



"From the moment he entered your care he was treated with love, dignity, compassion, and you were always there for him."

Quality Account 2018 - 2019

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

Chief Executive's Statement

Welcome to Phyllis Tuckwell Hospice Care's (PTHC) Quality Account for 2018/19. In this document we are delighted to provide a summary of our quality initiatives that we have undertaken during the year, as well as outline those that we have planned for 2019/20.

Quality is at the heart of all that PTHC does and believes in, and we hope that this focus is clearly illustrated in this document. Page 18 onwards details PTHC's quality markers and audits carried out during the year. We are delighted at the excellent feedback that we continue to receive from patients and their families. We are not, however, complacent and continuously strive to improve our services. During 2018/19 we have continued to work in partnership with our external healthcare colleagues and reshaped our clinical services to make them more responsive to patient needs.

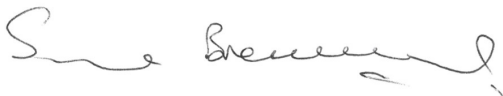
In this document you can read how we have introduced a single point of access (Advice & Referral Team), developed a rapid response Doctor/Clinical Nurse Specialist service, focused our nursing teams into two localities (supporting our two acute hospitals) and redesigned our Day Services (Living Well) to help best support patients earlier in their illness. We have also made positive developments in extending our services for non-cancer patients and our patient outcome measures. During the year we were delighted to introduce EMIS, a clinical database that allows sharing of healthcare records with our GPs and other healthcare colleagues where appropriate information sharing agreements are in place.

Quality improvements have also taken place in the non-clinical areas of PTHC, including the introduction of a Freedom to Speak Up Guardian, the introduction of an intranet to help with staff communication and the recruitment of a Health & Safety Lead.

Looking forward to 2019/20, we have equally exciting plans as we look to develop our work with carers, promote quality improvement across the organisation and focus on education and workforce development. You can read about these plans on pages 9-10.

I hope you find this document an interesting read. Thank you for your interest in Phyllis Tuckwell Hospice Care.

I confirm that, to the best of my knowledge, the information contained in this document is accurate.



Sarah Brocklebank,
Chief Executive



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Mission, Vision and Values



MISSION

To care compassionately for adults living with an advanced or terminal illness, and those closest to them, so that they have the best possible quality of life and the patients' final days are peaceful...because every day is precious.

VISION

Easy access to compassionate supportive and end of life care for patients and families in a place of their choice.

Our core VALUES

Vision To always put the patient first and at the heart of all we do.

Actions To act with honesty, integrity and in the best interests of Phyllis Tuckwell Hospice Care.

Learning To support each other by fostering a culture of continuous learning and development.

Understanding To treat others with dignity, respect & understanding.

Effective To use resources and time wisely and work in productive partnerships.

Safe To ensure workplace Health & Safety and promote personal wellbeing.

Section 1

Improvements - Current and Future

Every year we produce this PTHC Quality Account for our local community, to report on the quality initiatives and improvements that have taken place in the last year. It also selects a number of improvements planned for the forthcoming year which will be reported in next year's Quality Account.

The following section reviews the progress made against the improvements listed in last year's account in 2018/19 and describes some areas for improvement in this coming year 2019/20.

Quality Improvements 2018-2019

Community Model – Year 2

Improving access and responsiveness to our clinical services

Our community services have continued to develop flexibly and with a locality emphasis, aiming to be responsive to local needs alongside GP and community teams. Partnership working has been strengthened with health and social care colleagues to provide integrated, compassionate and supportive end of life care for patients, their families and carers in a place of their choice.

We have embedded our Advice & Referral Team who provide a single point of access into Phyllis Tuckwell Hospice Care for professionals, patients, their families and carers, 7 days a week. In response to requests for urgent advice and palliative care assessment, we have developed a same-day rapid response Doctor/Clinical Nurse Specialist rota, which has proved successful, providing timely expertise to support care at home to the most unwell and in doing so, prevent inappropriate hospital admissions.



Building sustainability and robustness has been a priority over the year, with the introduction of skill mix recruitment within our locality nursing teams, so that knowledge and skills are grown and developed as part of a career pathway.

Our Living Well programme at the Beacon Centre in Guildford and the Hospice in Farnham has provided opportunities for patients with advanced illness, and their carers, to enhance their physical and emotional wellbeing, improving confidence, symptom control, a sense of purpose, coping strategies, physical exercise and stamina. Frequently described as an 'oasis' of calm and enjoyment, Phyllis Tuckwell will continue to promote the range of Living Well programmes to support the needs of patients, their families and carers.

Nurse Consultant/non-cancer work – Year 2

Extending our reach through our Living Well and non-cancer range of services

With the ongoing development of our Living Well programme, the Phyllis Tuckwell team continue the focus of extending our reach and of being inclusive for those with advanced illness.

Specific project work over the year led by clinical leads, has focused on working with the Heart Failure Consultant at one of the local hospitals and Heart Failure Nurse Specialists, to develop a joint approach to clinical management and palliative care support for both heart failure patients and professionals.

Other work has involved looking at a pathway approach between hospital and community care for patients with respiratory needs and providing case management support to the Respiratory Nurse Specialist team.

Phyllis Tuckwell's commitment and involvement with patients with an advanced neurological condition is pivotal, with Phyllis Tuckwell leading regular multi-disciplinary team meetings with external professionals, reviewing the clinical care and management of patients with advanced neurological conditions within the local area.

These partnerships will continue during 2019-20 and plan to be further developed to embrace other advanced conditions.

Improving our communication with our GPs and local professionals through EMIS

Electronic Patient Record (EPR) systems, particularly those with sharing capabilities, are critical to ensuring quality care and efficiency. PTHC recognised this and introduced a new EPR system, EMIS, in 2018. It has been a huge project with resources invested into modifying the system so that it dovetails with our existing processes, providing comprehensive training for all clinical staff and working with local GP practices to agree how to share and exchange relevant clinical information.



The benefits of EMIS have been considerable. PTHC is now able to access and share clinical information with over 85% of the local GP practices. This has led to more co-ordinated care and greater efficiency, e.g. the easy transfer of letters between clinicians and quick access to blood and investigation results. PTHC is also able to respond to referrals more quickly, as gathering most clinical information is not dependent on having to contact various healthcare professionals when they are busy caring for patients.

EMIS has come to the end of its first year and has provided useful data via its clinical reporting systems on service activity e.g. how many patients we have supported and in which services. In the coming year we hope to develop this further, enabling PTHC to gather more information on patient outcomes and the impact of care plans and interventions. This information will help us plan our services for the future.

Assured by the success of EMIS, PTHC hopes to replicate the sharing model with local hospitals and community services in the coming year.

Other Quality Improvements 2018-2019

- **Freedom to Speak Up Guardian.**

PTHC encourages an open and transparent culture. To support this further we have implemented the 'Freedom to Speak Up Guardian' role. This role enables people to speak up confidentially should they have a concern which is of public interest, or where they believe that their concern is not being taken seriously or dealt with effectively by their manager or other appropriate person.

- **The Nest.**

PTHC launched a new intranet (internal communications website) in 2018. The aim of the Nest is to help unite all our staff and teams across all sites, creating a feeling of working towards one mission. The environment is 'fluid' with staff working from home, from different sites and 'on the move' and information constantly changing. The Nest provides a way of sharing and communicating up-to-date information easily and in one place. The Nest was a challenging new concept and has taken time to embed. Now established, it is becoming more familiar to staff and has helped improve communication and staff engagement.



- **Health & Safety Post.**

In June 2018 PTHC appointed an internal Health & Safety Lead. Whilst health & safety has always been taken very seriously at PTHC, this dedicated role is building greater awareness across the organisation. This role also has responsibility for providing face-to-face training in addition to our eLearning modules and is encouraging a culture where near misses are being reported so that we may learn from these.

- **Online payslips.**

Introduction of online payslips in February 2019 – this has resulted in major time and cost-savings as we no longer purchase, print, fold and deliver printed payslips.

- **Introduction of Showcase Events - highlighting PTHC services.**

These new style events enable teams to 'showcase' their service – providing information on what the service does and the impact it has on patients and their families. The events are interactive and include case scenarios which bring the

information to life. The teams are also able to demonstrate how the service they provide links with the CQC's standards in relation to being 'Caring, Responsive, Effective, Well-Led and Safe'. The events take place every four months and are open to staff, volunteers, trustees and external healthcare professionals, and provide a chance to meet and share information and experiences.

- **Further roll-out of patient outcome measures in all service areas.**

Patient outcome measures capture a change in health status as a consequence of healthcare or interventions and demonstrate the impact of palliative care. These measures are now fully integrated into patient assessment across all our services. In the next year PTHC hopes to generate and analyse the wider data which will inform future service provision and development.

- **Increase in Dietetic hours.**

This increase at the Hospice in Farnham, via a service level agreement with a hospital, has led to more dietetic advice and support being available for patients and professionals.

- **Introduction of rehabilitative afternoon tea sessions for patients.**

- **Review of pain assessment processes and how the information is recorded and shared.**

- **Review of processes to ensure adherence to the Data Protection Regulations.**

- **Review of medicine competencies including a robust competencies framework.**

- **Training for staff to support the implementation of the Recommended Summary Plan for Emergency Care & Treatment (ReSPECT).**

A national tool designed to support conversations about personalised emergency care plans between the person and their clinicians.

- **Review and measure of PTHC against Ambitions for Palliative and End of Life Care.**

A national framework for local action 2015-2020 document.

- **Strengthening of education team.**

A second Clinical Educator recruited.

- **Consolidation of work with service users to inform our 5 year strategy.**

- **Strengthening of IPU senior nursing team.**

A second Ward Sister was recruited and senior registered nursing posts were created.

- **Strengthening of therapy teams.**

This enables PTHC to provide responsive assessment and support.



Developments and Improvements for 2019/20

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, helps us to identify areas where we would like to see service development and improvement. Below are some of the planned and continued improvements for this coming year, which will be measured, monitored and reported to the relevant management team and Board Sub-Committee during the year.

Supporting Carers

PTHC recognises the value of carers and the vital role they play, as well as the practical and emotional issues they face. To ensure carers receive the best possible help and advice, PTHC is reviewing its approach to supporting carers and has recruited a 'Carer Champion'.

A new 'Carer Support Needs Assessment Tool' (CSNAT) will be implemented that aims to identify the needs of carers at an early stage, so that appropriate and timely support can be put in place. PTHC will also be working with other carer organisations to ensure carers have access to the local and national support groups and services they need.

To illustrate the work being undertaken, PTHC will be producing a 'Carer Charter' in 2019 which will set out PTHC's commitment to recognising and supporting carers.



Promoting quality improvement

Phyllis Tuckwell has a strong clinical governance framework where incidents and feedback are discussed at a quarterly Clinical Governance Committee. Learning is discussed, action plans generated and disseminated to teams. This year, to add additional assurance that learning is connected with clinical practice and that quality improvement is embedded at all levels, a new Quality Improvement and Patient Safety meeting, attended by team leads directly involved with patient care, will run quarterly – informing the Clinical Governance Committee meeting.

In addition a new 6-monthly 'Quality Matters' newsletter will be introduced. The newsletter will highlight some of the key learning from both national reports and alerts, and from internal incidents and feedback. The newsletter aims to keep staff informed and generate discussion and engagement in quality improvement.

The effectiveness of both initiatives will be reviewed at the end of the year and reported on in the next Quality Account.

Education and workforce development

As an organisation Phyllis Tuckwell is committed to continuous learning and development. This year we will be focusing on effective leadership. To ensure managers have the necessary skills to support their teams in their demanding roles, PTHC is launching a leadership and management programme. The programme will provide managers with the opportunity to reflect on their current management practice and learn more about themselves and colleagues, with the overall aim of helping the organisation improve the way we lead our teams and work together.

Managers will report back on how they have implemented the different approaches and techniques from the programme and how they and their teams have benefited.

In addition to the leadership programme, PTHC offers regular training sessions to support managers and team leads in the following areas: selection and recruitment; getting the most from trial periods; absence management and how to conduct effective appraisals.



Section 2

Statutory Information

This section includes:

Information that all providers must include in their Quality Account.

Review of Services

During 2018/19 PTHC provided excellent supportive and end of life care across three key services:

- In-Patient Unit
- Living Well services – incorporating the traditional Day Hospice model of care, outpatients and group support
- Care at Home services - incorporating the full multi-disciplinary clinical team as well as the Hospice Care at Home nursing team.

Underpinning these core services is the extensive support we provide to carers and families, both pre- and post-bereavement. In addition, PTHC provides a comprehensive range of education, training and support for external healthcare professionals such as care home staff, ambulance staff, community nurses and GPs.

Activity data for each of these areas is provided below.

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 around 20% of the total income generated by PTHC in the reporting period 2018/19.

Registration

PTHC is registered with the Care Quality Commission, 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 (the

Hospice in Farnham) and January 2017 (the Beacon Centre in Guildford) resulted in reports which were very positive, with PTHC achieving the rating of 'Good' and 'Outstanding' respectively. More detail is available on page 34.

PTHC has a designated CQC Relationship Manager with whom we are in regular contact and is invited to key events such as our service Showcase Events.



Numerical Data

PTHC generates its own comprehensive data set which provides an overview of activity and supports service development.

Research

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

- **Motor Neurone Disease (MND) Register for England, Wales and Northern Ireland**
The purpose of the study is to collect information from people with MND so the number of patients diagnosed each year can be calculated, along with other characteristics of the disease which will inform further research. PTHC opened the study in May 2018. King's College London. (15 patients registered).
- **Setting up of: Palliative healthcare professionals' (doctors, nurses, social workers) views on managing homeless patients with deteriorating health.**
The purpose of this study is to explore the views of palliative care healthcare professionals in widening palliative care access to homeless patients, through an online survey and then in-depth focus groups for participants who volunteer. Planned during the reporting period 2018/19, PTHC plans to open the study in 2019. Phyllis Tuckwell Hospice Care & Cardiff University.
- **The HighCALs Research Programme**
A national survey about the nutritional management of people with MND - part of a programme of research seeking to develop and evaluate a nutritional support package for people living with MND. PTHC completed the survey. The University of Sheffield.
- **Management of cognitive and behavioural changes in Motor Neurone Disease**
An international survey seeking the views of health professionals worldwide to understand management approaches to cognitive and behavioural change in MND. PTHC completed the survey. University of East Anglia & Motor Neurone Disease Association.
- **A national survey on patient and carer access to medicines services during the last year of life**
A national survey aiming to capture important details about current practice in providing patients with access to end of life medicines, and views on what facilitates and prevents good practice in this area. The results of the survey will help shape national policy and practice, enabling patients to have good access to medicines at end of life. PTHC completed the survey. University of Leeds, University of Bradford & University of Southampton.

National confidential enquiries

There were no national confidential enquiries in the reporting period.

Quality improvement and innovation goals agreed with our commissioners

The CQUIN 2018/2019 was developed around one of the six ambitions in the “Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020” document. The excellent progress made against the milestones is summarised below and resulted in a small amount of further funding from the CCG to invest in patient care.

The CQUIN value to PTHC was 2.5% of the main NHS contract that PTHC holds with the CCGs.

Care is co-ordinated

New Electronic Patient Record system - enabling the sharing of patient data with our local GPs and some community partners resulting in better co-ordinated care and treatment

- Electronic Patient Record (EPR) system, EMIS, introduced and embedded with all clinical staff and volunteers.
- Bi-directional sharing of clinical information between PTHC and over 85% of local GP surgeries.
- Increased responsiveness, as information is shared more quickly and efficiently.
- Negotiations/continuing partnership working with the acute and community trusts with respect to EMIS sharing.
- Work towards accepting routine electronic referrals (EMIS to EMIS referrals).
- Discontinuation of the use of faxes in preference for the safer and more reliable NHS email.
- Influencing of the ongoing development of EMIS for use in hospices nationally and locally within Surrey.



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).

Phyllis Tuckwell Hospice Care recognises that the promotion of a culture of openness and transparency is essential to improving and maintaining patient safety.

The PTHC Duty of Candour Policy provides guidance to clinical employees about the principles of being open and 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 & 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, as well as other statutory bodies as required.



Section 3

Quality Overview

This section provides:

- Data and information about how patients use our services
- Education
- How we monitor the quality of care we provide
- What patients and families say about us
- What our regulator says about us.

Patients and families supported

General comment

As mentioned above, in order to benefit from improved inter-operability and shared patient notes with many of our GPs, we introduced a new clinical database, EMIS, on 4th July 2018. This also gave us the opportunity to capture data for our restructured Care at Home and Living Well clinical services within the new database. However, as reporting in EMIS is different from our previous database, and there was significant under-reporting in the early months following EMIS implementation, as the PTHC team became proficient with the new database, year-on-year comparisons of some services cannot be made this year.

During 2019/20 we will be further developing our EMIS reporting ability and are confident that in future years (from 2020/21) we will be able to provide meaningful service comparison data between each subsequent year.

Below we present a summary of our clinical services and education services during 2018/19.

Referrals & patients supported

| | 2018/19 | 2017/18 | 2016/17 | Year-on-year Change |
|--------------------------------------|--------------|---------|---------|---------------------|
| Patients supported - all services | 2,175 | 1,971 | 1,903 | 10% |
| Referrals to PTHC | 1,498 | 1,320 | 1,353 | 13% |

Both the number of patients and referrals to PTHC have increased year-on-year for the last few years, and, comparing 2018/19 with 2017/18, by 10% and 13% respectively. This is the first year that we have supported more than 2,000 patients, which is hugely encouraging as our strategy is to increase the number of people who benefit from our services. It is a true testament to the hard work of all the clinical teams that this has been achieved in 2018/19 in the midst of a huge amount of operational change.

In-Patient Unit (IPU) - 18 beds

| | 2018/19 | 2017/18 | Year-on-year Change |
|--|------------|---------|---------------------|
| Total admissions | 317 | 339 | -6% |
| % patients going home | 19% | 28% | -32% |
| % bed occupancy | 89% | 85% | 5% |
| % non-cancer diagnosis patients | 18% | 18% | 0% |

Our IPU continues to be used efficiently, demonstrated by high occupancy levels. The number of admissions for 2018/19 is 6% lower than 2017/18 but it should be remembered that there were 18 beds open for the first part of 2017/18 (with 14 for the rest of the year), whereas there were 14 beds open for 2018/19 until September 2018 when we opened the 15th bed. This makes direct year-on-year comparisons difficult.

The number of patients going home from the IPU has reduced compared with 2017/18. The reasons for this are varied and individual, including level of complexity and distress, nursing home availability and availability of care agency support at home in some geographical areas.

Care at Home services (including HCAH)

Due to the change in databases, accurate comparison data for Care at Home (including Hospice Care at Home) services cannot be provided for this year, however commentary for these services is included below.



The Care at Home team includes the nursing team of Clinical Nurse Specialists, Nurses and Health Care Assistants as well as Doctors, the Patient & Family Support team and Therapists. Accurate patient numbers in this service area cannot be provided for comparison, however our referrals to the Care at Home service have increased by 171 patients during the year from 1,223 in 2017/18 to 1,394 in 2018/19 (+14%). This is encouraging as this is a specific service area we wish to grow in order to support patients in their own homes.

Living Well Services (Day Services, outpatients, groups in Farnham & Guildford)

Comparison data for Living Well services cannot be provided for this year, however commentary for these services is included below. The Living Well team supports around 600 patients and their families each year.



Our Living Well services comprise a traditional Day Hospice service, Group Work and outpatient appointments, delivered at both our Hospice in Farnham and Beacon Centre in Guildford. These services complement our Care at Home services and there will be an overlap in the number of patients supported in both service areas. The Living Well services are, we believe, an excellent way of providing support for many patients who are not currently accessing end of life services. In order to accommodate more patients, and respond to patient feedback, we have increased the number of group sessions and outpatient sessions held whilst refocusing some of our traditional Day Hospice activity.

Living
Well

Family and Carer Support (including bereavement)

The support the PTHC clinical team provides to family and carers continues to increase year-on-year, perhaps not surprisingly as the number of patients we support continues to grow. This support begins during the patient's illness and continues, where appropriate, through into bereavement. The total number of carers supported increased from 857 in 2017/18 to 988 in 2018/19 (+15%).

Education

The teaching and support of local health and care professionals continues to be a strong focus of PTHC's work, with training content tailored to local professional needs and clinical practice. 2018/19 saw a continued emphasis on end of life care training for external professionals along with an expansion in core training for internal PTHC clinical professionals. PTHC recognises this is an essential part of our commitment to staff for professional development and safe clinical care for patients. In total, there were a total of 567 education attendances from local healthcare professionals during 2018/19.

Quality Markers

We have measured our performance against the following metrics:

| Indicator | 2018/19 | 2017/18 |
|---|---------|---------|
| Complaints - across all services | 4 | 11 |
| Informal Concerns/Feedback | 12 | 14 |
| Patient safety incidents | | |
| Patient falls (IPU) | 20 | 35 |
| Total number of patients known to have become infected with MRSA whilst on the IPU | 0 | 0 |
| Total number of patients known to have become infected with C. difficile whilst on the IPU | 0 | 0 |
| Medication incidents (including near misses i.e. Error prevented by staff or patient surveillance) | 87 | 78 |



Medication incidents

To help put the numbers into context, when considering all the medications that are given on the IPU only 0.1% result in a 'medicine incident'. Approximately 40% of these were 'prevented incidents' or controlled drug documentation or labelling errors that did not reach or affect the patient.

PTHC has a strong reporting culture and are committed to reducing incidents further. In 2018 we implemented a number of double-checking processes – which over the course of the year resulted in a notable decrease in incidents each quarter.

The data is presented and discussed at the Clinical Governance Board Sub-Committee and at the CCG contract review meetings along with a more comprehensive data set collated by PTHC (more inclusive with a wider range of incidences).



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 and medication incidents. The tool allows hospices to compare their data quarterly and annually with other similar sized hospices. Below is the data for 2018/19 (over 100 sites took part).

| Phyllis Tuckwell Hospice Care In-Patient Unit | PTHC Quarterly Average 2018/19 | Quality Average (available at the time of writing this report - for similar sized hospices taking part) 2018/19 |
|---|--------------------------------------|--|
| Incidents | | |
| Total falls | 5 | 10.5 |
| Medicine Incidents (includes near misses but not documentation errors) | 15.5 | 13.2 |
| Pressure ulcers developing on the IPU | 4.75 | 7 |

Phyllis Tuckwell performed well in both the falls and pressure ulcer categories. In terms of medicine incidents, PTHC reported numbers slightly higher than the average.

Clinical Audits and Evaluations

To ensure that we are continually meeting standards and providing a consistently high quality of service, PTHC has a comprehensive Quality & 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 provided a forum to monitor quality of care and discuss quality and audit evaluation results. Recommendations were made and action plans developed.

The audit and evaluation programme for 2018/19 covered a range of areas including:

- Hand Hygiene IPU & HCAH, Therapies, Living Well
- Infection control
- Completion of patient outcome measures (in line with PTHC guidance)
- Use of nutritional tool
- Use of opioids in pain management
- Diabetes management
- Call bell audits
- Discharge process
- 'Open House' evaluation
- Controlled drug audits
- Medicines Management Audit
- Syringe Driver prescribing audit
- ART responsiveness evaluation
- IPU medicines management audits
- Nurse-led ward audit programme (including 4 IPU based audits - each completed 3 times)
- Fire drill audit.

A small sample of a number of the audits and evaluations in more detail are listed in the table opposite.



| Audit | Findings, recommendations and actions to be taken to improve compliance/practice |
|---|---|
| <p>The use of opioids in pain management</p> <p>Measurement of current practice against national guidance, covering prescribing, recording and the provision of information for patients and their families.</p> <p><i>NICE (National Institute for health and Care Excellence) guidance. Palliative care for adults: strong opioids for pain relief cg 140.</i></p> <p>Opioids</p> <p>Opioids are a family of strong pain control medicines which includes, for example, morphine.</p> | <p>Summary</p> <p>NICE guidance sets out recommendations on the prescribing and choice of opioids both initially and the longer term management. It also guides on how any potential side effects (e.g. constipation and nausea) of opioids should be managed. PTHC demonstrated good adherence to the recommended practice.</p> <p>We also wanted to evaluate what information is provided to patients. We know that PTHC clinicians are very proactive in discussing care and management plans with patients (demonstrated in patient survey results) however the audit showed that these conversations were not always recorded and that the PTHC patient leaflet, explaining what opioids are, how they are taken and what the possible side effects are, is not always provided.</p> <p>Actions</p> <ul style="list-style-type: none"> • The results were disseminated to staff. • To continue to raise awareness of the NICE cg 140 amongst PTHC clinicians and other clinical colleagues. • To ensure that there are discussions with patients about the use of opioids and that these are recorded. • Promote the use of the PTHC 'Strong Pain Control – Morphine and other Opioid Medicines' leaflet to improve patient understanding. |
| <p>Responsiveness audit</p> <p>Evaluation of how quickly, once referred, contact is made with the referrer and/or patient and how soon an appointment to see the patient was made and when it took place.</p> <p>The response times were measured against criteria lifted from the PTHC 'Post-referral responsiveness Framework' detailed in the PTHC Referral & Discharge Guideline.</p> <p>ART (Advice & Referral Team).</p> <p>A team of PTHC healthcare professionals managing referrals and queries 7 days a week.</p> | <p>Summary</p> <p>When a referral was received, the contact by the ART team was swift and efficient and within the timescales laid out in the framework.</p> <p>A small number of face-to-face follow-up appointments did not always happen within the timescales laid out in the framework, however taking all factors into account e.g. packages of care, other healthcare professional input and conversations with patients, timely and appropriate follow-up did take place in all cases.</p> <p>Numerous other data was captured by the audit to inform more efficient working in the future.</p> <p>Actions</p> <ul style="list-style-type: none"> • The results were disseminated to staff. • Reviewed the 'Post-referral responsiveness Framework' – to allow for variances e.g. when other healthcare professionals are leading care, or in the case of patient preference (may not want a visit within our timeframes). • Continued to educate and raise awareness of the PTHC 'Post-referral responsiveness Framework'. |

Medicines Management Audit

Measurement of current practice against nationally recognised hospice audit tools:

- Hospice UK general medicines audit.
- Hospice UK controlled drugs audit.

The audit measured current practice against standards in the areas of: Operating Procedures, Purchasing and Supply, Storage and Destruction, Prescribing, Administration, and Management of patients' own medicines.

General medicines audit:

The audit was carried out after a total review of PTHC medicines management policies in 2018. PTHC was fully compliant in all areas.

Controlled drugs audit:

PTHC was 98% compliant.

Total compliance was not achieved due to the storage facilities at the time of the audit. PTHC has created a new medicines room and is now fully compliant.

Action

To continue with current procedures.

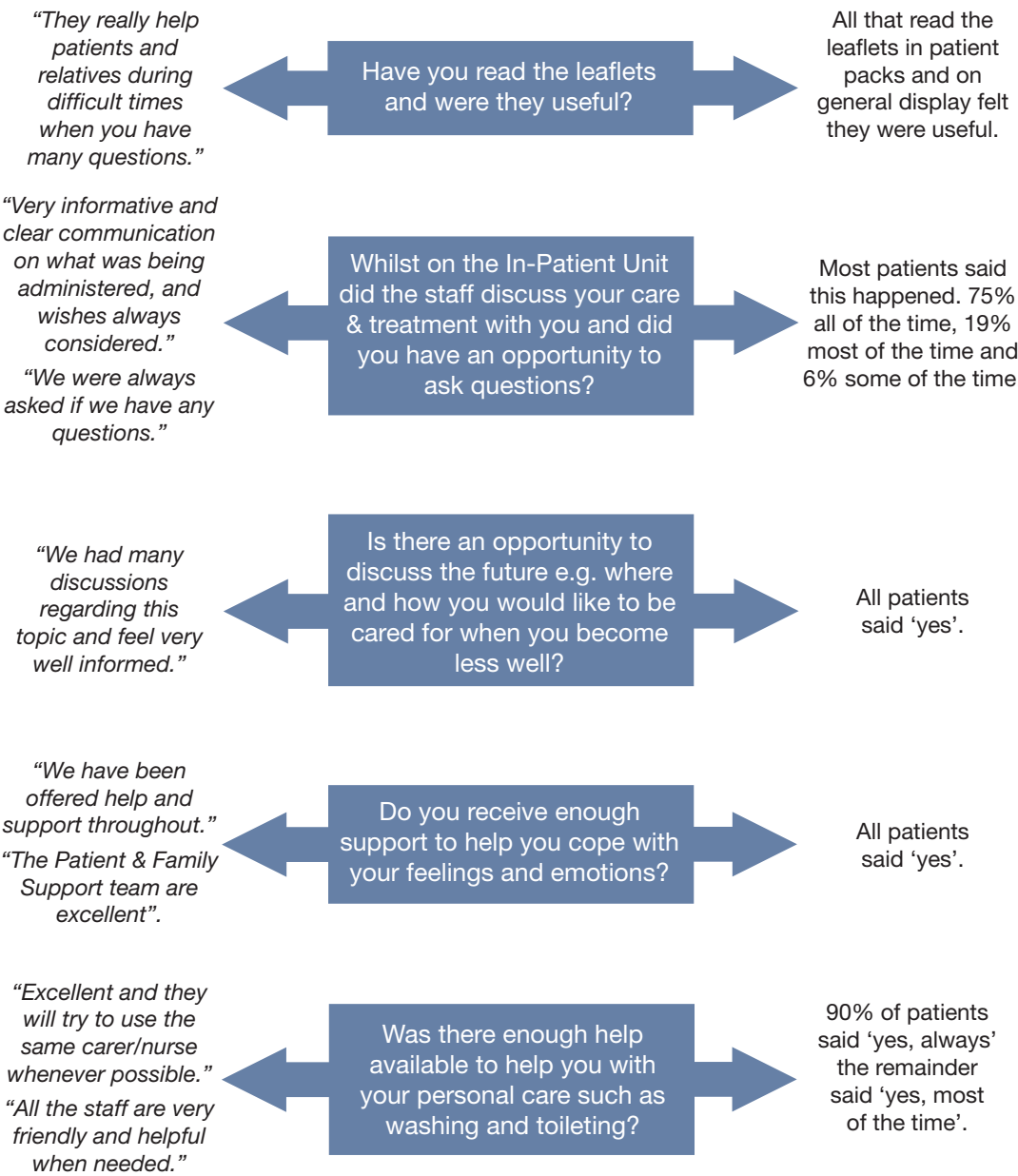
Re-audit in 2 years.

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. In addition to opportunities for patients and families to provide feedback through comment cards and digital kiosks around the Hospice, PTHC undertakes a series of questionnaires and surveys 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.



IPU Patient Survey 2018 (a survey completed by patients on the IPU)



"Yes, very respectful and treated with tenderness and great care - respecting my wishes."

Did you feel you were treated with dignity and respect?

All patients said 'yes'.

"Compliments to the chef/kitchen staff."

How would you rate the quality of the food and drink?

Most patients rated the food was either 'excellent' (50%) or 'good' (39%).

"The facilities are very good."

"Perhaps plug extensions to comply with IPADS/IPHONE charging needs."

How would you rate the comfort of your bed area i.e. the space, chair, locker, TV?

The majority of patients rated their bed area as either 'excellent' (58%) or 'good' (39%).

"Cannot fault the care and attention both me and my wife have received. Fantastic assistance from everyone from nurses to cleaning staff."

How likely are you to recommend the In-Patient Unit to friends and family?

90% of patients said 'extremely likely', the remaining 10% said 'likely'.

The results were reported and discussed with staff, areas of potential improvement were identified and changes put into place e.g. a new visual communication board is now displayed in the IPU office, so that all multi-professional team members can keep up-to-date with patients' current plans of care. New plug sockets with USB charging points have been installed, freeing up the 3-pin points and avoiding patients having to wait for USB adapter plugs to be PAT tested.



VOICES Survey (Views Of Informal Carers Evaluation Survey)

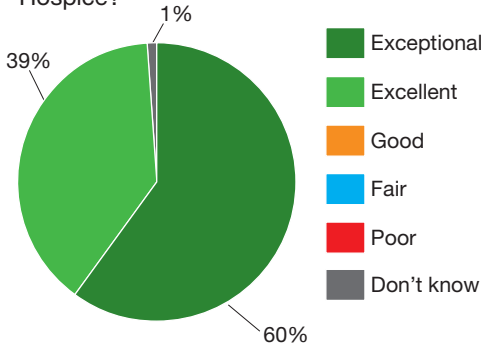
PTHC conducted the VOICES - HOSPICE survey for the fourth time in 2018. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before the patient's death, and to themselves in bereavement.

The information collated has provided PTHC 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.

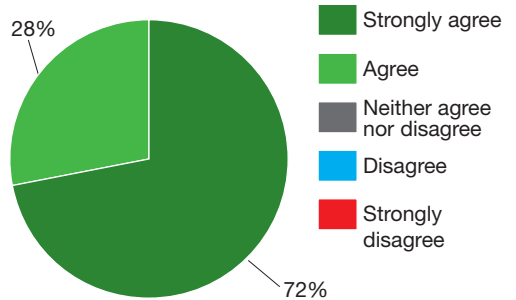
Some examples of the findings are listed below:

In-Patient Unit

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



Whilst s/he was in the Hospice, did they receive enough help with personal and nursing care needs?

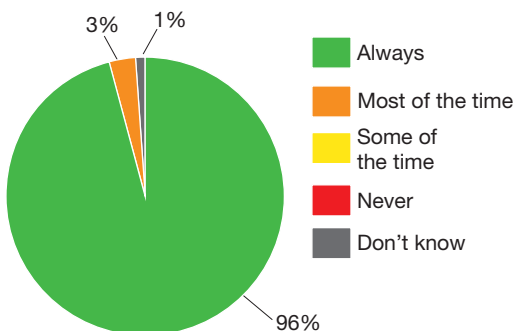


"The assistance, care and support was wonderful. My wife died in my arms which is what she wanted. The Hospice and staff were wonderful - help when needed and privacy when required."

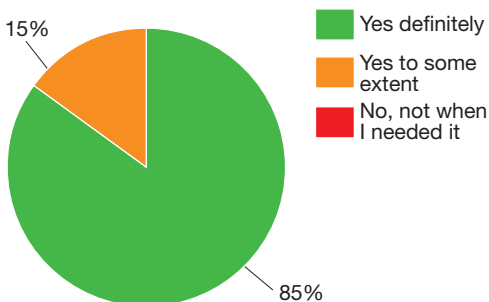




How much of the time was s/he treated with respect and dignity by Hospice nurses and doctors?

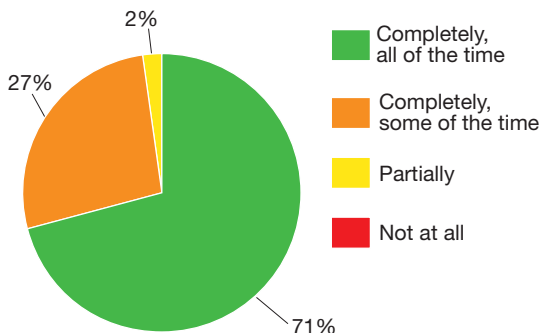


During her/his stay did you (as a carer/family member) receive enough emotional support from the Hospice team?

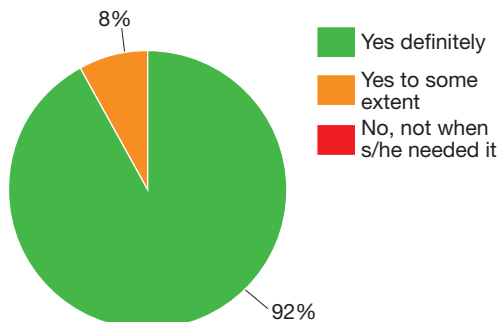


"Everyone at Phyllis Tuckwell made the place comfortable and special rather than frightening, sterile and crowded. Everyone is amazing. As a family and the patient we were very lucky to have Phyllis Tuckwell Hospice Care and will do all we can to support it."

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?

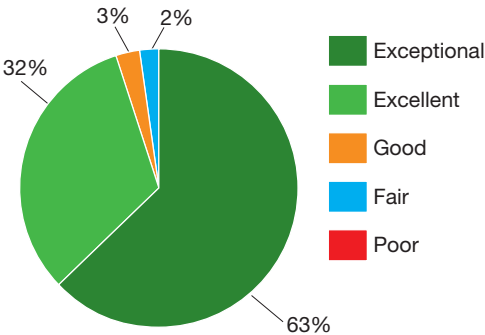


NB The last three graphs use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.

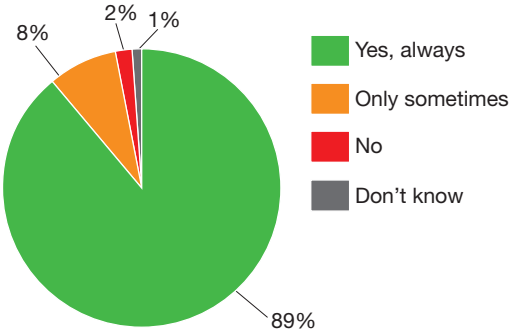
Care at Home

(Care and support received from PTHC 'Clinical Nurse Specialists', 'Community Doctors', 'Hospice Care at Home team', 'Community Therapists' and the 'Patient & Family Support team'.)

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



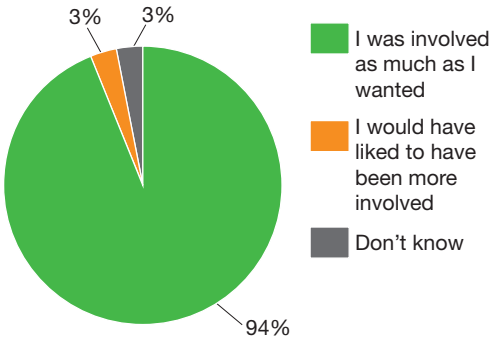
Did s/he see the nurse as often as it was needed?



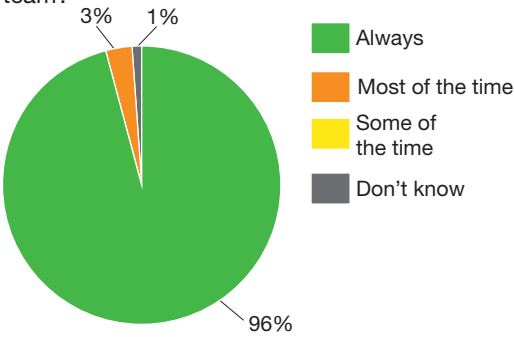
"We were extremely fortunate to have such an incredible resource in our locality. We thank you for all your support from diagnosis to mum's passing. We are SO grateful."



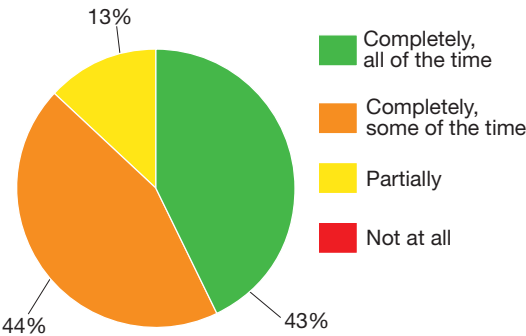
Were you involved in decisions about his/her treatment and care as much as you wanted?



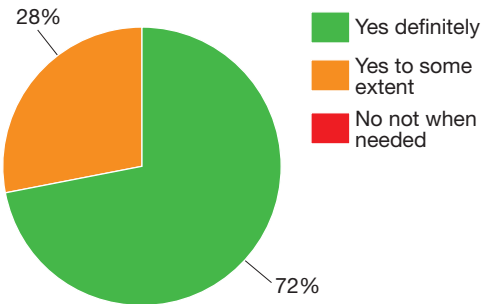
How much of the time was s/he treated with respect and dignity by the PTHC community team?



Whilst receiving care from the PTHC community team, how well was their 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.

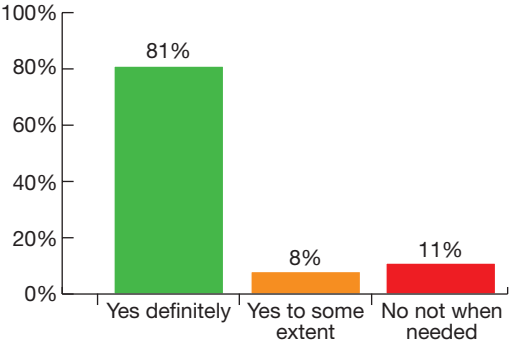
“The team were amazing. They treated both my mum and myself with the upmost respect and were a godsend. If it wasn’t for the team we would not have been able to fulfil my mum’s wishes to die at home. Thank you.”



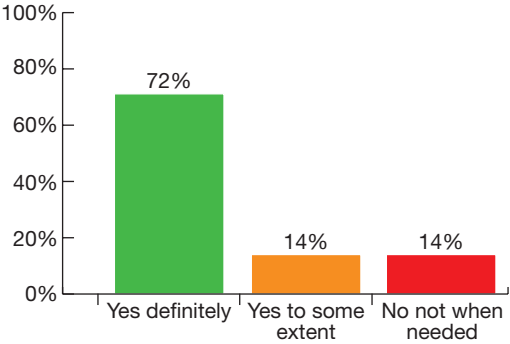
When asked about receiving help with urgent problems in the evening and at night many reported that this had not been required (42%). If we only look at cases where help was needed, the results indicate that patients' needs are generally being met outside of 'regular hours'.

NB Locally care provision overnight involves Phyllis Tuckwell Hospice Care at Home and out-of-hours community nursing, social care services and medical services.

Received enough support with urgent problems in the evenings



Received enough support with urgent problems at night



“The PTHC community nurse was outstanding; she was the glue in the communication and advice between family-GP-care home-patient.”

Phyllis Tuckwell recognises that problems can arise at night where support is needed for the patient and family or carers. Our plans involve developing our Hospice Care at Home night support team to cover 7 nights a week, subject to recruitment, working alongside the out-of-hours community nursing team, doctors and the ambulance service.



Living Well

Our Living Well services comprise a traditional Day Hospice service, group work and outpatient appointments, delivered both at our Hospice in Farnham and Beacon Centre in Guildford and provide access to support and therapeutic care for those living with advanced or terminal illnesses. The focus is on helping people to cope with changes, improving their wellbeing and maximising their physical health, enabling them to be as independent as possible. Almost a third (29%) of the patients involved in this survey had accessed Living Well services.



Relatives/carers were asked whether their loved one had benefited from attending sessions/appointments, all but one (who didn't know) reported that they had.

The respondents themselves were asked if they had felt supported by the Living Well team - all said yes.

"Dad really loved the Day Hospice. The staff at Farnham were excellent. It became his lifeline and hope."

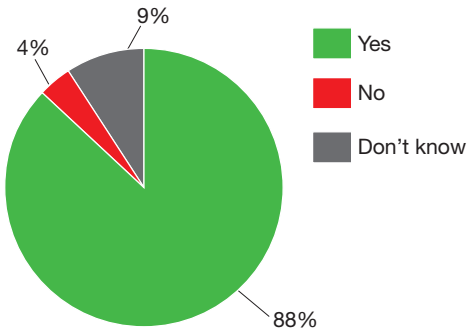
"Mum benefitted so much. It gave her such peace and support."

Place of death

On balance, do you think that s/he died in the right place?

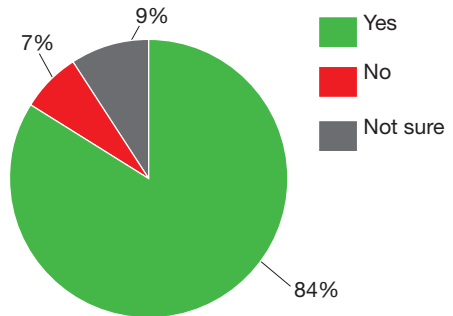
Actual reported figures

Hospice 49%, Home 38%, Care home 6%, Hospital 6%, Somewhere else 1%.



"Without the Phyllis Tuckwell 'Angels' mum wouldn't have been able to stay at home, so I can't begin to thank you all enough. There are times in our lives that we may need help, as mum did. The help mum and I needed was very different however it was always unconditional and I thank you for that."

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



"It was the very best possible outcome given the circumstances. I was thrilled he could die at home, in dignity and with as much peace as possible, surrounded by love."



In general, the feedback received from the 84 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.

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 comments are considered with identified actions. 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 by the Senior Management Team and the Board (all have representation from all clinical services/areas). Where necessary, action plans were discussed, disseminated and followed up.

PLACE (Patient Led Assessment of the Care Environment) - Beacon Centre

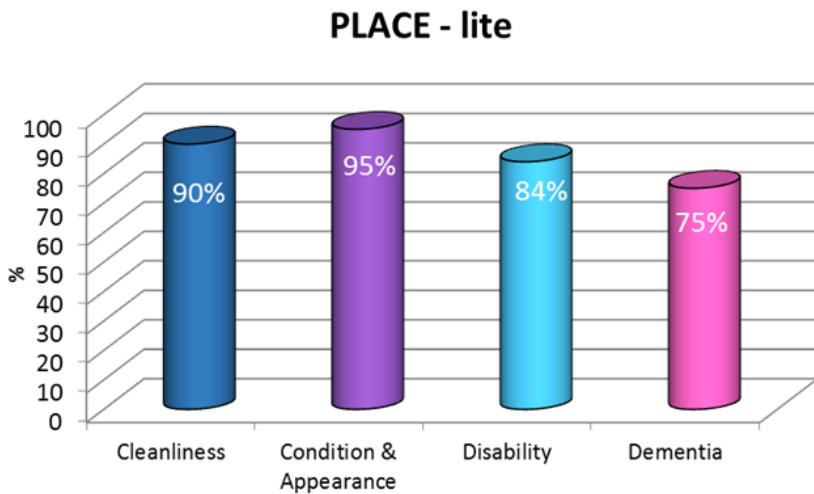
PLACE is a tool, recommended by The Department of Health, for assessing the quality of the patient environment. It provides an annual snapshot to organisations of how their environment is seen by those using it, and provides insight into areas for improvement.

The Phyllis Tuckwell Beacon Centre site completed the 'PLACE lite' in December 2018. The assessment covered three domains: - cleanliness; condition & appearance of premises; and the level of provision provided for patients with dementia or those with a disability.

The PTHC assessment team comprised of a patient, a volunteer and a member of staff. The assessment went very well with the Phyllis Tuckwell Beacon Centre site achieving good levels of compliance.

The site was generally clean and well maintained with an overall compliance of 90%. There were a few areas where cleaning could be improved and there is some work required in the external areas. Site improvements included the need for new signage for the toilets for people with disabilities and contrasting coloured toilet seats for people with dementia.

The results and action plan were communicated to the Clinical Governance Sub-Committee and to department managers for cascading and action.



Information Governance Assessment

PTHC submits standards assessment to the DSP Toolkit and, during 2018/19 met 100% of all mandatory responses. As at 28th March 2019, their records show PTHC as fully compliant, with their classification stating "Standards Met".

Publications/Presentations/Achievements

Publications

End of life care. Dr Patricia Macnair: MIMS learning, February 2019.

Presentations/posters

Rehabilitative Palliative Care: A challenge on the Hospice In-Patient Unit

A verbal presentation at Association of Chartered Physiotherapists in Oncology and Palliative Care Conference, Manchester, November 2018

Sue Cullum Phyllis Tuckwell Hospice Care.

Rehabilitative Palliative Care on the In-Patient Unit

A poster at Physio UK Conference, Birmingham, October 2018

Sue Cullum Phyllis Tuckwell Hospice Care.

Exploring the experience of personal bereavement for nurses working in a palliative care setting, and the experience of returning to work

A poster at Hospice UK Conference, Telford, November 2018

Dr Jo Vriens Phyllis Tuckwell Hospice Care, Princess Alice Hospice, St Catherine's Hospice, and Woking & Sam Beare Hospice.

Implementing Edinburgh Cognitive and Behavioural ALS Screen (ECAS) in palliative care patients with Motor Neurone Disease (MND) - experience from Phyllis Tuckwell Hospice Care

A poster at International MND Conference, Glasgow, December 2018

Dr Beata LeBon Phyllis Tuckwell Hospice Care.

Case Report Elective withdrawal of Non-Invasive Ventilation in an MND patient at home – a partnership approach but only possible with experienced staff with the right skills

A poster at International MND Conference, Glasgow, December 2018

Dr Beata LeBon Phyllis Tuckwell Hospice Care.

Quality Assurance in Medical Appraisal at a small Designated Body

A poster at NHS England (South) Medical Appraisal Conference, Reading, October 2018

Dr Nick Dando, Dr Cate Seton-Jones Phyllis Tuckwell Hospice Care.

Medical Revalidation Process in a UK Hospice: Experience from Phyllis Tuckwell Hospice Care

A poster at Hospice UK Conference, Telford, November 2018

Dr Nick Dando, Dr Cate Seton-Jones Phyllis Tuckwell Hospice Care.

Phase of Illness Survey

A poster at Outcome Measures in Palliative Care Conference, London, February 2019

Dr Jo Vriens Phyllis Tuckwell Hospice Care.

Phase of Illness Survey

A poster at APM's Supportive and Palliative Care Conference, March 2019

Dr Jo Vriens Phyllis Tuckwell Hospice Care.

What our Regulators say about Phyllis Tuckwell

The Care Quality Commission (CQC) is a regulatory body that ensures all health and social care providers in England meet their legal obligations in all aspects of care.

We received glowing praise from the CQC, following inspections of the Hospice in July 2016, and the Beacon Centre in January 2017. Inspectors were impressed not only by the way in which we care for patients and families who are living with an advanced or 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. 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'.

The Hospice

Praise was given to Hospice staff, who were 'kind, compassionate and forward thinking in meeting people's needs', and that the 'management and staff worked closely with other professionals and agencies'. Staff felt valued, listened to and well supported, resulting in a motivated team which provided a high standard of care to patients and families, with emphasis placed on the continuous improvement of the service. Comprehensive induction and ongoing training was offered to staff at all levels. Medicines were stored securely and administered safely, and 'regular environmental and health and safety checks were carried out to ensure that the environment was safe and that equipment was fit for use'.

The Beacon Centre

The report stated that patients 'spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families.' Teams were safe in the way they delivered care, with sufficient staff available to meet the needs of the patients, and patient risk and safety well-managed. 'Managers showed outstanding leadership and recognised, promoted and implemented innovative ways of working in order to provide a high-quality service,' continued the report. 'Staff went out of their way to ensure people were involved in decisions about their care and went the extra mile to ensure people continued to have life enhancing experiences.'

Processes were in place for patient feedback with evidence of service development in response to the growing community needs.

The CQC advised that there were no aspects of our care that required improvement at either of our two sites.



Phyllis Tuckwell Hospice Care Quality Account 2018/19. Commissioner Statement from NHS Surrey Heartlands CCGs on behalf of Guildford and Waverley CCG.

Surrey Heartlands CCGs welcome the opportunity to comment on the Phyllis Tuckwell Hospice Care Quality Account 2018/19.

Having reviewed the Quality Account for 2018/19, the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided. We have reviewed the Quality Account and agree that the document meets the national guidance issued by the Department of Health. We recognise the significant programmes of work and hospice care projects and initiatives undertaken to improve quality and safety for patients and also the considerable effort put into bringing the evidence together into this report.

The CCG would like to note and commend the areas of achievement in 2018/19, in particular the work in relation to:

- Improving communication with GPs and local professionals through EMIS.
- Extending input through Living Well and non-cancer range of services.

Looking towards 2019/20, we welcome and agree with the priorities for the year ahead and look forward to seeing how these will improve the quality and safety of services provided by the organisation, in particular the work relating to the:

- Supporting Carers via the introduction of the Carer Support Needs Assessment Tool (CSNAT).
- Promoting quality improvement.

Surrey Heartlands CCGs on behalf of Guildford and Waverley CCG, is satisfied with the quality of the data contained in the Quality Report provided for review. Overall, Surrey Heartlands CCGs believes that Phyllis Tuckwell Hospice Care has maintained their focus on improving quality of care, patient experience and satisfaction, and look forward to continuing to work with them to deliver high quality services.



The Board of Trustees' Commitment to Quality

The Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for ensuring the Quality Account is prepared and for being satisfied that it gives a true and fair view. They are also responsible for ensuring such internal controls as the Trustees determine is necessary are in place to ensure the preparation of this report is free from material misstatement.

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.

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

Our Board of Trustees:

Michael Maher (*Chairman*)

David Eyre-Brook (*Vice Chairman*)

Ian Trotter (*Vice Chairman*)

Rosy Anand

Michael Bailey

Veronica Carter

Helen Franklin

Ken Kent (*Retired September 2018*)

Ken Ratcliff

Anne Whelan

Alison Huggett (*Appointed February 2019*)

Richard Hunt (*Appointed May 2019*)



Phyllis Tuckwell Hospice Care, Waverley Lane, Farnham, Surrey, GU9 8BL
Tel: 01252 729400

www.pth.org.uk

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