

Quality account 2022 – 2023



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Introduction by director of patient services



Producing our Quality Account is a lovely opportunity to reflect back on all we achieved last year and to outline our plans for this year.

In this account you will read how our team at Prospect Hospice continues to deliver excellent care to patients, their carers and families – while also continuing to focus on continuous improvement. We take a “what matters to you” approach to deliver care to all our patients, whether in the inpatient unit or in their own homes, and have signed up to the What Matters to You national

charter which fits perfectly with the approach to care we already have in place.

You'll see that we have adapted to change – for example, adopting the precautions taken during the Covid-19 pandemic as part of our normal practice. Many of our patients will be vulnerable to infection, so reducing this risk is extremely important. The fact that we have had no outbreaks or cases of patient cross-infection is down to the vigilance of our clinical teams and the hard work of our support staff and volunteers.

Regional and national staffing challenges have also meant having to change some of our ways of working. We're delighted these have brought positive outcomes for patients, families and our clinical staff. For example, we now have an occupational therapist working effectively in our single point of contact team and, following our Covid-19 response, we have continued with GP specialists working with patients in the community. Alongside our community consultant this means we have strengthened our medical assessment and care for people in their own homes.

We believe that education, research and good practice are the bedrock of the outstanding care we provide. We have a new education team in place and have developed a programme of courses for staff and other healthcare professionals. We offer sessions of reflection and shared learning for clinical staff and patient-facing volunteers, and staff are able to join our new 'restorative resilience' model of supervision – a healthcare-based model to build the resilience levels of staff who face

potentially traumatic or emotionally demanding scenarios at work, to ensure they have future coping strategies beyond the initial life of the supervision sessions.

We are also working closely with the University of Bath and Hospice UK on various research and improvement projects around palliative and end of life care.

We're proud that a member of our team presented a paper at the national Hospice UK conference this year, and innovation here continues with great progress made on using virtual reality headsets to aid pain relief and we are now planning to extend this use for patients at home.

An enormous achievement in 2022 was the implementation of a new patient record system which means we can now share our records with GPs and community staff and have access to their records too. Our clinical teams worked hard to enable a smooth transition and everyone quickly felt the benefits.

As we move away from the Covid-19 pressures of the last year, it is our ambition to provide more beds on our inpatient unit to meet demand. We are beginning to think about how we'll deliver this under the current financial pressures we are all experiencing.

This is just a taster of our work this year – read on to find out more about how we've collaborated with others, reached out to our communities and done our best to ensure that we help patients and families achieve what matters most to them. We're proud of what we've achieved and privileged to be able to serve those who need our support.

I'll finish by saying that we couldn't do this without our whole Prospect Hospice team working together; supporters, volunteers, fundraisers, partners, commissioners and many others who have once again supported us this year. To all of you, a heartfelt thank you.

Carolyn Bell

Carolyn Bell
Director of patient services

We take a “what matters to you” approach to deliver care to all our patients, whether in the inpatient unit or in their own homes.

Statement from our chief executive



This is my first Quality Account as chief executive of Prospect Hospice and one which I can't take any credit for, having joined the charity at the beginning of May. I must therefore thank my predecessor Irene Watkins who spent four years at the helm and I know she was constantly inspired by the people who make Prospect Hospice what it is – something I'm also quickly finding out for myself.

In that four year period as CEO, Irene saw a lot of change. The pandemic, of course, forced almost all organisations to adapt their ways of working, and Prospect Hospice needed to review what our patients and those closest to them wanted, and how to best support them. The resulting move to treating far more people in their own homes has continued and enables us to deliver services that are more enhanced and personalised, tailored to each patient in the place that they prefer.

During my handover with Irene, she mentioned how she was incredibly proud of how the team at the hospice worked so hard and so intelligently to gain an outstanding rating by our regulator, the Care Quality Commission. She was amazed by the way our staff go above and beyond to make sure our patients experience a good death. It really is unique to see such a group come together to do whatever it takes to make someone's last days and weeks the best they can possibly be and, although I've only been here a few weeks at the time of writing, I'm already seeing how differently our team works – treating the patient and asking them what matters to them, rather than just looking at the illness. And Prospect Hospice's involvement doesn't end at the

patient, either. My colleagues ensure that families are well cared for after their loved one has died.

Over the past year the hospice, like everyone, has faced another challenge, the cost of living crisis, which is putting so much pressure on finances. Despite this, we still receive such loyal support from our community which helps to raise £7.5million each year to care for our patients at the end of their lives. Volunteers and supporters continue to show up and support the hospice to ensure that we're there for local people when they need us.

To everyone who donates, fundraises or volunteers, I want to say a thank you for being there for the hospice, our patients and their families. None of us at Prospect Hospice would be here without these exceptional people. This area is incredibly lucky to have an outstanding hospice that delivers such fantastic care to local people at the most difficult time in their lives, and the fact we're able to do any of it is thanks to the whole community for seeing the vital need for our work and supporting it.

In just a few short weeks I have seen just how special Prospect Hospice is and the impact it has on the lives of local people. I know that the tireless work by colleagues, volunteers, supporters and partners that I've already seen, will continue to ensure the charity continues to offer such specialist care to local people who most desperately need it.

A handwritten signature in black ink, appearing to read 'Jeremy Lune'.

Jeremy Lune
Chief executive

Although I've only been here a few weeks at the time of writing, I'm already seeing how differently our team works – treating the patient and asking them what matter to them, rather than just looking at the illness.

Our strategic aims 2023-2028

During 2022/23 we produced a new strategy for 2023 to 2028.

The design of this strategic direction was the result of working and consulting extensively with staff across the organisation throughout much of the year. We used their knowledge, expertise and experience to guide us in how we will support our patients over the next five years.

Our new strategy focuses heavily on our community and in engaging them early in conversations around death and dying. We have discussed our resulting strategy document with key external stakeholders.

Our new vision focuses on creating a climate within the community where death is no longer a taboo and everyone lives and dies well.

This vision is supported by our mission to work with and through others using our skills and expertise so that people have choice and support at the end of their life. To achieve this, we are working with our community to ensure that our vision and mission remain relevant to their needs at all times.

The strategy, vision, mission and objectives have now been shared with staff and stakeholders and work has already begun on delivering this.

In line with our new strategy, we also unveiled a new brand for Prospect Hospice, elevating the charity to reflect the outstanding professionalism of our care. This look and feel was developed very much with evolution and not revolution in mind, taking those elements that the hospice is well known for and combining them to create a brand that reflects the charity now and where we aspire to be in the future.

Our four objectives for 2023 to 2028 are:



Our services



Justine and Sally



My mum, Sally, was just 70 when she was diagnosed with myeloma. It came as a shock that she had a terminal illness when she had been perfectly active, but when she was diagnosed in 2018 the hospital soon put Prospect Hospice on our radar for the future.

Over the next 12 to 18 months mum's illness gradually progressed and we built up a relationship with Prospect Hospice nurses. Mum had a stem cell transplant, but she gradually deteriorated and developed complex pain needs. We and mum wanted her to be cared for at home, and Prospect Hospice nurses were fantastic with her – they not only came in to give her opiate and morphine-based pain relief, but were also experts at maintaining her cognitive function.

Sadly, in September 2021 there was a step-change in mum's condition and from then on the balance would trip between improving her quality of life and dealing with her failing cognition. Mum's illness meant she got several infections and she was very unwell and confused. She became totally dependent on us, which meant her bed was downstairs and I was spending nights with her. I had young children at home so when the hospice offered us their Prospect@Home service, where someone would come in at night to support us, it meant I could go home, be with the children and get a full night's sleep.

By December 2021 Mum was deteriorating fast, but the Prospect@Home team was phenomenal. She didn't seem to feel pain anymore and although she was permanently in bed with a pain relief driver they made sure all her pastoral needs, and ours, were taken care of.

Mum died at home, as she had wanted, on 14 January 2022. Those last months were incredibly intense for us, but I can honestly say that Prospect Hospice got us through it. I wouldn't have survived without them. They supported us for four years. I always felt I could step in and ask for anything and they really understood mum's symptoms and knew what to do.

Justine Randall



Justine Randall is Wroughton born and bred, but she says that even she didn't realise the extent of care that Prospect Hospice, which is based in the local community, can offer.





01

Looking back at last year's priorities for improvement

Looking back at last year's priorities for improvement

Priority one – Embedding new digital systems

SystmOne – June 2022 saw the implementation of our new patient record system, SystmOne, a clinical system used by community nurses and many of this area's GP practices. It enables teams to work more efficiently and allows us to work more collaboratively with external partners. Extensive training and support for staff led to a seamless transition from our previous system to SystmOne, with staff being supported throughout all shifts 24 hours a day, seven days a week. SystmOne champions were available to support staff to deliver uninterrupted patient care through the new system.

Following the successful rollout a new working group has been created to identify areas of improvement and expansion, with mobile working and pharmacy both highlighted as new modules we intend to roll out.

Use of virtual reality to manage pain and anxiety

What exactly is virtual reality?

Virtual reality (VR) is the term used to describe a three-dimensional, computer-generated environment whose scenes and objects appear to be real.

Someone wearing a VR headset perceives this environment through their senses, and feels completely immersed in it. They can take an active part in this virtual world, too; they can move through it to explore it and interact with it by manipulating objects or performing a series of actions.

VR can be such a powerful tool that it convinces the brain to do something it knows is not rational. For example, most headset wearers using an app that positions them standing on a very tall building will automatically step away from the edge of it, to avoid falling into the abyss – even though they know that they are actually sitting safely on a chair.

Prospect Hospice is pioneering the use of virtual reality in pain relief for patients with life-limiting illnesses.

Dr Sheila Popert, palliative medicine consultant and medical director at Prospect Hospice in Wroughton, has used mindfulness as part of her holistic palliative pain management programme for years and discovered that many patients who practised it regularly benefited from it. But Dr Popert learned that some patients were unable to benefit from mindfulness.



Dr Sheila Popert – medical director

"Pain is very complicated," she says.

"There's the physical part of pain which you get with, say, an injury, where your brain interprets messages from the site and you experience pain. Then there's the emotional and psychological stress associated with that feeling.

"One patient in his 50s told me he hated mindfulness sessions, because he felt it was just another thing he was failing at. He said while listening to a description of a garden, all he could think about was he'd just missed his third mortgage payment, he'd only got a couple of months to live, and he was going to leave his family destitute.

"I realised that some patients have such momentous issues that they simply couldn't imagine somewhere peaceful and calm. Driving home that night, I wondered whether a VR headset would enable them to become so distracted that they could forget about pain for a while. I discovered that in the US Dr Hunter Hoffman had developed the first VR world for pain control, called SnowWorld, for use by burns patients when having their dressings changed.

"The technology then was large and expensive, but now tech has become portable and cheaper, so it seemed feasible. I started trying it on patients the next day."

Her first patient, a man in his 60s, had mesothelioma, which can be particularly painful. He hadn't been able to sleep properly for months, and used to sit in the inpatient unit with his arms clutched tightly around his chest because of the pain. He agreed to trial the VR headset and Dr Popert says the transformation was almost instantaneous.

"His wife nudged me and said 'look at his arms' – they had totally relaxed, he was gazing around, and was totally immersed in the environment he'd been transported to. He told us afterwards that while immersed he completely forgot about his pain. From that night onwards he slept in a bed and continued to do so until he died some weeks later. I realised I really needed to look into this to see how we could help more patients."

Dr Popert was keen to establish whether regular use of an app could eventually enable patients to transport back to the virtual reality environment even when they were not using a headset. Patients told her that sometimes one of the barriers to that was the narrators' voices – if they found them irritating they could not do so.

“Sir David Attenborough had just started his first Planet Earth series, so on the off-chance I wrote a script for pain relief and asked if he would narrate it. He very kindly agreed, and it was developed into an app. Patients told us that he has such a soothing voice that they just chill out and feel less pain.”

Dr Popert says that the potential for providing relaxing, comforting experiences through VR is substantial.

“There are apps that enable patients to go back to somewhere in their past, perhaps to visit the place they were born, or to relive a precious experience, like a honeymoon in Paris. Through these apps we can access memories, and because our brains believe what they see and hear, once the headset is on we really feel we are back to where we were perhaps 40 years ago.

“There are very few things that health professionals can do to put a big smile on patients' faces, but giving them a VR headset to put on is one of them.”

Uses of VR

Dr Sheila Popert, palliative medicine consultant and medical director at Prospect Hospice, has seen at first hand the positive impact that VR can have on patients experiencing pain. But even she didn't expect a patient taking 20 tablets a day to be able to do without analgesics completely after using VR technology.

“One of our patients was a young lady in her 30s with a seven-year-old son,” says Dr Popert.

“Unfortunately she was suffering from extremely severe pain and despite taking 20 tablets a day, no dose of drugs could get on top of it. A lot of her anxiety was anticipatory grief, (that is around her son growing up without a mother, as well as uncertainty about how long she had to live and what was going to happen in the future.

“She tried VR, and found it hugely beneficial, to the point where she now takes no analgesics whatsoever. She has been the inspiration for another VR script about anxiety relief, for which Sir David Attenborough has also kindly provided the voiceover.”



But VR's use with patients is not restricted to pain relief.

"We can use it for a host of reasons," says Dr Popert. "Another patient, a young mum of two, with breast cancer had been due to go with the family to Disneyland, Florida, but her disease progressed rapidly and she couldn't make the trip.

"We found an app on theme parks, installed it onto four headsets, and hearing and seeing the family screaming and laughing as they went down scary slopes, zooming and whizzing round, all having a joint experience, was wonderful. They may not have been able to do the trip, but it did create a joint memory that they had all been able to experience together."



Rosina Kilpatrick, a Prospect Hospice patient who was cared for at home, said VR has been invaluable in helping her deal with a diagnosis of serious illness.

My anxiety levels were through the roof. I didn't sleep for a week and didn't go out of the house. I was so anxious, I couldn't even walk upstairs. I just sat in the chair, not wanting to move.

"Then the Prospect Hospice nurse suggested VR. I'd used a VR set before, with my grandson, and when I put it on David Attenborough got me to breathe in and out slowly and I could feel myself relaxing immediately. I was in a forest. Then he asked me to find things like birds and butterflies, then to pick up a stone and throw it into the river and follow the hoops it makes in the water. It's very relaxing.

"It literally took just moments to get used to it. Once I removed the headset afterwards I was really settled and calmed down. It enabled me to walk upstairs for the first time in days. I used it twice a day at first, but after a month I only needed to use it once a day and now I don't need it at all, as I can go back into that place anytime I want. I can go into the forest with David Attenborough anytime I want, without a headset, it's so stuck in my mind.

"VR helped me to get to grips with the fact that I've got a serious illness and the breathing techniques it gave me helped an awful lot. I think for anyone who suffers anxiety as I did, this is a fantastic way of coping and getting through it."



Scan this code to watch our video

Priority two – Managing workflow and capacity across all teams

SystemOne reporting has allowed us to focus on clinical outcomes so we can identify further quality improvements across patient services. We have been able to focus on data recording, to ensure a more robust reporting system and to improve the quality for our data to improve workflow.

SystemOne has also improved caseload management, giving us better oversight and view of the patient flow. New pathways have been developed for various services resulting in improved patient care and reduced waiting lists. Additionally, it has created time efficiencies by enabling real time access to patient information.

Priority three – Seeking collaboration opportunities where we can make a difference

Homelessness

People who are homeless or vulnerably housed are at higher risk of many health problems and, on average, die 30 years younger than the general population. One of the reasons people are dying without support is that they are not recognised to be suffering from a terminal illness.

Guidance suggests that 'concern about a client's deteriorating health' should trigger action, rather than waiting for a terminal diagnosis. However, the support of people who are very unwell and homeless is often left to hostel and day centre staff because of a lack of suitable alternative places to live or appropriate care provision.

People experiencing homelessness may need complex care and support at the end of their lives. Despite this, they rarely get access to proper palliative care support.

In 2022/23 Prospect staff have:

- Met with Swindon Borough Council's homelessness/rough sleeper team to agree how Prospect Hospice can support their work
- Identified two people who had palliative needs who were being supported by the rough sleeper team and would benefit from additional, specialist support. One of these patients was living at the Great Western Hotel in Swindon. Having obtained consent, a trainee advanced nurse practitioner was able to access this patient's records, share information with and support the homelessness team and staff at the Great Western Hotel. Issues around consent prevented a referral for the second patient being made.



We will continue to build on this relationship with Swindon's rough sleeper team, as well as making contact with the Wiltshire team. We will also develop a trauma-informed approach to working that recognises the complexity of the lives of some people needing our services.

Collaboration with other health professionals

- We have worked closely with the Great Western Hospital's Macmillan wellbeing team to ensure smooth transfer of patients. We have also given talks at some of their patient group sessions which have been very well received.

- Since December 2022 two of our senior clinical nurse specialist team leaders work one session per week each in the Great Western Hospital communication centre, supporting end of life admission avoidance and discharges with offers of care by Prospect Hospice.
- We are exploring with New College Swindon the potential to use their simulation learning suite to support education in end of life care.
- Wiltshire Treehouse is a charity that supports children and young people who have been affected by the death of someone important to them. Following increased collaboration between Wiltshire Treehouse and Prospect Hospice in 2022/23, we both realised that through collaboration we could provide an enhanced service, with Prospect Hospice's family support team providing pre-bereavement support for children and Treehouse providing post bereavement support in the form of group work. A leaflet has been developed to provide an overview to families of what the two organisations working together can offer. Prospect Hospice staff have attended training provided by Treehouse and this coming year we plan to hold joint pre bereavement groups for children which will be held in Prospect Hospice's Wroughton building and jointly facilitated by both sets of staff.

We increasingly work within school settings to help teachers support children who are bereaved. This offers a real security for family/parents whose primary concern when facing loss is the emotional well-being of their child.

"At only 48 years of age and mother of four children, B's passing was, and continues to be, very sad and very difficult. Dave's* support before, during and after her death has been invaluable. He has navigated through all of this complexity with incredible skill and sensitivity; gently and delicately leading us towards the hope of a better and easier future.

"So many times during this 'journey' I have felt overwhelmed by the situation, terrified of the impact it might have on my children and not sure what to do for the best. But whenever I have felt like this Dave has been there to provide his customary counsel. I have always found him to be responsive, either by phone or text, and he has been only too willing to visit in person to either the house, or to the children at their schools. In respect of this latter point I have received feedback from both schools about the professionalism of his conduct and the warmth of his approach."

*Dave is a member of Prospect Hospice's social work team.

Justin, Amy, Martha and Gabriel



My wife, Amy, was such an active, vibrant person. She loved to run and go to the gym and she never smoked, so when a niggly cough wouldn't go away, at first we thought we didn't have anything to worry about. We soon received the devastating diagnosis that none of us ever wants to hear. Amy had an extremely rare form of lung cancer and it was terminal. How on earth were we going to tell our two little children this?

That's when Prospect Hospice stepped in. They explained everything they could do for us, including helping us to best support our children. When our world was crumbling they offered us a level of care you just don't get anywhere else. I'm so incredibly thankful we have such a fantastic charity in our community.

Amy's treatment was extremely challenging, but the hospice was constantly in touch, and reassured us she could go into the hospice whenever she wanted so they could stabilise her symptoms. We knew people who had been cared for by Prospect Hospice in the past and how wonderful their care had been. Amy was adamant that was where she wanted to spend her last days.

The cancer spread quickly and the time came for Amy to be moved to the hospice. Once she arrived there, everything became so much easier. With no set visiting hours, I could be there whenever I wanted. Our feelings and wishes were always prioritised above everything else. The communication and care the staff provided was truly exceptional. Whenever I noticed any changes or anything different, they knew exactly what to do and acted quickly, adjusting medications and treatments so that she became more like Amy again and we could enjoy more precious moments together.

On Amy's last Saturday, we had a lovely day together. We went out into the hospice's beautiful garden and talked about our children and the life we had shared. We both felt it was important that I be at home with our children when Amy died, so when the time came a few days later, Amy's mum was by her side as she died peacefully.

I went to the hospice the next day, and the nurses couldn't have been more caring. I was touched and comforted knowing that right until the end they'd treated Amy as one of their own. Amy had the best death possible.

Justin Wood



Our feelings and wishes were always prioritised above everything else. The communication and care the staff provided was truly exceptional.



Priority four – Compassionate communities

Reopening of Heart of the Hospice café to the public

At Prospect Hospice we are fortunate to have a café in the hospice that was open to the community and well used by local people. Closing the café in 2020 because of the pandemic was the right thing to do to protect patients and staff. However, it really hit our community hard because the café was a place where they came to socialise, meet friends and enjoy great food.

In early 2023, after over 900 days of closure, we reopened our Heart of the Hospice café to the general public. Within a week of reopening local people were returning to the hospice. An additional benefit was that when people were unable to heat their homes because of the spiralling energy costs, they knew they could come to the hospice, have a low-cost hot meal, stay warm and socialise.

The work we do in our café is one way we begin to break down taboos about death and dying and fear of hospices.



Planning for Dying Matters week, 8 to 14 May 2023

Every year national Dying Matters Awareness Week is used to encourage all communities to get talking about death and dying in whatever way works for them.

We are planning a display in the Swindon Hub in the town centre for the entire month of May. This will include an informative display with our leaflets, booklets, resources etc. available. We will also hold a Death Café in Swindon Hub on Wednesday 10 May, facilitated by our staff, where people can drop in and take part.

During Dying Matters Week, we will offer visitors postcards asking 'What's on your bucket list?'. People can write their answers to pin them to a board and tear off a "Did you know" section to take away with them. The bucket list items will then be shared on our social media to approach the topic of death and dying in a way that helps people feel more comfortable.

We are also proud to be the first hospice in the country to host the Hospice UK exhibition 'I Remember' by world-famous photographer Rankin. His amazing photos portray how people experience loss and grief in different ways and will be in the Heart of the Hospice café until 4 June 2023.

Other activities

- We host a new monthly dementia memory café working in partnership with Swindon Borough Council. People living with dementia and their carers meet at the hospice with facilitated activities and the event acts as a gentle general introduction to Prospect Hospice services. The feedback from those attending has been hugely positive.
- In the middle of the year, in partnership with Wiltshire Carers Support in Marlborough, we started planning for the hospice's new bereavement help points, with a go-live launch planned for April 2023. Bereavement help points are community based drop-in support groups where all people who are bereaved are welcome. It's a safe space where people can come and talk with others who may be experiencing similar thoughts and feelings in an informal and supportive setting.
- We now also host a regular breast care support group meeting and the members have been very complimentary about using our premises.

Priority five – End of life care review for Swindon

Bath, North East Somerset and Wiltshire (BSW) End of Life Hospice Alliance

We continue to work closely with Salisbury and Dorothy House hospices and our chief executives and medical directors talk frequently to share thinking about the delivery of hospice care, best practice and service improvements. The directors of patient services have also established good working relationships.

The work of this alliance group feeds into the BSW Integrated Care Board, contributing eight recommendations for improving end of life care in the document: **A Vision for Enhanced Palliative and End of Life Care across the BaNES, Swindon and Wiltshire (BSW) Integrated Care System (ICS)2021).**

Well-established working groups drive forward different work streams to deliver these recommendations. One example is the promotion of the use of a ReSPECT form for people at home; this helps health care professionals have open conversations with people to ensure their end of life wishes are well-documented so they can be carried out.

Swindon End of Life Implementation Group

This new strategy group was established in November 2022 following the Swindon End Of Life Review. Prospect Hospice welcomes this move to be able to consider and plan end of life services for Swindon together with Great Western Hospitals and commissioners.

The work includes reviewing patient pathways, learning from the patient and family experiences and seeking to strengthen end of life services by working more closely together.

Lantern Model of end of life care

Three of our senior nurses attended a new course led by St Christopher's Hospice, London, over the year and have been inspired by a new framework called the Lantern Model. Designed for nurses and their organisations, the Lantern Model enables clinical teams to build and mould their care delivery and nursing practice so patients and families continue to receive the best possible care at the end of life. The Lantern Model articulates the unique, vital and skilled role of nurses caring for people who are dying or bereaved and, by highlighting the huge nursing contribution, makes the case for increased investment in their recruitment, development and retention. The next step for the hospice is to fully implement this.

Inpatient unit (IPU) beds

Having stepped up to increase our bed capacity in 2021/2022 to support the pressures in the NHS and social care, our IPU beds reduced back to six in April 2022 based on available funding. We very much want to revisit this in 2023/2024 with commissioners to ensure we can offer the choice people need about where to die. Work is in progress with our NHS commissioners and the Great Western Hospitals Foundation Trust to agree what is needed for the people of Swindon and North East Wiltshire to best support palliative and end of life care.



Jade and Jenny



When Jenny Withers was diagnosed with stage 4 cancer, sadly it was too late for treatment and although Jenny tried to stay at home as long as she could, she and her children soon felt she really needed palliative care in a hospice.

Here, her daughter Jade shares their experience of Prospect Hospice.

The Macmillan nurse suggested a bed at Prospect Hospice. I didn't know that much about the hospice but when a bed came up we were all excited, including mum who was quite drugged up at this stage. I'll never forget the day she got there, she was in a wheelchair, it was sunny and we sat overlooking the garden with Maria, the Prospect Hospice nurse, doing the paperwork. It was amazing. There were flowers, butterflies and birds everywhere. It felt a bit like Center Parcs!

The first thing that mum asked was 'how much will this cost?' It was such a weight off her shoulders, and ours, when Maria said 'absolutely nothing'. We could hardly believe it at first.

Mum was in Prospect Hospice for three weeks and it might sound strange but it was an amazing experience for us all. There are four of us children and one or other of us was able to stay in a lodge in the gardens whenever we needed to.

It's very easy to forget to eat or drink when you're with a loved one who is dying, and the staff were meticulous about making sure we were all taken care of, as well as mum. Once I asked for a banana, and they brought it on a plate on a tray, with a knife so that I could eat it properly. You just don't realise what an impact small but significant things like that can have in the final days. You might expect it to be a morbid place, but it's the opposite. It's calm, peaceful, very dignified and as lovely as it could be. That made such a difference to us as a family.

Even now, four years after she died, I still love to pop into Prospect Hospice's garden or café for a cup of tea. I still thank the nurses for treating my mum and us so well, and I feel really close to mum there.



Jade

You might expect it to be a morbid place, but it's the opposite. It's calm, peaceful, very dignified and as lovely as it could be.

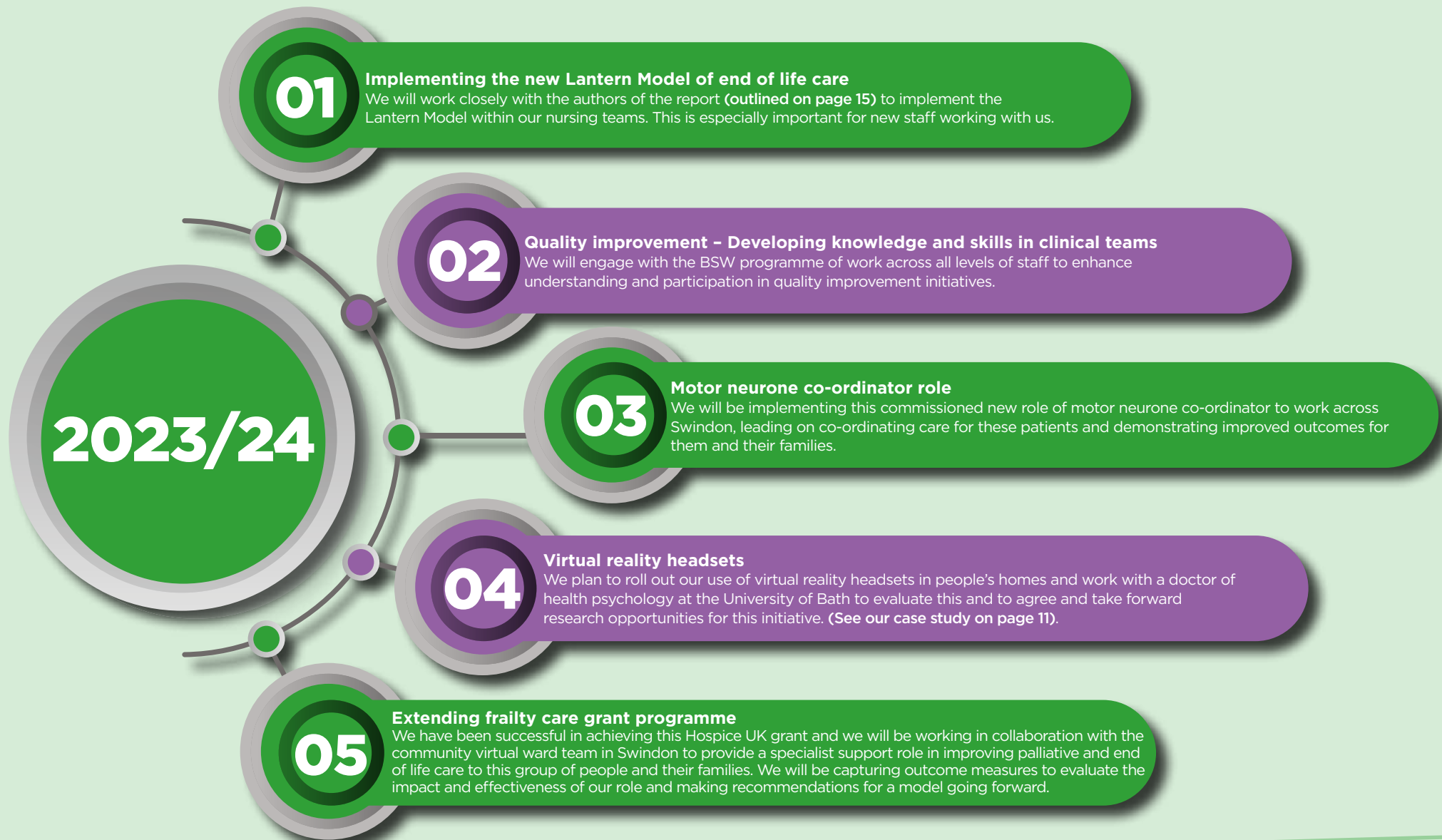




02

Priorities for next year

Priorities for next year





03

Assurance

Assurance



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

Income generated

During 2022/23 Prospect Hospice provided NHS-commissioned services for specialist end-of-life care. The NHS only makes a recurring funding contribution of approximately 25% of total income, at a static rate for ten years in real cash terms. In 2022/23 the CCG provided a further £567,000 of one off non-recurring funding to support the extension of winter pressures and wider NHS system pressures.

The majority of our funding comes from voluntary income-generation activities which this year raised £5.3m, of which legacy income, gifts in wills, was over £1m. Income generation remains very challenging for the hospice with the cost of living crisis and rising interest rates.

However, despite all the challenges faced, the hospice ended the year with a £585,000 surplus. This was mainly due to higher than budgeted legacy income and because retail and fundraising income streams also achieved budget. We expect 2023/24 to be as challenging as the current year with the full year impact of inflationary pressures, particularly in staff pay and energy costs.

Specialisms

Caring for adults.

Local audit

We appointed a clinical quality improvement lead in Autumn 2022 after having a vacancy for over a year. Part of their role is to oversee the audit schedule and provide assurances that sound processes are in place to facilitate quality improvement.

At the beginning of 2023 the process of assurance around the results of clinical audits and quality improvement undertaken by each service was made more robust. The lead of a particular audit presents their audit results and outcomes to the quality improvement and clinical audit group. This enables them to undertake a comprehensive and robust process to assure the hospice that any changes introduced have led to quality improvements.

A new audit schedule has been developed for 2023/24. This audits other services that have not been captured over the last year and takes into account work that will assist in achieving the objectives for the service.

For 2023/24, audits will link into the quality improvement plans which will be in place to support the implementation of the new national patient safety incident response framework.

To provide further assurances to our trustees, a deep dive of selected audits is being shared with them to demonstrate the detail around the audits and improvements that have been made throughout the year.

Research

We remain committed 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.

In 2022 the hospice started conversations with Professor Caroline Nicholls of the University of Surrey. Her research is focused on addressing inequalities in palliative care provision for older people and looking at perspectives of the community and individuals about their palliative care needs. We would like to engage with this in the future and we are clear about the steps needed to become 'research ready'.

It is recognised that we are a 'research friendly' organisation and need to build on this sense of curiosity about practice within the multi-disciplinary team and we have started engagement with more external research groups to open up further opportunities for us. We continue to apply evidence-based practice as part of our culture with different levels of engagement and are building upon this, acknowledging that we already have a culture of undertaking quality improvement (QI) projects and plan, do, study, act (PDSA) cycles.

We will include this in our lunch and learn sessions and attend external journal clubs to review research papers, share this information and also create a database of staff degree level of education, research interests and writing for publication alongside increasing our presentations at national conferences.

We will continue to seek opportunities to collaborate with other partners on research.

We have formalised our working relationship with the University of Bath around end of life research. We are also working with the Bath and North East Somerset Swindon and Wiltshire (BSW) Research Hub and Research Design Service at the University of Bath on further research opportunities.

Our advanced nurse practitioner (ANP) trainee is also completing her research module for her master's apprenticeship in advanced clinical practice ANP course. She is undertaking a quality improvement project linked to an assessment for potential delirium/cognitive impairment when patients are admitted to the inpatient unit. She is also a member of the Centre for Death and Society (CDAS) group at the University of Bath which is a research group of academics and clinicians interested in the topics of death and dying.

For 2023/24 we will be looking to further develop research and continue to undertake collaborative and partnership working with Dorothy House, St Christopher's Hospice, other hospices and the Great Western Hospital.

During 2022/23 we had a presentation accepted for the national Hospice UK conference, demonstrating our innovation. Occupational therapy and physiotherapy team leader Dorinda Moffatt presented on how implementing a new dedicated specialist neuro-respiratory physiotherapist role within an existing palliative care service can have a positive impact on the quality of life of people with neuromuscular conditions.



Philomena and Michael

“

I must admit, when it was suggested that Dad should go into Prospect Hospice, I felt physically sick. Dad's condition had deteriorated after he was diagnosed with prostate cancer and when it went to his bones we realised that things were serious. But despite the fact that he had to go to Oxford for radiotherapy and have injections, Dad remained the very funny man we'd always known. Eventually, though, he just couldn't walk, and was always pale and tired.

In mid-December, he agreed to go into Prospect Hospice and I was dreading it. I thought this is how it's going to end, with him on a ward just before Christmas, the last days we'll have with him. I had visions of rows of people dying, but when we got there, I realised Prospect Hospice is nothing like that at all.

There was a lovely Christmas tree up, he was given a beautiful room overlooking the lovely gardens, and after a blood transfusion he was transformed, full of beans with colour in his cheeks at last.

There was the most beautiful atmosphere there. I was overwhelmed. Carols were being sung down the corridor, the food there was absolutely amazing; just like a five-star hotel. Patients were offered a glass of wine with their meals. It was spot-on, absolutely unique.

That first night I stayed with him until midnight and it was so good to see him joking with the nurses and getting on really well there. What was also fantastic was that the staff allowed me to stay with dad every night while he had his own room. It was so lovely to have that precious time with him.

We've got an Irish background and Christmas is a big family thing for us. Myself and the rest of the family were dreading not having dad with us for Christmas dinner.

But I told the family I couldn't be with them this year and asked the Prospect Hospice nurses if I could bring him and me in a dinner to have together on Christmas Day. They did much, much better than that. They laid on a full Christmas dinner especially for our whole family in their dining area on Christmas Day. All the grandchildren were there, the chef came out with fantastic food and was so jolly, there was no hurry at all - it meant the world to me, the family and dad.

The nurses were able to stabilise dad's symptoms and in February his was able to go home. He died in May aged 85.

Philomena Liston

”

There was the most beautiful atmosphere there. I was overwhelmed. Carols were being sung down the corridor, the food there was absolutely amazing.



Culture

We know our staff are vital to the running of the hospice. They work incredibly hard to raise funds, inspire volunteers and deliver care to our patients. We are also acutely aware that we need a whole team to be able to deliver our care and while our nurses may be the 'face' of the hospice, seen by many, without everyone, including our HR, finance, education and facilities teams and more, our outstanding care just wouldn't be possible. We know how hard they've all worked to combat the challenges brought about by the pandemic and the cost of living crisis both personally and professionally but they continue to deliver excellence across all their roles to ensure that our patients receive the outstanding care they deserve.

It was therefore decided that we needed to reward staff, not only for their hard work during the last few years but also to reflect the growing economic challenges that they were facing away from the hospice. It was unanimously agreed by the board that the staff should receive a pay increase and this was implemented in October 2022 for all staff.

An anonymous staff survey carried out in February 2023 saw a 71% response rate with 100% of responders agreeing that if a friend or relative needed treatment, they would be happy with the standard of care provided by the hospice.

Further highlights from the survey include:



99% feel happy when immersed in their work.



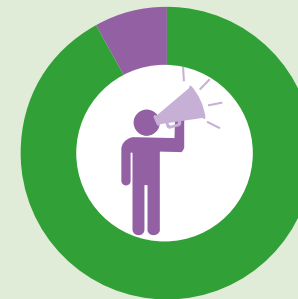
98% find the work they do has meaning and purpose.



97% agree that the care of patients/service users is the organisation's top priority.



93% would recommend Prospect Hospice as a place to work.



92% feel secure to raise concerns at work.

Making the hospice a great place to work and thrive is a key strategic objective of the next hospice strategy and the results of this recent survey show we are well on the way to achieving this.

We continue to invest in the education and development of our staff. As an example, we enable staff to attend appropriate courses run by the University of the West of England (at first degree and masters level).

We also encourage leadership development at every level, including coaching, system leadership and mentoring.

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 'Outstanding' overall.



Regulated activity

Prospect Hospice is a registered charity.

Triage and medical advice provided remotely and onsite in the inpatient 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.

Clinical governance

Our clinical governance structure is in place. The clinical risk register is incorporated in governance meetings which include senior clinical staff, including 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 senior leaders and the executive team.

Health and safety

Prospect Hospice engages the services of an external health and safety consultant who ensures that the hospice is fulfilling its legal obligations and who provides the necessary expertise to support staff with advice and training requirements.

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.

Clinical coding

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

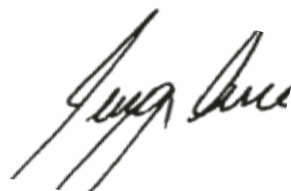
Statement of assurance from the trustees

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:



Chair of trustees



Chief executive



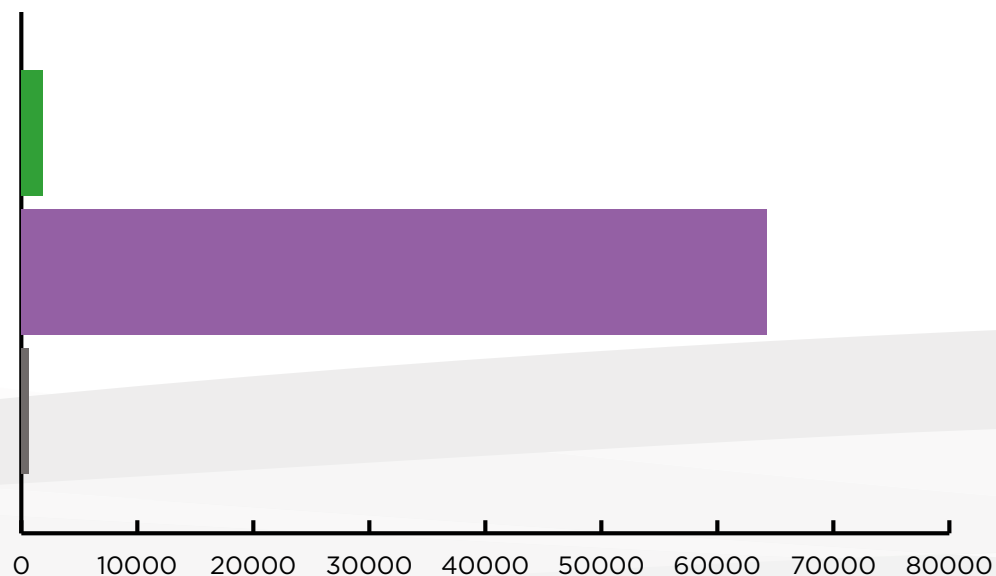


04

Statistics on patient services: 1 April 2022 – 31 March 2023

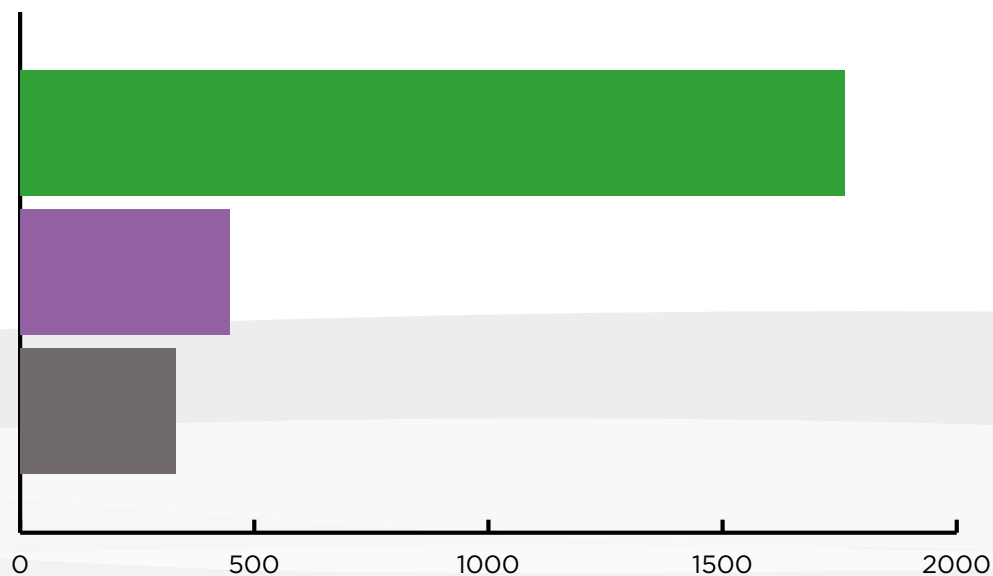
Statistics on patient services: 1 April 2022 – 31 March 2023

General patient data



- 1874** Unique referrals in the year.
- 64227** Patient related consultations (this has gone down partly due to the difference in the way Crosscare and SystmOne count patient contacts in that Crosscare might have several entries for one visit or interaction, whereas SystmOne would only have one).
- 611** Patients registered on 31 March 23 (this is lower than last year mainly as we have closed down old open registrations for our lymphoedema service which are no longer needed by the patients).

Service mix



- 1761** Number of patients receiving hospice care for end of life conditions.
- 448** Number of family members or carers receiving specific hospice support services (bereavement, family support, welfare and benefits support, well being support etc).
- 331** Number of patients receiving lymphoedema services only.

Formal complaints

Complaints	Q1	Q2	Q3	Q4	Year total
Complaints Received	5	3	0	0	8
Complaints Upheld	0	0	0	0	0
Total	5	3	0	0	8

Patient safety

Medication errors	Q1	Q2	Q3	Q4	Year total
Controlled Drugs	2	3	3	5	13
Other Drugs	4	1	2	0	7
Total	6	4	5	5	20

Falls	Q1	Q2	Q3	Q4	Year total
No Harm	2	0	3	6	11
Low Harm	6	3	0	1	10
Med/High Harm	2	0	0	0	2
Total	10	3	3	7	23

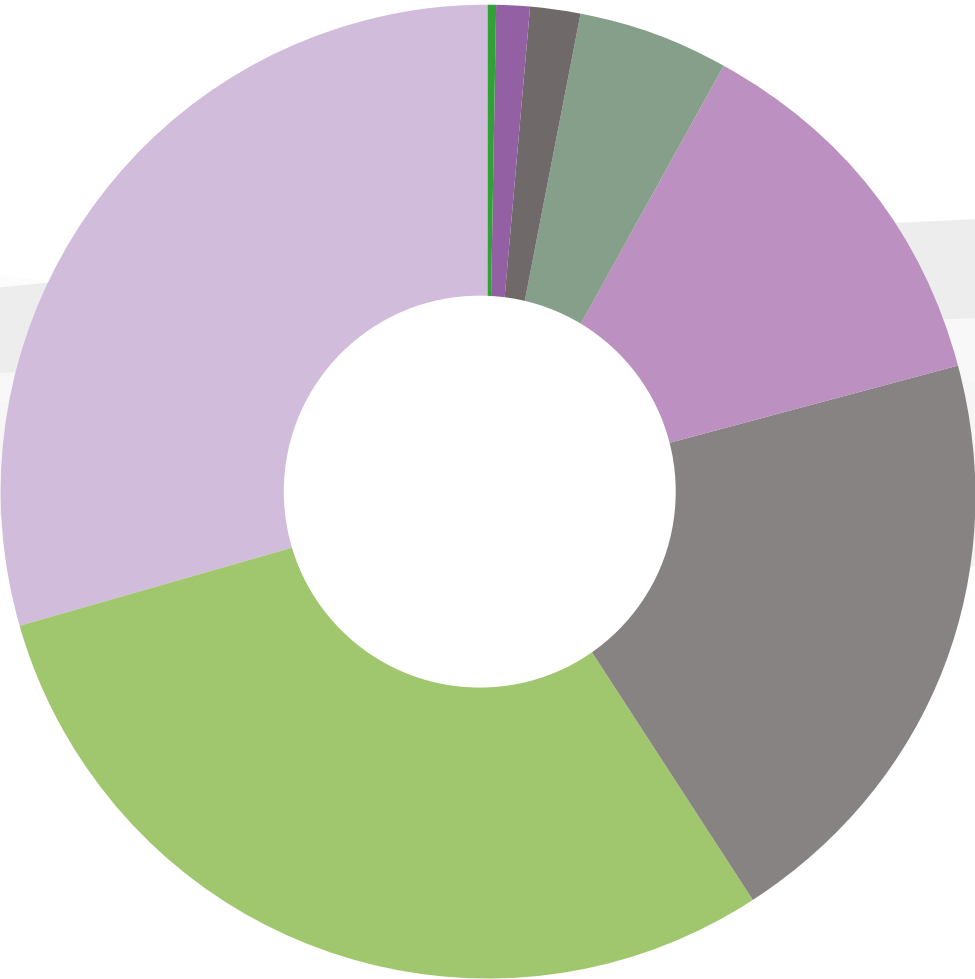
Pressure ulcers recorded on arrival	Q1	Q2	Q3	Q4	Year total
MASD	1	2	3	5	11
Category 1	3	0	1	2	6
Category 2	7	5	3	4	19
Category 3	3	3	0	1	7
Category 4	0	0	0	0	0
Unstageable	1	1	2	1	5
Deep Tissue Injury	2	4	0	1	7
Medical Device Associated	0	0	0	0	0
Existing total	17	15	9	14	55

Pressure ulcers developed at hospice	Q1	Q2	Q3	Q4	Year total
MASD	0	0	1	0	1
Category 1	4	0	1	2	7
Category 2	3	2	0	9	14
Category 3	0	1	0	1	2
Category 4	0	0	0	0	0
Unstageable	0	0	0	1	1
Deep Tissue Injury	1	0	1	1	3
Medical Device Associated	0	0	0	0	0
Existing total	8	3	3	14	28

Demographics for patients receiving hospice care

Number of male patients **874** (49.6%).

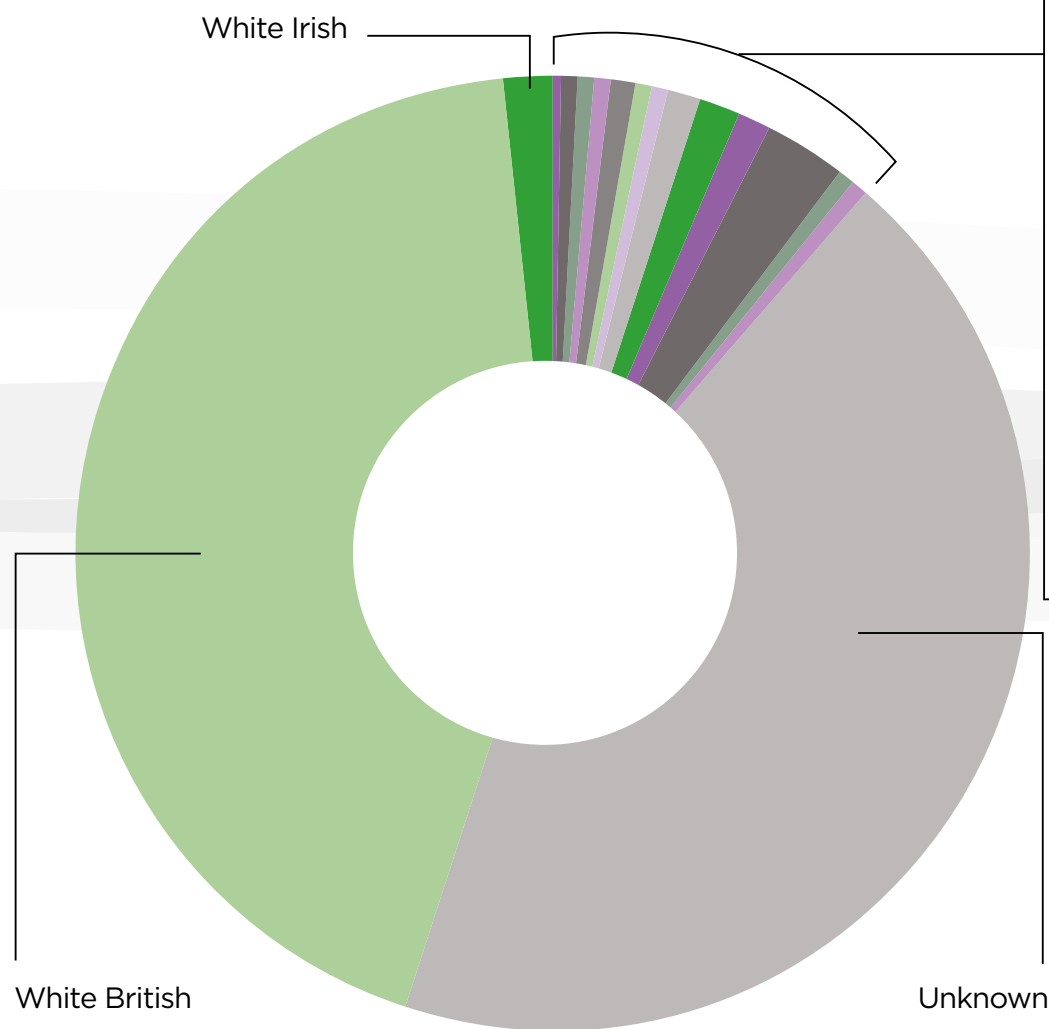
Number of female patients **887** (50.4%).



Age range	No of patients	Percentage
18-24	3	0.2%
25-34	19	1.1%
35-44	28	1.6%
45-54	89	5.1%
55-64	224	12.7%
65-74	352	20.0%
75-84	528	30.0%
85+	518	29.4%
Total	1761	100%

Postcode area	No of patients
GL7	40
RG17	12
SN1	129
SN2	225
SN3	412
SN4	213
SN5	167
SN6	111
SN7	7
SN8	140
SN9	34
SN10/SN11/SN12/SN14	12
SN15	19
SN16	6
SN25	189
SN26	22
Adjoining Swindon area	7
Other postcodes	11
Not recorded	5
Total	1761

Ethnicity



Age range	No of patients	Percentage
Black African	2	0.1%
Black British	1	0.1%
Black Caribbean	3	0.2%
Chinese	1	0.1%
Indian	11	0.6%
Mixed white/black African	2	0.1%
Mixed white/black Caribbean	1	0.1%
Other	3	0.2%
Other Asian	6	0.3%
Other mixed	4	0.2%
Other white	37	2.1%
Pakistani	2	0.1%
Punjabi	1	0.1%
Unknown	838	47.6%
White British	835	47.4%
White Irish	14	0.8%
Total	1761	100%

Primary diagnosis	No of patients
All other non-cancer diagnoses	197
Cancer - Breast	72
Cancer - Digestive organs	204
Cancer - Eye, brain and other CNS	23
Cancer - Female genital organs	42
Cancer - Ill-defined, secondary, unspecified including carcinomatosis	63
Cancer - Independent multiple sites	10
Cancer - Lip, oral cavity and pharynx	26
Cancer - Lymphoid, haematopoietic	58
Cancer - Male genital organs	26
Cancer - Other specified sites	55
Cancer - Respiratory and intrathoracic	160
Cancer - Urinary tract	54
Chronic renal failure	24
Chronic respiratory disease	81
Dementia including Alzheimer's disease	44
Heart failure	54
Mesothelioma/Asbestosis	9
Motor Neurone disease	14
Other heart and circulatory conditions	22
Other neurological conditions	38
Not recorded	485
Total	1761

Grouped Diagnosis	No of patients	Percentage
● Cancer	802	45.5%
● Non-cancer	474	26.9%
● Unknown	485	27.5%
Total	1761	100%

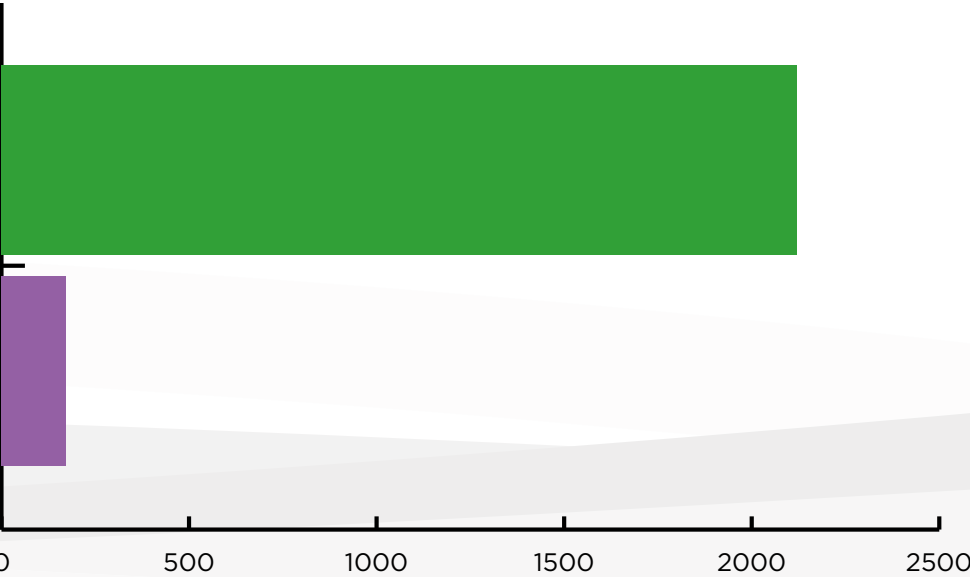


End of life wishes

Preferred place of death achieved?	Q1	Q2	Q3	Q4	Total	Percent
<div></div> Yes	91	56	90	81	318	61.7%
<div></div> No	23	7	18	24	72	14%
<div></div> Unknown/Unspecified	11	70	13	31	125	24.3%
Total	125	133	121	136	445	



Inpatient unit bed days



2120 occupied bed days through the year.

172 patient admissions.

97% bed occupancy. **6** beds have been open through the year.

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. In order to raise the profile further regarding this, we introduced a duty of candour training module which incorporates the duty of candour video from NHS resolution. The oversight group reviewing all clinical incidents also has oversight to ensure the duty of candour has been applied.

Our staff are open and honest with their colleagues and acknowledge that lessons and quality improvements can be made when an incident occurs. Staff are offered mentoring reflection sessions by trained colleagues and other reflection techniques, such as the Schwartz rounds, which is a structured forum for staff come together to talk about the emotional and social challenges of working in healthcare, are also used. The aim is to offer staff a safe environment in which to share their stories and offer support to one another. Other techniques being explored include "swarm huddles" where immediately after an incident staff make their way to the site quickly to analyse what happened and decide how to reduce future risk.

Patient and family feedback

We listen and act on feedback from people who use services and their families and carers.

On 24 October 2022 the hospice launched I Want Great Care (IWGC), an online feedback tool for patients and their family to leave meaningful feedback on their care and to say thank you. The IWGC forms (which all services use) and business cards have the QR code so people can access the IWGC website to provide online feedback. We also advertise this on our website.

IWGC is a service that is independent, secure and trusted by patients, doctors and hospitals. We can also use this to benchmark ourselves with other hospices.

Feedback from IWGC is provided to staff to ensure issues are raised and addressed and to identify further improvement areas we may need to address, as well as giving positive feedback.





Incidents lessons learnt/quality improvement – ‘from ward to board’

We continue to hold weekly incident and safeguarding oversight meetings. We review all incidents to identify trends and identify if further actions are required. We have improved our process and assurances regarding reporting of pressure ulcers and ensuring appropriate actions have been taken. Improvement plans have been developed to further improve in this area and will be part of the patient safety incident reporting framework (PSIRF) safety plan which is being developed for 2023/24.

Learning from drug errors linked to an infrequently used controlled drug, this did not lead to any harm to the patient and duty of candour was applied. After investigation this highlighted some contributory factors and lessons learnt were that staff required training and the titrating form used was complicated and its wording not clear for staff to follow. Quality improvement changes were made and assurances are provided to ensure these are embedded into everyday practice. Audit on improvements in relation to this will be presented at the quality improvement and clinical audit group.

At our Friday cross-organisation multi-disciplinary meetings, we review both ‘weekly wins’ and ‘lessons learnt’ so that those present can reflect upon and share learning, before taking that back to their teams.

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. Any trends in relation to this will be further explored as part of the Patient Safety Incident Response Framework, to identify if further quality improvements need to be addressed and will be included into our response plan.

Volunteering

We continue to enjoy strong support from our local community. Since the pandemic we have received a steady stream of enquiries about volunteering and our volunteer numbers are back up to a number approaching pre pandemic levels. We have re-established links with local community agencies who refer a diverse range of potential volunteers to us. Patient-facing roles remain very popular and we have delivered four cycles of our comprehensive inpatient volunteer training programme in the last year, preparing a total of nineteen volunteers to support the clinical team in delivering excellent end of life care to patients. It has been pleasing to see increasing numbers of young people navigate the intensive selection process to take up this role – those who succeed in their applications show remarkable levels of maturity, resilience and generosity of spirit.

In the autumn we held our first volunteer conference for several years, supported by Nationwide, who provided a venue and support on the day, for which we are hugely grateful. Sixty volunteers learnt about the hospice's new strategy and to explore how their contribution fitted into the bigger picture. The event was a welcome opportunity for staff and volunteers to re-establish links and feedback was overwhelmingly positive with delegates keen to share their learning with their volunteer colleagues. We were also able to hold our first face to face long service awards ceremony in three years where we honoured 13 volunteers who between them had contributed a total of 270 years' service.

Our drive to deliver more of our services in the community has been supported by a growth in new community-based volunteering roles, some developed in collaboration with other agencies. Volunteers are now supporting a regular Wroughton memory café, hosted by the hospice, and we are developing a series of volunteer-led bereavement help points with Carer Support Wiltshire.

Spiritual care

We believe it is the role of all clinical staff to assess and respond to the spiritual needs of our patients, their families and loved ones. We worked with Willows Counselling Centre to develop training for members of our clinical teams to help them feel comfortable responding to patients' concerns around spiritual matters and confident in recognising when a conversation indicates a need on the part of the patient to explore these issues in more depth.

As well as upskilling staff, we looked at how we could strengthen links with local faith groups. We have subsequently identified a cohort of spiritual care volunteers from some of those groups who can provide support to patients and those close to them on demand. This group has been welcomed to our evenings of reflective practice to meet the clinical teams and learn more about how we work. We are now finessing the way in which we call upon their expertise when needed.

In doing this work, it became apparent that the model we had adopted worked well with Christian-based faiths but would not necessarily be appropriate for patients who were part of a minority faith-based community as they may already be very closely linked to sources of spiritual support. In the next year we will reconsider how our model of support can complement existing faith networks. We will look at inclusion by co-design rather than starting from a perspective of leading development of spiritual support services for groups who may require a different role from us.

Equality, diversion and inclusion (EDI)

The EDI champions group has benefited from some new members from a range of hospice teams, and discussion and activity has developed significantly. Engagement is growing organically within the organisation and inclusion is at the forefront of service delivery and design. Some of the topics we have considered over the course of the last year include gender diversity, autism and disability and employment issues.

We are currently engaged in securing funding for a range of works to improve accessibility for our hospice site including hearing loops for our patients and easily accessible meeting and learning areas.

Patient and family experiences

You'll find experiences of some of our patients and their families throughout this document, however, should you wish to know more about the impact our care has on local people, please visit www.prospect-hospice.net/becauseofyou

Statement from Healthwatch Swindon on Prospect Hospice 2022/23 Quality Account

Firstly, we would like to welcome the newly appointed chief executive officer Jeremy Lune. We look forward to working together to ensure our local communities are given the best care and support when needed.

Healthwatch Swindon recognises the exceptional work undertaken by colleagues at Prospect Hospice ensuring patients are central to their delivery of healthcare and the achievements made during 2022-2023 alongside looking forward to future priorities.

We welcome a strategy that focuses heavily on the community and engaging them early in conversations around death and dying and the new vision of creating a climate within the community where death is no longer a taboo and everyone lives and dies well. We give recognition to Prospect Hospice's Aspire values standing for authentic, specialist, person-centred, inclusive, resilient and excellent.

We acknowledge the investment made into the implementation of the new patient record system, SystmOne in June 2022, and pioneering the use of virtual reality in pain relief for patients with life-limiting illnesses.

We are pleased to see priority four - Compassionate Communities and the reopening of Heart of the Hospice café to the public, a place where the community can come to socialise, meet friends and enjoy great food with the added benefit that when people were unable to heat their homes because of the spiralling energy costs, they knew they could come to the hospice, have a low-cost hot meal, stay warm and socialise.

We look forward to 2023/24 priorities and the creation of the motor neurone coordinator role to lead the coordination of care for patients and to improve outcomes for them and their families. And the rollout of the use of virtual reality headsets in people's homes and working with a doctor of health psychology at the University of Bath to evaluate this and to agree and take forward research opportunities for this initiative.

We are committed to working closely with the hospice to represent patients and that they are central to the delivery of healthcare and look forward to the completion of the work to meet the 2023/24 priority.



Amritpal Kaur

Projects Portfolio Manager - Healthwatch Swindon and Healthwatch Bath and North East Somerset

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Prospect Hospice's 2022-23 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Prospect Hospice's Quality Account for 2022/2023. In so far as the ICB 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 ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank Prospect Hospice for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects Prospect Hospice's on-going commitment to quality improvement and addresses key issues in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, Prospect Hospice has still been able to make achievements against all their priorities for 2022/23 including:

1. Embedding new digital systems including the implementation of SystmOne and effective use of virtual reality (VR) for patients experiencing pain and/or anxiety.
2. Using SystmOne to improve management of caseloads and patient flow, supporting pathway development and better oversight of workflow and capacity.
3. Collaborating with partner organisations, including; Swindon Borough Council, supporting teams who work with unhoused people and providing access to palliative care; Great Western Hospital's Macmillan Wellbeing Team and communication centre which is improving pathways for end of life patients and connecting with patients through giving talks at group sessions; and working with Wiltshire Treehouse to provide a more joined up offer of both pre- and post-bereavement support to children and young people.

4. Compassionate Communities including the re-opening of the Heart of the Hospice café providing a place for the local community to meet, supporting those who are affected by the cost of living by offering place to stay warm with low-cost food whilst they socialise and importantly using the setting to address taboos around death, dying and fear of hospices.

5. End of Life Care Review for Swindon which involves working closely with a range of partner organisations and commissioners, focussing on delivering key recommendations to improve the pathway and experience for end of life patients and their families and strengthening local end of life services.

The ICB supports Prospect Hospice's identified Quality Priorities for 2023/2024. It is recognised that several 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 ICB welcomes continued engagement in the agreed service improvement plan with a focus on:

1. Implementing the Lantern Model of end of life care which highlights the importance of the role of nurses in delivering end of life care and provides a framework for care delivery and nursing practice to ensure patients receive the best possible end of life care.
2. Further strengthen knowledge and skills in relation to quality improvement methodology within clinical teams and link in with the BSW programmes of work aligned to workforce training and development.

3. Implementation of a motor neurone co-ordinator role to support people in Swindon with a diagnosis of motor neurone disease.
4. Roll out the use of VR in people's homes and collaborate with a Doctor of Health Psychology at the University of Bath to support an evaluation exercise and take forward any opportunities for research.
5. Working in collaboration with the community virtual ward team in Swindon, to provide a specialist support role in improving palliative and end of life care to frail patients and their families as part of the extending frailty care grant programme.

We look forward to sharing and learning from progress achieved against the quality priorities identified in this Quality Account for 23/24. To enable this, we would welcome a collaborative understanding of the continued transition to the Patient Safety Incident Response Framework (PSIRF) and the formulation of Patient Safety Incident Response Plans (PSIRPs), which will inform the identified quality improvement initiatives.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Prospect Hospice, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May
Chief Nurse Officer – BSW ICB



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

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Registered charity number: 280093

President: Her Majesty The Queen



Company registration: 1494909

