



Adding life to days

Quality Account 2011 - 2012

“The staff and facilities are exceptional. You are treated as an individual and not just another person in the queue!”

***Patient comment - The Dove Centre Questionnaire
2012***

Chief Executive's Statement

On behalf of myself and the Board of Trustees, I am delighted to introduce our Quality Account for the year April 2011 – March 2012. It is designed to show what we have done over the last year to improve our services so that we continue to provide high quality and cost effective patient care. Please do let us have any feedback on this – we want it to be informative, useful and insightful!

Phyllis Tuckwell Hospice has a well-established and effective clinical governance function, incorporating a quality and audit programme, which acts as the driver for continuous improvement in the quality of patient care. The views, experiences and outcomes for patients and their families are paramount to quality improvement and are of great importance to us. Questionnaires, surveys and feedback cards are just some of the ways we listen. From this we are able to learn, develop and improve the services we provide.

I would like to thank all of our staff and volunteers for their hard work and achievements over the past year. Despite the ongoing difficult economic climate, the hospice has continued to provide high quality services to an ever increasing number of patients. Thanks to the generous support from our local community we continue to be financially sound as an organisation but recognise there is no room for complacency and work hard to ensure that we use our resources wisely and efficiently.

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

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

Sarah Brocklebank
Chief Executive
July 2012

Section one – Improvements present and future

In the 2010 - 2011 Quality Account Phyllis Tuckwell Hospice (PTH) reported on a number of quality initiatives it had undertaken, with the aim of ensuring that care is safe, effective and provides patients and carers with a positive experience. The Hospice also identified three areas for improvement for the following year.

This Quality Account reports on what progress the Hospice has made in these areas and identifies three more priorities for the year 2012 – 2013.

Quality improvements 2011 – 2012

Priority one: The development of the 'Dove Centre'

Phyllis Tuckwell Hospice ran a series of focus groups to find out what patients, carers and healthcare professionals wanted in the way of services (outside of the inpatient unit). Feedback suggested that a more flexible approach to accessing services was required. The result was the development of the Dove Centre - designed to offer patients and carers the opportunity to receive palliative care support, treatments and advice in an informal setting. Patients and carers are now able to access therapies such as physiotherapy and complementary therapy as well as counselling and consultations with Medical and Specialist Nursing staff.

The Dove Centre has been positively received and its facilities well utilised, with over 500 outpatient appointments attended and over 250 half day session places used since it opened in June 2011.

A patient questionnaire found that all patients thought the surroundings were relaxed and comfortable and that 89%, many of whom had felt apprehensive about attending the Hospice, felt much more positively about the Hospice since attending the Dove Centre, they said:-

"The word Hospice did have negative connotations, the reality is that it bears no resemblance to this - the staff & facilities are exceptional"

"I was afraid to come and unsure of what I might see but was pleasantly surprised at the surroundings & atmosphere, it's very relaxing"

The questionnaire recorded that all the patients attending clinics found them very or extremely helpful and all said that the communication around appointment times was excellent. Patients told us:-

"There is a relaxed atmosphere. Staff don't put any pressure on me, I can do thing at my pace"

"The nurse led appointment was extremely helpful, I was able to talk things through and put things into some sort perspective"

Staff have found the new facilities and additional space very beneficial and are positive about the services they have been able to provide.

PTH will continue to liaise and engage with other health care organisations and professionals - promoting a greater understanding of the services available and achieving good collaborative working - resulting in greater numbers of patients and carers being able to access our services.

Priority Two: The development and delivery of a 'Hospice Care at Home' service

Hospice Care at Home was operational for ten months of last year 2011 – 2012 providing care and support for 166 patients and their families. The number of referrals has been steadily rising as relationships with primary health care teams develop and the team is now working at full capacity. The team has worked hard to increase awareness of what the service is able to offer and their increasing flexibility is resulting in good collaborative working.

The small team of auxiliary and registered nurses offers care support during the day and at night. It is complemented by staff from the Inpatient Unit and the Day Hospice as required, often providing a 'familiar face' for the patients accessing the different hospice care settings.

The outcomes for patients and carers have been extremely positive with patients receiving high quality care and support in their preferred care setting.

Patients and carers have said:-

"I am very impressed with the coordination between the Hospice and the District nurse team. The Hospice Care team are first class"

"We were so glad to have had Dad at home for the last days of his life. The Hospice Care at Home team made this time much less stressful for us all"

Priority Three: Review of meal times - to ensure the best possible experience for patients while making the delivery quick and easy for staff

A working group representing the different staff groups involved in the delivery of food to patients evaluated the processes in place. The group's primary focus was to ensure that patients' experiences were positive and to improve efficiency.

The group used the Department of Health's Productive Ward Series to assess and question how and why things were done in a particular way and the results from the previous years catering questionnaire were re-examined to establish what was important to the patients.

The group work resulted in further refinement of the processes, improving departmental communication and cooperation. Protected mealtimes were introduced - a time when hospice staff avoid, where absolutely possible, disturbing patients (other than to assist with feeding).

Feedback from all staff groups confirmed that the changes worked well and there was a feeling of progress and achievement. The results of the follow-up catering questionnaire were also extremely positive with 85% of patients recording the service as 'very good'. There was improvement in all areas, in particular: taste, temperature and choice. Patients reported that there was a quiet period enabling them to enjoy their food and this was welcomed.

Patient quote – *"The food here is absolutely first class. I wasn't interested in food when I arrived and I had no energy. I have really enjoyed the food, clearing every plate. I am now skipping around like a spring lamb!"*

Areas that we have identified for improvement 2012 - 2013

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

Priority One: Development of a ‘Telecare room’

How was the Priority identified?

The hospice admits many patients with cognitive and sensory deficits. These patients can become confused and disorientated in unfamiliar surroundings. This can be frightening and unsettling and can lead to an increased risk of injury, e.g. a fall.

How will the priority be achieved?

The ‘telecare room’, situated in the inpatient unit, will incorporate features designed to make the patient feel more orientated, increasing independence and improving safety. Movement sensors will; connect to lighting ensuring maximum visibility and alerting staff when a patient is moving. Colour will be used to emphasise the different areas of the room, there will be clear pictorial signage, an orientation board, easy to operate controls and a large clock with time, day and date display.

How will it be monitored?

The number of patient incidences, including falls, is monitored on a continuous basis and reported to Clinical Governance Board Sub Committee. The impact of the ‘telecare room’ will be measured by comparing post ‘telecare room’ data with previous data - a reduction in the number of falls would be a positive outcome. Staff and patient/relative feedback will be sought.

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

How was the priority identified?

As outlined the Quality Account 2010 – 2011, a service development project was undertaken at the hospice to evaluate how to deliver this aspect of the 5 year clinical strategy. The Hospice’s local vision to extend its care to patients with non cancer diagnoses reflects a growing national recognition of the importance of high quality end of life care for all patients, identified by the Department of Health in the End of Life Care Strategy, 2008.

How will the priority be achieved?

The hospice has now appointed a third Consultant, Dr Nicholas Dando, whose role will include development of services to meet the needs of patients living with a non-cancer life-limiting diagnosis. This will involve partnership working with a wide range of health care providers in both community and hospital settings to identify and support patients who may be approaching the end of their lives, including access to specialist symptom control.

Priority two continued

How will it be monitored?

The rates of new referrals for patients with non-cancer diagnosis will be monitored to determine whether we are reaching a wider population with end of life needs. The impact of the services will be monitored using clinical questionnaires to assess change in symptoms for patients, together with patient and carer feedback on the overall experience of care delivered by the Hospice.

Priority Three: The Hospice Care at Home Volunteer

How was the priority identified?

The Hospice Care at Home Service, nearing its anniversary, has provided care and support for many patients and their carers. As referrals increase, and the needs of patients and carers become clearer, the requirement for additional support has been identified. After talking to patients, carers and staff, in addition to using experience gained through our partnership with a local hospice home support group, it has been concluded that a small team of volunteer carers could fulfil this need.

How will the priority be achieved?

The 'Hospice Care at Home Volunteer' will work along side the existing nursing team. It is envisaged that the volunteers will provide episodes of care, spending 2-3 hours at a time in the patient's home. If needed, they will provide basic care such as help with personal hygiene and feeding and offer support and companionship to patients and carers, such as sitting and listening and helping with small household tasks. The group of volunteers will have previously worked within a health care setting, and possess the attributes required for this sensitive role. In preparation they will complete a training programme designed to complement their existing skills.

How will progress be monitored?

The volunteers will be monitored and supported and asked for feedback on a continual basis. The development and hopeful expansion of the service will be determined by patient, carer and health care professional feedback and analysis of patient activity data.

Section two – 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 2010 – 2011 PTH provided six services

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

PTH has reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS represented less than 12 per cent of the total income required to provide the services which were delivered by PTH in the reporting period 2011/12.

Participation in clinical audits

As a provider of specialist palliative care PTH is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the audits or enquiries related to specialist palliative care. However PTH's quality and audit programme facilitated many audits during 2011 -12.

The Hospice also used a number of 'Help the Hospices' Audits Tools e.g. Infection Control and Management of Medicines. The tools are relevant to the particular requirements of hospices, allowing our performance to be benchmarked against that of other hospices. Our compliancy results for 2011 were high; Infection Control 95% and Management of Medicines 97%.

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

Data quality

For the year 2011 -2012 PTH submitted audit data to the National Minimum Data Set for specialist palliative care. Results are available publically from the National Council for Palliative Care. www.ncpc.org.uk

Research

Phyllis Tuckwell Hospice recognizes that research is essential to enable the specialty to deliver high quality care founded on reliable knowledge or evidence and hopes to be able to collaborate with other hospices and hospitals in local or national multicentre trials. Non-interventional trials may take the form of questionnaires, surveys or interviews. Other trials may look at a specific treatment interventions or a way of caring for a patient.

What others say about us

PTH is required to register with the Care Quality Commission, a regulatory body that ensures that we meet our legal obligations in all aspects of care. In May 2011 the CQC carried out an unannounced inspection. The CQC found that PTH was meeting all the essential standards of quality and safety, reporting very positive feedback from both patients and their families.

Quality improvement and innovation goals agreed with our commissioners

PTH's income in 2011/12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Section Three – Quality overview

This section provides:

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

The National Council for Palliative Care; Minimum Data Series

The Minimum Data Set (MDS) for Specialist Palliative Care Services is collected on a yearly basis, with the aim of providing an accurate picture of hospice and specialist palliative care service activity.

Phyllis Tuckwell Hospice (PTH)	2011- 2012	2010- 2011	% annual increase
In – Patient - Unit (18 beds)			
Total number of patients supported	352	374	↓ 6%
New patients	352	332	↑ 6%
% Occupancy	75%	75%	
Discharge % rate	35%	38%	↓ 8%
Average length of stay	12	11	
Day Hospice			
Total number of patients supported	90	98	↓ 8%
N.B. Half day sessions are recorded in the 'Out patient' data below			
Outpatient services. Dove Centre - out patients clinics & half days :			
New service introduced in 2011-12			
No of individual Dove Centre clinic appointments attended	512		
Half day sessions places attended	253		
Community service: All clinicians and therapists (inc Hospice Care at Home)			
Total number of patients supported	818	787	↑ 4%
Face to face contact	3970	3057	↑ 30%
Telephone contacts	11,136	10,167	↑ 10%
% Home & Care Home deaths	56%	48%	↑ 18%
Bereavement Service			
Total number of users supported	229	246	↓ 7%

% Of New Patients Non – Cancer diagnosis	2011- 2012	2010- 2011
In – Patient - Unit	14%	15%
Day Hospice	25%	16%

In – Patient - Unit

The In – Patient - Unit continues to operate efficiently, supporting many patients and their families. There has been a slight drop in the number of patients admitted to the unit, however, we have no known unmet need – and therefore believe the development of our community services and better management of patients in their preferred place of care has resulted in a decrease in the reliance on the inpatient unit.

The majority (86%) of patients who were discharged from the unit returned to their homes.

Day Hospice

The Day Hospice continues to support patients and their carers. The total number of patients attending Day Hospice has been falling over the last few years. In response to this the hospice reduced the number of full day sessions and offered shorter half day sessions and expanded its outpatient's facility. The percentage of new patients attending a Day Hospice full day increased with many more patients being supported in the half day sessions.

Out patients

The Dove Centre, a new community focussed outpatient facility, has been developed to offer patients more choice and flexibility about where and when they can receive care, treatment and advice. The series of weekly clinics, allow patients and carers to access therapies such as physiotherapy and complementary therapy as well as counselling and consultations with Medical and Specialist Nursing staff. This concept has proved very successful, with over 250 clinics having been run and over 500 individual appointments attended, in the first reporting year.

In addition to the Dove Centre clinics, many other individual appointments were attended over the course of the year by both patients and carers.

Community

The number of patients supported in the community continues to increase, with face to face contact increasing by 30% from the previous year. This includes the significant increases in the number of patients supported by our patient and family services team and therapists.

Quality Markers

We have chosen to measure our performance against the following metrics.

Indicator	2011 - 2012
Complaints	
Total number of complaints	5
All five complaints were resolved satisfactorily	
Patient safety incidents	
The number of serious patient safety incidents	0
Number of falls	49
Number falls per bed per year	2.7
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 inpatient unit	0 (2 patients admitted with C.difficile)

Indicator	2011 - 2012
Patients following the Liverpool Care Pathway (LCP) A care pathway for the dying patient	
Total % of patients that died on the inpatient unit following the Liverpool Care Pathway	84%
Patients that achieved their preferred place of death (Sample of inpatients taken from Nov 2011 & Jan 2012)	
Percentage of patients whose preferred place of death was achieved (where known or documented) Preference – Home-35% Hospice-60% Care Home-5%	95%
Patients that achieved their preferred place of death (Sample of Hospice care at Home patients taken from Sept - Nov 2011)	
Percentage of patients whose preferred place of death was achieved (where known or documented) Preference – Home - 70% Hospice - 30%	92%

Clinical audits 2011 - 2012

To ensure that we are continually meeting standards and providing a consistently high quality of service, PTH has a Quality and Audit Programme in place. The programme allows us to monitor the quality of service in a systematic way, identifying areas for audit in the coming year. It creates a framework where we can review this information and make improvements where needed. Regular Clinical Governance meetings provide a forum to monitor quality of care and discuss audit and quality evaluation results. Recommendations are made and action plans developed.

National audits (Help the Hospices)

These audits are benchmarked with other hospices in the south, enabling us to discuss results and action plans promoting development and learning.

Help the Hospices audits completed	Compliance
Infection control	95%
Medicines Management	97%

A sample of clinical audits completed at Phyllis Tuckwell

Audit	Findings, recommendations and actions to be taken to improve compliance/practice
Prescription Chart - compliance with writing standards	A number of prescription charts were examined and measured against the PTH prescription writing standards, 95% compliancy was achieved. The results were fed back to staff and the importance of recording that patients have had new medications fully explained to them was discussed. For re-audit in 12 months
Documented consent	This was an audit completed 3 times over the year, examining whether patients consent to having medication though a syringe driver was documented – results were fed back to staff and the importance of recording consent discussed – resulting in 90% compliancy on the final audit. For re-audit in 12 months
Patient information leaflets	All leaflets are managed by the relevant department manager and undergo a formal review annually. All leaflets met the criteria stipulated in the assessment tool. No action required.
Permission to share information with 1. Next of kin (NOK) 2. Health care professionals (HCP) obtained and recorded	The Phyllis Tuckwell Hospice is committed to providing high quality care based on patients giving their informed consent. In the case of sharing information with the NOK/family and other HCP, permission should be sought at the earliest opportunity and recorded in the patients records. An audit measuring compliance found that patient consent in area 2 was not always being recorded. This was fed back and discussed with staff and changes made to documentation. A repeat audit reported good compliancy:- 1. Permission to share information with NOK/family recorded 100% 2. Permission to share information with HCP recorded 97%
Hospice provided Headphones (completed in response to feedback from a patient survey)	This audit was completed 3 times concurrently over the year. It examined the cleanliness and working order of the PTH headphones in patient wards. It found that the headphones were consistently clean but there was confusion as to who was responsible for ensuring they were working and for changing the batteries. This was addressed resulting in a clean, working headphones

What patients and families say about the services they receive

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

Catering questionnaire

The 2011 questionnaire was conducted from September to October. All were completed by the interviewer in consultation with the patient. The questions were asked in their entirety, with the addition of probing questions to ensure truthful and comprehensive comments.

The results for the seven areas of catering explored by the questionnaire were very positive, with 98% of the responses falling in the very good and good categories.

The Dove Centre questionnaire

As part of the Dove Centre development and review, we asked patients and carers using the new services to complete a questionnaire. It was designed to capture how patients and carers felt about the new outpatient services and whether the flexible approach was of benefit to them. The results were overwhelmingly positive.

Patients were asked to record their response to the various statements, this is a selection:-

Written/telephone communication explaining when my appointments are and who I am going to see is good	The appointments run efficiently & to time	The staff are good at keeping me informed of changes to the times or order of appointments	The reception staff are friendly & welcoming	The surroundings are relaxed & comfortable
Extremely 75%	Extremely 42%	Extremely 59%	Extremely 58%	Extremely 50%
Very 25%	Very 50%	Very 33%	Very 42%	Very 42%
Fairly	Fairly 8%	Fairly	Fairly	Fairly
Not very	Not very	Not very	Not very	Not very
Not at all	Not at all	Not at all	Not at all	Not at all
Unanswered	Unanswered	Unanswered 8%	Unanswered	Unanswered 8%

Comments:-

"I thought it would be a sad place but found the atmosphere to be bright and uplifting"

"A lovely & pleasant place, the staff are brilliant & put me at ease"

"This doesn't feel like a hospital or hospice"

Individual comments from thank you letters and ad hoc discussions:

“PTH have been fantastic, it is such a relief to have you involved. The PTH community nurse has been visiting at home, and when Dad needed to come in it happened quickly and was well organised (we had visited and had a look round a couple of months ago which was helpful)”

“To all the wonderful people you helped enable my mum to live her last 5 weeks with comfort and dignity”

“The Angels' of Phyllis Tuckwell - I would like to thank you all for being there for my mum and making her life comfortable and pain free as she left our world with dignity.

I would also like to thank you all so much for giving your amazing support to my family. You were there for me with kind words, reassuring rubs on the back and never ending cups of tea – Thank you all so much”

“For all the care and compassion shown to my mum and the support you gave me at my lowest ebb and for the dignified way mum was treated after she passed away. I cannot thank you enough”

“Thank you for caring so much and helping us through a difficult time, and giving us some time together”

Feedback from the unannounced provider visit

The Board of Trustees undertake two unannounced visits to the Hospice annually. Two members of the Board talk to staff, patients and carers. Patients and carers are asked about their views and experiences, the following is an example of one of the reports from 2011:

“We jointly interviewed a patient in the Day Care centre. He is well enough to look after himself at home despite difficulty walking and drives himself to PTH for one session a week which includes massage and acupuncture. His wife died here 4 years ago he said”

“I knew what to expect, staff couldn't be more helpful”.

“We jointly interviewed a patient in the In Patient Unit, she said”

“I cannot praise PTH enough”

“She was initially fearful of being in a hospice but she found it a welcome contrast to a busy hospital ward where no-one had time. She was receiving a blood transfusion at the time we saw her, and an alert from the blood pump immediately resulted in nurses attending to reset the machine and share a few words”

What our regulators say about Phyllis Tuckwell Hospice

The Care Quality Commission (CQC), a regulatory body that ensures that we meet our legal obligations in all aspects of care, conducted an unannounced inspection in May 2011. During the visit the CQC observed how people were being cared for, talked with people who use services, talked with staff, checked our records, and looked at records of our patients. The CQC found that PTH was meeting all the essential standards of quality and safety. It also reported very positive feedback from both patients and their families, reporting:-

“Patients and visiting relatives told us that they were very happy with treatment and care provided at the hospice. Staff were described as “marvellous,” “friendly and helpful.” People told us that staff were supportive, to both the patient and family members. One relative advised us that she could not fault anything and that the staff treated her mother with dignity and respect.”

“Patients said that they were involved in decisions about their treatment and care and that they had been given opportunities to discuss any questions, to state their preferences and to involve their families as much as possible.”

The Board of Trustees’ commitment to quality

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

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