Phyllis Tuckwell®
Hospice Care
...because every day is precious

"As soon as I got here, I felt safe. All the stress was taken away; you can just let go and let them look after you."

Quality Account
2016 - 2017

***Total* support for patients and families**
Clinical - Practical - Emotional - Spiritual - Financial

Chief Executive's Statement

As we embark on a new Financial Year, our annual Quality Account gives us the opportunity to reflect on what we have achieved over the last twelve months, and share our plans for the next twelve. This is the seventh year we have produced this document and we hope that it is a concise and informative summary of the recent developments in our services.

Our primary focus is always our patients and families, and we work hard to offer them the best and most appropriate care. We are always keen to hear what they think of our services and were very pleased with the results of the In-Patient Unit and VOICES surveys which we conducted. Both gave patients and their families the opportunity to answer specific questions on the level of care which they received, and the many positive comments we received illustrate the high level of regard which they have for us. We also undertook a staff satisfaction survey to gather the views and experiences of everyone who works here. The results were very positive and we were delighted to learn that we out-performed other hospices and charitable organisations in virtually every area.

We have also received much external recognition of our work recently, with Phyllis Tuckwell Hospice Care (PTHC) awarded 'good' and 'outstanding' ratings from the Care Quality Commission (CQC) following inspections of our Hospice and Beacon Centre, our Clinical team being presented with the Extra Mile Award by the Motor Neurone Disease (MND) Association, and two of our staff receiving individual awards at the Eagle Radio Biz awards.

Many of the specific developments which we have been working on recently are documented in this report, and include the appointment of a new Non-Cancer Care Nurse Consultant and the purchase of a 'plus size bed'. We are also making our referrals process clearer and easier for patients and GPs, and will launch our new Community Locality Model later this year, which will enable us to work more closely with our two Acute Trusts - Royal Surrey County Hospital (RSCH) and Frimley Park Hospital (FPH) - as well as with GPs, care homes and district nurses. It will also allow us to accept referrals seven days a week, enable our Rapid Response team to assess patients needing urgent assistance and reduce unnecessary hospital admissions. Alongside this will sit our new 'Living Well' team, which will offer treatment and advice within Day Services (Day Hospice, the Beacon Centre and Outpatients) and will include wellbeing and rehabilitative groups, emotional support and complementary therapy.

We cannot achieve any of this without our staff and volunteers, and the invaluable help of our many supporters, whose commitment and dedication to our cause never fails to overwhelm us. Thank you to you all.

I hope you enjoy reading this year's Quality Account and I look forward to reporting on the progress of this year's exciting plans in next year's report.

Sarah Brocklebank,
Chief Executive
June 2017

Contents

Section 1
Improvements - Current and Future

Our annual Quality Account reports on quality initiatives and improvements which we have implemented over the last year, keeping our local community up-to-date with the care and services which we provide. It also outlines a number of improvements which we have planned for the forthcoming year, and which will be reported in the next year's Quality Account.

The following section reviews the progress made against the improvements listed in last year's account in 2016/17 and describes some areas for improvement in this coming year 2017/18.

Quality Improvements 2016-2017

Improvement 1

Utilising advancing technology

In the Community - 'Speak Set'

PTHC recognises that there is a need to invest and trial new technology in order to provide high quality responsive care. This past year we have trialled the use of 'Speak Set'- a video connection from a health professional to a patient in their own home - with the aim of providing face-to-face contact which would not necessitate travel and which would be easy for patients to use. Over the last year our Community team has been proactive in trialling the system but have unfortunately encountered some difficulties in its application. The set-up in patients' homes, including the availability and location of their internet connection is often not suitable, and the patients themselves are often too unwell to use the system effectively. Because of these issues, we will not be continuing with the system, but will instead use this experience to inform our decision-making when considering future improvements, as we continue to look at ways in which to incorporate technological advances that increase responsiveness and efficiency.

On the In-Patient Unit – 'Aid Call' (upgrade)

The In-Patient Unit (IPU) has an integrated call bell system - 'Aid Call' – and last year we took advantage of available upgrades and renewed the system. The enlarged, easy to use handsets have proved popular with patients and the connectivity has improved, ensuring that calls are always logged. The centrally placed control panels provide additional information such as when the call was first placed, and whether there is a nurse in attendance; this has been particularly helpful for staff in enabling them to locate colleagues. The pagers held by staff contain the same information as the control panels and have a range of noise settings, allowing staff to adjust the setting to suit the situation e.g. at night time. The auditing facility is useful and several

audits have been undertaken to ensure call bells are being answered promptly. In the last IPU survey, all patients reported being happy with the response time.

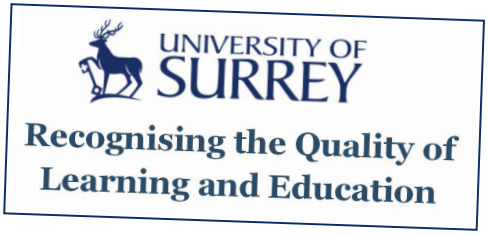
Other uses of technology

Other uses of technology to increase efficiency and effectiveness have been introduced this last year, including 'Skyguard' – a safety pendant for lone workers with built in GPS, two-way audio and emergency alarm and 'Lexicon' – a digital dictation system allowing dictation to PCs and smart devices. These are proving very popular with staff and are helping us ensure that we offer an efficient service.

Improvement 2

Education for the future

Last year PTHC conducted a review of all our clinical education (internal and external). There is now a clear strategy in place, setting out a three year plan and prioritising future aims. This will support our vision to empower others to provide quality End of Life Care, through partnership working, education and training, and to be seen as an authoritative voice at the decision-making table.



A priority for this past year was to attain the 'Recognising the Quality of Learning and Education' (RQLE) kitemark and we are very proud to report that we have been successful in achieving this. The kitemark, awarded by the University of Surrey, affirms that PTHC training and education has undergone rigorous quality assurance processes, and verifies the quality of the learning and education programmes we deliver.

PTHC implemented a wide range of current and ongoing education programmes, sessions and initiatives this last year, some of which are detailed below:-

- The consolidation and streamlining of training sessions - both internal and external - optimising learning and ensuring efficient time management. This has allowed more training to be delivered in areas such as:
  - The three-day End of Life Programme; communication / advance care planning, assessment and symptom management.
  - Syringe driver and subcutaneous hydration training.
  - PTHC clinical mandatory staff training.
- The expansion and promotion of the PTHC End of Life Programmes to include healthcare professionals from both Surrey and North East Hampshire.
- Increased GP training around communication and symptom management (North East Hampshire).

- Joint working with SECAmb (South East Coast Ambulance Service) to increase their knowledge regarding end of life care and improve the sharing of patient information.
- Joint working between the PTHC education and HR departments to maximise the full potential of the E-Learning Management System (Training Tracker).

PTHC will continue to develop and maintain links with community partners, including Surrey University, the National Hospice Education Collaborative, the Hampshire Care Home Forum, Frimley Health Foundation Trust and Virgin Care. We are confident that our three year education plan, comprehensive training programmes and continued collaborative working will support End of Life Care training and influence the provision of training into the future.

Improvement 3
Development of our research activity

We recognise that research is essential to enable the delivery of high quality care and have identified this as an area of development. The appointment of a Consultant to take a lead role in research development, supported by the secondment of one of our Clinical Nurse Specialists one day a week, has raised the profile of research within our organisation. 'Good Clinical Practice training' has been completed by a number of staff, and support has been provided for staff pursuing MSc. Degree qualifications, training in research skills, or undertaking their own studies.

In the last year PTHC has been involved in a number of local, national and 'home led' studies:-

Prognosis in Palliative Care Study 2 (ongoing) University College London – This is a validation study of an existing tool to predict a patient's prognosis, involving patients from Day Services.

Rehabilitative Palliative Care – A Challenge on the Hospice In-Patient Unit King's College London (MSc Research Project – S. Cullum). The aim of this study was to explore the views and experiences of staff working on the In-Patient Unit, on the subject of rehabilitative palliative care.

Evaluation of the provision of cognitive and behavioural screening in Motor Neurone Disease (MND) patients - University of Edinburgh and the Motor Neurone Disease Association – PTHC became involved in the project as a subject. It is intended that the results of this study will be used to inform the development and implementation of routine cognitive and behavioural screening for people with MND across the whole of the UK.

Optimum Hospice at Home Services at EOL (OPEL) Study Universities of Kent, Surrey and Cambridge, Pilgrims Hospice, the National Association of Hospice at Home and NHS England. This study aims to gather information on how hospice-at-home services are delivered in England, with a view to informing policy-making in the future. Our Director of Patient Services was interviewed as a subject.

Opportunities to increase the development of research within PTHC have also arisen from our membership of the Surrey/Sussex Hospice Collaboration Group - comprising four local hospices. The group facilitates idea-sharing and provides support and mentorship. A number of locally-organised research projects are awaiting approval and we hope to participate in some of these in the coming year.

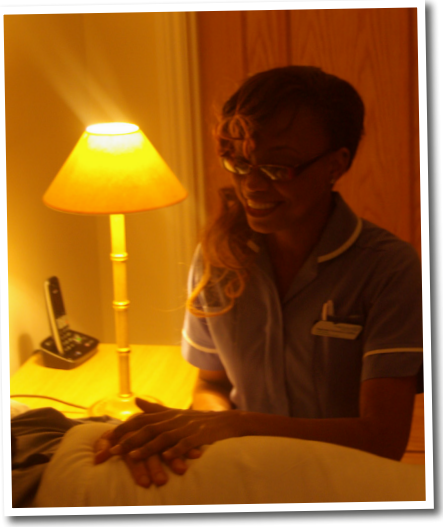
The PTHC Research and Audit group, attended by clinical leads from the multi-disciplinary team, shares and discusses research study ideas, proposals and activity and ensures that the information is disseminated to members of the team - encouraging engagement of all clinical staff.

There has been a great deal of organisational support and positivity from staff regarding the research activity undertaken this year, and we hope to continue and develop our involvement in research in the future.

Improvement 4

Development of our services - responding to patient need

PTHC's vision is to provide flexible, responsive and holistic end of life care. Our aim is to provide 24/7 end of life care that is responsive to changes in patients' conditions. In the last year we have strengthened our In-Patient Unit team, in particular medical cover, and are now routinely accepting admissions seven days a week. This has prevented patients from being delayed in hospital while awaiting transfer. It has also, with our partnership working with South East Coast Ambulance Service (detailed later in the report), prevented emergency admissions to hospital over the weekend for those requiring inpatient care. This has been reflected in the overall number of admissions to our In-Patient Unit this year – which have increased from 374 to 420 (an increase of 12%).



We have also improved the out of hours support we are able to offer patients and families in their own homes. Our Community Nurse Specialists and Hospice Care at Home teams have been strengthened and this, along with our continued collaborative working with our community partners, has resulted in more patients being supported, particularly at night - which is reflected in the VOICES report (detailed later in this document).

We plan to consolidate and develop this work, including introducing a streamlined referral system, enhanced partnership working and a new Day Service model. These developments are explained further in our *Developments and Improvements for 2017/18* section.

Developments and Improvements for 2017/18

PTHC is committed to the delivery of high quality care. Listening to patient, carer and staff feedback, and continuously evaluating our work against national best practice, all help us to identify areas where we would like to see service development and improvement.

The Quality Account allows us to detail some of these planned improvements. We have chosen a number of these, which cover a variety of areas and which we feel will be of interest to the general public and other groups.

Development 1
Purchase of a specialist 'Plus Size' bed for the In-Patient Unit

The safety and comfort of patients is paramount, and care should always be delivered in a compassionate, respectful and professional manner. Some of our patients are 'plus size' meaning that they are larger than average and over a certain weight. It is important to carry out a detailed assessment prior to admission of 'plus size' patients, to establish whether any specialist equipment is required, including specialist beds. The availability and use of such equipment helps avoid injury to both patient and staff, and allows care to be given in a dignified manner whilst maintaining patient comfort. PTHC currently hires 'plus size' beds, and did so four times in 2016. Purchasing a 'plus size' bed will enable PTHC to be more responsive, as we will not have to wait for equipment to be delivered, and will generate cost savings.

Development 2
New community model

PTHC is committed to delivering high quality, safe, responsive, patient centred clinical services. A new community locality model launching this year will support our vision of providing 'Easy access to compassionate supportive and end of life care for patients and families in a place of their choice' to those who need it.

This new clinical model aims to enhance partnership working within our different catchment areas delivering effective and coordinated models of care. Our referral system will be streamlined, with the aim of increasing patient flow. A new Advice and Referral Team will manage referrals seven days a week, and those requiring urgent help will be assessed by a rapid response team, supported by our multi-disciplinary team, to avoid delays and reduce unnecessary hospital admissions.

Our multi-disciplinary Community Services will be consolidated into two geographical (locality) areas which will help further develop partnership working with our two Acute Trusts (Royal Surrey County Hospital (RSCH) and Frimley Park Hospital (FPH)) as well as GPs, care homes and district nurses. PTHC is committed to being an integral

part of our local health economy and the move to locality working will support other changes taking place within the NHS and our healthcare partners.

PTHC will also implementing a new 'Living Well' model which will provide treatment and advice within 'Day Services' i.e. the Day Hospice, the Beacon Centre and Outpatients. Holistic assessment by the multi-disciplinary team will direct patients to the appropriate help and support including: wellbeing and rehabilitative groups, emotional support, and complementary therapy, as well as continued symptom monitoring and professional advice.

Development 3
Nurse Consultant/non-cancer work

Some years ago, PTHC identified the expansion of services to reach more terminally ill patients, including those with diseases other than cancer, as an area for development. A comprehensive service evaluation culminated in the appointment of a Medical Consultant who, in collaboration with our community partners, developed new models of care for patients with respiratory and neuro-degenerative conditions.

The appointment of a new Non-Cancer Care Nurse Consultant aims to build on this work - supporting further expansion of individually tailored models of care for patients with a non-cancer diagnosis, across all disease groups and catchment areas. The work will involve partnership with GPs and other community professionals and is likely to encompass the early identification of patients requiring support, as well as refining the referral processes. Additional areas for development are the support of more heart failure patients, and involvement and promotion of local frailty initiatives.

The Nurse Consultant will bring a wide range of skills and experience and will, with the support of the Medical Consultant, play a vital role in supporting the Community Nurse Specialist team and the wider multi-disciplinary team in the management of non-cancer patients.

PTHC looks forward to reporting on the progress of these exciting developments in next year's report.

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 2016/17 PTHC provided six services:

- In–Patient Unit
- Day Services
- Outpatients
- Community
- Hospice Care at Home
- Bereavement

PTHC has reviewed all the data available to them on the quality of care in all of these services. The income provided by the NHS represented about 20% of the total income generated by PTHC in the reporting period 2016/17.

Registration

PTHC is required to register with the Care Quality Commission (CQC), the independent regulator of all health and social care providers in England, which ensures that we meet our legal obligations in all aspects of the care which we provide. Inspections in July 2016 (of the Farnham Hospice Site) and January 2017 (of the Guildford Beacon Centre site) resulted in reports which were very positive, with PTHC achieving ratings of ‘Good’ and ‘Outstanding’ respectively. A full report is available on page 30.

Participation in Clinical Audits

PTHC participated in the 2016 National Comparative Audit of Red Blood Cell Transfusion in Hospices, coordinated by NHS Blood and Transplant.

NB PTHC has its own quality and audit programme and facilitated many audits during 2016/17 including a number of 'Hospice UK' audits, which are detailed later in this report.

Data Quality

For the year 2016/17 PTHC collected data for the Specialist Palliative Care Minimum Data Set. This has been submitted to Hospice UK. The availability and publication of these national results is to be advised by Hospice UK. The 2015/16 results are available from the National Council for Palliative Care.

Some of this data and comparative national data is presented later in this report.

Quality improvement and innovation goals agreed with our commissioners

The CQUIN (Commissioning for Quality and Innovation) framework encourages care providers to work in partnership to continually improve how care is delivered, leading to transparency, improved outcomes and a better patient experience. CQUINs are used as financial incentives and an agreed sum or a proportion of the provider's income is conditional on demonstrating the agreed innovations and/or improvement. PTHC had a CQUIN target for the first time in 2016/17, detailed below.

2016/17

Joint working with SECAmb (South East Coast Ambulance Service)

The agreed CQUIN for 2016/17 was to reduce the number of 999 calls from end of life patients known to PTHC, in order to decrease the incidence of these patients being transported to hospital Accident and Emergency (A&E) departments. PTHC has been working in partnership with SECAmb to ensure fewer patients living with a terminal illness are taken to an A&E department or hospital inappropriately.

SECAmb's computer system IBIS (Intelligence Based Information System) enables clinicians to record clinical information about patients known to PTHC. This means that ambulance personnel receiving a 999 call are informed of the current plan of care and patient wishes, enabling them to provide advice over the phone, treat the patient

in their home, or, if appropriate, liaise with PTHC for admission to the PTHC In-Patient Unit.

Since the project commenced last year, clinical staff have received training and are uploading patient details onto the IBIS system, meeting our set monthly targets for the number of patients entered on IBIS.

The latest available benchmarking figures show that PTHC's conveyance rate (number of patients known to PTHC taken to hospital via a 999 call ambulance) is the lowest for any provider in the region (including another hospices) and averaged 36%, well below the local and national conveyance rate – 52% & 67% respectively. In addition to better outcomes for patients, the prevention of inappropriate admission to A&E produces significant cost savings for clinical commissioning groups.

Although the CQUIN financial incentive is only available for one year, PTHC is committed to improving these figures year-on-year, with consequent improvement in patient experience and outcomes.

2017-18

The CQUIN for 2017 through to 2019 is being developed around three of the six ambitions in the "Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020" document.

We hope that our new locality based community structure and single point of access (Advice and Referral Team), plus our closer working with other providers e.g. FPH and RSCH by linking to key meetings that influence patient outcomes, will sit within the first ambition; *each person is seen as an individual*.

The third ambition is *maximising comfort and wellbeing*. By refocusing PTHC's Day Services and group work as the Living Well team, it will respond better to external needs and encourage earlier referral for end of life care and promote a sense of living with their terminal illness.

This year we intend to review of our electronic clinical database to work towards a system that can deliver better integration and sharing of patient records. Meanwhile we will continue to upload salient clinical information to the SECAmb IBIS database and together these pieces of work fit under the fourth ambition; *Care is coordinated*.

Duty of Candour

THE DUTY OF CANDOUR is a statutory (legal) duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC).

PTHC recognises that the promotion of a culture of openness and transparency is essential to improving and maintaining patient safety.

Duty of Candour has been a regular education topic at PTHC and healthcare professions are reminded to refer to their respective codes of conduct as well as to joint Nursing and Midwifery Council and the General Medical Council guidance 'Openness and honesty when things go wrong: the professional duty of candour'

The PTHC Duty of Candour Policy provides guidance to clinical employees about the principles of being open and their duty of candour, and sets out the processes to be followed to support openness with patients and their families following a serious safety incident. In addition, the Management of Patient Related Incidents Policy and Procedure provides a clear and transparent process for the management of clinical incidents, including reporting. All incidents are discussed at the PTHC Clinical Governance committee and all serious untoward incidents (SUIs) reported to the CQC and the Clinical Commissioning Group.

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.

Patients and families supported in 2016/17

In 2016/17, we were pleased to be able to support 1,903 patients, 42 more patients than 2015/16; and 774 carers, 243 more carers than the previous year.

In-Patient Unit (IPU) - 18 beds

	2016/17	2015/16	Year-on-year Change
Total admissions	420	374	12%
% patients going home	35%	29%	21%
% bed occupancy	83%	75%	11%
Average length of stay (days)	12.8	12.7	1%
% non-cancer diagnosis patients	21%	21%	0%
% patients dying on the Last Days of Life plan	84%	85%	-1%

2016/17 saw the highest number of admissions ever to the IPU and a 12% increase compared to the previous year. This has come about through a focused initiative to routinely admit patients on the weekend and has resulted in an overall increased bed occupancy as well as an increase in patients admitted to the IPU.

Community (excluding HCAH)

	2016/17	2015/16	Year-on-year Change
Number of patients supported	1,693	1,603	6%
Total contacts (face-to-face)	6,194	6,468	-4%
Total contact (telephone)	23,000	20,778	11%
% non-cancer diagnosis patients	24%	24%	0%
% Home & Care Home deaths	56%	56%	0%

The Community team includes Clinical Nurse Specialists (CNS), doctors, Patient and Family Support team and therapists. The team remains very busy and supported 6% more patients in 2016/17 compared to 2015/16. The telephone triage system remains effective and ensures the most appropriate use of our team's resources.

Effective working and communication with our community partners has resulted in strong referrals from GPs and community nurses, with our links with local hospitals also remaining strong. The number of non-cancer patients supported remains high.

Hospice Care at Home (HCAH)

	2016/17	2015/16	Year-on-year Change
Number of patients supported	616	582	6%
Total contacts (face-to-face)	6,354	4,612	38%
Total contact (telephone)	8,239	5,551	48%
% Home & Care Home deaths	92%	91%	1%

The Hospice Care at Home Service is now an established provider of end of life (EoL) care in the community and its ongoing development and expansion has allowed us to support more patients and their families at home. As a result of the expanded team (including a Social Work Advisor) we have been able to keep more patients at home for EoL care, impacting positively on the number of unscheduled admissions to hospital and patients achieving a home death.

One of our HCAH team now regularly attends the RSCH ‘fast track’ meetings to help facilitate the discharge home for end of life patients.

Day Services - Day Hospice, Outpatients & Group work

	2016/17	2015/16	Year-on-year Change
Number of patients supported	527	491	7%
Total contacts (face-to-face)	7,745	7,325	6%
Total contact (telephone)	2,584	2,136	21%
Combined	10,329	9,451	9%
% non-cancer diagnosis patients Day Hospice	36%	38%	-5%
% non-cancer diagnosis patients Outpatients	19%	22%	-12%

Our Day Services comprise a 'traditional' Day Hospice Service, group work and outpatient contact. We are finding that patient preferences are changing – e.g. some find the different group activities better suit their needs than a more traditional outpatient appointment. We saw a further increase in total contacts in 2016/17, reflecting the new services that are being introduced.

During 2016/17 we undertook a review of all our Day Services which has resulted in the previously mentioned 'Living Well' programme, which we plan to develop in 2017/18 to ensure that we are better able to meet the needs of patients earlier in their illness.

Bereavement

	2016/17	2015/16	Year-on-year Change
Number of clients supported	471	440	7%
Group work	589	452	30%
Face-to-face (individual support)	1,542	1,286	20%
Telephone contacts	636	310	105%

The bereavement service has continued to support significantly more people. As well as one-to-one sessions, we now offer many different types of support groups to different client groups (including children & teenagers) which have been very positively received.

Quality Markers

We have measured our performance against the following metrics:

Indicator	2016/17
Complaints - across all services (All satisfactorily resolved)	14
Patient falls	34
Patient safety incidents (Infection)	
Total number of patients known to have become infected with MRSA whilst on the In-Patient Unit	0 (1 patient admitted with MRSA)
Total number of patients known to have become infected with C. difficile whilst on the In-Patient Unit	0 (3 patients admitted with C.difficile)
Medication incidents (including near misses i.e. Error prevented by staff or patient surveillance	
Total number of medication incidents	83 Equating to 0.045% of overall administration opportunities

In addition 'Hospice UK' (a charitable organisation that supports hospices and palliative care professionals) has developed a benchmarking tool – the In-Patient Unit Quality Metrics – recording falls, pressure ulcers, and medication incidents. The tool allows hospices to compare their data quarterly and annually with other similar size hospices. Below is the data for 2016/17 (over 100 sites took part).

Phyllis Tuckwell Hospice Care In-Patient Unit	PTHC Quarterly Average 2016/17	Quality Average (For similar sized hospices taking part) 2016/17
Incidents		
Total falls	8.5	13.5
Total Pressure Ulcers (Developed or worsened on site)	3.8	5.9
Medicine Incidents	20.8	12.8

Phyllis Tuckwell performed well in the falls and pressure ulcer categories, but was higher than the reported average in the medicine incident category. The data has been presented and discussed at the Clinical Governance Board Sub-Committee and at the CCG contract meetings along with a more comprehensive data set collated by PTHC (more inclusive with a wider range of incidences) showing a reduction of incidents

from last year. The committee are confident that the figure can be attributed to a strong reporting culture within the organisation. To help put the numbers in to context, there were 0.045% medication incidents (including all those that were prevented from actually happening) per overall administration opportunities this reporting year.

It is worth noting that there has been confusion over what constitutes a medicine incident, which has led to inconsistent reporting, and Hospice UK has since changed the reporting criteria for medicine incidents in an attempt to eliminate this problem.

Clinical audits and evaluations

To ensure that we are continually meeting standards and providing a consistently high quality of service, PTHC 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 and evaluation in the coming year. It creates a framework where we can review this information and make improvements where needed.

Regular Research & Audit and 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.

The audit and evaluation programme for 2016/17 covered a range of areas including:

- Inpatient – patient satisfaction survey
- VOICES survey
- Risk Assessments (completion & documentation of)
- Infection Control - various modules (Hospice UK audit)
- Nutritional Assessment Tool (completion and quality of)
- Blood Transfusion audit (adherence to the PTHC procedure)
- Non-medical Prescribing (Clinical Nurse Specialists)
- Review of deaths in hospital (Frimley Park Hospital) for patients known to PTHC
- Re–audit of Specialist Palliative Care Support in patients with end stage congested obstructive pulmonary disease
- Evaluation of the Community Nurse Specialist referral and triage process
- Evaluation of Community Nurse Specialist Role (patient survey)
- Exercise group evaluation
- Staff survey
- Evaluation of Complementary Therapies
- Consent audit (consent documented)
- Medicines Management (Hospice UK audit)
- Management of patients with Motor Neurone Disease (measured against NICE Guidance)
- Hand Hygiene audit (Hospice Care at Home)
- Nurse-led ward audit programme (including 7 IPU based audits - each completed 3 times a year)
- Internal Leaflets audit (current and correct information)

A small sample of some of the audits in more detail, are listed in the table opposite.

Audit/Evaluation	Findings, recommendations and actions to be taken to improve compliance/practice
Mouth Care Ensuring that all patients have their mouth regularly assessed - in order to establish what treatments and interventions are required. At PTHC we use a 'Mouth care screening tool' assessing the patients on a daily basis This audit examined completion of this tool.	A comprehensive mouth care assessment was undertaken on all patients admitted to the In-Patient Unit enabling individualised care and treatment plans to be implemented. Daily assessments continued in 90% of cases. The results were disseminated to the nursing team and will continue be monitored more closely as part of the 2017 ward audit programme with the aim of achieving 100%.
Exercise Group Evalution The exercise group underwent evaluation in 2016 to assess the attendance and its effectiveness. The exercise group aims to maintain fitness and activity levels as well as reduce fatigue, improve mood and increase wellbeing.	All places on the exercise groups were utilised. In fact the group proved so popular that a second day needed to be added. Patients were asked to take part in a review after attending for eight weeks - all reported enjoying the sessions, many finding goal-setting particularly helpful. There were improvements in fitness levels (measured by a number of fitness tests) in the majority of patients. **Action and considerations going forward** Exercise group and evaluation results disseminated to all clinical teams. To consider additional groups; complex needs, and maintenance. **Update** There are now three ongoing exercise groups (including a maintenance group) every week, with the addition of a seated Tia Chi group which has been particularly beneficial with patients with complex needs. For more information, including a video, see our website: **www.pth.org.uk/patients-families-friends/hospice-services/physiotherapy/**
Consent Audit Biennial audit looking at adherence to the PTHC Consent Policy. The audit looked at whether consent had been recorded in the patients' health records in the following areas: **1.** Consent to treatment/intervention **2.** Consent to share information with NOK/Family members Result **3.** Consent to admission to the IPU NB this audit cannot determine whether consent was sought – only that it was documented.	**Consent to treatment/intervention** There was 100% compliance in the documenting of consent for catheterisation and for the commencement of a syringe driver. However documenting of consent for rectal examinations/ insertion of medication via this route was not so good with this happening only 80% of the time (see below). **Consent to share information** The documenting of whether patients had given their permission (consent) for staff at PTHC to talk to their NOK and family was documented reasonably well – 80%. **Consent to admission to the IPU** The documenting of whether a patient had consented to being an inpatient was also recorded well - 90%. **Results and Actions** The results were disseminated to the clinical teams and methods of documentation discussed and reinforced. The rectal examinations/insertion of medication via this route was re-audited in the following months and had improved to 100%. This will continue be monitored more closely as part of the 2017 ward audit programme.

National audits (Hospice UK)

Hospice UK has developed a number of core audit tools which are relevant to the particular requirements of hospices and can be used for quality improvement and verification of standards.

In this reporting year PTHC completed the infection control audit – assessing four areas - and medicines management (specifically the management of controlled drugs) – assessing seven areas.

There is currently a lack of national data available for benchmarking; this is an area that has been identified as a priority for development by Hospice UK.

Hospice UK audits completed	Compliance
Infection control - looked at four areas including hand washing.	93%
Medicines management – Controlled drugs: looked at seven areas, including storage, documentation, prescribing and administration.	98%

What patients and families say about the services they receive

The views and experiences of patients and their families are important to Phyllis Tuckwell and enable us to look at how we can learn, develop and improve the services we provide. PTHC undertakes a series of questionnaires, surveys and focus groups on a regular basis. These are presented to the Clinical Governance Board Sub-Committee where the results and comments are discussed, recommendations made and any subsequent actions taken forward.

The In-Patient Unit Patient Satisfaction Survey 2016

The PTHC survey, designed for self-completion by patients, 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. A sample of some of the questions and the responses are detailed below:

98% stated that this 'always' happened.	Did you feel you were treated with dignity and respect?	*"I felt very special"*
All patients said 'yes'	Is there an opportunity to discuss the future e.g. where and how you would like to be cared for when you become less well?	*"Always planning ahead so things are ready in place if/as necessary"*
All patients said 'yes'	Do you receive enough support to help you cope with your feelings and emotions?	*"They are very tuned in with emotional support"*
All patients said 'yes'	If you needed to use the call bell for assistance – were you happy with the response?	*"Simply excellent care and support"*
Most patients rated the food as either 'excellent' (45%) or 'good' (43%)	How would you rate the quality of the food and drink?	*"Very well presented – always fresh. Lovely"*
98% of patients said 'yes'	Was the catering service flexible i.e. could you ask for variations from the menu and get snacks and drinks other than at meal times?	*"Amazed at variety"*
All patients rated their bed area as either 'excellent' (72%) or 'good' (28%)	How would you rate the comfort of your bed area i.e. the space, chair, locker, TV?	*"Everything you need"*
95% of patients said 'extremely likely', the remaining 5% said 'likely'	**How likely are you to recommend the In-Patient Unit to friends and family?**	*"My nursing care has been very good, delivered with great empathy and care. Everyone on the ward has been very kind and helpful"*

VOICES Survey (carer and patient proxy survey)

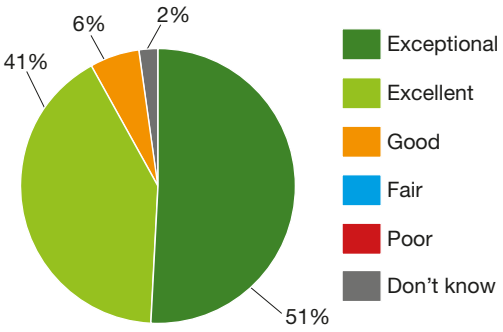
PTHC conducted The VOICES - HOSPICE survey for the third time in 2016. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before the patient's death, and to themselves in bereavement.

The information collated has provided PTHC with a good insight into what relatives think about the care provision in the last few months of the patient's life and will be valuable in the future development of PTHC services.

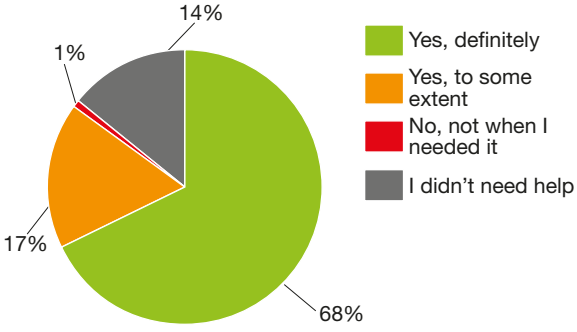
Some examples of the findings are listed below and overleaf:

In-Patient Unit

Overall, what do you think of care s/he got from the doctors and nurses in the Hospice?



Whilst s/he was in the Hospice, did *you* receive enough emotional support?

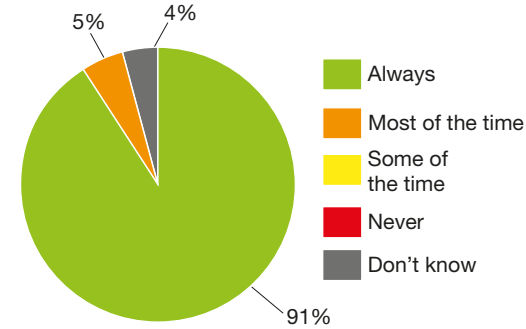


"My father had exceptionally outstanding care by all concerned, he was very content which was comforting to his family, I wouldn't have wanted him to be anywhere else rather than Phyllis Tuckwell".

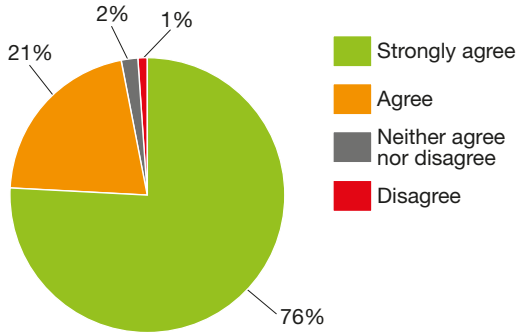
"Staff were very respectful and reassuring".

"Excellent care & peaceful surroundings. Plenty of staff - he did not feel lonely or anxious"

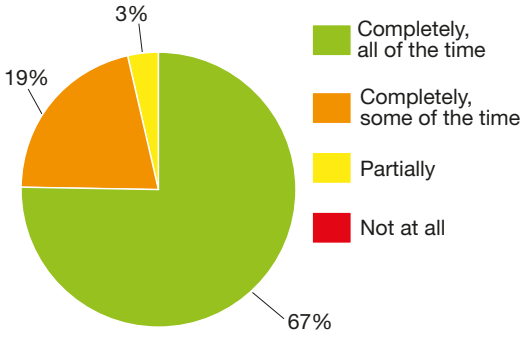
How much of the time was s/he treated with respect and dignity by Hospice nurses and doctors?



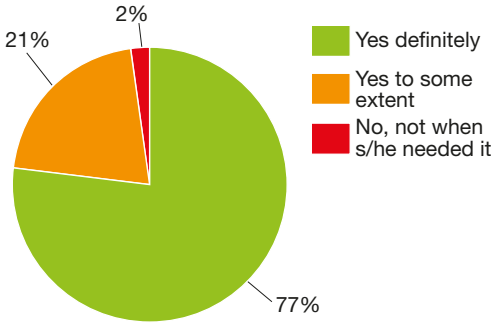
The bed area and surrounding environment had adequate privacy.



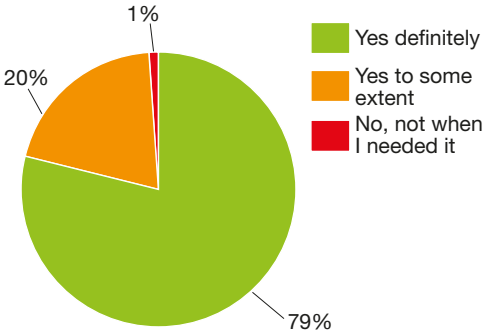
During her/his stay how well was their pain relieved?



During her/his stay did s/he receive enough support with symptoms other than pain?



During her/his stay did *you* (as a carer/family member) receive enough emotional support from the Hospice team?

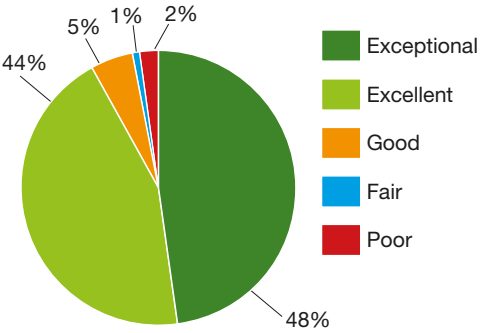


NB The three graphs above use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.

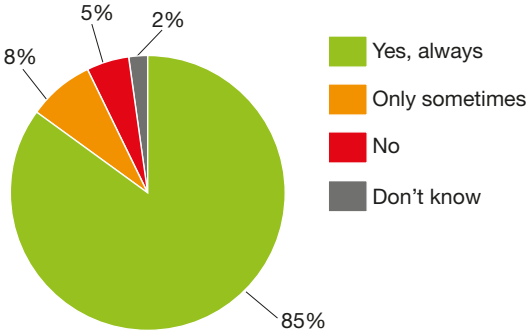
Community

(Care and support received from PTHC Nurse Specialists and the Hospice Care at Home team)

Overall, what do you think of care s/he got from the PTHC Community team?

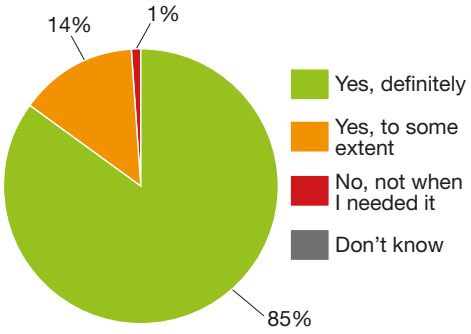


Did s/he see the nurse as often as it was needed?



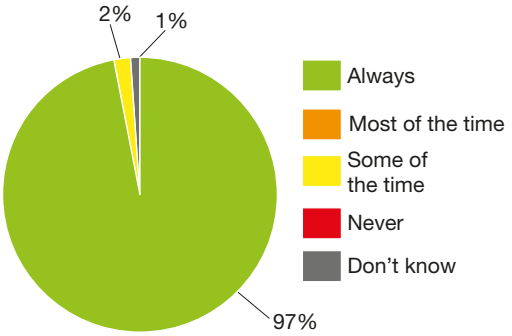
"The team became like family to us. They were cheerful, caring and did an excellent job. They made us feel comfortable and we felt we could rely on them."

Did you feel that the community team had time to listen and discuss things with you?



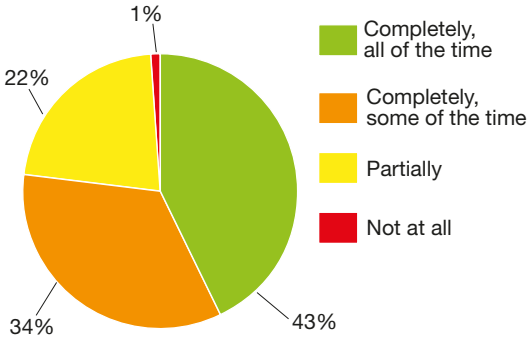
"The home care team provided exceptional support to my husband".

How much of the time was s/he treated with respect and dignity by the PTHC community team?

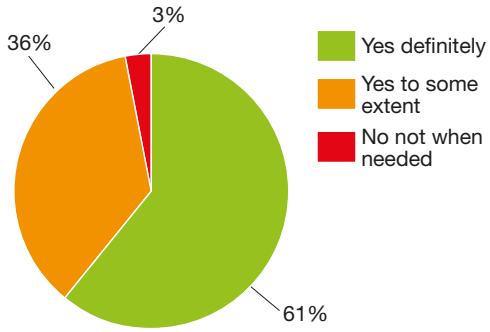


"The care from the team was excellent and we both felt very well cared for from every member of the team at a very difficult time. Thank you all so much".

Whilst receiving care from the PTHC community team, how well was your pain relieved?

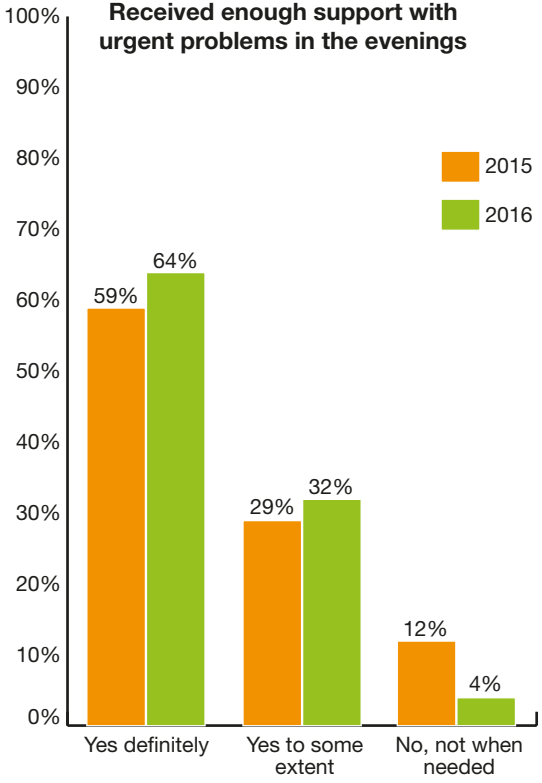


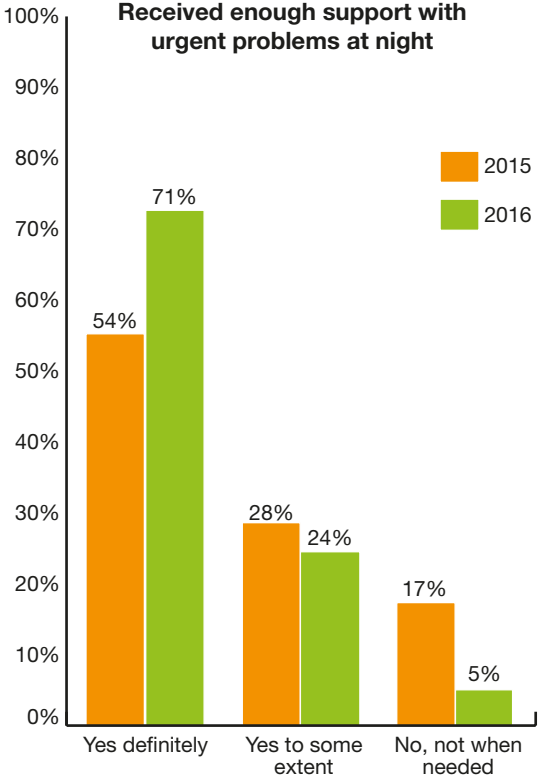
Whilst receiving care from the PTHC community team did s/he receive enough support with symptoms other than pain?



NB The two graphs above use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.

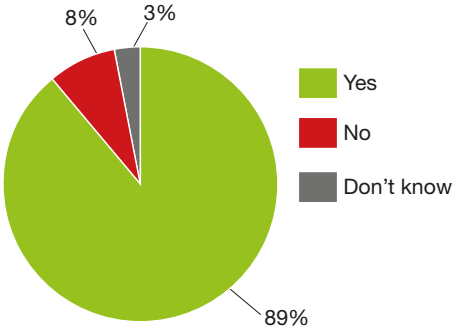
When asked about receiving help with urgent problems in the evening and at night many reported that this had not been required, 40% & 45% respectively. If we only look at cases where help was needed, the results are positive – with a marked improvement on last year's results.



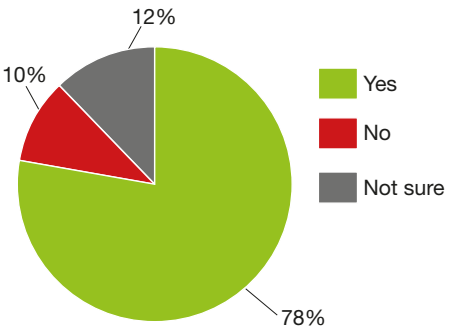


Place of death

On balance, do you think that s/he died in the right place?
(Home 33%. Care home 9%. Hospice 45%. Hospital 12%. Ambulance 1%).



On balance, do you think that s/he had enough choice about where s/he died?



"My husband died at home, peacefully, pain free with his family around him - which is as he wanted - Thank you so much".

In general, the feedback received from the 127 surveys reflects a high level of regard for the work of Phyllis Tuckwell Hospice Care, with the majority of carers very satisfied with the support provided to them and their loved one.

PTHC had improved in the majority of areas when comparing the results to last year's VOICES results.

Although the vast majority of comments were positive, we cannot get things right all of the time and if the organisation is to be responsive to the changing needs of patients and their families, it is important that the more constructive comments are considered. Discussion around this feedback can result in improvements and drive change. All comments are disseminated to the relevant service area manager. Comments are recorded and discussed at Clinical Governance and Senior Clinical team meetings as well as the Senior Management Team and Board (all have representation from all clinical services/areas). Where necessary, action plans were discussed, disseminated and followed up.

PTHC staff survey

PTHC values its staff's opinions regarding their working environment and the services we provide to our patients and their families, and in 2016 PTHC undertook a staff satisfaction survey to formally establish the views and experiences of all our staff. The survey, run by Birdsong Charity Consulting, allows hospices to evaluate their own results and compare with other hospices and voluntary organisations. Over 170 different UK charities took part, including 46 hospices.

The survey gathers views and experiences regarding: communication, morale and work life balance, staff management and management structure, leadership and development opportunities.

PTHC was delighted with its results; out-performing both other hospices and charitable organisations in virtually every area.

The survey uses a series of statements (47) and records set responses; it summarises the results in agree and disagree responses. An example of some of the questions and responses are displayed below:

PTHC agree response rates. Disagree responses are in brackets (PTHC sample = 179).

- **I am proud to work for this charity - 98%** (0%)
- **If a friend or relative needed treatment I would be happy with the standard of care provided by this charity - 97%** (0%)
- **I believe in the aims of this charity - 97%** (1%)
- **I understand what this charity wants to achieve as an organisation - 95%** (1%)
- **I enjoy working with the people in this charity - 95%** (0%)
- **I enjoy the work I do - 94%** (2%)
- **I am clear about what is expected of me in my role - 92%** (1%)
- **I feel like I am making a difference - 88%** (5%)
- **I would recommend this charity as an employer - 84%** (2%)

Awards and achievements

In November 2016, we were presented with the Extra Mile Award by the Motor Neurone Disease (MND) Association, to acknowledge our exceptional work in caring for people living with MND. The award was presented to members of PTHC's Clinical team, after one of their six-weekly multi-disciplinary team meetings, where all clinical members of staff who are involved in the care of our MND patients meet to discuss each patient's care needs. This regular neurology meeting is attended by professionals from the local acute hospitals and community teams as well as by PTHC staff, including doctors, clinical nurse specialists, speech and language therapists, social work advisors, occupational therapists, wheelchair services staff, respiratory staff and dieticians. Phyllis Tuckwell was nominated for the Extra Mile Award by Val Clinch, a voluntary visitor for the MND Association, after her experiences of individuals' needs being addressed over and above what would be expected of the normally high level of care provided by Phyllis Tuckwell.

On Thursday 4th May we won two awards at Eagle Radio's 2017 Biz Awards – securing first place in both the Employee of the Year and Leadership categories. One of our Occupational Therapists, Lisi Pilgrem, was awarded Employee of the Year for her dedicated work in spearheading the introduction of Social and Therapeutic Horticulture (STH) sessions to PTHC.

Gardening and access to nature can greatly reduce stress levels and improve quality of life, but many patients who are living with a terminal illness have lost the mobility and strength which it requires, and are no longer able to enjoy it. Seeing the benefits which it could have for these patients, Lisi devised a series of STH sessions for PTHC in addition to her own role as an Occupational Therapist, preparing for and running them in her own time, as well as undertaking a Diploma of Professional Development in Social and Therapeutic Horticulture at Coventry University. Her work has been recognised by Hospice UK and the National Garden Scheme, and has been used as a reference point by national charity Thrive. As well as continuing to run Phyllis Tuckwell's sessions, Lisi now also advises others who are interested in setting up similar sessions in hospices around the UK.

Our Chief Executive, Sarah Brocklebank, who has worked at PTHC for just over 12 years, was presented with the Leadership award for her success during that time in increasing PTHC's annual turnover from £3.5m to over £10m and more than doubling the number of people we care for every day, from 100 to 250.

She has steered PTHC towards caring for more people at home, doing away with the old stereotype of hospices being buildings where people come to die, and has instigated the creation of the Hospice Care at Home team, which visits and cares for patients who have chosen to die at home.

She has also expanded PTHC to work across two sites, in Farnham and Guildford, by taking a leading role in the transfer of the Beacon Service to Phyllis Tuckwell in 2015 and successfully managed the integration of the two organisations and teams both during and after this transfer.

What our Regulators say about Phyllis Tuckwell

The Care Quality Commission (CQC) is a regulatory body that ensures that we meet our legal obligations in all aspects of care.

We received glowing praise from the Care Quality Commission (CQC), the independent regulator of all health and social care providers in England, following inspections of the Hospice site in Farnham in July 2016 and the Beacon Centre in Guildford in January 2017. Inspectors were impressed not only by the way in which we care for patients and families who are living with a terminal illness, but also by the support we give our staff, who are well-trained and highly-valued, and who work collaboratively as a structured and well-led team. The inspections were based on five main criteria, ensuring that the services we provide are safe, effective, caring, responsive and well-led. Excellent comments and praise were given in all of these areas on both sites, leading the inspectors to award overall ratings of 'good' for services provided from the Hospice and 'outstanding' for those provided from the Beacon Centre, and comment that PTHC was 'committed to providing people with the best possible palliative and end-of-life care'.

Praise was given to Hospice staff, who were 'kind, compassionate and forward thinking.' Inspectors noted that 'regular multi-disciplinary meetings were undertaken to review and respond to peoples' changing needs,' and that the 'management and staff worked closely with other professionals and agencies to ensure peoples' needs were fully met.' Comprehensive training was offered to staff at all levels, with doctors receiving specialist training in pain management and emphasis placed on the continuous improvement of the service. Medicines were stored securely and administered safely, and 'checks were carried out to ensure that the environment was safe and that equipment was fit for use'.

The Beacon Centre report stated that patients 'spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs'. Teams delivered care safely, with sufficient staff available to meet the needs of the patients, with patient risk and safety well-managed. 'Staff went out of their way to ensure people were involved in decisions about their care' the report continued, 'people and their families were supported by kind and compassionate staff who went the extra mile to ensure people continued to have life enhancing experiences.' Feedback processes were in place, along with systems to identify risk and monitor the services provided, and there was clear evidence of service development in response to growing community needs.

The CQC advised that no aspect of our care at either site required improvement.

External comments

Guildford & Waverley Clinical Commissioning Group - Supporting Statement from Executive Director of Nursing, Quality and Safety

"I am writing to confirm that the Commissioners have reviewed the draft Quality Account 2016/2017 for Phyllis Tuckwell.

They have examined a range of areas and the general feedback is as follows:

- It is a very comprehensive report, easy to read and complies largely with all the nationally mandated requirements as indicated in the February 2017 guidance from NHS Improvement entitled 'Detailed requirements for quality reports for foundation trusts 2016/2017'.
- It reflects the data and information shared with Commissioners through attendance to the Clinical Governance Committee during 2016/17.
- The data and actions are valid and there is good use of data and data displays (e.g. graphs).

Finally, we would like to formally acknowledge the organisation as one which regularly displays a commitment to a culture of quality improvement and safety. Their leadership team are open to suggestions and ideas from Commissioners."

The Board of Trustees' Commitment to Quality

The Board of Trustees is fully committed to the quality agenda. PTHC has a well-established governance structure, with members of the Board having an active role in ensuring that Phyllis Tuckwell provides a high quality service in accordance with its terms of reference. As detailed earlier, members of the Board undertake an annual unannounced visit - 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 PTHC is of high quality and is cost effective.

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