Phyllis Tuckwell Hospice

...because every day is precious

"I feel very cared for – the staff go above & beyond their duties to make me feel comfortable"

Patient comment – Patient Survey 2012

Quality Account

2012 - 2013

Chief Executive's Statement

"…we are continuously striving to maintain and improve the quality of our services for patients and their families."

It gives me great pleasure to present the Quality Account for the year April 2012 – March 2013. This is the third year that we have produced such a document and we hope that this, along with previous years' Quality Accounts, provides a summary of what we have been doing over the last year to improve our services. We are always delighted to have any feedback on the document itself, or indeed, our services more generally, so please do feel free to get in touch.

Here at Phyllis Tuckwell Hospice we are continuously striving to maintain and improve the quality of our services for patients and their families. As such we have a long established clinical governance programme which takes a critical review of all our clinical work and seeks improvements and oversees service developments. We also seek to gather patient and carer feedback so that we can improve our services further.

During the last year we have been delighted at the development of our community services, and in particular the introduction of our Hospice Care at Home service. Patients and families have welcomed this addition to our services, designed to support those of our In-Patient Unit, Day Hospice, Out-Patients and our Bereavement Service. My thanks must go to not only our staff and volunteers who work tirelessly to provide high quality services but also to our faithful and committed supporters who enable us to raise the necessary funds to provide our services free of charge to patients and their families.

I can confirm that I am responsible for overseeing the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our Hospice.

Thank you for your interest in the work of Phyllis Tuckwell Hospice.

Sarah Brocklebank
Chief Executive
June 2013

Contents

Section 1 Improvements present and future

In the 2011 – 2012 Quality Account Phyllis Tuckwell Hospice (PTH) reported on a number of quality initiatives it had undertaken, with the aim of ensuring that care is safe, effective and provides patients and carers with a positive experience. The Hospice also identified three areas for improvement for 2012 – 2013.

This Quality Account reports on what progress the Hospice has made in these areas and identifies three more areas for improvement for the year 2013 – 2014.

Quality Improvements 2012 – 2013

Improvement 1:

Development of a 'Telecare room'

Some patients attending PTH suffer from varying degrees of cognitive and sensory deficit. These patients can become confused and disorientated in unfamiliar surroundings. This can be frightening and unsettling and lead to an increased risk of injury, e.g. a fall.

The new 'telecare room', situated in the inpatient unit, will incorporate features designed to enable the patient to be more orientated, increase independence and improve safety.

In the design stage of this room careful consideration was given to the use of colours and light. Blue and yellow have been chosen for furniture, bedding and wall/floor coverings - providing contrasting colours for easy identification and area zoning. Adjustable 'antiglare' lighting has been used to ensure good visibility but also allowing flexibility depending on how the patient is feeling.

Movement sensor equipment will connect to the lighting system – improving visibility, particularly at night and also to the nurse call bell system, alerting staff when a patient is moving e.g. getting out of bed. Equipment will include an 'infra red curtain, door sensors and bed/chair sensors, all of which can be tailored to the patient and situation.

To help patients feel safe and orientated they will be encouraged to bring things in from home that are familiar to them, e.g. photographs or a picture. A large clock displaying the day, date and time and clear easy to read large font signs will also help to orientate the patient to time and place.

The project has experienced some delay, with the estimated cost of works and equipment room amounting to £8k. We are pleased to report that funding has now been secured and the work will be completed during summer of 2013.

Improvement 2:

Widening access and support for patients with life-limiting, non-cancer illnesses

Dr Nicholas Dando has completed his first year in post as a Palliative Medicine Consultant, and with the support of the multidisciplinary teams at the Hospice, has developed services to support patients living with life-limiting, non cancer illnesses. Two broad groups of non cancer illness have been considered; chronic lung disease and neurological disease.

Dr Dando is now working with community respiratory teams across North East Hampshire and West Surrey to help identify and support patients with advanced chronic obstructive pulmonary disease (COPD) and pulmonary fibrosis. Care is tailored to the individual patients needs but may include referral to our Day Hospice service for nursing, therapy and psychological assessment, or regular outpatient medical follow-up, alongside ongoing care from the patients GP or Respiratory Consultant. The goal is to monitor the patient's condition, explore their wishes around future care as they near the end of their lives and support them if their clinical disease worsens. An initial audit of care for patients with COPD demonstrated that we were able to discuss the patients preferred place of care at the end of life in 88% of cases, helping them and their family to start to plan for the future while focusing on controlling symptoms and maintaining quality of life in the present.

With the support of the Motor Neurone Disease Association and other health care colleagues across the region, we have established a multidisciplinary clinical forum to discuss the complex needs of patients with diagnoses such as motor neurone disease, Parkinson's disease and advanced multiple sclerosis. Medical staff, physiotherapists, occupational therapists, speech therapists, volunteers and social workers from community, hospital and hospice environments meet every 6 weeks to coordinate the often multiple health professionals involved in the patients care and communicate ongoing management plans to the team. Between 4 and 7 patients with changing needs are discussed in depth at each meeting, with brief updates on more stable patients for reference. The aim is to provide seamless care across different settings with a view to improving the experience of patients and their carers as they near the end of life.

It is exciting and challenging to develop new models of end of life care for patients with non cancer illnesses. We will continue to evaluate and build on these new services in the coming year with the aim of increasing the number of referrals to the Hospice and widening the support we offer to patients in our local area.

Quality Improvements 2012 – 2013

Improvement 3:

The Hospice Care at Home Volunteer

The Hospice Care at Home Service has provided care and support for in excess of 400 patients and their carers. Feedback from these patients and carers identified the need for additional support. It was decided that a small team of volunteer carers could fulfil this need by working closely with the Hospice Care at Home Nurses, providing respite breaks and/or nursing care if required.

All the volunteers have health care experience and possess the attributes required for this sensitive role, some have additional skills e.g. complementary therapy. All have completed a communication training programme, and have worked with the Hospice care at home nurses.

The volunteers typically visit for 2-3 hours at any one time. They provide basic care such as help with personal hygiene and feeding. They also offer support and companionship to both patients and carers, such as sitting, listening and reading.

The volunteers receive clinical supervision from a clinical nurse specialist and are able to talk through their visits with the team. An example of a volunteer reflection:

"I visited a patient. Her mother had an appointment at the hospital and a friend was going to accompany her while I sat with her daughter. Her daughter was extremely ill and the District Nurses were coming in regularly during the day. I massaged her arms and hands and although she was unable to communicate verbally I felt and observed that she relaxed visibly, smiled a little and then she slept peacefully."

The Hospice Care at Home Volunteers have been received very positively from patients, carers and health care professionals and will continue to operate for the foreseeable future. The service will be reviewed on a regular basis, particularly as it is anticipated that demand may increase as the whole Hospice Care at Home Service expands.

Areas That We Have Identified for Improvement 2013 – 2014

PTH is committed to the delivery of high quality care. We know that the cornerstone of improvement is listening to what patients tell us about our services. Guided by what we have been told and by looking at our work over the last year, we have been able to identify areas where we would like to see service development and improvement – three of these are detailed in the following section.

Improvement 1:

Review of clinical incidents policy and procedure

How was the Priority identified?

Following a clinical incident at the Hospice it became evident that although there was a clear process in place for clinical incidents such as patient falls, accidents, medicine incidents and complaints, there was not a clear process for instances that fell outside these classifications.

How will the priority be achieved?

The clinical governance group discussed this type of incident and asked the question 'is this the outcome expected for this patient?' If it is not then an investigation should take place and a clear process of how to do undertake this required. The new policy and procedure aims to set a clear and transparent process for the management of all clinical incidents that can occur across all hospice settings. It describes the type and levels of severity of the incident ensuring consistency in the actions to follow.

Through this policy and procedure the Hospice seeks:

To monitor incidents reported and identify any trends so that learning can take place across all care settings.

To ensure that where recommendations and changes to practice are identified that they become embedded into practice

To ensure incidents are handled appropriately, specifically regarding serious incidents that may have an effect on patient care outcome

The Francis Report (2013) advises that – 'GPs and other Healthcare providers should face a statutory 'duty of candour' to report cases in which care has led to the death or serious harm to a patient'. This transparent and practical policy has been written in light of the findings and recommendations of the Francis Report

How will it be monitored?

The policy will be reviewed after one year to check compliance by clinical managers and the application to a clinical incident (if there has been one).

Improvement 2:

Expansion and development of the Hospice Care at Home Service

How was the Priority identified?

The HCAH service has been successfully providing care and support for patients and their families in their homes since its introduction in 2011. Referrals have been increasing and the team is working at full capacity. At present the service is only available for patients already known to the Hospice – we would like to develop the service further not only to ensure the present need is met but also to be able to provide care and support to a patients and families currently unknown to us.

How will the priority be achieved?

The Hospice Care at home team will be managed by a newly appointed Clinical Nurse Specialist team Leader. The workforce will double in size, providing a mix of specialist assessment, service coordination, hands on specialised nursing and ongoing skilled care.

PTH are committed to increasing both the access and provision of good quality care in patients own homes. We will further develop links with other provider partners to reduce unscheduled admissions to hospital and assist in getting patients home for end of life care.

How will it be monitored?

The development of the service will be monitored by collating both quantitative and qualitative data. Patients and carer feedback will be sought using a series of surveys and questionnaires. Local data from both PTH and other local provider partners will provide evidence of the number of unscheduled admissions to hospital and the number of patients achieving their preferred place of care.

Improvement 3:

Day Hospice Refurbishment - PTH has been awarded a grant from the department of health to support this project.

How was the priority identified?

PTH has seen a great deal of service development in recent years – adapting to changing healthcare needs and responding to how and where service users want to access services and care. There are now many workshops, therapy and support groups, day Hospice sessions and outpatient clinics taking place. Many of these are focused in or around the Day Hospice area - this space is functional but lacks adaptability and can take time to set up for different uses.

How will the priority be achieved?

PTH plans to use the award to reconfigure and modernise the current Day Hospice area - creating a more multifunctional, spacious, flexible space suitable for the many services and activities available. A new dining area will be created, separate from the main seating area in which it currently lies, allowing meal times to be undisturbed and relaxed. Ventilation and lighting will be improved and new furnishings will help to provide a clean, tidy welcoming atmosphere.

How will progress be monitored?

The Hospice carries out service user surveys and questionnaires on a regular basis. Questions relating to the facilities e.g. comfort and atmosphere, are included in these – the responses will provide us with feedback on the improvements we have made.

Section 2 Statutory Information

This section includes:

Information that all providers must include in their quality account (Some of the information does not directly apply to specialist palliative care providers).

Review of Services

During 2012 – 2013 PTH provided six services

- **In – Patient Unit**
- **Day Hospice**
- **Out - Patients**
- **Community**
- **Hospice Care at Home**
- **Bereavement**

PTH has reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS represented less than 12 per cent of the total income required to provide the services which were delivered by PTH in the reporting period 2012/13.

Participation in Clinical Audits

As a provider of specialist palliative care PTH is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the audits or enquiries related to specialist palliative care. However PTH's quality and audit programme facilitated many audits during 2012 -13.

The Hospice also used a number of 'Help the Hospices' Audit Tools e.g. Infection Control and Management of Medicines. The tools are relevant to the particular requirements of hospices, allowing our performance to be benchmarked against that of other hospices. Our compliancy results for 2012 were high; Infection Control 96.5% and Management of Medicines 98%.

PTH is a member of a regional audit group and benchmarks the results of these audits on a regular basis.

Data Quality

For the year 2012 - 2013 PTH submitted audit data to the National Minimum Data Set for specialist palliative care. Results are available publically from the National Council for Palliative Care. *www.ncpc.org.uk*

Research

Phyllis Tuckwell Hospice recognizes that research is essential to enable the specialty to deliver high quality care founded on reliable knowledge or evidence and hopes to be able to collaborate with other hospices and hospitals in local or national multicentre trials.

Non-interventional trials may take the form of questionnaires, surveys or interviews. Other trials may look at a specific treatment interventions or a way of caring for a patient.

What others say about us

PTH is required to register with the Care Quality Commission, a regulatory body that ensures that we meet our legal obligations in all aspects of care.

In November 2012 the CQC carried out an unannounced inspection. The CQC found that PTH was meeting all the essential standards of quality and safety, reporting very positive feedback from both patients and their families.

Quality improvement and innovation goals agreed with our commission

PTH's income in 2012/13 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Surrey PCT advised that we complete the National End of Life care Intelligence Network online assessment tool - ELCQuA (End of Life Care Quality Assessment tool). The tool builds on recommendations from documents such as the End of Life Care strategy.

PTH achieved all the objectives set out in the tool and found it useful in helping us focus on areas where improvements could be made.

Section 3 Quality Overview

This section provides:

- Data and information about how many patients use our services
- How we monitor the quality of care we provide
- What patients and families say about us
- What our regulators say about us

The National Council for Palliative Care; Minimum Data Series

The Minimum Data Set (MDS) for Specialist Palliative Care Services is collected on a yearly basis, with the aim of providing an accurate picture of hospice and specialist palliative care service activity. The PTH MDS covers the period 1st April 2012 to 31st March 2013, the available comparative data is from the previous year.

The data below comprises of MDS data and PTH collated statistics.

In-Patient Unit

Phyllis Tuckwell Hospice	PTH 2012- 2013	PTH 2011- 2012	Latest available national median MDS figures
In – Patient - Unit (18 beds)			
Total number of patient admissions	361	389	384 (Dependent size of unit)
% Patients with a Non Cancer diagnosis	16%	14.5%	10.8%
% Occupancy	75%	75%	78%
Patients returning home	30%	32.4%	U/A
Average length of stay (days)	**12**	**12**	13

U/A = Unavailable or not MDS data

The In–Patient Unit continues to operate efficiently, supporting many patients and their families. There is a slight drop in overall patients supported in the inpatient unit - this is most likely attributed to the successful development of our Hospice Care at Home Service which enables patients to remain in their own home for care, and support. The average length of stay continues to be lower than the national median with the bed occupancy percentage remaining steady – demonstrating that we 'use our beds well' and have effective admission and discharge procedures.

The percentage of non-cancer admissions to the In-Patient Unit remains higher than the national median of 10.8% - this is in line with the Hospice's aims to offer comprehensive specialist palliative care to adults with progressive, advanced disease and a limited life expectancy.

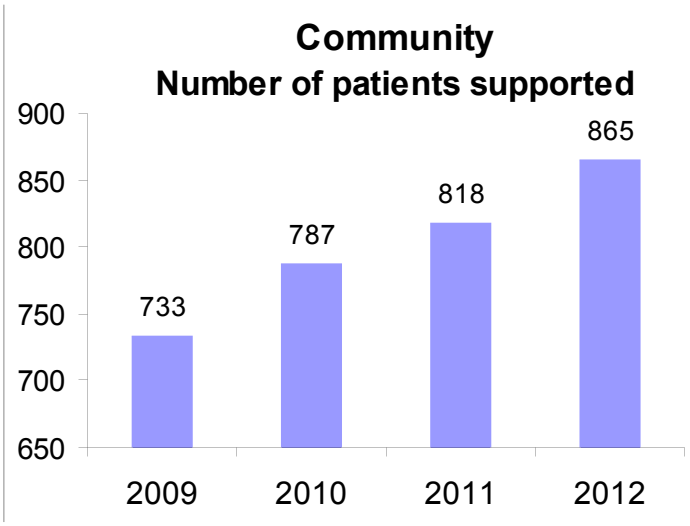
Community

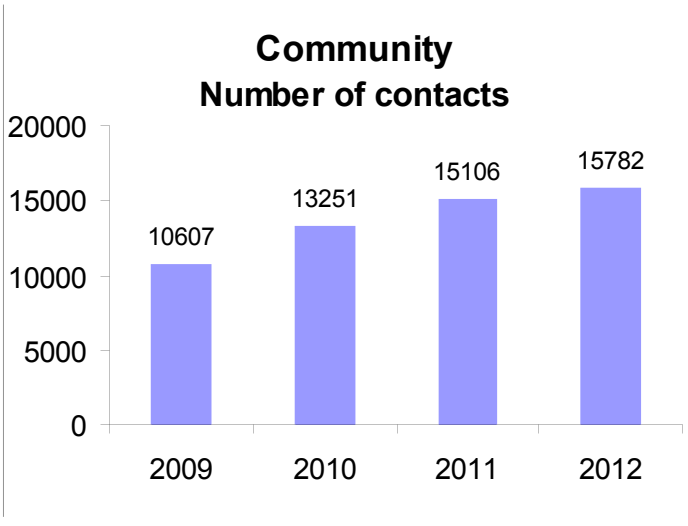
Phyllis Tuckwell Hospice	PTH 2012- 2013	PTH 2011- 2012	Latest National Median
Community service: All clinicians and therapists (including Hospice Care at Home)			
Total number of patients supported	865	818	690
% Patients with a Non Cancer diagnosis	18%	16.4%	N/A
Face to face contact	4181	3970	N/A
Telephone contacts	11,601	11,136	N/A
% Home & Care Home deaths	51%	50.2%	56.7%

The data includes patients supported in the community by our nurse specialists, patient and family services team, therapists and Hospice Care at Home team.

The number continues to increase - confirming that we are reaching out further into the community and realising the Hospice's 30:30 vision of being able to offer patients and their family's choice about where they are supported and cared for.

The percentage of home and care home deaths remains stable - the figure is slightly below the national median but in line with regional figures. Recent national reports suggest that most people, when asked about the future, report that they would like to die in their own home, however the Hospice has found that if admitted to the inpatient unit many patients change their preference and want to remain at the Hospice. Figures for the number of patients achieving their preferred place of death are reported later in this section.





Phyllis Tuckwell Hospice	2012- 2013
Hospice Care at Home Service	
Total number of patients supported	233
Average number of visits per patient	4.2

The Hospice Care at Home Service is now well established and has supported many patients and their families. The service is being expanded (see improvements for the coming year) with a view to providing more care and support to more patients.

NB The data is slightly limited due the services recent development and necessary changes to the way information is gathered. National comparison data is not available.

Day Hospice

Phyllis Tuckwell Hospice	PTH 2012- 2013	PTH 2011- 2012	Latest National Median
Day Hospice			
Total number of patients supported	103	90	84
% Patients with a Non Cancer diagnosis	35%	29%	N/A

The Day Hospice continues to support many patients and their carers. There has been a national trend of declining numbers of patients attending Day Hospice - PTH also experiencing a drop in the year 2011- 2012 (although still above the national median).

In response to this the Hospice introduced more flexible sessions, with greater access to the multidisciplinary team. In this reporting year the number of patients attending Day Hospice has increased, with those patients with a non cancer diagnosis representing 35%.

Out-Patients

Phyllis Tuckwell Hospice	PTH 2012- 2013	PTH 2011- 2012	Latest national median
Outpatient services			
Number of patients supported	250	228	150
Total outpatient clinics attendances	529	512	288
Total outpatient clinics held	195	248	138
% Patients with a Non Cancer diagnosis	27%	22.3%	N/A

The Dove Centre, developed to offer patients more choice and flexibility about where and when they can receive care, treatment and advice, continues to run regular weekly clinics in addition to many other individual appointments. These appointments allow patients and carers to access therapies such as physiotherapy and complementary therapy as well as counselling and consultations with Medical and Specialist nursing staff.

During the last year we have evaluated how the clinics are run and have become more efficient – improving our percentage of attendance per clinic numbers by almost a third. Patients and carers continue to respond positively with the numbers attending well above the national median. The percentage of out - patients with a non cancer diagnosis also remains high at 27% - affirming our commitment to widening access and support for patients with life-limiting, non-cancer illnesses.

Bereavement Service

Phyllis Tuckwell Hospice	PTH 2012- 2013	PTH 2012- 2013	Latest national median
Bereavement Service			
Total number of clients supported	268	229	**152**
% of contacts that were group sessions	20%	11.4%	4%

Phyllis Tuckwell Hospice has a well establish bereavement service and continues to support many bereaved carers and family members. We are particularly proactive in the use of group sessions – providing a variety of support and therapeutic mediums in an efficient way. The recent introduction of a regular coffee morning has proved very popular. The morning is held at a local garden centre and is open to families and friends of anyone who had links with PTH before the death of their loved one. A counsellor and a number of volunteers, experienced in supporting people though loss, are on hand and information on how to access additional support available. It is very informal and works on a ‘drop in’ basis, giving people a chance to meet others in a similar situation.

Quality Markers

We have chosen to measure our performance against the following metrics

Indicator	2012 - 2013
Complaints	
Total number of complaints	5
All 5 complaints were resolved satisfactorily	
Patient falls	
Number of falls	38 (49 the previous year)
Patient safety incidents (Infection)	
Total Number of patients known to have become infected with MRSA whilst on the In - Patient - Unit	0 (0 patients admitted with MRSA)
Total Number of patients known to have become infected with C. difficile whilst on the inpatient unit	0 (3 patients admitted with C.difficile)

There is currently a lack of national data available for the hospice setting regarding safety incidences – this has been identified for an area of development by Help the Hospices (a charitable organisation that supports hospices and palliative care professionals).

Future work may help to facilitate the use standardised recording methods enabling national benchmarking.

Quality Markers (cont.)

Indicator	2012 - 2013
Patients that achieved their preferred place of death (Sample of inpatients taken from April, May & June 2012 (43))	
Percentage of patients whose preferred place of death was achieved (where known or documented) Preference – Home 7% Hospice 93%	98%
Patients that achieved their preferred place of death (Sample Hospice Care At Home Dec – March (33)	
Percentage of patients whose preferred place of death was achieved (where known or documented) Preference – Home 77% Hospice 23%	94%
Future care planning discussions - including wishes, beliefs and preferences (Sample of inpatients (57))	
Percentage of patients and/or carer/family had been involved in planning for the future (where known or documented)	97%
Future care planning discussions - including wishes, beliefs and preferences (Sample of Hospice Care At Home Patients Dec – March (85)	
Percentage of patients and/or carer/family had been involved in planning for the future (where known or documented)	98%

Clinical Audits 2012 – 2013

To ensure that we are continually meeting standards and providing a consistently high quality of service, PTH has a Quality and Audit Programme in place.

The programme allows us to monitor the quality of service in a systematic way, identifying areas for audit in the coming year. It creates a framework where we can review this information and make improvements where needed. Regular Clinical Governance meetings provide a forum to monitor quality of care and discuss audit and quality evaluation results. Recommendations are made and action plans developed.

National Audits (Help the Hospices)

Help the Hospices has developed a range of core audit tools which are relevant to the particular requirements of hospices and can be used for quality improvement and verification of standards. There is currently a lack of national data available for benchmarking but again this is an area that has identified as a priority for development by Help the Hospices.

Help the Hospices audits completed	Compliance
Infection control - looked at 15 areas – including; bathrooms, patient areas, hand washing & clinical areas.	96.5%
Medicines Management	98%

A Sample of Clinical Audits Completed at Phyllis Tuckwell Hospice

Audit	Findings, recommendations and actions to be taken to improve compliance/practice
Audit of Health Records The Health records Policy and Procedure sets out clear standards, created in accordance to the relevant legal and national requirements. Required standard 100% (Sample 10 sets of paper and electronic notes)	The audit of Health Records is undertaken every two years to assess the standard of Health Records Management. The audit examines the quality of entries made in patient's health records (both paper & electronic) and their storage and destruction. The results were good with an overall compliancy of 97%. One area for improvement was identified - the correct process for countersigning auxiliary nurse's entries electronically was not always completed (71%). The results were fed back to the nursing staff and re-education and support provided. Plan – To re-audit this area in 6 months time. Re-audit - The results showed a great improvement with 91% compliancy. Further action - To ensure new staff to have adequate training re electronic record entries.
Documented consent The consent policy is reviewed every three years and states that compliance should be audited two yearly. Required standard 100% (Sample 30 events)	This audit looks at three areas of treatment and examines whether consent to these treatments is documented, as stipulated in the PTH consent policy. The results were very positive achieving 97% compliancy. Re-audit 2014.
Resuscitation procedure The Resuscitation Policy & Procedure provides guidance and instruction on managing the decisions and the process of resuscitation within the PTH. This is in line with the joint recommendations by the Resuscitation Council, BMA and RCN.	The audit looked at the records of patients attending the Inpatient Unit & Day Hospice. It examined whether patients had a resuscitation status recorded and whether discussions with patients around the topic of resuscitation had been recorded. It found that all the patients had a status clearly recorded and that where discussions had taken place this was recorded resulting in 100% compliancy in this area.

What Patients and Families Say About the Services They Receive

The views and experiences of patients and their families are important to the Hospice and enable us to look at how we can learn, develop and improve the services we provide. The Hospice undertakes a series of questionnaires, surveys and focus groups on a regular basis.

The Patient Survey

The PTH survey includes questions relating to information giving by staff, staff attitudes, involvement of patients in care planning, privacy and courtesy, catering, cleanliness and awareness of the process for complaints. The surveys are designed for self-completion by patients. One survey evaluates Day Hospice services and another evaluates In-Patients services. A sample of the questions and responses are detailed below.

In-Patient Unit

Leaflets	Yes		No
Question	80%		20%
There are a variety of leaflets available on the inpatient unit detailing the care and services we provide. Have you or your friends and family looked at any of them?	Were they useful?		
	Yes	No	Unanswered
	96%	0%	4%
Individual comments:			
A big help with keeping in touch with staff			
The leaflets detailed the therapies and support available			
You always keep your information up-to date			
Plenty of leaflets- well presented & easy to read & understand			
Yes, very helpful. Gave us a good idea of what to expect & what services were available			

Care	**Always**	**Most of the time**	**Some of the time**	**Never**	**U**
Question Did you feel that you were treated with dignity and respect?	90%	10%	0%	0%	**0%**
Individual comments:					
Excellent care and always respectful					
My privacy was always respected					

Feelings/Emotions	Yes	No	Unanswered Other
Question Did you feel you received enough support to help you cope with your feelings and emotions?	97%	0%	3%
Individual comments:			
Yes- I have been worried about my wife - she also needs care			
Everyone from the office staff & receptionist and even the volunteers were so supportive, the care is second to none			
I had some good conversations with several of the chaplains			

Feedback	Yes	No
Question If you were unhappy with any aspect of your care do you feel confident that the Hospice would address the issue quickly and effectively?	100%	0%
Individual comments:		
Quite confident as all staff were eager to enhance the quality of my stay		
I was very happy so I didn't need to complain about anything		

Day Hospice

Question - Care	Always	Most of the time	Some of the time	Never
Question Whilst in DH - do the staff involved in your care introduce themselves?	94%	6%	0	0
Individual comments:				
At every visit one of the team talks to me				
The staff were always ready with a cup of tea, biscuits and plenty of newspapers to read.				
All the staff treated me in a very friendly way				
Sit down discussions with me have been great				
Any queries were always sorted out -thanks to the staff.				

Question Do you feel that your privacy was respected e.g. during examinations & or discussions?	100%	0	0	0
Individual comments:				
If the need arose staff always took me to a private room to talk				

Question Do you feel that you are treated with respect by all members of the team?	100%	0	0	0
Individual comments:				
They all went out of their way to make me welcome				
Very much so				
Very kind				

Feelings/Emotions	Yes	No	Unanswered Other
Question Did you feel you received enough support to help you cope with your feelings and emotions?	100%	0%	0%

The results were very positive with many heartfelt comments. The survey will be discussed by individual teams and any areas where improvement can be made identified and discussed.

Individual comments

"My stay was excellent. I felt safe".

"Just carry on the way you are, being very caring, sympathetic & friendly. We cannot praise everyone enough - there is no other place like it. The care etc does not stop at the patient it carries over to family and even their family".

"We would like to mention the coffee shop - it was really a useful facility and beautifully run".

National Survey of the Quality of End of Life Care

The Association for Palliative Medicine of Great Britain and Ireland - Famcare 2

PTH took part in a 2012 national survey of the quality of end of life care organised by the Association for Palliative Medicine (APM). PTH was one of 24 units taking part.

The questionnaire was sent to carers - 6 weeks after the death of their loved one at PTH. The questionnaire asked those completing it to think about the care and support the patient and family had received. The questionnaire asked the carer how satisfied they were with 17 aspects of care, such as; the speed with which symptoms were treated, the emotional support provided to the patient and family; the way the team respected the patients dignity and the practical assistance provided.

They were given a range of response choices –*Very satisfied / Satisfied / Neither Satisfied or Dissatisfied / Dissatisfied / Very dissatisfied / Not relevant to my situation*

The results from PTH and the other units involved were analysed by the APM - individual unit and overall results were detailed, allowing a certain degree of bench marking (units differed in size and structure).

PTH results were very positive - with carers recording a higher than average percentage of 'very satisfied' answers in 14 out of the 17 aspects of care.

Examples: -

"How satisfied were you with"

- The patients comfort – **Very satisfied 87.5%,** Satisfied 12.5%
- The way the team respected the patients dignity - **Very satisfied 96%,** Satisfied 4%
- The way in which the patient's physical needs were met - **Very satisfied 87.5%**, Satisfied 12.5%
- Emotional support provided to family members by the team - **Very satisfied 79%,** Satisfied 12.5%, Neither dissatisfied or satisfied 4%, Not relevant to my situation 4%

PTH values the experiences of carers and plans to conduct a similar questionnaire in 2013 - 2014

Staff Survey

We value all our staff's opinions regarding their working environment and the services we provide to our patients and their families.

In 2012 we undertook a staff satisfaction survey to formally establish the views and experiences of all our staff. We sought their feedback on the Hospice, our communications, morale and work life balance, the management of our people and also views on development opportunities and reward.

There were some common themes reported by staff concerning the best things about working for the Hospice, these included making a difference, working with my colleagues, the supportive environment, having the freedom to do my job properly and being proud to work here.

These experiences are reflected in our turnover rate which, for 2012, was 10%. In addition more than 55% of our staff have been with the Hospice for over five years.

The survey, which was conducted by Birdsong Charity Consulting on behalf of Help the Hospices, also enabled us to compare our results with other hospices taking part. It was very pleasing to establish that our staff's level of satisfaction was one of the highest of those that took part.

Feedback from the Unannounced Provider Visit

The Board of Trustees undertake two unannounced visits to the Hospice annually. Two members of the Board talk to staff, patients and carers. Patients and carers are asked about their views and experiences.

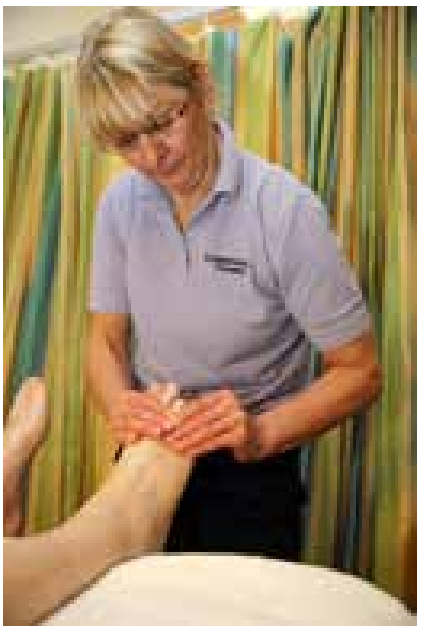
Details of some of those conversations are detailed below the (October 2012 report):

All the patients were very pleased with the staff and facilities at the Hospice.

One patient told us that he had always been very sceptical about complementary therapies but now enjoyed them especially the foot massage.

One patient praised the volunteer Art therapist (Helena) who she said changed her view on life.

The son of one of the patients arrived whilst we were talking to his father and agreed to participate in the discussion. He was very supportive of PTH and said that he was very impressed by the cleanliness of the Hospice. He was a keen fundraiser and been involved in selling raffle tickets on behalf of the Hospice.



What Our Regulators Say About Phyllis Tuckwell Hospice

The Care Quality Commission (CQC) is a regulatory body that ensures that we meet our legal obligations in all aspects of care. They conducted an unannounced inspection in November 2012; inspecting six of the essential standards of quality and safety. It was a very positive visit with PTH meeting all the standards inspected:-

- **Respecting and involving people who use services**
- **Care and welfare of people who use services**
- **Safeguarding people who use services from abuse**
- **Requirements relating to workers**
- **Assessing and monitoring the quality of service provision**
- **Complaints**

CQC summary of the inspection

What people told us and what we found:

Patients and visiting relatives told us that they were very satisfied with treatment and care provided at the Hospice. They told us staff were very good, friendly, polite and respectful.

Comments we looked at showed the Hospice provided sufficient information for people, one comment we saw said, plenty of leaflets-well presented and easy to read and understand.

Relatives told us that staff were very kind to their family member, they said "nothing is too much trouble for the staff, they are so kind to us" Another relative told us "the staff always treated their family member with the utmost dignity and respect" and "the care could not be bettered"

Patients spoken with told us they were involved in any and all decisions about their treatment and care. People commented they were always part of the discussion, staff always asked me what I thought. Others told us they liked attending the day Hospice and enjoyed the recreational activities provided.

People spoken with told us they felt safe and they would speak to staff if they had concerns. One person said " I was given the choice of going to hospital or the Hospice, no comparison really, the Hospice is wonderful and I know I will get first class care, I am so lucky"

External Comments

With the creation of the new commissioning framework PTH were unable to secure comments from our previous commissioner and LINks for the reporting year 2012 - 2013.

We will be working closely with our local clinical commission groups in the coming year and they have been sent a copy of this Quality Account - which sets out our planned quality improvements for the coming year.

The Board of Trustees' Commitment to Quality

The Board of Trustees is fully committed to the quality agenda. The Hospice has a well established governance structure, with members of the Board having an active role in ensuring that the Hospice provides a high quality service in accordance with its terms of reference. As above, Members of the Board undertake an unannounced visit twice a year - gaining first hand knowledge of what the patients and staff think about the quality of the service.

The Board is confident that the treatment and care provided by the Hospice is of high quality and is cost effective.

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