



**Prospect Hospice
Quality Account**

2017 - 18

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QUALITY ACCOUNT PART ONE

1.1 STATEMENT OF QUALITY FROM OUR CHIEF EXECUTIVE

This quality account for Prospect Hospice covers the reporting year 2017 - 18 and outlines our activity as a provider of specialist end-of-life care services during the year. It is written for a range of stakeholders, which includes patients and the people closest to them, funding partners and organisations we work alongside to deliver our services (primarily the local NHS and other healthcare-focused organisations). It seeks to demonstrate that Prospect Hospice offers good value for money for all parties involved in funding it, including the NHS, which currently provides 28 per cent of our annual funding. This quality account reflects on the challenges and achievements of 2017 - 18 and our key priorities for 2018 - 19.

In the reporting year, we continued to support high numbers of patients through our tailored and personalised services - care and support that was led and also influenced by Prospect Hospice through its education and training. We significantly increased the number of family members to whom our services were accessible. This has only been made possible thanks to the professionalism of the staff and the dedication of the volunteers who are integral to our achievements.

The Senior Leadership team and the Board of Trustees would like to thank them for enabling Prospect Hospice to provide care and support for the people of our local community who sought our services in 2017 - 18.



Alongside the introduction of new services and more flexible support, we have also faced challenges that have prompted us to reflect and learn. This includes feedback from staff and the findings of Care Quality Commission inspection that took place in February 2018.

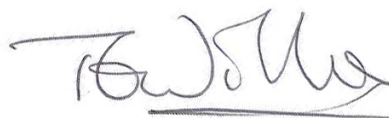
If you have any comments on the information included, please let us know by emailing info@prospect-hospice.net or calling 01793 813355.

1.2 ASSURANCE OF ACCURACY

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



Angela Jordan
Chief Executive



Tim Willis
Chair of the Board of Trustees

1.3 WHAT IS A QUALITY ACCOUNT?

Quality accounts were first introduced to strengthen provider accountability for quality, and to place quality reporting on an equal footing with financial reporting. They are intended to be both retrospective and forward-looking. They look back on the previous year's information on the quality of services, and identify both where a provider is doing well and where improvement is needed. Quality accounts also offer a forward look, outlining what a provider has identified as priorities for over the next reporting period and how they will achieve and measure success. The duty to publish a quality account applies to all providers of NHS-funded healthcare services (whether these are delivered by the NHS, the independent or voluntary sector), including providers such as Prospect Hospice that receive only a proportion of their funding from the NHS.

Quality within the context of the quality account relates to the delivery of services that are safe, effective, caring, responsive to people's needs and well-led, the criteria by which the quality of services are measured by our regulator, the Care Quality Commission.

1.4 PROSPECT HOSPICE AND QUALITY

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



into the period of bereavement. Care and support is offered free at the point of delivery.

Care and support is tailored to the needs of the individual and is provided through a range of services that are delivered on a number of sites: at the main hospice building in Wroughton, at our Wellbeing Centre at Savernake Hospital in Marlborough, and across the community including through a palliative care team based at the Great Western Hospital, in people's homes and in local care homes. The services provided by Prospect Hospice complement and enhance, rather than replace or duplicate, the work of local statutory or independent providers. We use our expertise to enable the best possible experience for people, often at a time of anxiety, fearfulness and distress.

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

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

Quality matters to Prospect Hospice in everything we do - in our day-to-day operation and as we look to the future.

Quality means providing the best possible experience for all of the people we meet - offering the right care or support to the right person, when and where it is needed most. Quality means that we do what we say we will do. In all that we do we want people who are experiencing our care and support to feel respected, supported, cared for and valued.

We want them to know that they matter. We also want the teams we work with to feel empowered by the skills and confidence they acquire through our working together or through our education and training.

1.5 HOW WE MEASURE QUALITY

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

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

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

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



QUALITY ACCOUNT PART TWO

2.1 ABOUT PROSPECT HOSPICE

Our Vision

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

Our Mission

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

Our Strategic Aims

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

2.2 PRIORITIES FOR IMPROVEMENT AND DEVELOPMENT FOR 2018 - 19

We are committed to developing the quality and capability of our services for patients and the people who are important to them. This commitment is evident in our future plans which are developed with the Senior Leadership team and agreed with the Board of Trustees. Key priorities for improvement and development for 2018 - 19 link to our vision, our mission and our strategic aims. These priorities are expanded on through departmental implementation plans, through which departments seek to ensure that Prospect Hospice's work is fit for today and also for the future. In addition, day-to-day priorities for improvement and development emerge through regular service review and feedback.

2.3 CLINICAL SERVICE PRIORITIES FOR 2018 - 19

- The introduction of our Single Point of Contact (SPoC) service seven days a week, and augmenting this service by embracing available technology to offer a telemedicine portal, offering face-to-face advice and support for patients and their carers
- Hospice-enabled dementia care – we plan to recruit a Dementia Nurse Specialist and continue to run our dementia working group. Alongside this we will continue to improve the hospice environment to support the needs of patients and visitors living with dementia
- Supporting learning and the development of clinical staff. Prospect Hospice appointed a Practice Educator in April 2018 to work across all Patient Services
- Young Adults services – we will be following up last year's scoping activity with the expansion of individualised services for young adults transitioning from children's care services
- We will introduce the involvement our Therapy team for young patients with transition needs on the In-Patient Unit (IPU).

- Expanding our day services, to provide some evening and weekend opportunities for young adults and patients who are unable to attend day therapy to receive advice and support from the hospice.
- Circles of support - community engagement – increasingly at public events
 - Joint working with other health and social care professionals where appropriate
 - Offering therapy family support programmes and sessions in other locations
- A scoping exercise focused on patient transport to enable more timely admissions of patients to Prospect Hospice services.
- Strengthening and building on our tradition of spiritual care coordination across all services and making contacts with local faith leaders and community groups

QUALITY ACCOUNT PART THREE

3.1 – LOOKING BACK

3.1.1 – SINGLE POINT OF CONTACT (SPOC)

This new service was delivered and became operational during 2017 - 18. The feedback from the hospice's clinical team and external healthcare professionals has been extremely positive. It has led to the assessment and improved allocation of referrals and resources, enabling hospice services to more effectively offer and provide the right care to the right patients at the right time.

The introduction of our Single Point of Contact service has also enabled us to give advice and support to healthcare professionals. The new service is managed by an experienced clinical nurse specialist and supported by a skilled team of nurses.

3.1.2 – DAWN AND DUSK VOLUNTEERS

This new volunteering role was introduced in 2016-17, and it followed a training programme to engage volunteers to extend their roles to provide support and companionship for patients at dusk and dawn.

Evaluation of the programme during the year suggested that there was some confusion between the new role and existing volunteer roles. A working group was then formed to review the roles and recommend changes. This has led to the role being clarified. The volunteer roles will be re-launched in the summer of 2018.



3.1.3 – HOSPICE-ENABLED DEMENTIA SERVICES

A working group focused on the needs of people living with dementia was set up in 2017, identifying actions to be taken to enhance our support.

Dementia tool boxes have now been introduced in the In-Patient Unit. These contain items used to support a patient with dementia such as puzzles, reminiscence books and colouring books. Research has shown that such items can be useful in supporting the needs and behaviours of people with dementia. When a patient who has dementia is admitted on the In-Patient Unit, staff now adapt the patient's room or bed space to make it more 'dementia friendly' – making the transition less daunting for them. Additionally, staff will offer activities with their needs in mind.

A review of the hospice's physical environment, particularly in the In-Patient Unit (IPU) led to its redecoration in May 2018. Colour schemes were chosen to help orientate patients with dementia to the setting, as well as providing a calm environment for all patients and visitors.

3.1.4 – TRANSITIONAL CARE SERVICES

During the year we identified the support needs and services for young people with life limiting conditions who are entering adulthood, and who are now transitioning from children's to adult services. We made contact with children's hospices and service providers to build our understanding of the needs of this client group in particular.

We recognise that the numbers of young adults in our catchment area who are moving from children's to adult services is very small, but we are committed to ensuring that our services are available to them in a way that best meets their needs. We have employed an additional member of staff in our Therapy team to identify and plan services for our younger patients.

We understood through this work that planning ahead with young people, their families and with children's services was important from the point of referral. This appeared to be a helpful approach when we cared for a young person approaching the end of their life. We were able to offer outpatient and inpatient services, and using our knowledge of them and their needs, we were able to understand their likes and dislikes, to offer personalised therapeutic activities, and change their room in advance of the arrival to make them feel more at home.

3.1.5 – THE DYING WELL COMMUNITY CHARTER

Ensuring that Prospect Hospice is central to all local discussions around the care and support of dying people and the people closest to them is a key part of our work. Structured around our Education, Communications and Marketing functions within the Community Engagement team, we constantly seek ways for the whole of the community to understand the work of Prospect Hospice and how we can help them and their community. A key strand of our ten year Community Engagement strategy is Swindon's Dying Well Community Charter, which was launched the previous year and which Prospect Hospice now leads. The Charter continues to grow in the number of local employers who sign up to commit to it with a flurry of activity at the end of the year that saw the number of employers reach 23, and with the potential for 16,000 people to be supported by its aims.





3.1.6 – COMMUNITY ENGAGEMENT AND CIRCLES OF SUPPORT

The Community Engagement team, working alongside members of the Patient Services team, have met with members of the local Hindu, Muslim and Nepalese communities, offering presentations at the Hindu temple and local community centres and actively encouraging applications to Prospect Hospice staff and volunteering vacancies.

Through the year we gave greater focus towards working with the local Muslim community and content about Prospect Hospice was included in the first-ever newsletter for this community. As 2017 drew to a close, we were delighted that an imam from Swindon's mosque spoke at our annual Light up a Life remembrance service. In addition we conducted an online survey among both the Hindu and Muslim communities of Swindon to gauge understanding of the perception of who we are and what we do.

3.1.7 – SPIRITUAL CARE COORDINATION

During the year we welcomed our new Spiritual Care Coordinator working across hospice services, providing support and, importantly, a listening ear for patients, families and staff.

Feedback from our In-Patient Unit and Day Therapy Unit has been extremely positive and we look forward to the development of this role during 2018 - 19.

3.2 – PROGRESS AGAINST PRIORITIES AGREED WITH CLINICAL COMMISSIONING GROUPS IN 2017 - 18 (CQUIN)

Our quality improvement initiative for 2017 - 19, agreed with our local Clinical Commissioning Groups, was to facilitate the more timely discharge of patients who are nearing the end of life from hospital to home or their preferred place of care.

We quickly realised that there was a larger piece of work to be done, to understand how multi-disciplinary services worked together. This involved engaging with acute and community providers, to ensure that patients who are in the last year of their lives receive appropriate and adequate care, support and advice, at the earliest possible stage to help prevent unwanted and often distressing hospital admissions.

We facilitated strategic workshops to identify and plan what a robust, supportive service across Swindon would look like and, at the time of writing this report, understand from our commissioners and partner organisations their intention to progress this initiative with Prospect Hospice, pending relevant approvals.

3.3 – CLINICAL AUDIT AND INFORMATION

Prospect Hospice has completed a wide range of audits across its teams and services. Clinical audits continue to form part of our system for improving the standard of practice and these are regularly discussed and reviewed at quarterly Clinical audit meetings.

During the course of the year the Clinical Audit Group have agreed new standards for all audits. This included adding in a RAG status that provides an at-a-glance view of audits that are underway or in planning, as well as an indicator of the extent of adherence with the standard. This has led to a review of the timeframes for re-audits and provided focus when results do not demonstrate full adherence with standard.

Audit results continue to be reported at quarterly contract review meetings and Patient Services Committee meetings which are also held quarterly. The following is a sample of the 19 audits that were completed in 2017 - 18:

- Blood Transfusion
- Lasting Power of Attorney
- MDN Cough Augmentation
- Nutrition
- Prescription of Medicines
- Urinary Catheterisation
- Quality of Patient records

We continue to participate in the Hospice UK national benchmarking of hospice In-Patient Unit safety metrics programme which is now in its fourth year. Compared to peer organisations and all adult hospices, patients at Prospect Hospice experience fewer falls. Our bed occupancy, which has previously and consistently higher than the national hospice sector average now sits within a normal range, thanks largely to the work of our SPoC service.

Benchmarking Audit Results:

PH = Prospect Hospice A = National Adult Hospice Average

Occupancy:			
Q1	Q2	Q3	Q4
PH 97 % A 78 %	PH 88 % A 78 %	PH 68 % A 72 %	PH 78 % A 79 %
Falls per 1,000 Occupied Bed Days:			
Q1	Q2	Q3	Q4
PH 7.8 A 10.6	PH 10.1 A 10.3	PH 4.0 A 10.7	PH 6.6 A 10.2
Medicine Incidents per 1,000 Occupied Bed Days:			
Q1	Q2	Q3	Q4
PH 17.8 A 10.4	PH 10.1 A 10.6	PH 19.0 A 10.4	PH 27.5 A 10.4

During 2017 - 18, 89 medicines errors were recorded. On average, staff at Prospect Hospice administer around 5,000 medicine doses to patients every month, which equates to an error rate of 0.15. At Prospect Hospice, we believe that it is unacceptable to have any medicines errors and despite this low percentage rate we continue to look at how we can reduce these errors further. Measures taken to date include the introduction of drug trollies to provide a recognisable and secure administration method. The Controlled Drugs Accountable Officer (CDAO) discusses medicines errors on a weekly basis with the clinical leads and reviews any medicines errors reports. Occurrence reports are submitted quarterly to NHS England and the CDAO attends regular local intelligence network meetings.

3.4 – KNOWING HOW WE ARE DOING

3.4.1 - PATIENT AND FAMILY FEEDBACK

Many patients and the people important to them spontaneously share their views on the care and support provided by the hospice. Compliments received in writing are collected and shared across teams and with our Board of Trustees.

The use of a real time feedback mechanism, called Meridian, has increased this year and has demonstrated a high level of satisfaction (582 responses with an overall satisfaction score of 95 per cent, despite their being requested at what is clearly a very difficult and sensitive time in patients' and their families' lives). All comments received through the real-time feedback system are issued to staff each month so that staff are made aware of the feedback. The overall satisfaction ratings are also shared publicly on the hospice's social media platforms.

3.4.2 - FRIENDS AND FAMILY TEST

In 2017 - 18, we continued to ask the question: 'How likely are you to recommend the services provided by Prospect Hospice to friends and family if they needed similar care or treatment?'. We received 503 responses with a satisfaction score of 99 per cent.

3.4.3 - COMPLIMENTS

Prospect Hospice maintains a compliments register which captures compliments across all service areas. The following excerpts provide a sample of the feedback received:

"With gratitude for the care and compassion shown to the patient in the final weeks - couldn't have asked for more from very special people who do an amazing job. A horrible situation made bearable by such peaceful and respectful care allowing us to always remember the moments

shared. The way we kept in touch with the family was appreciated also."

"Thank you to Prospect@Home for sustaining the situation at home while decisions were made and for giving time to come to terms with the place of care."

"I cannot thank Prospect Hospice for all the care shown to my husband and myself, there are not enough words for thanks. I will be forever grateful."

"Thank you for the amazing care, support and time given during the patient's final days. All that help has made the days since easier to bear - knowing that all they had to do was just to give love as all his needs were taken care of. Very precious time to all."

3.4.4 - COMPLAINTS

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

3.5 – INSPECTION OUTCOMES

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In February 2018 the Care Quality Commission (CQC) carried out an unannounced, focused inspection on our In-Patient Unit. The final report from this inspection was published in June 2018. In advance of the report being published, a number of areas were highlighted. This enabled an action plan to be developed outlining a programme of work that would address these areas within the required time frame. This included:

- More effective recording processes – staff rostering and training
- More effective recording and monitoring of the use of bank and agency staff
- Competency training – ensuring all staff receive their refresher training in a timely manner
- Staff morale – working with staff to understand issues and concerns, and work together to ensure a positive working environment
- Visibility of senior management colleagues – working with IPU staff to identify how they can feel better supported by senior managers.

The inspectors met with patients and families and feedback about hospice in-patient services was positive.

The Senior Leadership team and Board of Trustees are committed to the implementation of measures that address any areas identified through the inspection, by working closely with staff and volunteers across the organisation.

The requirements identified by the CQC inspection, the action taken and our learning from them are presented in a table on pages 22 and 23.

The report from the unannounced inspection during the year can be read on the CQC website: (www.cqc.org.uk/location/1-117219570)

Requirement	Action Taken	Learning
Recording Processes – Staff Rostering and Training	<p>Staff rostering spreadsheet has been reviewed and tightened up to provide easier visibility of all staff on duty, on one page.</p> <p>E-rostering systems are currently being sampled with plans to introduce one that will provide an enhanced and time-saving system.</p> <p>Staff training Excel spreadsheet compiled and maintained.</p>	<p>Too many documents can create confusion. An electronic system will reduce time spent on rostering and enable reports to be produced with increased data availability.</p> <p>Training database will be available to individual staff members (their records only) and managers, to help prompt and manage training activities and records.</p>
Recording and Monitoring – Bank and Agency Staff	<p>Clear recording of bank and agency use on staff roster.</p> <p>Weekly report to Director of Patient Services with reporting table to aid discussion of the use of bank and agency staff; such as numbers, reasons and/or problems encountered.</p> <p>Agency ‘checklist’ has been introduced and completed by all agency nurses to confirm induction to unit, medicines competency and IT arrangements. Records are held within IPU.</p>	<p>This will aid monitoring of staffing and skill-mix and aid future planning.</p> <p>Provides assurances of competence and safety of staff member. Provides records to aid monitoring.</p>
Competency Training	<p>Competency training was rolled out to all permanent IPU nurses by the end of May, using external and internal trainers. Bank nurse training is in progress.</p> <p>No nurse without up-to-date competency training in a task is permitted to carry out that task as of June 2018.</p> <p>Assurances have been received from the agencies we use with regards to nurse competencies.</p>	<p>Competency refreshers should not have gone out of date – this had been picked up in the Nov ’17 IPU Action Plan, but managers MUST ensure staff are in date, to ensure patient safety. New IPU Clinical Lead now overseeing this process.</p>
Staff Morale	<p>An external investigator was appointed and conducted IPU staff survey and interviews, followed by interim and final reports, into staff concerns raised. Recommendations are being implemented, including facilitator/mediator to work with staff (inc. the Senior Leadership team) on issues relating to morale/culture. This is already in progress.</p> <p>Staff survey across organisation to be rolled out 2018.</p>	<p>An external facilitator would have helped with IPU workshops held in Nov/Dec 2017 to discuss negative behaviours.</p> <p>Staff feelings of concern and low morale were underestimated and the delivery of the workshops caused distress for many staff. A skilled external facilitator may have resulted in a more positive outcome.</p>
Visibility of SLT	<p>Prospect Hospice’s CEO has held 12 meetings with IPU staff since the CQC inspection, to ensure full and open communication and enable staff to ask questions/offer views.</p> <p>Director of Patient Services continues a weekly ward round, plus interim ad hoc visits (approx. daily)</p> <p>The facilitator/mediator mentioned above is to work with IPU staff to establish level of SLT support that would help them in their work. Other Patient Services teams have also been asked to consider what level of wider SLT support/visibility would help them.</p>	<p>Additional opportunities put in place since previous staff survey have clearly not met needs, especially in the IPU. There will now be regularly check in with staff to ensure they feel adequately supported by SLT.</p>

QUALITY ACCOUNT PART FOUR

4.1 – STATUTORY STATEMENTS

4.1.1 – REVIEW OF SERVICES

During 2017 - 18, Prospect Hospice provided NHS-commissioned services for specialist and end-of-life care. It should be noted that the NHS makes a funding contribution of approximately 28 per cent, which is supplemented by Prospect Hospice's income generation activity.

Prospect Hospice provided the following services in 2017 - 18:

- An In-Patient Unit
- Community Clinical Nurse Specialist service
- Consultant-led medical service
- Care home Clinical Nurse Specialist service
- In-reach hospital-based service of Medical Consultants and Clinical Nurse Specialists
- Day Therapy and supportive outpatients including complementary therapy provided in both Wroughton and at our Wellbeing Centre at Savernake Hospital in Marlborough
- A hospice at home service, known locally as Prospect@Home
- Seven day therapy services including physiotherapy and occupational therapy
- Lymphoedema service
- Family Support services including social work support, carer support and welfare and benefits advice
- Bereavement service and spiritual care coordination
- Education and training for health and social care professionals in palliative and end-of-life care.

4.1.2 – PARTICIPATION IN NATIONAL CLINICAL AUDIT

During 2017 - 18, there were no national clinical audits or national confidential enquiries that covered the NHS services that Prospect Hospice provides.

4.1.3 – PARTICIPATION IN CLINICAL RESEARCH

During 2017 - 18, there was no participation by Prospect Hospice in clinical research approved by a research ethics committee.

4.1.4 – GOAL AGREED WITH COMMISSIONERS

A small proportion (2.5 per cent) of Prospect Hospice's income in 2017 - 18 was conditional on achieving quality improvements and innovation goals agreed with Clinical Commissioning Groups through the Commissioning for Quality and Innovation (CQUIN) payment framework. These goals were achieved: (Please see section 3.2 above)

4.1.5 – DATA QUALITY

Data is used to support individual delivery and the wider development of services, as well as to inform process improvements and to evidence contract compliance. This involves working with operational teams to review data relating to how the services are functioning. Performance and data quality is reviewed by the Senior Leadership team and by the Board of Trustees and its sub-committees.

4.1.6 – INFORMATION GOVERNANCE

Policies are in place for:

- Access to health records
- Creation, management, storage and destruction of health records
- Development and management of patient information
- Establishing the views of patients and carers
- Patient confidentiality
- Subject access requests
- Data Protection
- Information, information systems and information management

Additionally, staff are asked to sign a declaration outlining terms of access to patient information, detailing their requirements in relation to confidentiality, data protection and access to information, and clinical staff are given a newsletter on data protection and the Caldicott principles, and a safe havens document detailing acceptable conduct.

All staff complete an online training course on information governance on an annual basis. A Caldicott guardian is in place.

We continue to work with our CCGs to ensure ongoing compliance with information governance (this may involve us completing the IG Toolkit during 2018 - 19).

4.1.7 – CLINICAL CODING

Prospect Hospice was not subjected to clinical coding audit during 2017 - 18.

4.1.8 – DUTY OF CANDOUR

Duty of candour requires Prospect Hospice to be open and transparent in all that we do, in particular around how we care for our patients and those important to them and how we manage complaints and incidents. All staff at Prospect Hospice understand the importance of duty of candour and all clinical incidents which involve a patient are notified to the patient or their next of kin, with an explanation and assurance of learning to prevent a recurrence. Route Cause Analysis investigations and action plans and clinical incident reporting evidence a robust approach to ensuring that we are consistently open and transparent in our management of incidents and complaints and this is monitored by commissioners at our regular contract monitoring reviews.

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

Complaints and investigations management included both a written response and the offer of a face-to-face meeting where relevant to discuss the complaint or investigation.

4.1.9 – PATIENT SAFETY CAMPAIGN – SIGN UP TO SAFETY

This work is still in progress and remains a priority within the patient services directorate for 2018 - 19.

4.1.10 MOST RECENT STAFF SURVEY RESULTS AROUND HARASSMENT, BULLYING OR ABUSE

Using the 2017 latest survey (Birdsong), in response to the question: 'In the last year I have not been bullied at work,' 88 per cent of respondents agreed. This is six per cent higher/better than the 'all hospices' comparator and nine per cent better than the 'charity pulse' comparator.

4.1.11 EQUAL OPPORTUNITIES FOR CAREER PROGRESSION AND PROMOTION AND THE WORKFORCE RACE EQUALITY STANDARD

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

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

4.1.12 – RISK MANAGEMENT

Health and safety is regarded as a core element of the way in which we operate and as such regular reports are made to a Risk and Audit sub-committee of the Board of Trustees, who meet twice a year. All reported accidents are investigated and reported to the Senior Leadership team. Health and Safety is also a standing agenda item for the staff forum, which also meets on a quarterly basis. Our health and safety policy statement is reviewed annually and signed by the Chief Executive.

4.1.13 – PARITY OF ESTEEM

“Valuing mental health equally with physical health” (Ref: Royal College of Psychiatrists).

In accordance with NHS England ‘Everyone Counts: planning for patients 2014 - 15 – 2018 - 19’ and The Mental Health Crisis Care Concordat (DH 2014), we consider that the mental health and wellbeing of our patients and those who care for them is as important as their physical health and wellbeing.

The care delivered by hospice staff and the services offered to patients and those important to them demonstrate our commitment to providing holistic, person-centered care that seeks to meet their psychological and physical needs and does not discriminate in any way due to the person’s mental health. At all times we will seek to work in collaboration with other health and social care professionals to provide appropriate and caring hospice services to any person meeting our referral criteria, which is based purely on their having a life-limiting illness and considered to be within the last year of their life.

Prospect Hospice’s multi-professional team includes social workers, therapists, clinical psychologist and our Family Support team who are available to all patients, working alongside the nursing and medical teams.

4.2 FEEDBACK FROM EXTERNAL STAKEHOLDERS

4.2.1 FEEDBACK FROM HEALTHWATCH SWINDON AND HEALTHWATCH WILTSHIRE

Healthwatch Swindon and Healthwatch Wiltshire welcome the opportunity to comment on Prospect Hospice's quality account for 2017 - 18. We exist to promote the voice of patients and the wider public with respect to health and social care services.

We were concerned to read the Care Quality Commission inspection report about the hospice in June 2018 and the local publicity this generated. We have not received negative comments directly from the public about the hospice during the year but it will be important that the reputational damage suffered is managed through the improvement action now included in this Quality Account.

We are pleased to see that you have introduced a Single Point of Contact service which is open seven days a week and includes the use of technology to offer face-to-face advice and support for patients and their carers. We often hear that accessing services for patients can be a challenge, so we are happy to see that this is being addressed. We acknowledge that you have received positive feedback about this service from the Hospice's clinical team and external healthcare professionals. It would also be useful to seek feedback from patients and families using this service for a more rounded view.

We are pleased to see that Prospect now takes the lead on promoting the Dying Well Community Charter and we will continue to support and promote the concept.

We are pleased to see that you have worked with members of the local Hindu, Muslim and Nepalese communities to actively encourage involvement with the hospice and seek their views and understanding of the work of the hospice. We would be interested to see these results and

if any improvements could be made as a result of this feedback.

A piece of work was begun to understand how multi-disciplinary services worked together to ensure a more timely discharge and you ran workshops to identify and plan what a robust, supportive service across Swindon would look like. We are glad to see that this piece of work is progressing but would be interested to see who was involved in these workshops and would encourage patient, carer and family involvement.

Receiving feedback from patients, carers and family members is vital and we are pleased to see that you have various ways to gather this, not only spontaneously but also through the feedback mechanism Meridian. Similarly, you have the Friends and Family test which demonstrates a high rate of satisfaction. We recognise that these are shared with staff teams, trustees and overall ratings are shared on social media. We encourage you to continue to seek feedback and act on suggestions made.

Healthwatch Swindon and Healthwatch Wiltshire look forward to working with Prospect Hospice over the coming year to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Healthwatch Swindon

Healthwatch Wiltshire

June 2018

4.2.2 FEEDBACK FROM SWINDON CLINICAL COMMISSIONING GROUPS

Swindon CCG

June 2018

Statement from Swindon Clinical Commissioning Group and Wiltshire Clinical Commissioning Group on the Prospect Hospice Quality Account for 2017 - 18.

Swindon Clinical Commissioning Group (CCG) has reviewed the information provided by Prospect Hospice in the 2017 - 18 Quality Account collaboratively with Wiltshire CCG, in line with the co-ordinating commissioner contractual arrangements. In so far as we have been able to check the factual details, our view is that the Quality Account is materially accurate in line with information presented via contractual and quality visits.

This reporting year has been challenging for Prospect Hospice, and commissioners acknowledge the work being undertaken to meet The Care Quality Commissions requirements; to learn and improve. Meanwhile, patient feedback continues to be positive and we note, the valuable contribution from volunteers to improve family accessibility and patient support is commended.

We have been working with and will continue to work with Prospect Hospice to further improve quality monitoring and improvements in care such as expediting discharges to ensure that patient choice and experience is paramount.

We note and welcome key areas of clinical priority such as the Single Point of Contact, hospice enabled dementia care, staff education, young adults, timely patient transport services and meeting people's spiritual needs.

We look forward to continued collaboration with Prospect Hospice to achieve the priorities outlined for 2018 - 19, to support the provision of high quality care to all patients across the health and social care system.

Prospect Hospice

President HRH The Duchess of Cornwall

Address Moormead Road Wroughton Swindon SN4 9BY

Tel 01793 813355

Email info@prospect-hospice.net

Web www.prospect-hospice.net