

Quality account 2023 – 2024



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Introduction from our chief executive



I joined the charity just over a year ago and writing the introduction to the Quality Account was one of the first tasks I completed. In it, I admitted that I couldn't take any of the credit for the work completed that year.

A year down the line and I find myself in a similar position. While I've been at the helm over the course of the last 12 months, my role is to steer the ship and make the difficult decisions – I still cannot take credit for many of the key achievements you will read about in this Quality Account.

In this ever-changing landscape, one thing remains, and that is our commitment to providing high-quality care and improving services for patients and their families. Over the last year I've been able to see incredible work taking place that puts our patients at the centre of their care, focussing on what matters to them. There is all the medical support you would expect but, for me, the part I've been blown away by is the holistic approach to care, creating a calm and comforting environment enabling someone's last days to be as good as they can possibly be.

A Quality Account is a wonderful way to reflect on the achievements of the last 12 months and this year, Prospect Hospice is incredibly proud of the way it's developing in a number of areas, most notably the support we're able to offer local patients living with motor neurone disease (MND).

All of this has been achieved in challenging financial circumstances and none of this work would be possible without the support of a number of staff who support our clinicians in their work.

Fundraising, retail, communications, finance, HR, catering, facilities, education, volunteers... the list goes on. Every single one of our team makes a considerable contribution to ensuring all our patients receive the best care and I want to take this opportunity to thank them all for all their hard work over the last year.

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

Jeremy Lune – Chief executive

In this ever-changing landscape, one thing remains, and that is our commitment to providing high-quality care and improving services for patients and their families.



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





01

Looking back at last year's key priorities for improvement

Looking back at last year's key priorities for improvement



Jane Green – community matron

Priority one – Implementing the new Lantern Model of care

What we planned to do in 23/24

We planned to work closely with the authors of the Lantern Model to implement this here.

The Lantern Model is a new model of nursing developed through St Christopher's Hospice (Authors: Marie Cooper and Heather Richardson) in 2020. The aim is to explore the unique contribution nursing makes to care for people who are dying, as a basis for making a case for increased investment in their recruitment, development, and

retention. The model encompasses the belief that it has relevance for nurses in any setting in which they support someone coming to the end of life.

It is designed around 7 key components which are outcomes, context of care, process of nursing care, support by the wider multi-disciplinary team, personal prerequisites, organisational conditions, and key principles that shape and guide the care provided.

Progress against the plan

The hospice's community matron, clinical lead for IPU and our advanced nurse practitioner attended the new Lantern Model introduction course in 2023. It was important that we had a senior clinical nursing team taking part in this first course to strengthen our organisational commitment for developing this shared knowledge and enthusiasm for embedding here.

In May 2023 the authors of this model were invited to Prospect Hospice to help identify the next steps and took into account our strategic ambition which is to transition the IPU into a nurse led unit (NLU), and also our aspirations to be a 'beacon' hospice of person centred palliative care which is to be informed by the ethos and practices as espoused within the Lantern Model, offering a contemporary model of nursing for people at the end of life.

Following the meeting and completion of the programme, we secured a place to participate in developing an advancing nursing in practice course. Prospect Hospice was one of 9 hospices selected to work with St Christopher's Hospice and Edinburgh University in a new practice-based programme which ran through to March 2024. This assisted in co-creating and testing a guided approach that will support and develop a person-centred culture within an inpatient palliative care environment. The approach is evidence-based learning and action, which will be evaluated and adapted to reflect the experience of participants.

In March 2024, the clinical lead for IPU and the community matron presented at Edinburgh University, our advancing nursing in practice objectives for the hospice. Following the success of the Bluebell ASPIRE programme for healthcare assistants and using the themes from the practice development programme with St Christopher's, we will be planning and implementing a bespoke programme for IPU registered nurses. The Lantern Model tenets will be incorporated with this programme, to promote an autonomous workforce with embedded palliative care core skills.

The Lantern Model offers a way to approach nursing in a contemporary way. Weaving this within the vast amount of information gained through the practice development programme can be overwhelming and needs methodical, experienced thinking to collate and disseminate information. Our clinical leaders are progressing this.

Next steps

Being selected to join in the advancing nursing in practice programme has provided a fantastic opportunity for our nurses to work with some national and internationally recognised nurse leaders in palliative and end-of-life care.

Working with our learning and development team, a programme of interactive education will be delivered to all registered nurses on IPU. The aim of this programme is to strengthen a nursing workforce that works autonomously, with embedded core palliative care skills and values ensuring Prospect Hospice can truly offer care that is specialist and person centred, with a nursing team that values their skills and is proud to work within palliative care.

Priority two – Quality Improvement – Developing knowledge and skills

What we planned to do in 23/24

We planned to arrange a quality improvement foundation training programme with Bath and North East Somerset, Swindon and Wiltshire (BSW) Improvement Academy to enable staff to enhance their understanding and participation in quality improvement (QI) initiatives.

We also planned to utilise the quality improvement methodology which the Advanced Quality Academy (AQUA) called the Quality Improvement Building Blocks Framework (QIBBF) to enable us to identify what further work was required to facilitate continuous improvement. This framework guides organisations who aspire to high-performing status through a structured organisational diagnostic tool. It focusses on the key aspects of organisational development necessary to facilitate continuous quality improvement. This tool would also enable healthcare partners within BSW to identify shared opportunities for learning, accelerate QI and identify priorities to collaboratively work together on for the benefit of their communities. The BSW cohort was the first testing of the framework at system level nationally.

Progress against the plan

Quality Improvement training

30 staff attended a face-to-face quality improvement foundation training in April and May 2023 which was facilitated by the BSW Improvement Academy using the most up to date quality improvement tools such as A3 Thinking.

This course was aimed at people who are new to or have had some limited experience of quality improvement. The learning outcomes were as follows:

- A3 Thinking and how it fits with improvement healthcare improvement model
- Working with stakeholders
- Creating a SMART aim for QI
- Root cause analysis techniques (fishbone, 5 whys)
- Process mapping
- Rapid cycle improvement

Feedback from the training was that it highlighted appreciation for insight into project management skills, tools, processes, and quality improvement techniques, particularly regarding the plan, do, study, act (PDSA) cycle. Participants found the session helpful in analysing issues thoroughly before deciding on solutions and in understanding how to ensure efficiency and quality in processes and procedures at Prospect Hospice. There is also a desire for further information and deeper understanding of quality improvement and QI tools. The use of out-of-the-box thinking and the PDSA cycle were particularly valued.

Examples of the quality improvement projects that took place following this training included:

- the completion of the delirium tool and identified key changes which led to improvements
- the introduction of a new drug chart to assist in improving patient outcomes for patients in relation to pain management
- the installation of the CCTV camera to reduce in the number of drug errors
- improvements in the Topical Medications Applications Record (TMAR)

Another quality improvement project which was undertaken related to a clear evidence-based pathway guidance for the management of choking which was undertaken by the specialist neuro-respiratory physiotherapist at the hospice.

As part of the roll out of the guidance, training took place for staff at the local hospital and community, the speech and language therapy staff, the southwest therapy group, the oncology therapies for the West of England group and the Devon clinical nurse specialists. This was also used with carers and provided training linked to specific patients in the community which gave them greater knowledge and confidence in supporting and managing in these difficult and frightening situations. The evaluation has been extremely positive from all staff and carers.

Continuous Improvement Diagnostic Project

We worked with nine healthcare organisations across BSW including the integrated care board and the Advanced Quality Academy team and three surveys were sent to staff to complete over a period of six months to identify our strengths and where further developments are needed in relation to continuous improvement.

The following areas were covered in each of the surveys:

- person and family centred care
- cultural and infrastructure essentials
- an effective learning system

The hospice scored the highest across BSW in cultural and infrastructural essentials particularly in relation to:

- valued workforce and psychological safety,
- compassionate leadership with relentless focus that connect with staff at the point of care
- good team working
- 'functional team' ethos including. Clinical and informatics integration
- increasing staff capacity and capability in QI and innovation

The other two strong areas from the surveys were 'what matters to you' and 'family as a unit of care'.

The overall score for all three blocks which can be achieved is 180. For context, a high performing organisation, with a strong culture and focus on QI within the NHS would be expected to generate a score around 100/180. Prospect Hospice scored 92.4 out of 180. We were the second highest scoring organisation in this AQUA group.

The three main areas identified from the results for development were:

- learning system essentials
- service user engagement
- QI capacity for us to maintain pace, knowledge, and skills

Next steps

The hospice will continue to work on quality improvements projects for the forthcoming year.

The hospice will continue to progress the areas identified for further improvements and work across BSW collaboratively in developing a system wide shared resource library and sharing resources and training to increase capability and capacity.

Priority three – Motor Neurone Disease (MND) coordinator role

What we planned to do in 23/24

We planned to implement the commissioned role of a MND coordinator, which is a new role across Swindon, and leading on coordinating care for patients and demonstrating improved outcomes.

Progress against the plan

A MND specialist practitioner was appointed in August 2023 and a MND healthcare assistant (HCA) was appointed in December 2023.

The service has been working in collaboration with the Great Western Hospital MND clinic alongside the consultant neurologist, the staff at the hospital, outpatients, nursing homes, the GP surgeries, the sleep service and the MND multi-disciplinary team.

One of the key benefits of the service is the ability to support people in their own homes and provide the adequate time required to meet their needs.

The MND specialist practitioner and the MND HCA support the patient and their family from diagnosis through to end of life (EOL) and bereavement. They provide a highly person centred and holistic approach and focus on 'what matters to me'. They have undertaken advanced care planning, ReSPECT discussions with patients, assisted in contingency planning, choking management, respiratory assessment and treatment, withdrawal of ventilation and external education.

In December 2023, interviews took place with patients and family members to assist in identifying patient and family inspired key performance indicators (KPIs) as part of our contract. Some of the themes from the interviews were that patients and family members felt it was important to have the coordinator to be present at MND clinics to help them understand what is happening, to have the right information at the right time, to co-ordinate and provide good communication with rest of MDT /practitioners and knowing they can reach someone day or night as a carer for advice.

Patients and their families tell us:

"No one else seems to understand about MND. If we ever need anything at all, we always come straight to you and we know you will sort it."

"Everything can feel like a battle to get what we need. I don't know what we would do without you fighting our corner."

To date, 22 patients and their families have been supported and over 600 health care professionals have attended education sessions on MND and symptom management provided by the co-ordinator.

The service has shown to be effective in providing hospital support, preventing unsafe discharges and reduced GP contacts.

The benefit of the service is that the team can easily refer for support which the hospice provides, such as family support services and clinical nurse specialists.

The case study below reflects the impact the new service has provided and demonstrates the positive patient outcomes.

A 78-year-old gentleman was diagnosed with MND in November 2023. The Prospect Hospice MND coordinator attended the MND clinic at Great Western Hospital for support when the gentleman was given the diagnosis. This was a great shock for him and initially he was reluctant to accept any support and he appeared terrified and mortified about this diagnosis, with the gentleman saying that "I do not want to know anything".

The MND coordinator encouraged the patient to meet with her once so she could explain the support that she could offer him in more detail. A follow up meeting with the gentleman and his family at home was arranged to answer any questions they had and to inform them of the specialist support Prospect Hospice could provide. The MND staff at Prospect Hospice focussed on what mattered to the gentleman and his family and an individualised person-centred care plan and goals were developed. The staff arranged regular 1 to 2 weekly support appointments for the gentleman and his family including any onward referrals for emotional support and benefits advice. Examples of practical support included a referral to have access to a wheelchair, head support and aids to support activities of daily living.

Facilitated joint visits were arranged by the Prospect Hospice MND team with other health care professionals including the speech and language therapists to facilitate voice banking. Our MND team also gave advice and support in relation to the management of the gentleman's symptoms which included breathlessness techniques and cough augmentation. The Prospect Hospice MND service coordinated responding to changing care needs and symptom management in a timely manner, including liaising with the GP for pain control and expediting referrals for respiratory assessment to enable a gastrostomy procedure.

Feedback from the gentleman and his family was that the hospice service "provided the right information at the right time, nothing I would change". As a family "we feel protected and safe, you are just at the end of the telephone" and adding "we feel so lucky to have a dedicated team looking after us. We feel like we are in a protected bubble... that is so important, we feel so privileged".

Next steps

The service will continue to focus on hospital avoidance, reduced GP contacts and contingency planning on the ICR (Integrated Care Records).

We will be developing pathways for fitting and supply of neck collars, choking management and assistance on coughing.

We will be presenting at the local MND conference and the Hospice UK conference to demonstrate the innovative development of patient led key performance.

Priority four – Virtual headset

What we planned to do in 23/24

We planned to roll out the use of our virtual reality (VR) headsets in people's homes and work 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.

The pioneer of palliative care, Dame Cecily Saunders, described the term “total suffering” in 1964 as the pain that has physical, emotional, social and spiritual aspects. These symptoms may include pain, but also breathlessness, nausea, fatigue, and anxiety, amongst others. They frequently coexist and interact with each other, for example pain will increase anxiety, anxiety worsens breathlessness, and all these negative symptoms will adversely affect a patient's energy levels. The meaning and impact of each symptom will alter with each patient's individual experience, whether that is loss of social function, negative emotional impact or physical impairments and restrictions. Virtual reality is emerging as a useful tool in the holistic management of patients receiving palliative care. Current evidence to date is mainly in the form of small feasibility studies, but shows encouraging improvements in anxiety and pain symptoms, and high levels of acceptability.

Progress against the plan

Prospect Hospice has offered VR headsets to its patients for 3 years. We were unable to work with Bath University due to the unavailability of their lecturer.

However there was an evaluation review and report developed by one of our specialist doctors which explored how this service is currently used by patients and staff, what works well, what gaps there are in the service and propose improvements that could be made, with the ambition to conduct further studies on VR. This was part of her dissertation for her masters in palliative care.

The evaluation report showed the length of time that patients kept VR headsets for and this varied from one week up to eight weeks and on average the headsets were on loan for three weeks. There was a markedly longer average length of time of the use of VR Headsets in community patients, with 4.8 weeks being the average. In-patient unit (IPU) patients kept the VR kit for no longer than two weeks and did not take the VR headset home from IPU when discharged, although this would have been possible if they had wanted to.

It was identified that the equipment available is underutilised and only a very small proportion of patients use it. This is due to three main factors:

1. Reduced staff confidence and skills throughout staff teams but particularly in the IPU nursing team.
2. The lack of clear infrastructure or operational guidance about the service.
3. Problems with equipment (both hard and software) with limited technical support available.



From the report, potential service improvements were identified that could be made in the immediate term, the medium term, and the longer term. These improvements involve three areas which are:

1. VR service infrastructure.
2. Staff training.
3. VR equipment and software (maintenance and upgrades).

The PDSA QI tool would be required to ensure that any proposed change was made with the best possible chance of a successful outcome.

Next steps

We will continue to progress the service improvements identified in the report and identify if BSW Academy for Improvement are able to assist with the QI work needed around this to develop the full potential of the VR headsets.

Priority five – Frailty care grant programme

What we planned to do in 23/24

In 2023 we were successful in achieving this Hospice UK grant relating to frailty and we planned to work collaboratively with the NHS at Home (virtual ward) team in Swindon to provide a specialist support role in improving palliative and end-of-life care to patients and their families. We planned to capture outcome measures to evaluate the impact and effectiveness of the hospice role in this project and make recommendations for a model going forward.

This is primarily about identifying opportunities for and helping to deliver better patient led 'what matters to me' conversations and helping to facilitate good quality, honest conversations and decision-making working as part of the NHS at Home service.

The project is also about learning from patient stories and implementing learning moving forward.

Progress against the plan

In January, a project nurse was appointed (formally a clinical nurse specialist at the hospice) to work part time working with the NHS at Home team to help better enable identification of patients who have been identified as frail and appropriate for conversations regarding "what matters to me".

The project nurse works alongside the NHS at Home team to facilitate their knowledge and confidence in having honest conversations with people about their condition and treatment options which links to ReSPECT and Advanced Care Planning. To date, 45 new patients have been identified which has included patients with heart failure and chronic obstructive pulmonary disease.

Early project learning has identified the possible value of relationship building/ collaborative with the NHS at Home team and the patients and families. The knowledge and skills the project nurse demonstrates to help shape thinking about the value of ReSPECT and advanced care planning discussions and documentation.

Teaching and reflection sessions took place in March 2024 with the NHS at Home team and the clinical nurse specialists to create opportunities to share experience, work together with staff at the hospice and introduce tools that will aid discussions and identify patients who would benefit in having a ReSPECT discussion.

Next steps

The project nurse will be evaluating the teaching/reflective sessions to identify any further supportive needs and content of further training and deliver a BSW wide shared learning event.

In addition to this, the following objectives identified will continue to be implemented.

- avoid unnecessary admissions to hospital
- improve use of the Supportive & Palliative Care Indicators Tool (SPICT) to identify appropriate patients
- introduce the use of the ready, expect, diagnosis, matters, action plan (REDMAP) framework tool to aid conversations
- ensure that ReSPECT and advance care planning forms are complete
- ensure that quality improvement reporting to Hospice UK is undertaken

The project runs through to end of September 2024.

Robin and Mary



When my mother was diagnosed with MND, we knew that the illness was incurable. It came as such a shock to us as she had led a physical, outdoor life and had always been incredibly fit and healthy.

As she deteriorated and needed more care, I looked after her for 16 months at her home in Pewsey before her health deteriorated.

We were told there might be a bed available for her at the hospice. It was all happening so quickly, and we hadn't expected it, but I can't tell you what a godsend it was. We had a lot of anxiety but that was all removed as soon as we stepped over the threshold of the hospice in Wroughton. It was like stepping into a sanctuary.

We immediately sensed that we were in the care of compassionate professionals. The whole environment enabled us to concentrate on the important things like being focused emotionally on my mother. We felt like we'd been given a golden gift.

Our time spent at the hospice has left us with some very special memories. My mother absolutely adored nature and loved being outdoors. Her room looked out onto the stunning gardens that were teeming with wildlife. We'd sit at my mother's bedside with the patio doors open and watch the nature.

The day before my mother passed away, we had such beautiful weather that we moved her bed out onto the patio. We sat her up in her bed so she was lying with nature all around her and could listen to the birds singing. The whole experience was extraordinary and we spent all afternoon out there. To be able to give her the opportunity to breathe fresh air and have the sense of nature around her was a real privilege and in stark contrast to our experience of the hospital. I know she couldn't have wished for a better ending.

Robin



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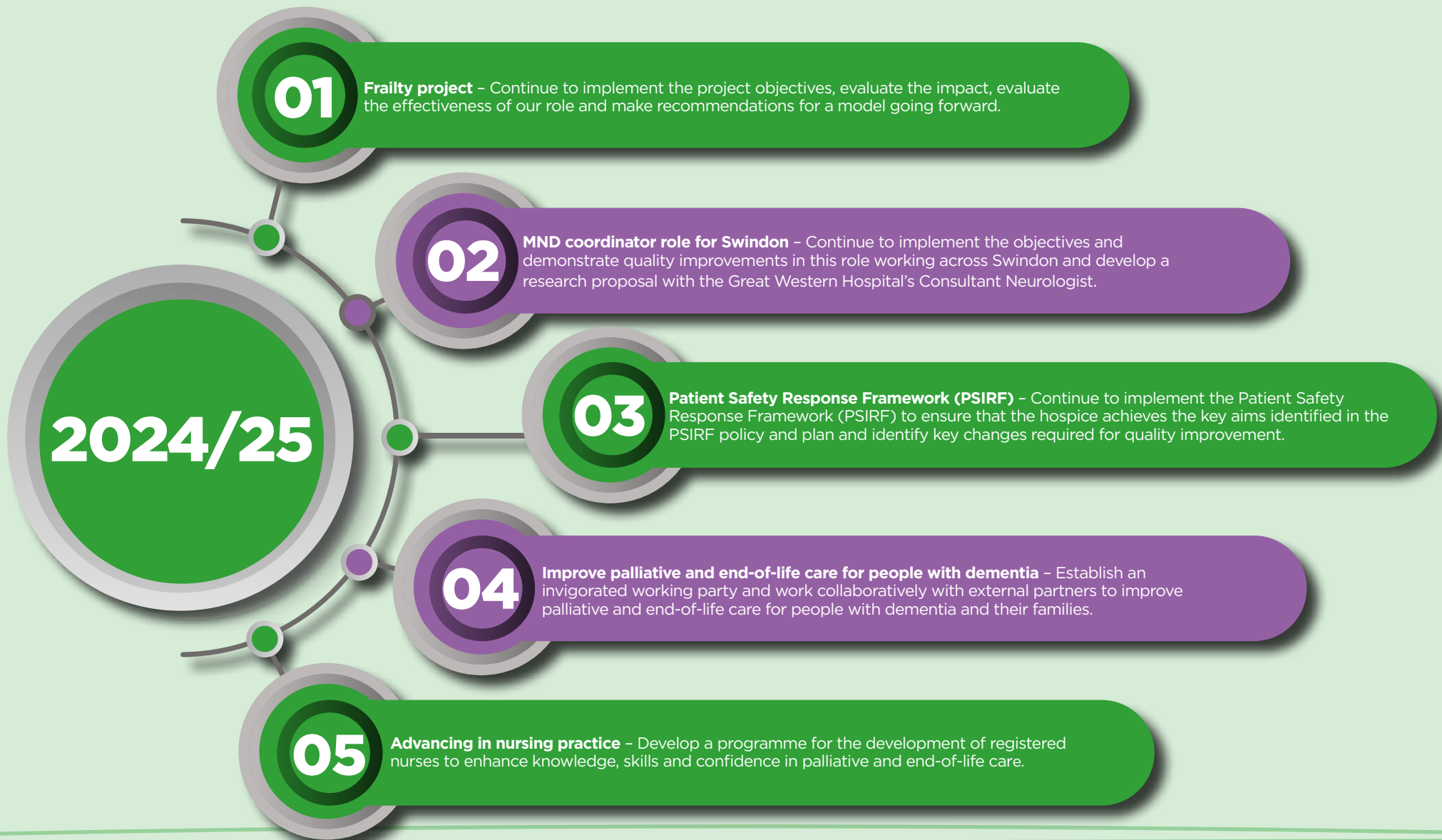




02

Key priorities for 2024 – 2025

Priorities for next year



Lori and Leon

“

Leon thought he had sciatica but he wasn't getting better. After appointments with doctors, who couldn't get to the bottom of it, it was through a scan, that we found out it was cancer.

As soon as we came into contact with Prospect Hospice, there was no waiting around. Sue sorted his medication and Pip, the physio provided crutches so he could still be independent as much as possible.

We were supported by a whole team of people. Leon's legs were swelling as a result of his illness and he was spending a lot of time sat down, so we also saw Karen who specialises in this. She treated him and got us a special bed which arrived the very next day. The team also arranged for specialist equipment that we'd never heard of and would never have known about without their help. Nothing was too much trouble and they all made sure that Leon was able to stay in his own home and live as comfortably as possible for as long as possible.

Leon soon began chemotherapy treatment and started to improve but there was still a lot for us to navigate. We always spoke to Sue and that continuity really helped. She was amazing and when we needed them, prescriptions were ready us for us to collect. It was such a relief to have one less thing to worry about.

The day I called Sue to let her know Leon was getting worse, she came straight away to get everything set up. She made sure we had everything we needed so that we were ready.

Everything just felt very personal. These people, strangers, come into your life for a just a short period of time, but you build an incredible bond as they support you through something you've never done.

The one thing I remember thinking about throughout this time is how niche the care was. That's what makes Prospect Hospice unique and special. The care was tailored to us – and when I say us, it wasn't just about Leon and making sure he had what he needed. They made sure I was OK and I never felt alone.

”

Lori

Everything just felt very personal. These people, strangers, come into your life for a just a short period of time, but you build an incredible bond as they support you through something you've never done.





03

Assurance

Assurance



Income generated

During 2023/24 Prospect Hospice provided NHS-commissioned services for specialist end-of-life care. The NHS only makes a recurring funding contribution of approximately 27% of the charity's total income – a figure that has remained static for the last ten years in real cash terms.

The majority of our funding, around 73%, comes from voluntary income-generation activities which this year raised £5.3m, of which legacy income was over £0.8m. Income generation continues to be a big challenge for the hospice with the cost of living crisis and rising interest rates. Because of this, the hospice ended the year with an operating financial deficit of £1.2m. We expect 2024/25 to be as equally challenging as the current year.

Specialisms

Caring for adults.

Audit report

Prospect Hospice aims to continue to improve the care it provides for patients, their families and carers. To do this, we collect and analyse information about our work, and this is overseen by the Quality Improvement and Clinical Audit Group (QICAG). We review and evaluate our services in the following ways:

- Clinical audit: This measures patient care against explicit national, local or internal clinical standards.
- Service evaluation (ideally and often via user experience): Typically taking the form of questionnaires or surveys to patients, families and carers regarding their views of the care they have received.
- Patient, family and carer feedback. We continue to collect information directly from patients through feedback. In, addition we continue to use iWantGreatCare for timely patient, family and carer feedback.

Over the year, the QICAG oversaw 40 audits and each of these were presented by the auditor to demonstrate the audit results, lessons learnt and changes that led to quality improvement. Due to capacity, three audits (advance care planning, 'What matters to You' and Integrated Care Record) were not undertaken but have been carried forward to the 2024/25 audit schedule and will be treated as a priority.

As part of the continuous quality improvement programme, which is an ongoing process of analysing performance, identifying opportunities, and making incremental changes, we have reviewed our audit schedule for 2024/25 and have identified 50 audits that will take place. 10 new audits have been identified for 2024/25. We have reduced the frequency of some audits whereby the compliance rate has been 95% and above. Further improvements have been made to the audit schedule to ensure all audits are presented at the QICAG and it will include a rag rating system which will reflect if compliance against the measures have been achieved. We introduced further scrutiny and assurances around audits and the quality improvement lead presents quarterly presentations on selected audits to the two trustees (who chair the patient services committee) and this provides added assurance and scrutiny.

Clinical audit is an essential tool in improving quality and patient safety, and the administration and prescribing of medicines is an area that can be particularly prone to error. We have added rigour to our administration, prescribing and patients own medications audits this year and these audits take place on a quarterly basis and over 95% has been achieved. Self-medication of medicines audit and the CD Accountable Officer Audit utilising the Hospice UK audit tool will be developed for 2024/25 to provide further rigour and robustness in demonstrating adherence to the necessary standards.

Over the years the pain management audit has seen an improvement, and this year has consistently seen 100% results every month due to the introduction to the new prescription chart. Our pharmacist also undertakes monthly audits on opened medications, controlled drugs and discharge medicines which have now consistently achieved 100%. We have introduced new audits for the pharmacist to undertake and reduced monthly audits where appropriate.

The annual controlled drug (CD) audit was undertaken in December 2023 by the quality improvement lead and 100% was achieved which is an improvement from the previous year (96%) as a new CD procedure to incorporate areas identified in the audit were implemented.

The annual infection prevention and control audit was undertaken in August 2023 and 98% was achieved which was an improvement from the following year (96%). An action plan is in place and is monitored by the QICAG every quarter. Monthly/quarterly hand hygiene audits continue to take place, and these were extended to other departments within patient services and the catering department.

A comprehensive annual safeguarding audit was undertaken in 2023/24 following the BSW Integrated Care Board template. The aims were to identify to what extent Prospect Hospice safeguarding processes and practices meet current NHS Assurance Audit standards and identify opportunities for learning and organisational development once completed. 11 areas were identified as requiring actions and have been completed apart from three outstanding areas which continue to be progressed. An action plan is in place which is monitored at the quarterly safeguarding meetings.

Research

Prospect Hospice is now a research active hospice. We now have a research committee in place led by our medical director to identify opportunities and priorities for our research involvement. We are actively making connections with local research networks and have secured some small funding grants to enable our specialist doctor time to progress this.

Several members of the medical team and some nursing staff have received Good Clinical Practice (GCP) training. This is the agreed international standard for conducting clinical research and is needed for researchers conducting clinical trials of investigational medicinal products. This has enabled us to take part in National Institute for Health and Care Research NIHR projects and we have duly become enrolled in the CHELsea II trial.

The aim is to assess whether giving patients in the last days of life fluids via a drip ("clinically-assisted hydration", CAH) is effective at preventing them from developing delirium ("terminal agitation"). This problem often occurs at end-of-life, and causes distress to patients (e.g. confusion, restlessness), families and healthcare professionals. Furthermore, it often means that the patient requires sedating in the last days of life. It will also explore if CAH affects other end-of-life problems (e.g. noisy breathing, shortness of breath), causes any side effects, and affects length of survival. The use of CAH in the last days of life is very variable (and highly debated), because there is no high-quality research to show whether it improves (or worsens) end-of-life care. This research will hopefully provide some clarity.

We are working collaboratively with the consultant neurologist from Great Western Hospital to bid for research funding in acute management of choking in patients with motor neurone disease. This has already included a patient and family consultation event at the hospice.

We are working with Dorothy House Hospice to consider joint research opportunities and have participated in a dementia care consortium workshop to help consider future research opportunities.

Our advanced nurse practitioner will be incorporating elements of research in her role and has contributed to sharing a reflection of her personal story about her involvement in research in palliative and end of life care at a local conference.

Collaboration and connections

We continue to establish strong working relationships with external partners and providers locally and further afield. Locally we are active in the Bath and North East Somerset (BSW) End of Life Alliance and the 3-hospices alliance group, working together to strengthen our voice, learning from each other and seeking to reduce variation in service provision.

Some areas of development include:

- Three of our senior nurses have completed the St Christopher's Lantern Model course and were selected to take part in working with 9 other hospices with the St Christopher's Hospice CARE team programme for advancing nursing practice and will be implementing this here. There are now taking part in ongoing peer network.
- We have established safeguarding supervision for our palliative care social workers and invited Dorothy House Hospice social workers to attend too to widen the scope of the supervision.
- Joining the Community of Practice (St Christopher's Hospice) for both non-medical prescribing and rehabilitation.
- Clinical education – providing palliative and end-of-life teaching sessions for Swindon College and receiving clinical skills education sessions here in return.
- Active participants in the BSW quality improvement community of practice working with NHS leads.

- Research – participating in national and local clinical research forums and participation in the national Chelsea2 trial. Working with Great Western Hospitals (GWH) for a joint research bid.
- Collaborative working with the Motor Neurone Association to establish a new hospice role to co-ordinate MND services for Swindon (NHS funded).

Advanced Nurse Practitioner

We are delighted to celebrate one of our clinical nurse specialists becoming our first advanced nurse practitioner (following masters level studying over 3 years) with responsibility for clinical practice, education, leadership and research. Our new ANP is leading some hospice UK funded collaborative working with the Swindon Hospital at Home 'ward' to help better meet the needs of people with frailty and palliative care needs. She is taking forward our work with people who are homeless and supporting the development of our registered nurses through working with these nurses and role modelling her advanced knowledge and skills in addition to 'hands-on' patient assessment and care in the community, carrying a caseload of patients and in our in-patient unit.



Patient Safety Incident Response Framework (PSIRF) – Learning and Improvement

PSIRF is a key part of the NHS Patient Safety Strategy (July 2019) and aims to help to improve its understanding of safety by drawing insight from patient safety incidents, outline how providers should respond, and when a patient safety incident investigation should be conducted. It has four aims which are:

1. Compassionate engagement and involvement of those affected by patient safety incidents.
2. Application of a range of system-based approaches to learning from patient safety incidents.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focused on strengthening response system functioning and improvement.

In response to PSIRF, Prospect Hospice developed a plan identifying our key priorities in relation to patient safety incidents. This will facilitate further learning and improvement. This and the PSIRF Policy can be viewed on the internet.

All teams have had an introductory session to PSIRF by the quality improvement lead and key staff were identified to undertake the patient safety syllabus training followed by a facilitated discussion led by the quality improvement lead to enhance, clarify and embed learning.

PSIRF will continue to be a key priority for the hospice moving into 2024/25.

A community based 'drop in session' for bereavement (bereavement help point)

The bereavement help point commenced in September 2023 and was a collaborative project between Prospect Hospice and Carers Support Wiltshire. The sessions occur on the last Thursday of every month between 2pm and 3.30pm in the Castle and Ball in Marlborough High Street.

The Bereavement Help Point sessions are a 'drop in' style and provide a safe and comfortable space for people to meet and talk and gain support from each other.

The criterion for attendance is that the sessions are open to anyone who is experiencing grief or loss, and this does not have to be recent. Attendees do not have to have experienced Prospect Hospice services and there is no criteria for attendance. Attendance is varied and has been increasing in numbers.

The sessions are supported by a team of volunteers sourced by both organisations and then receive training by the hospice clinical lead and ongoing management by our voluntary services team. We currently have five volunteers who have been trained and are actively regularly supporting the group.

Education

The Bluebell ASPIRE Programme

This is a specialist programme designed for Healthcare Assistants to instil excellence of practice, continuous professional development, and pride in contributing to end-of-life care in a hospice setting.



The programme was completed by 16 staff members from the inpatient unit and Prospect@Home and they have now become palliative care assistants. A new cohort of staff will commence their training to become palliative care assistants in June 2024.

The programme was delivered by our own subject specialists, who are also skilled and qualified trainers. The content was interwoven throughout with Prospect Hospice's ASPIRE values and the stories and experiences of real-life patients and those who matter to them. Reflections were encouraged by the inclusion of videos and writings by experts.

The aims of the programme were as follows:

- To support healthcare assistants in role and build resilience
- To develop excellence in end-of-life care
- To ensure safe working practice
- To encourage reflective practice
- To place the patient at the heart of our learning and care

The following feedback was received by our new palliative care assistants following the training which was undertaken in 2023 and 2024.

- "We see ourselves as 'just' HCA's and sometimes don't feel valued or appreciated when really, we are very valued."
- "I think it has increased my confidence in all areas. Sometimes just reinforced what I already know, especially recognising death and it was useful talking about it in a group."
- "Enhanced my skills around effective communication with patients and relatives."
- "I enjoyed the session on end-of-life palliative care and think I gained the most knowledge on that session. I feel I am more able to recognise some key changes in a patient when they start to actively die and feel more confident in identifying certain points in the process. I also learnt on the building resilience session things that will help me look more inwards and help me manage my stress levels and mental wellbeing, by trying to be more positive and sharing thoughts and feeling with trusted co-workers."
- "As I enjoyed the end-of-life palliative module the more I reached out to staff nurses and asked them to explain certain things in a bit more detail to me as they came about on shift. This led to me applying to study further on a free course on palliative care that Swindon College offer. I am due to start that at the beginning of April."

The learning and development trainer who coordinated the training and delivered some sessions says:

Throughout the programme there was clear development in the engagement and reflection from both cohorts. It was clear that throughout the programme both teams began working well together and sharing best practice of palliative and end-of-life, embedding the learning from the sessions and discovering the duality of both roles in delivering specialist care. It was a pleasure to see their growth and development through the sessions.

Our community matron tells us:

It has been so encouraging to see the development and growth of these HCAs... they thoroughly deserve their recognition as palliative care assistants now and have a greater depth of knowledge and skills.



We have also embarked on a comprehensive staff development programme this year. In addition to the HCA development programme, our team leaders have undergone a detailed development programme supported by coaching and mentoring from senior colleagues. More generally, we have provided opportunities for clinical teams to learn about a wide range of topics via regular lunch and learn sessions.

These have included an overview of LeDeR; an introduction to Trello (a work and project management tool); SystmOne tips and tricks; the purpose and benefits of coaching; introductions to the work of a variety of local voluntary sector agencies working with, for example, refugees, young people affected by bereavement, people with dementia, plus sessions on stress awareness, black history month and investigating accidents and incidents. We strive to create a reflective working environment for our clinicians where innovative new approaches can be tried, and continuous development is a standard element of all clinical roles.



Staff survey insights

Positive attitudes and perceptions

- Prospect Hospice is viewed as a force for good in the community.
- The unifying purpose of the charity gives colleagues meaning and direction.
- Staff perceive that the quality of care provided is outstanding.
- High levels of resilience across the hospice.
- People across the charity seen as supportive, responsive, authentic and flexible.

Challenges and areas for future consideration

- Due to financial situation, organisation seen as too reactive – difficult to forward plan.
- Desire to be more strategic and align future plans and activity to organisational strategy.
- Further development needed to increase autonomy, ownership and accountability given to individuals.
- Ensure Prospect Hospice has the right skills sets in the right roles.
- Continue to develop a strong learning culture.

It is a fantastic place to work and I absolutely love my job.

Prospect have a team of people who are passionate about what they do, how they work and respect each others views.

Prospect is not just a place of work it is a passion for everyone.

From a culture perspective, we still need to do a lot more on building a culture of autonomy and ownership, accountability.

We need to get the right people in the right roles and give them the empowerment to make change.

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 structure is in place. The risk register is incorporated in the governance and patient services committee meetings. The clinical governance agenda is used at all clinical team meetings to enable consistency in approach and issues are escalated to senior leaders and the executive team. This ensures that the risk register is embedded throughout the organisation.

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.

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. 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.

Patient and family feedback (IWGC)

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

The hospice uses 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 and regularly on social media.

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.

We were thrilled to receive six Certificates of Excellence from I Want Great Care (IWGC). This prestigious recognition places us among the nation's most highly-rated healthcare providers, known for exceptional patient care and glowing patient reviews.

The certificates were awarded to the services:

- Clinical Nurse Specialists
- Inpatient Unit
- Lymphoedema nursing service
- Bereavement Support
- Family Support
- Therapy Team

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 where many have shared their stories.

Patient consultation event

We held a patient consultation evening in June 2023 and reached out to all patients and their families who have experienced our services to come to the hospice and share their experiences. The evening was a great success with a diverse range of attendees. Some of the things we learned included:

- We need to be starting conversations with young people – link with schools/ talk to children about what happens at funerals
- There was a lack of awareness of Prospect Hospice before receiving services
- A need for more carers support
- The environment is most important when considering what a good death looks like.

Volunteering

In the last year we have conducted a large-scale review of all our 650 volunteer records, archiving historic paper files and developing paperless systems. Alongside this, electronic records have been transferred from our HR database to our supporter database, to facilitate record-keeping and reporting, and ensure a joined-up supporter management approach with fundraising.

A new retail volunteer induction programme has been embedded, with six sessions delivered so far. This has been established to ensure new retail starters receive consistent messaging, are assessed for the relevant skills needed to be effective in retail, and understand the expectations of the role with regard to customer service, working inclusively, income generation and promoting the services of the hospice, recognising that our retail volunteers have the potential to be some of our most ardent supporters in their own communities.

In support of our organisational strategy, our volunteering strategy demonstrates our intention to reach all sectors of the community by ensuring that our volunteer workforce better reflects that community and works more closely in it. Our existing partnership work with community referral sources, such as Broad Green Community Centre, The Harbour Project, Richmond Fellowship, the DWP and a range of local schools – to name but a few – helps to position us more clearly as a community-based hospice.

Diversifying our volunteer group is also one strand of the voluntary services strategy to ensure we are 'future-proofed' in terms of securing the numbers we require, particularly given that a large proportion of our current volunteer pool is in the older age groups and unlikely to continue volunteering in the short to medium-term. In recent years we have sought to recruit larger numbers of younger volunteers. In 2016 only ten volunteers were under the age of 25, and by the start of the pandemic in 2020, this number had risen to 85 – around 10% of the total number of volunteers at the time. Numbers dropped again after the pandemic, and currently 9% of the entire volunteer workforce is under the age of 35, so we have a renewed focus on increasing representation in the lower age groups.

We have developed partnering arrangements with other organisations to deliver community-based services. As examples, Prospect Hospice volunteers contribute to the running of the hugely successful Memory Café, created by Swindon Borough Council, which takes place once a month in the Heart of the Hospice. We have also worked with Carers Support Wiltshire to develop their bereavement help point model into parts of NE Wiltshire. Currently, one help point is held regularly in Marlborough, run entirely by volunteers trained by Prospect Hospice, and we aim to extend our reach to other parts of our catchment area in due course, subject to clinical staff resources.

Spiritual care

Prospect Hospice provides a psycho-spiritual service and the following key components to this holistic model in palliative care were identified:

- Trust
- Respect
- Open conversations

These have been highlighted as crucial in the development and maintenance of a creative and resilient healthcare culture. A three themed approach has been undertaken with the aim of bringing these into focus across Prospect Hospice.

Patient centred

Following a review and reassessment of those patients referred to the service or are on a waiting list for psychological support, individuals were prioritised in order of complexity and need. Weekly consultations were offered, and an on-site outpatient

clinic implemented to meet patient's needs. A weekly caseload is now held and maintained, in collaboration with members of the wider multi-disciplinary team, who continue to refer where appropriate.

Additionally, those admitted onto the inpatient unit (IPU) are now able to also access the specialist psychological input where required, with several patients having benefited to date. This includes patients discharged home who still require psycho-spiritual input.

A base line audit was also conducted, with the aim to provide ways in which to consider the collection and assessment of quantitative and qualitative data and to ensure that a robust model of psycho-spiritual care is provided.

Staff focused

The psychotherapist/psycho-spiritual care lead, in collaboration with Prospect Hospice's educational team has also offered staff bespoke courses on holistic healthcare, spirituality, boundaries, and transference and counter-transference. Each course has been designed to provide clinical and non-clinical staff across the multi-disciplinary teams the opportunity to revisit and explore the NICE guideline frameworks for psycho-spiritual care.

Overall, these have provided ways for staff to reconsider individual roles, the collective responsibility of providing psycho-spiritual care, and the skillset and approaches available to live this out both personally and professionally. In addition, clinical supervision, which has already been in place for most staff, has been further explored in order to enhance its provision across the organization.

Community minded

As part of the ongoing initiative to reinvigorate conscious psycho-spiritual approaches across Prospect Hospice's catchment area, it was identified that the established relationships with the local hospital (Great Western Hospital) and its palliative care team, other regional hospices, and the wider faith communities in the Swindon area, be enhanced. The aim is to further nurture a collaborative 'community minded' approach, where knowledge, ethos, and experience rooted in end-of-life issues can be advanced and shared amongst partners invested in the holistic model. This collaborative working has already proven to be beneficial, and invitations have been sent to meet, speak, and teach the fundamental concepts originally envisioned at the inception of hospice movement in the 1970s.

Equality, diversity and inclusion (EDI)

In the last year we have worked to embed EDI at both operational and strategic levels, with a new strategic oversight group convening to set direction and facilitate progress in this area. The group is made up of the chair of the trustee board, the CEO, the EDI lead, director of patient services and two additional senior leaders, all of whom are key to embedding an inclusive culture and well-placed to expand our work, particularly in the priority areas of service user consultation, community engagement and collaboration and partnership work.

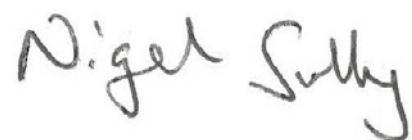
A more junior level 'champions' group works to ensure inclusion is at the forefront of everyday work, organising events and resources to keep our workforce informed and aware of a variety of topics relating to diversity and inclusion.



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



Katie and Graham



Graham Maxam devoted himself to his family and just enjoying life. “He just cared about people,” remembers his daughter Katie.

It was during a trip in Australia that they first noticed something was wrong with Graham, leading to a diagnosis of bladder cancer.

The cancer eventually spread throughout Graham’s bones, causing severe pain that medication could not alleviate. The family decided to seek help from Prospect Hospice, despite Graham’s initial reluctance due to his desire to die at home. However, once admitted, Graham found relief and comfort, which significantly improved his quality of life.

Katie remembers how the hospice provided comprehensive care, not just for Graham but for the entire family.

Looking back at their time at Prospect Hospice, Katie’s fondest memory is of her Dad and her newborn son Grayson. “When my son was born, dad wasn’t confident holding him because of the pain in his joints. The new treatment plan the hospice arranged for him meant that he finally had the confidence to pick up his grandson and give him a cuddle. It was incredible to see. The hospice gave that to him.”

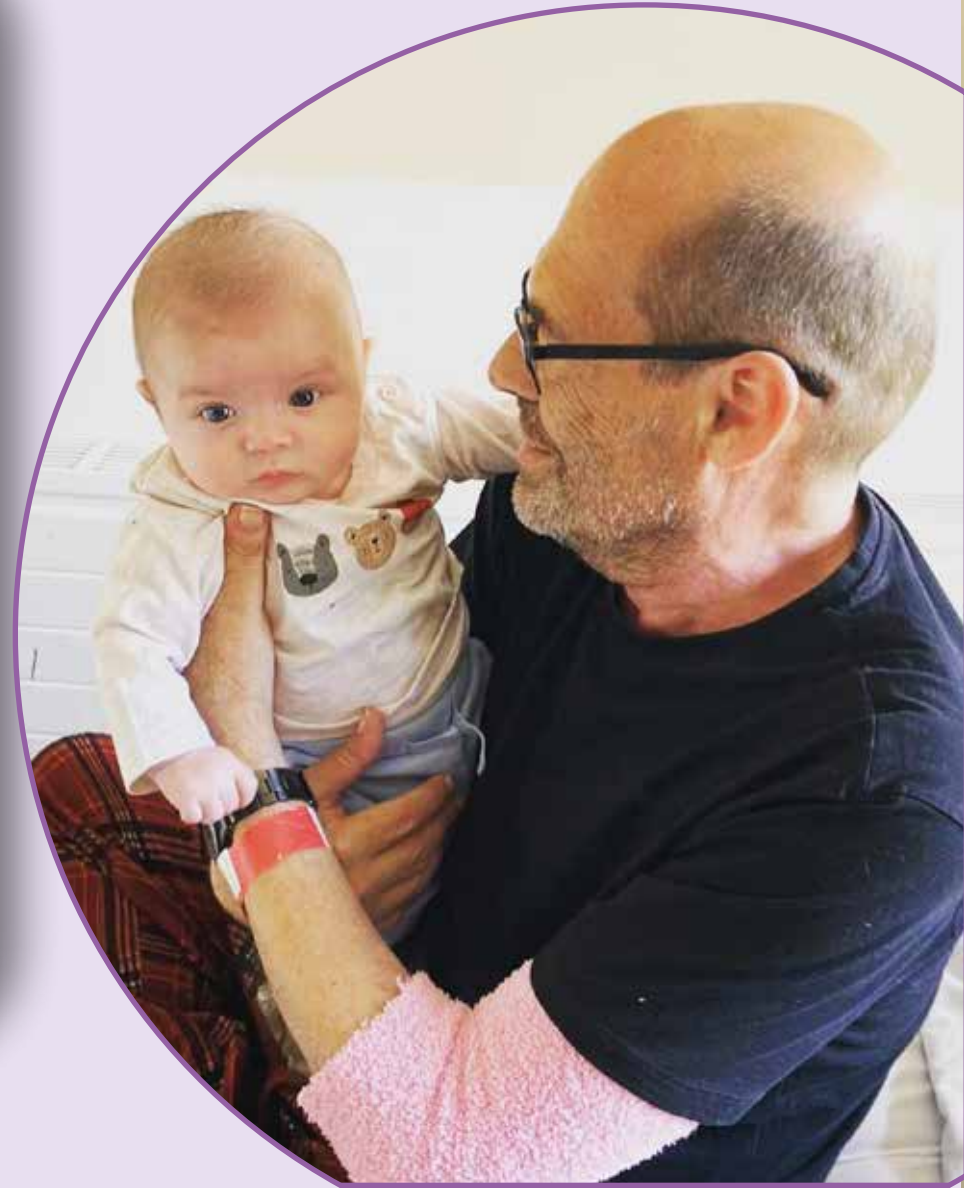
Graham died at home at the age of 60. “His final passing was lovely. Me, my mum and brother were all with him. We had a cup of tea and his favourite music was playing in the background.”

If we hadn’t had the involvement from Prospect Hospice, none of that would have been possible. Without them, dad would have died in agony but, because of them, he got to die the way he wanted to – at home, surrounded by his family and I’ll always be grateful to them for giving us that.



Katie

The new treatment plan the hospice arranged for him meant that he finally had the confidence to pick up his grandson and give him a cuddle. It was incredible to see.





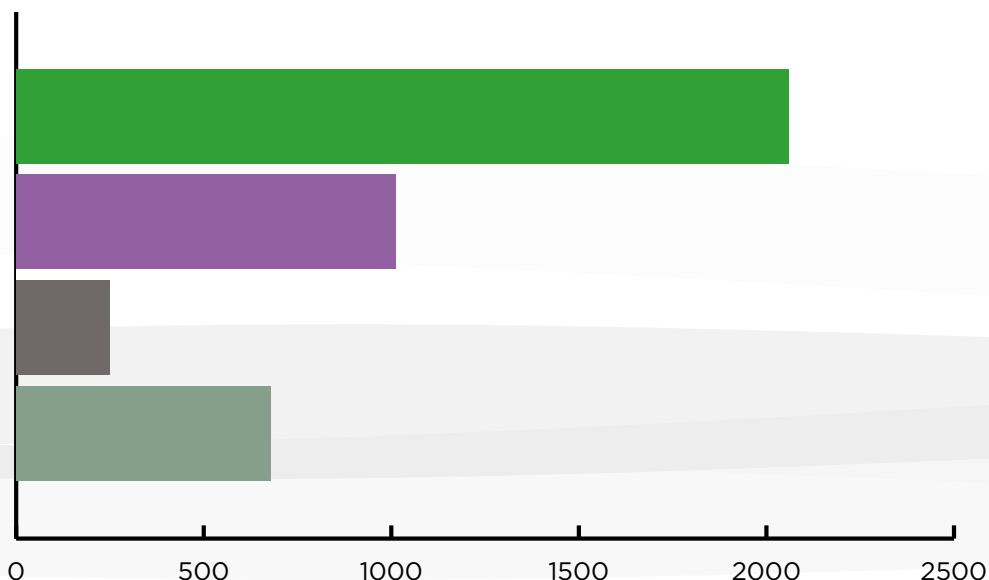
04

Statistics on patient services: 1 Jan 2023 – 31 Dec 2023

Statistics on patient services: 1 January 2023 – 31 December 2023

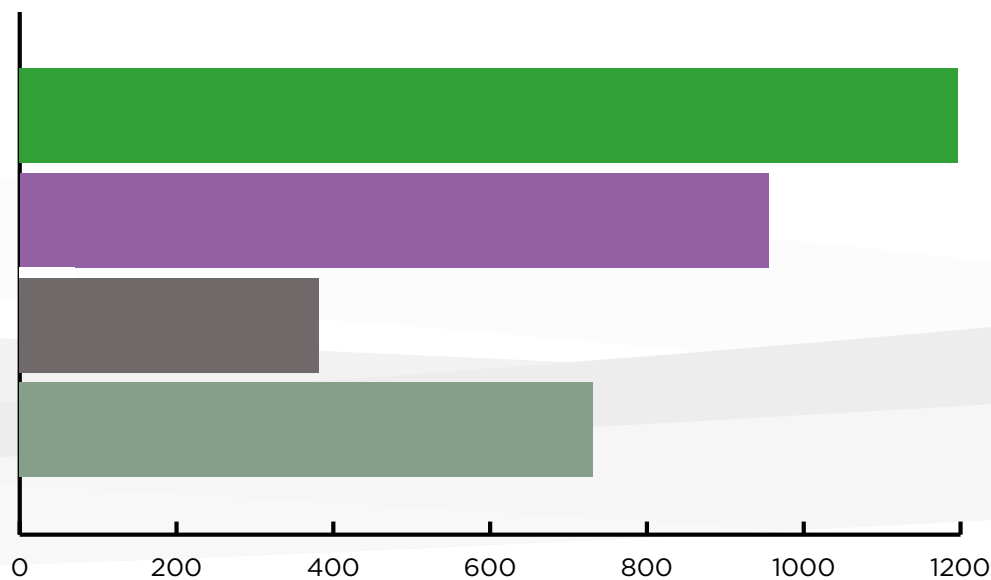
Patients and others using Prospect Hospice services

Referrals and registrations



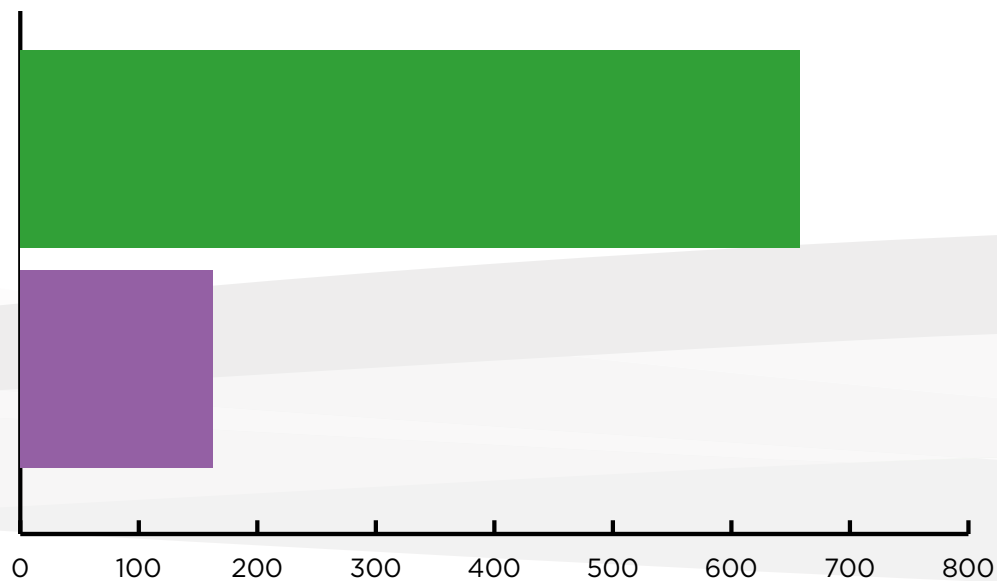
- **2059** referrals in the year for palliative care services
 - **1012** referrals for family support or bereavement support
 - **248** referrals for the lymphoedema service
- These include internal referrals and re-referrals.
- **678** unique patients and service users registered on 31 December 2023

Number of palliative patients



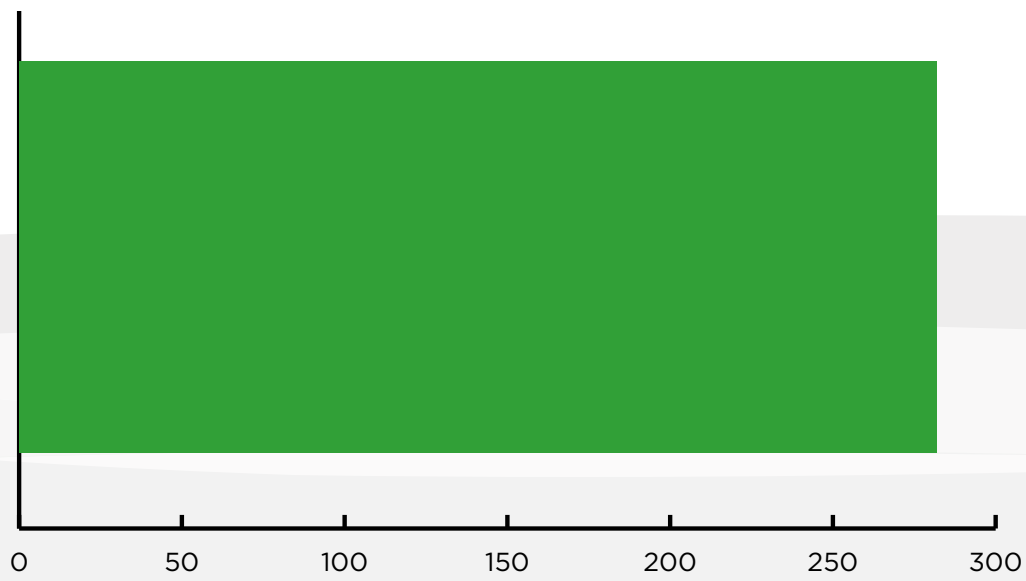
- **1197** patients received CNS, Prospect@Home, therapy, inpatient or medical support from Prospect Hospice doctors.
- Of these:
- **955** patients under the care of community nurse specialists
 - **382** patients under the care of Prospect@Home
 - **731** patients under the care of the Prospect Hospice therapy team

Number of patients, carers or family members receiving support



● **658** Family support service users
● **162** Bereavement service users

Number of patients using lymphoedema service



● **282** Lymphoedema service – 282 patients

Contacts with patients and service users

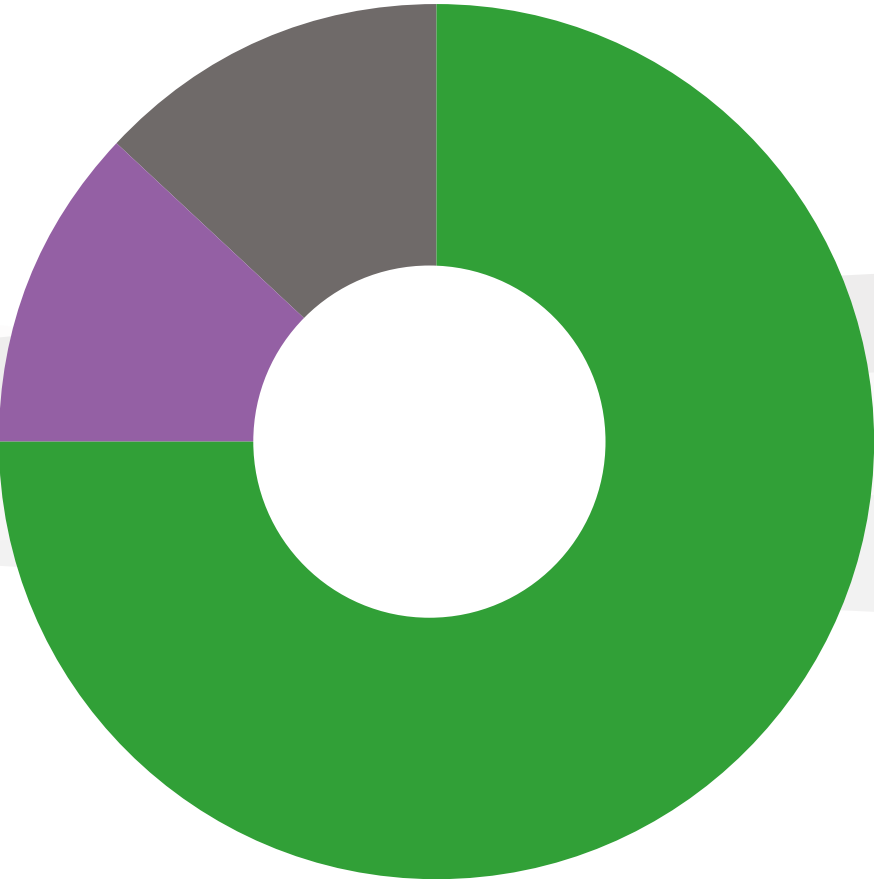
39263 recorded contacts with patients and professionals excluding administration activities including

	Home visits	Face to face contact in hospice or other health setting	Phone support consultations	Phone calls with external HCPs**
Total palliative patients all services	3197*	1958	11174	3437
Palliative services – community nurse specialists	1318	704	7789	2343
Palliative services – Prospect@Home	1144	16	802	130
Palliative services – therapy	715	711	2363	922
Support services – family support	82	194	1218	N/A
Support services – bereavement	1	512	619	N/A
Lymphoedema service	106	346	108	N/A

* Includes home visits from Prospect Hospice doctors and single point of contact team

** HCP = Healthcare professional such as a GP, district nurse, hospital nurse, etc

Quality and patient safety



End of life wishes

Preferred place of death achieved? 2023/2024	Q1	Q2	Q3	Q4	Year total
Achieved	70%	74%	74%	85%	76%
Unknown/undecided	9%	9%	16%	3%	12%
Not achieved	21%	17%	10%	12%	13%

Where the preferred place of death is not achieved this is usually due to lack of beds or a deterioration in patient condition which meant they could not be moved or transferred in time.

Formal complaints

Complaints	Q1	Q2	Q3	Q4	Year total
Complaints received	0	1	0	0	1
Complaints upheld	0	0	0	0	0
Total	0	0	0	0	0

Patient safety

Medication errors	Q1	Q2	Q3	Q4	Year total
Controlled drugs	2	2	1	2	7
Other drugs	2	2	1	1	6
Total	4	4	2	3	13

Falls	Q1	Q2	Q3	Q4	Year total
No harm	4	0	2	4	10
Low harm	4	6	2	2	14
Med/severe harm	1	1	0	0	2
Total	9	7	4	6	26

Pressure ulcers recorded on arrival	Q1	Q2	Q3	Q4	Year total
MASD	1	1	8	12	22
Category 1	1	5	1	2	9
Category 2	8	3	19	4	34
Category 3	4	0	3	2	9
Category 4	0	0	0	0	0
Unstageable	1	1	0	4	6
Deep tissue injury	1	1	7	0	9
Medical device associated	0	0	0	0	0
Existing – total	15	10	30	12	67

Pressure ulcers developed at hospice	Q1	Q2	Q3	Q4	Year total
MASD	2	3	3	4	12
Category 1	2	1	5	7	15
Category 2	7	2	8	7	24
Category 3	0	0	0	0	0
Category 4	0	0	0	0	0
Unstageable	1	0	0	0	1
Deep tissue injury	0	1	9	5	15
Medical device associated	0	0	0	0	0
New total	10	4	22	19	55

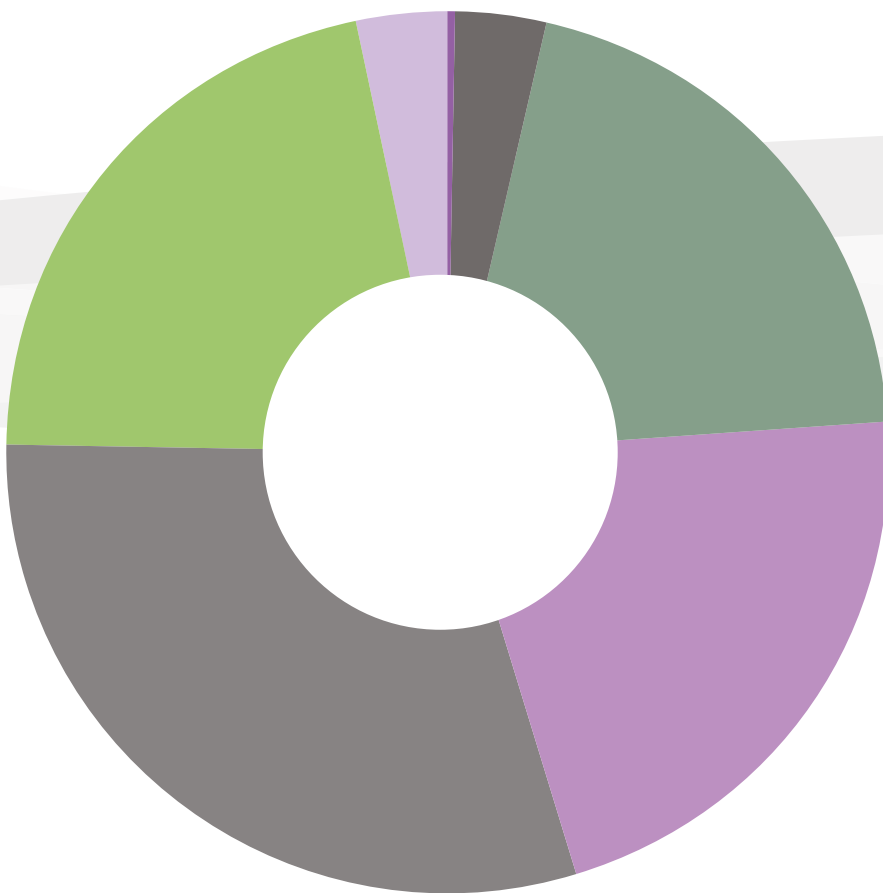
Demographics

Demographics for patients receiving hospice care

Number of male palliative patients **596** (50.04% where recorded).

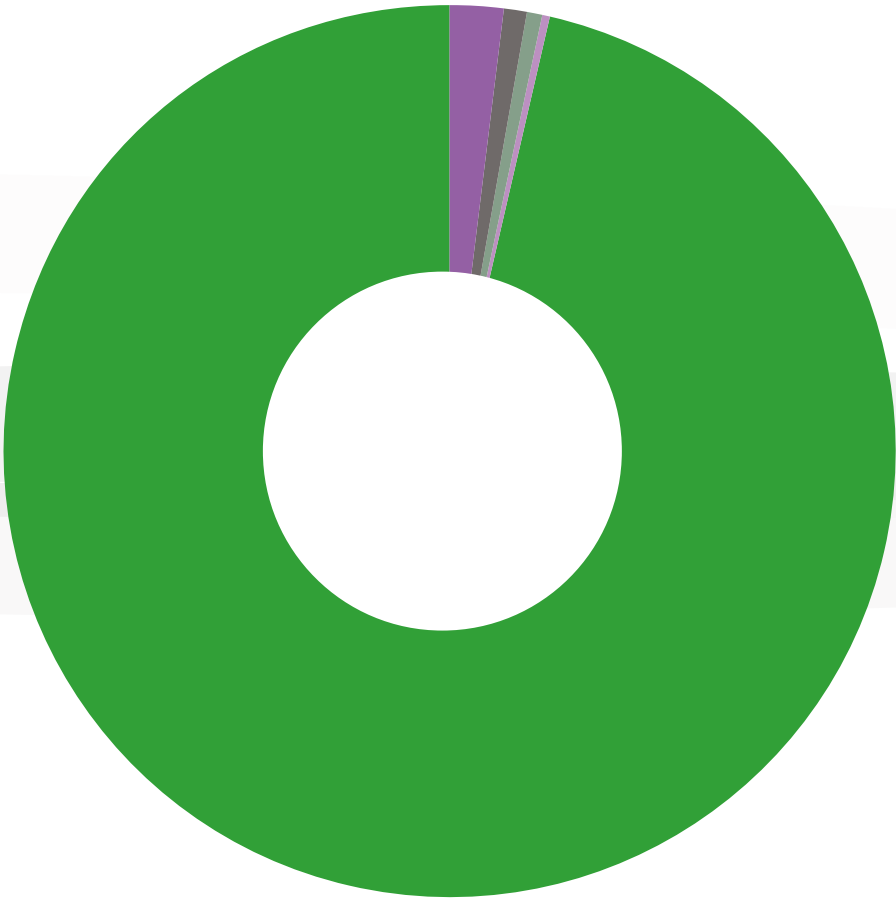
Number of female palliative patients **595** (49.96% where recorded).

Total: 1192



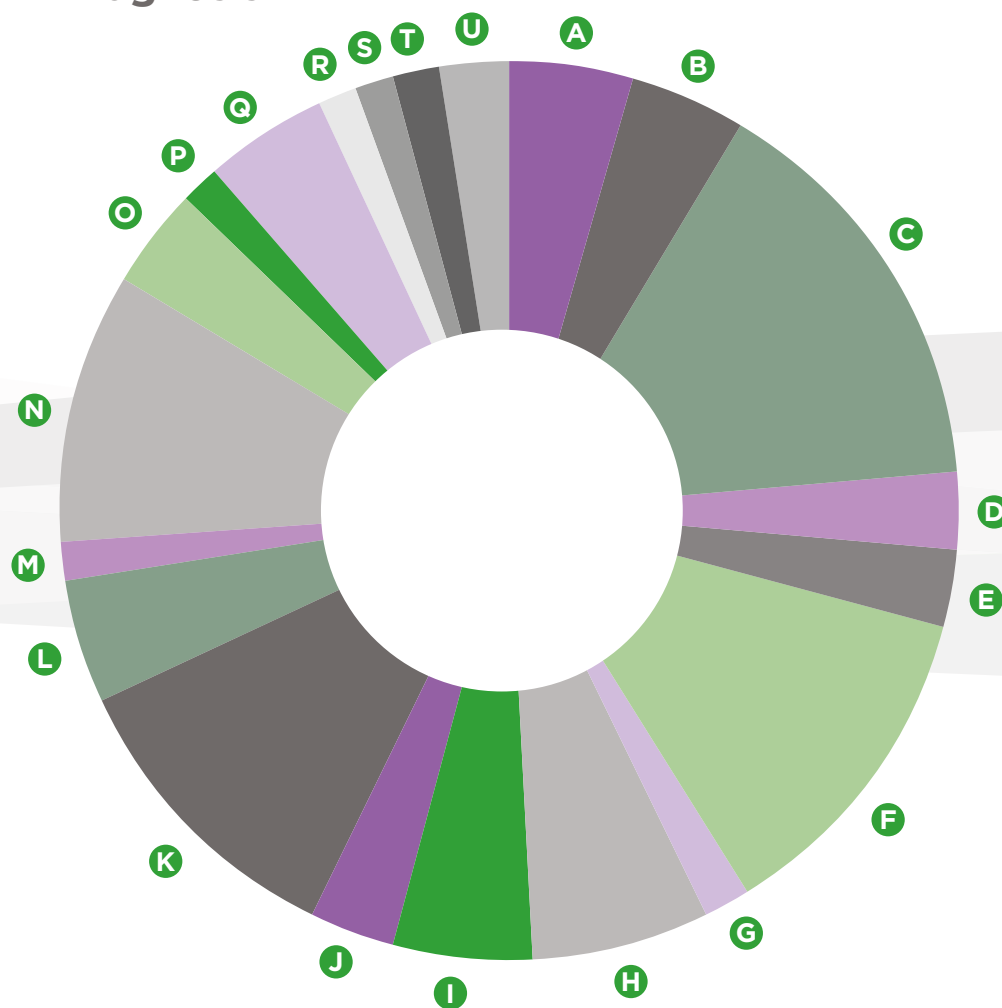
Age range	No of patients	Percentage	Postcode area	No of patients
Under 18	0	0.0%	SN1	78
19 to 24	4	0.3%	SN2	165
24 to 44	41	3.4%	SN3	268
45 to 64	242	20.3%	SN4	152
65 to 74	256	21.5%	SN5	117
75 to 84	355	29.8%	SN6	77
85 to 94	257	21.6%	SN7	3
95+	37	3.1%	SN8	110
Total	1192	100%	SN9	17
			SN10/SN11/ SN12/SN14	19
			SN25	129
			SN26	11
			GL7/GL8	37
			Other areas	9
			Total	1192

Patient ethnicity



Ethnicity	Percentage
Asian/Asian British/Chinese	2.06%
Black/Black British/Caribbean/African	0.97%
Mixed/Multiple ethnic groups	0.36%
Other ethnic groups	0.24%
White British/White	96.36%
Total	100%

Diagnosis



Primary diagnosis	Percentage
A - All other non-cancer diagnoses	4.71%
B - Cancer - Breast	4.09%
C - Cancer - Digestive organs	14.89%
D - Cancer - Eye, brain and other CNS	2.85%
E - Cancer - Female genital organs	2.85%
F - Cancer - Ill-defined, secondary, unspecified including carcinomatosis	11.91%
G - Cancer - Independent multiple sites	1.74%
H - Cancer - Lip, oral cavity and pharynx	6.33%
I - Cancer - Lymphoid, haematopoietic	4.84%
J - Cancer - Male genital organs	3.23%
K - Cancer - Other specified sites	10.67%
L - Cancer - Respiratory and intrathoracic	4.59%
M - Cancer - Urinary tract	1.24%
N - Chronic renal failure	9.68%
O - Chronic respiratory disease	3.60%
P - Dementia including Alzheimer's disease	1.61%
Q - Heart failure	4.47%
R - Mesothelioma/Asbestosis	1.36%
S - Motor Neurone Disease	1.36%
T - Other heart and circulatory conditions	1.74%
U - Other neurological conditions	2.23%
Total	100%



Grouped diagnosis	Percentage
 Cancer	68%
 Non-cancer	32%
Total	100%

Statement from Healthwatch Swindon on Prospect Hospice 2023/24 Quality Account

Healthwatch Swindon welcomes the opportunity to comment on the Quality Accounts for Prospect Hospice, we recognise the exceptional work undertaken by colleagues at Prospect Hospice ensuring patients are central to their healthcare delivery and the achievements made during 2023-2024.

Healthwatch recognises the importance of innovative models like the Lantern Model in improving the quality of care and support for those nearing the end of their lives. We look forward to seeing the positive impact this collaboration will have on the standard of care provided by Prospect Hospice in the coming year. By implementing cutting-edge practices and embracing new approaches to end-of-life care, we are confident that Prospect Hospice will continue to excel in providing compassionate and holistic support to patients and their families during a challenging time.

We commend Prospect on being chosen to participate in the advancing nursing in-practice program, which has allowed nurses the invaluable opportunity to collaborate with esteemed nurse leaders in the field of palliative and end-of-life care on a national and international level. This collaboration will surely enhance their nursing staff's knowledge and skills, ultimately benefiting the patients under their care.

Prospect's commitment to excellence in nursing education and its dedication to improving the quality of end-of-life care is truly commendable. Healthwatch is proud to support their efforts and looks forward to seeing the positive impact of this program on both their staff and the patients they serve.

Healthwatch looks forward to Prospect Hospice's upcoming priorities for 2024-2025, particularly its focus on enhancing palliative and end-of-life care for individuals with dementia. By establishing an energised working group and fostering collaboration with external partners, Prospect Hospice aims to elevate the standards of care for those with dementia and their families. This initiative showcases their dedication to improving the quality of life and support for individuals facing end-of-life challenges. Healthwatch looks forward to witnessing the positive impact that these efforts will have on the community and applauds Prospect Hospice for its commitment to excellence in care.

Healthwatch recognises the importance of holistic and person-centred care in palliative and end-of-life settings and believes that partnerships between hospices and healthcare providers can lead to better outcomes for patients.

We commend Prospect Hospice for its commitment to innovation and collaboration in improving care for those with frailty. By working together with the NHS at Home team, they are ensuring that patients receive seamless and coordinated support that meets their individual needs. We look forward to seeing the results of this project and hope that it will serve as a model for others in the sector.

Healthwatch is proud to support initiatives that prioritise the well-being and dignity of patients at the end of life. We believe that everyone deserves access to high-quality palliative care, and we are pleased to see organisations like Prospect Hospice leading the way in this important work. Thank you for the opportunity to provide feedback on your quality accounts – we are confident that your continued efforts will make a positive impact on the lives of those you serve.

Yours sincerely



Amritpal Kaur

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



healthwatch
Swindon

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Prospect Hospice's 2023/24 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Prospect Hospice Quality Account for 2023/ 2024. 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.

It is the view of the ICB that the Quality Account reflects the Prospect Hospice on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Prospect Hospice has been able to make achievements against their priorities for 2023/24 including:

- 1. Implementing the new Lantern Model of care** – The community matron, clinical lead for Inpatient Unit (IPU) and advanced nurse practitioner attended the new Lantern Model introduction course. This was followed by the model authors visiting the hospice to help identify the next steps and considered Prospect Hospice strategic ambition which is to transition the IPU into a nurse led unit (NLU). Following this the hospice participated in developing an advancing nursing in practice course. The approach is evidence-based learning and action, which will be evaluated and adapted to reflect the experience of participants.
- 2. Quality Improvement – Developing knowledge and skills** – A quality improvement foundation training programme was arranged with Bath and North East Somerset, Swindon and Wiltshire (BSW) Improvement Academy to enable staff to enhance their understanding and participation in quality improvement (QI) initiatives. Feedback from the training was that it highlighted appreciation for insight into project management skills, tools, processes, and quality improvement techniques, particularly regarding the plan, do, study, act (PDSA) cycle.
- 3. Motor Neurone Disease (MND) coordinator role** – A MND specialist practitioner and a MND healthcare assistant (HCA) have been appointed. The service has been working in collaboration with the Great Western Hospitals NHS Foundation Trust MND clinic alongside the consultant neurologist, the staff at the hospital, outpatients, nursing homes, the GP surgeries, the sleep service and the MND multi-disciplinary team. One of the key benefits of the service is the ability to support people in their own homes and provide the adequate time required to meet their needs.
- 4. Virtual headset** – Prospect Hospice has offered VR headsets to its patients for 3 years. There was an evaluation review and report developed by one of the specialist doctors which explored how this service is currently used by patients and staff, what works well, what gaps there are in the service and propose improvements that could be made, with the ambition to conduct further studies on VR.
- 5. Frailty care grant programme** – A project nurse was appointed to work alongside the NHS at Home team to facilitate their knowledge and confidence in having honest conversations with people about their condition and treatment options which links to (Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and Advanced Care Planning. Teaching and reflection sessions have been taking place with the NHS at Home team and the clinical nurse specialists to create opportunities to share experience, work together with staff at the hospice and introduce tools that will aid discussions and identify patients who would benefit in having a ReSPECT discussion.

The ICB supports Prospect Hospice's identified Quality Priorities for 2024/2025. 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 and focus on:

1. **Frailty project** – Continue to implement the project objectives, evaluate the impact, evaluate the effectiveness of our role and make recommendations for a model going forward.
2. **MND coordinator role for Swindon** – Continue to implement the objectives and demonstrate quality improvements in this role working across Swindon and develop a research proposal with the Great Western Hospital's NHS Foundation Trust Consultant Neurologist.
3. **Patient Safety Response Framework (PSIRF)** – Continue to implement the Patient Safety Response Framework (PSIRF) to ensure that the hospice achieves the key aims identified in the PSIRF policy and plan and identify key changes required for quality improvement.
4. **Improve palliative and end-of-life care for people with dementia** – Establish an invigorated working party and work collaboratively with external partners to improve palliative and end-of-life care for people with dementia and their families.

5. **Advancing in nursing practice** – Develop a programme for the development of registered nurses to enhance knowledge, skills and confidence in palliative and end-of-life care.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisations Patient Safety Incident Response Plans (PSIRPs).

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 2024/25.

Yours sincerely



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