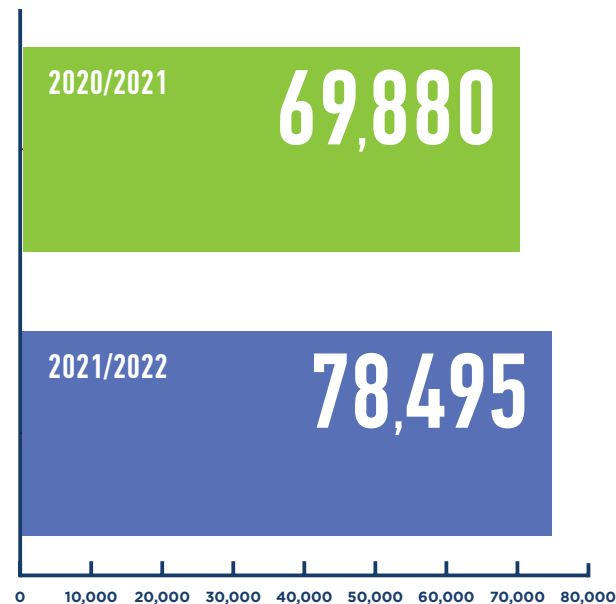
We report quarterly to the CCG against the quality requirements as part of contract assurance. The following section provides an overview of key reporting requirements and patient demographic information.

## PATIENT INFORMATION AND DATA

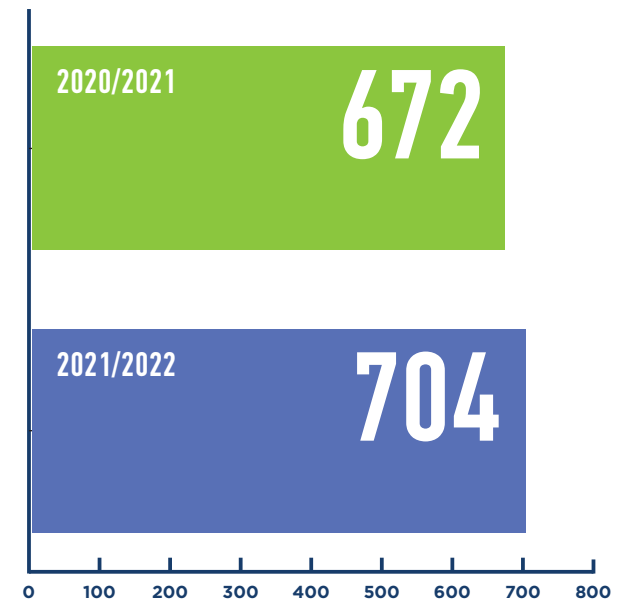
PATIENT REFERRALS  
IN 2021/22



PATIENT-RELATED CONSULTATIONS  
IN 2021/22

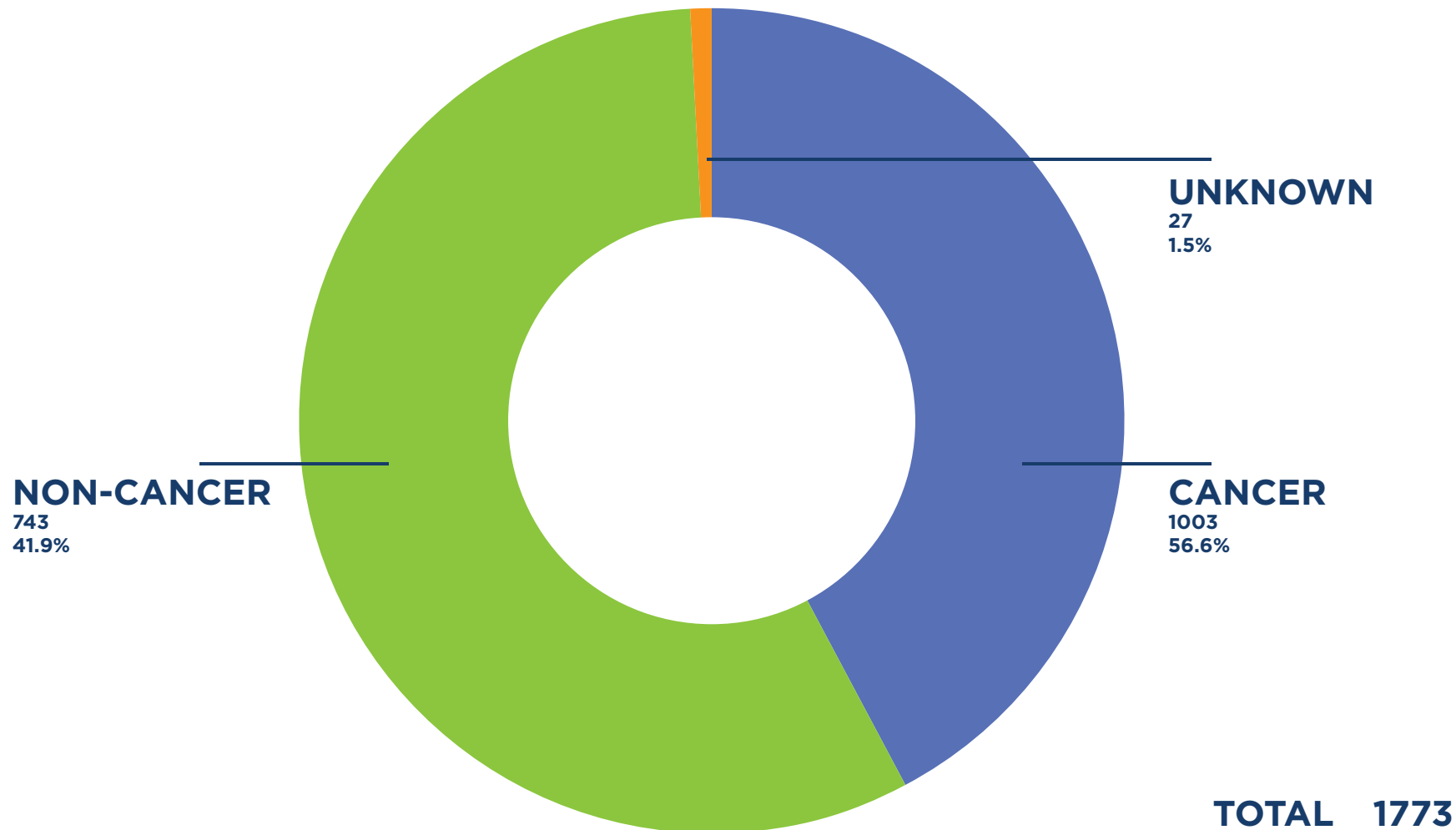


PATIENTS AT ANY ONE TIME  
IN 2021/22



# PATIENTS WITH CANCER OR NOT CANCER

## PRIMARY DIAGNOSIS IN 2021



# PATIENT AGE REVIEW IN 2021/22

**AGE GROUPS**  
NO OF PATIENTS  
PERCENT

**85+**  
397  
22.4%

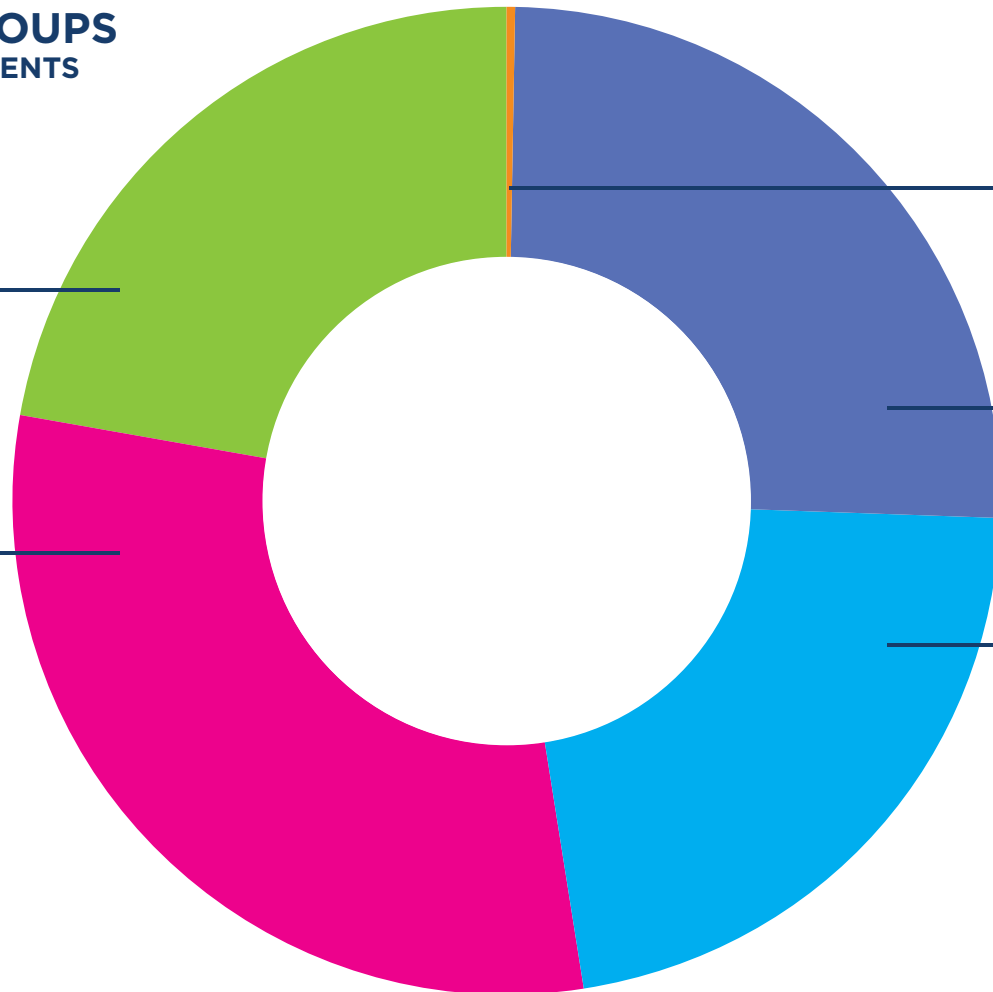
**75-84**  
537  
30.3%

**18-24**  
2  
0.1%

**25-64**  
451  
25.4%

**65-74**  
386  
21.8%

**TOTAL 1773**





# PATIENT ETHNICITY IN 2021/22

**ETHNICITY**  
NO OF PATIENTS  
PERCENT

**UNKNOWN**  
804  
45.35%

ETHNICITY	NO OF PATIENTS	PERCENT
BLACK AFRICAN	2	0.11%
BLACK CARIBBEAN	4	0.23%
CHINESE	1	0.06%
INDIAN	11	0.62%
MIXED WHITE/BLACK CARIBBEAN	1	0.06%
NEPALESE	2	0.11%
OTHER	3	0.17%
OTHER ASIAN	3	0.17%
OTHER MIXED	1	0.06%
OTHER WHITE	18	1.02%
PAKISTANI	3	0.17%
WHITE IRISH	12	0.68%

**WHITE BRITISH**  
908  
51.21%

**TOTAL 1773**

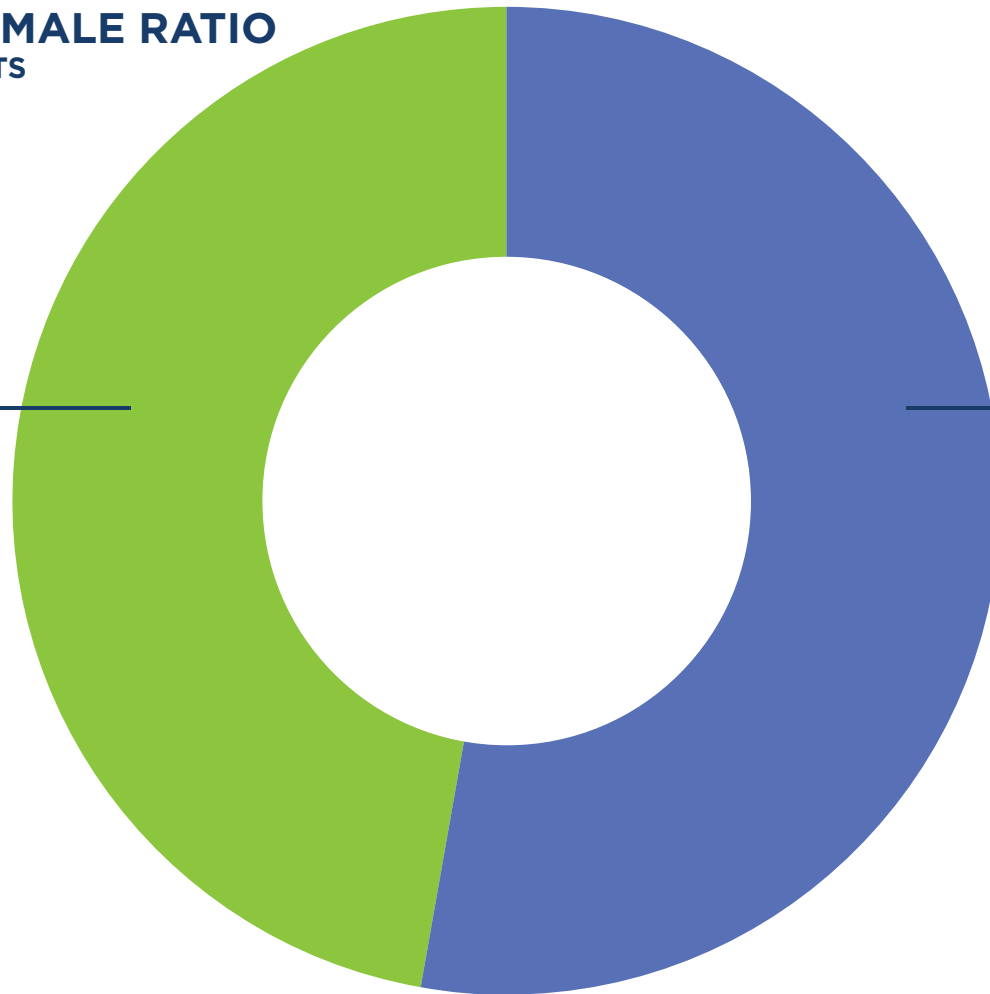
# PATIENT GENDER IN 2021/22

**MALE / FEMALE RATIO**  
NO OF PATIENTS  
PERCENT

**MALE**  
828  
47%

**FEMALE**  
945  
53%

**TOTAL 1773**



# PRESSURE ULCERS

Pressure ulcers recorded on Arrival	Q1	Q2	Q3	Q4	Year Totals	Pressure ulcers developed at Hospice	Q1	Q2	Q3	Q4	Year Totals
MASD	0	2	1	0	3	MASD	0	0	0	1	1
Category 1	0	0	0	1	1	Category 1	0	0	0	0	0
Category 2	0	3	8	10	21	Category 2	0	1	1	2	4
Category 3	2	0	0	2	4	Category 3	0	0	0	0	0
Category 4	0	0	0	0	0	Category 4	0	0	0	0	0
Unstageable	0	1	0	0	1	Unstageable	0	0	0	1	1
Deep Tissue Injury	1	0	0	1	2	Deep Tissue Injury	0	0	2	0	2
Medical Device Associated	0	0	0	0	0	Medical Device Associated	0	0	0	0	0
Existing - Total	3	6	9	14	32	New - Total	0	1	3	4	8

# REVIEW OF COMPLAINTS

Prospect Hospice received five complaints in 2021/22. Of these, none was upheld.

## INCIDENTS

Accidents and Incidents		
Type of Person	Number	Percentage
Contractor	1	1%
No Person Involved	6	6%
Patient	53	53%
Shop Customer	3	3%
Staff	26	26%
Visitor	2	2%
Volunteer	9	9%
Grand Total	100	

## MEDICATION ERRORS

Medication Errors	Q1	Q2	Q3	Q4	Year Total
Controlled Drugs	6	0	0	3	9
Other Drugs	3	3	4	4	14
Total	9	3	4	7	23

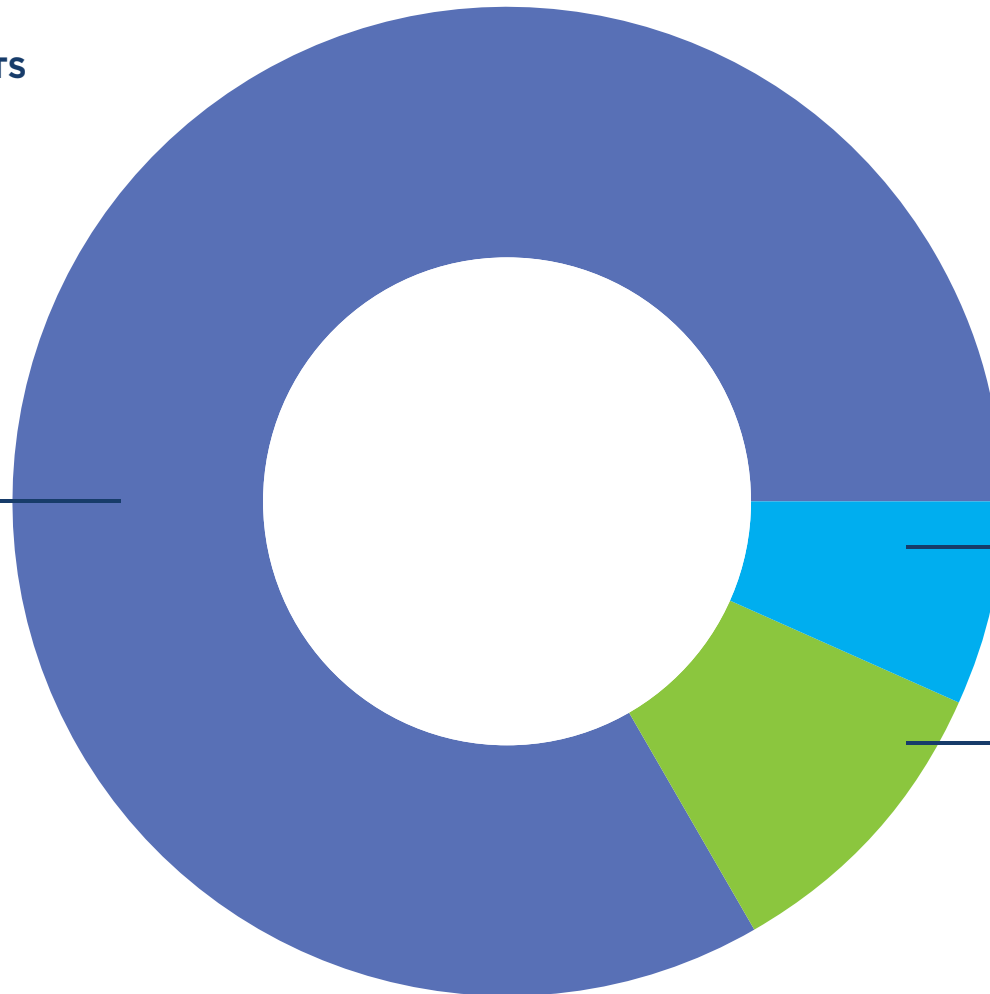


# PREFERRED PLACE OF DEATH

We are pleased to report that 84% of our patients who died achieved their preferred place of death and only 6% did not. In the case of the remaining 10 % the preferred place of death was unknown.

**ACHIEVED**  
NO OF PATIENTS  
PERCENTAGE

**YES**  
373  
83.8%



**NO**  
29  
6.5%

**UNKNOWN**  
43  
9.7%

**TOTAL 445**

## Duty of candour

We continue to have an open policy of reporting and learning from all our clinical incidents, whether they cause 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 incident.

## Assurances of lessons learnt – “from ward to board”

We hold weekly incident and safeguarding meetings and, at our Friday cross-organisation multi-disciplinary meetings, we review both ‘weekly wins’ and ‘lessons learned’ so that those present can reflect upon and share learning, before taking that back to their teams. This commonly reflects our colleagues going above and beyond to meet individual patient and family needs, responding in a timely way to urgent need and demonstrating excellent teamwork across health and social care.

At our quarterly board meetings and patient services committee meetings we review a patient case study to reflect on our service they have received, celebrate success and enable change to be implemented if appropriate.

Learning from complaints and patient feedback is reflected on at team meetings. This helps us swiftly assess and respond to the needs of patients and families, reducing the need for multiple contacts from different professionals. By getting it right first time, our specialist teams can deliver a coordinated and effective response that patients and families find straightforward.

Prospect Hospice strives to be a learning organisation, and were pleased that CQC inspectors found Prospect Hospice to be “proactive and innovative in how it responded to patient need, developing new ways of working where needed”.



## Spirituality

**Spiritual care is an important part of palliative care. Patients who have a life-limiting illness often think about their lives in new ways, and their spiritual needs may change. People do not need to have a religious faith to have spiritual needs. Spiritual needs may include the need:**

- **For meaning, purpose and value in life**
- **For love**
- **To feel a sense of belonging**
- **To feel hope, peace and gratitude**

Spiritual needs are often met as people find ways to express themselves, and to express their feelings towards others, to their place in the world or towards a religious figure. People do different things to meet their spiritual needs, depending on what's important to them. This may change, but may include:

- **Spending time with people who are important to them**
- **Spending time in nature**

- **Spending time on hobbies**
- **Following religious customs, like prayer or going to religious services**

We believe it is the role of all clinical staff to assess and respond to the spiritual needs of all our patients, their families and loved ones. Just prior to the pandemic, we formed a working party that identified some particular needs associated with spiritual care.

The group identified a set of actions that included sourcing some specialist training to enable clinical staff to understand how they already meet spiritual needs as part of their day-to-day roles, developing a volunteer-based spiritual care network from the community (to include humanist links), and developing internal spiritual care champions following external training.

Unfortunately, Covid-related challenges meant we could not progress these as we had hoped. However, during 2021/22 conversations and planning progressed with faith-based groups to determine support offers for patients both in IPU and at home. We also had discussions with Swindon Commercial Chaplaincy (SCC), a charity that created a safe place for employees across Swindon to share personal issues affecting them, who now come into the hospice every fortnight

to make themselves available to staff and volunteers should they wish to discuss issues, such as those of a spiritual nature. Although a Christian-based organisation, SCC's role is not to preach Christianity but to listen, support and sign-post.

In 2021 we identified 15 spiritual care volunteers from multi-faith and non-faith groups from the local community, and hope to run induction sessions in the summer of 2022. We anticipate that in the autumn of 2022 Humanists UK will deliver a staff session about humanism, their role and how they we can work together.

In February 2022 Willows Counselling Trust delivered spiritual care training to 19 clinical staff, across all teams. Key themes of learning were around active listening, the difference between religion and spirituality and applying what they learned to their own self-care. Evaluation of the training was exceptionally positive, with 78% of staff rating the course as "excellent" and 100% recognising it as relevant to their working practice.

We continue to incorporate spiritual care in meeting the needs of those we support. It remains an essential element of the person-centred care that we provide.





## Diversity and inclusion

If work in 2020/21 focused on scrutinising existing services to ensure we were responding effectively to the diverse needs of our local community, 2021/22 has seen us begin to adopt ‘inclusive by design’ approaches to the development of new services, most notably with the ongoing development of our ‘Prospect Without Walls’ initiative.

The pace of progress on embedding initial work on inclusion has been dictated to a large extent by the need for the entire organisation to re-set after the pandemic. Nevertheless, a cross-organisational group of equality, diversity and inclusion (EDI) champions continues to operate, with the aims of encouraging and supporting colleagues to put equality and diversity at the heart of everything they do. That includes:

- **Proactively conversing with colleagues, partners and patients and those important to them about issues of equality, diversity and inclusiveness**
- **Raising awareness of relevant EDI policies and practices**
- **Flagging up opportunities for learning, review and development of our approach to EDI**
- **Modelling positive behaviours to colleagues, partners and service users**
- **Facilitating opportunities for the workforce to learn about EDI via discussion groups, seminars, external speakers and the dissemination of relevant literature.**

Our EDI lead has turned her attention to forging links with external contacts, learning from and contributing to a UK-wide hospice EDI network and becoming a member of Swindon’s equality coalition and core group.



## Voluntary services

**We were pleased to be able to begin volunteer recruitment once more as pandemic restrictions eased, and heartened by the level of interest that remained in our local community, with only a 14% reduction on pre-pandemic enquiry levels.**

However, this was offset by the numbers of volunteers who took the opportunity to review their involvement with us as a result of changing priorities or life events. From a high of 850 volunteers in 2019, we saw numbers drop to around 650 post-pandemic, but we are steadily building our volunteer workforce back up again. We are also developing some exciting new roles supporting fundraising, e-commerce, community engagement and spiritual care.

It is encouraging to see that 7% of volunteer enquiries came from people in under-represented ethnic groups, with over 37% coming from people under the age of 24, of whom 22% were under 16. We hope that this is a reflection of the important work we are doing with local community agencies, schools and our continuing support of the Duke of Edinburgh scheme.

In the reporting period we developed relationships with two new community referral partners, Horizons College and Uplands School, bringing our total number of community partners to around 30. Contacts are not just about generating volunteer enquiries – we also participate in reciprocal arrangements such as careers events, mock interview practice and CV writing advice at schools and colleges.

We were pleased to be able to nominate six volunteers for the Queen's Platinum Jubilee awards, and found it difficult to highlight the efforts of just six, such is the dedication and effectiveness of our wider volunteer group.

Looking ahead, we are focused on maximising the value of our retail volunteer workforce as potential community advocates, championing the work of the hospice to friends, family members and customers in their local communities. We feel there is huge untapped potential in bringing this particular group of volunteers much closer to the heart of our community engagement activities.



# **PATIENT AND FAMILY EXPERIENCES**

# ALISA HOLT – DAUGHTER OF PATIENTS MARGARET AND ERIC

***“Prospect Hospice helped us be their children again, rather than their carers” – Alisa Holt***

**Margaret Holt was never unwell, and hadn't had as much as a cold in 16 years, so when she began to feel poorly in January 2019 her family took it seriously. The diagnosis of small cell lung cancer came as a shock, as did the prediction that Margaret probably had around six months to live.**

But Margaret's body coped well with the first round of chemotherapy, and just over a year later she was about to start a second round. Her daughter, dance and drama teacher Alisa, recalls how the week before the second round her father, Eric, was suddenly taken ill.

“I took him to Great Western Hospital on the Friday, they kept him in, and on the Monday they told me that Dad also had lung cancer, and was dying. It was an absolutely horrendous time. My sister had recently been diagnosed with cervical cancer, and thankfully was in remission, but it felt as if everything was falling apart.

“At one stage I was just dashing from one floor of GWH, where Mum was now having chemo, to another where Dad was on a ward with not long

to live.

“After a week, Dad was moved to Prospect, and when he saw his room he actually cried, he was so grateful – he said “Is this all for me?”

“Prospect Hospice was brilliant, especially with mum being so unwell too. They were feeding both of them, and as Mum was too ill to stay with Dad overnight they let us stay with him instead. Eventually she was strong enough to stay overnight with him, which was lovely – they had just started their 40th year of marriage.

“Dad had been such an intelligent man – I only understood about 30 per cent of what he said, he was so clever – that his rapid decline was heartbreaking. But he was very accepting, and being cared for by Prospect Hospice made a huge difference – from cutting his nails to encouraging us to take Prospect Hospice's therapy dog in to the garden outside Dad's room.”

Eric died one month after his diagnosis – on the Sunday before the lockdown in March 2020.

“Mum kept going for another 15 months after we lost Dad, but in April 2021 she suddenly became paralysed overnight, and tests showed the cancer had metastasized to her spinal cord. It was the Easter weekend, but Prospect Hospice staff came out to Mum and sorted out everything she needed, in spite of it being a bank holiday. They brought the equipment she needed, and we had visits from carers twice a day, and her

medication was sorted immediately. Some of the carers had also looked after Dad, and remembered Mum, which was comforting. Mum died in June 2021, and though her experience of Prospect Hospice was different to Dad's, both had amazing care.

“The thing we found equally important, though, was the way Prospect Hospice understood and cared about us children, too. It can be traumatising to have to provide very personal care to your own parents, but Prospect Hospice understood that and helped us be their children again, rather than their carers. They enabled us all to reclaim dignity, and they also enabled us to cry about the whole situation. That meant so much.

“I raised £1,000 through a sponsored run after they died, and this spring my dance and drama department at New College has been putting on performances in aid of Prospect Hospice. It's one way of making sure that other families can benefit from the wonderful care that we were so lucky to be offered.”



# TRISTAN FOOT – SON OF PATIENT ERIC

*The night Dad died Prospect Hospice even sent someone in to sit with him, so that Mum could have a bit sleep. Without Prospect Hospice doing all that they did for him, Mum wouldn't have had anyone there when he passed” – Eric Foot*

**When retired software engineer Eric Foot was told that his cancer was terminal, he was firm about two things. He didn't want to know how long he was expected to live, and he wanted to be at home.**

Eric had developed cancer in his late 50s, but following treatment was in remission for seven years. But when the cancer returned three years ago, his voice-box had to be removed, and eventually he found the travelling to Churchill Hospital in Oxford for radiotherapy and the cocktail of drugs too much.

Eric's son, Tristan, says Eric had lost a lot of weight but his head and neck swelled up and became very uncomfortable. Eric's first contact with Prospect Hospice was to have his neck and face massaged to alleviate the swelling.

“Dad said he felt it did him good, so we know he got benefit from that,” says Tristan.

“Prospect Hospice fully supported his wish to remain at home, and were insistent that Dad be allowed to have a hospital bed at home. They really pushed for him to get it, which was such a help.

“The thing that really struck me was they just cut through any red tape, any rubbish, wouldn't take no for an answer and sorted everything out for our father.

“They have such a strong combination of end-of-life skills, experience and understanding how the various health and care systems work – it meant they saw a situation and acted to resolve it.

“The night Dad died they even sent someone in to sit with him, so that Mum could have a bit of sleep. Without Prospect Hospice doing all that they did for him, Mum wouldn't have had anyone there when he passed. Instead, she would have been alone at home with him, seeing him die in considerable discomfort.

“The fact that he was able to spend his final days and nights in his own home, in relevant comfort, together with his wife, is something you can't put a price on. I will always be grateful to Prospect Hospice for that.”





# AMBER SAIF – SON OF PATIENT BETTE

*“My mother was a Christian and I’m a Muslim, but Prospect Hospice has space for people of any belief or none. They were so sensitive” – Amber Saif*

**Bette Saif of Old Town became poorly with renal failure in January 2021. Son Amber, 49, who lives in Kuwait, says that by the time travel rules permitted him to return to the UK she was clearly deteriorating.**

“Mum went into Prospect Hospice, and that was the beginning of a profoundly humbling experience for me,” says Amber.

“I thought she’d want to go back home to have her last days there, but she wanted to stay. Her room looked out onto trees and birds, and the staff were so motivated to keep her comfortable. It’s much more than a job for them, it’s a personal undertaking. The staff at Prospect Hospice really do sacrifice themselves to make the last stage of life not just efficient but a pleasant experience.

“One staff member saw me taking some time out in the grounds to pray, and offered me the use of their spiritual room. My mother was a Christian and I’m a Muslim, but that space is for people of any belief or none. They were so sensitive.



“After Mum died, I bought cakes for the staff because I wanted to show our family’s gratitude for the marvellous care they gave Mum. I didn’t know much about Prospect Hospice before that, but I now know that we were incredibly lucky to have such a wonderful charity, that didn’t charge a penny for Mum’s care, to enable her to have a good death.”



# ELAIN MELLOR – WIFE OF PATIENT STAN

## Champion racing jockey and trainer Stan Mellor and his wife, Elain, had been used to a busy life before he became seriously ill.

Stan was Elain's first boyfriend, and had proposed on their first date, and in the following years they both became champions in their own right. Stan was the first jockey to ride 1,000 winners and was champion jockey three years in a row from 1960 to 1962. Elain, meanwhile, became a leading lady jockey on the flat – as well as producing the couple's two daughters. After retiring from racing they ran their own stables near Wanborough, and later moved to Ashbury in Wiltshire.

But Stan began to feel unwell and was diagnosed with prostate cancer, and put on drugs that could control it for around three to four years. Two years after the diagnosis, he also developed Alzheimers disease. Then in 2019 Elain, who was caring for Stan, also began to feel unwell. Her diagnosis was also devastating – she had leukaemia.

“When we went into lockdown in March 2020, we had to completely batten down the hatches,” says Elain.

“My oncologist said that because my treatment was compromising my immune system it would be best not to have any nurses or carers in the house at all, as we could both be seriously at risk

from Covid-19.

“That was hard, because Stan simply couldn't understand what was going on. Before the pandemic, friends would come in and go through his racing successes with him, which made sense to him, but in March 2020 that had to stop.”

Elain says while doctors were helpful by phone, it was only when the couple were introduced to Prospect Hospice that she felt she could have important conversations about the future.

“Someone from Prospect Hospice would ring me at least once a week to check on how we were, and whether we needed anything. I'm a very practical person, and wanted to know what Stan's death was likely to be like. I don't mind talking about death and dying – during my life I've been with four people when they died – but when I'd asked one of the doctors he was very honest and said he didn't know, because he'd never seen someone die. Whereas I could have discussions with Prospect Hospice about that – and that was really important to me.”

Stan developed an infection and was in hospital for two weeks.

“I knew Stan hated hospitals, and I very much wanted him to stay at home, and to be with him,” says Elain.

“Prospect Hospice was marvellous in getting me the equipment – a hospital bed, commode and other things that we needed for that to be able to happen. I couldn't have Prospect Hospice

nurses or carers in the house because of the Covid-19 risk, but despite that they supported us with phone appointments or simply chats. That was

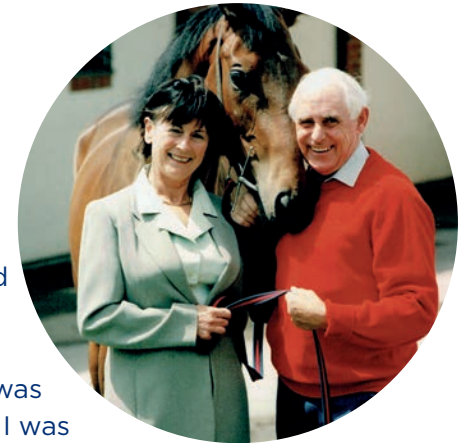
great, especially as I was feeling so ill myself. What stands out from that time is that we had absolutely outstanding care from Prospect Hospice.”

Stan rested in the hospital bed in their large lounge, overlooking their back garden. Elain would sleep on the sofa a few feet away.

“It was the hottest day of the year, 31 July 2020, and I was alone with him. I put a pillow and light blanket on the sofa, then I thought his breathing had changed, so I walked over to him and put my arm around him. Two breaths later and he was gone. Two minutes later, I'd have been asleep.”

Elain says that despite working with her remotely, Prospect Hospice managed to provide the support she needed.

“They always gave me their time, and I could tell them anything. I could also ask anything. The way they endorsed what I was feeling and reassured me I was doing everything right. Stan and I had been married almost 60 years. Prospect Hospice helped make sure that he had a good death.”



# Statement from Healthwatch Swindon and Healthwatch Wiltshire on Prospect Hospice 2021/22 Quality Account



Healthwatch Swindon welcomes the opportunity to comment on the Quality Accounts.

Firstly, we congratulate Prospect Hospice for gaining a CQC overall rating of outstanding in October 2021 and acknowledge the number of changes made in attaining this.

We commend the hospice in providing and giving staff opportunities to come together to hold hospice wide staff information and engagement days known as Your Prospect, thus giving your staff the opportunity to be kept informed but also that their feedback and thoughts are essential and valued in providing an outstanding service. We also welcome the recent innovation of the introduction of a whole system training approach, with new protocols so that family carers could safely administer prescribed pain relief when needed.

We acknowledge the investment made by the hospice to expand its digital capabilities by moving away from a stand-alone patient care record system to a new system -SytmOne enabling direct link to local primary and community care partners enabling more effective patient care for all the people the hospice supports.

Future work for 2022-2023 with priorities 1-5, we welcome the following priorities-

Priority three -ICS/ICA-Seeking collaboration opportunities where we can make a difference. The hospice recognises the importance of partnership working in providing better joined up care enabling patients to access the care they need where and when they want it.

Priority four-compassionate communities- to work with local communities to help them better understand the issues around death and dying supporting a growth in kindness and compassion for those who are facing the most challenging time of their lives.

Healthwatch Swindon welcomes the priorities and look forward to the progress made from implementing these.

*Amritpal kaur*

**Amritpal Kaur**

Projects portfolio Manager

Healthwatch Swindon and Healthwatch Bath and North East Somerset



# Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Prospect Hospice 2021-22 Quality Account



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Clinical Commissioning Group

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 2021/2022. 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 quality reporting routes and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 continued to be a challenging year due to the COVID-19 Pandemic and that this has impacted on services provided by Prospect Hospice. The CCG would like to thank the Prospect Hospice for their continued contribution to supporting the wider health and social care system during the pandemic and the transition into COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects Prospect Hospice's on-going commitment to quality improvement and addressing key issues in a focused and innovative way

- Prospect Without Walls, including further development in delivery of spiritual care with the involvement of a number of faith groups, staff and community
- Expanding digital capability to collate data into a single digital system
- Increasing engagement in research, working with the University of Bath to host a research placement
- Launching the "What matters to you, matters to us" survey to gain patients', carers and families experience of care, utilising this to inform future services and ensuring staff are supported in the delivery of care

The CCG supports Prospect Hospice' identified quality priorities for 2022/23.

It is recognised that a number of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The CCG welcomes continued engagement in the agreed service

improvement plan and focus on:

- Embedding new digital systems by completing the implementation of SystmOne to enable access to shared care records and greater communication with system partners
- Review managing workflow and capacity across all teams to identify further areas for improvement and development
- Compassionate communities by building on existing local community relationships to identify opportunities for greater collaboration in supporting and increasing community cohesion, compassion and support for people facing an end of life care support need.

The CCG would also like to highlight the Prospect Hospice response to the COVID pandemic and the continued commitment and adaptability of the organisation and employees to deliver services, offer support to children and families, and support the wider healthcare system locally.

The CCG also recognises the lead role of the hospice in the delivery of 'A vision for enhanced palliative and end-of-life care' across the BaNES, Swindon and Wiltshire (BSW) integrated care system (ICS) through collaborative working as a member of the BSW Palliative and End of Life Care Alliance. Prospect Hospice have also worked with commissioners and other health care providers in a review on end of life care in Swindon to help inform and shape outcomes

NHS Bath and North East Somerset, Swindon and Wiltshire CCG are committed to sustaining strong working relationships with Prospect Hospice and together with wider stakeholders, will continue to build on our collaborative approach to achieve shared priorities as the Integrated Care System develops in 2022/23.

Yours sincerely

**Gill May**  
Director of Nursing and Quality