



*"I have never had so much attention, from so many people, in such a kind way, in all my life."*

## Quality Account 2017 - 2018

**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 2017/18. I am delighted to present this document as a summary of the quality initiatives we have undertaken during the year, all of which are designed to improve the quality of services we provide to our patients and their families.

This is the eighth year that we have produced such a document and I hope it provides a succinct summary of what has been going on here over the last twelve months, as well as a chance to share our quality improvement plans for the next twelve months.

Once again, we are delighted at the very positive feedback we received from both patients and relatives, as reported in the formal Day Hospice survey and VOICES survey (pages 27-31), as well as in the ongoing feedback received throughout the year. We are, however, not complacent and strive continuously to improve our services, as demonstrated through a robust and comprehensive quality and audit programme (see pages 24-26 for more information).

Our whole focus is to provide a positive experience for patients and their families, which means we need to be firmly integrated with our local healthcare community and responsive to patient needs. During the year we have worked hard to do just this by purchasing a "plus-size" bed for our In-Patient Unit, introducing our community model and developing our Living Well services for non-cancer patients. We have also participated in national and local research programmes and provided extensive training to our healthcare colleagues in end of life care and best practice. You can read more about all of this on page 12. Considerable foundation work has also been done during the year so that we can introduce a new clinical database (EMIS) during 2018/19 which will allow us to share healthcare records with appropriate healthcare partners, such as GPs, our community colleagues and our acute hospital colleagues.

Looking forward, our plans for 2018/19 build on all that has been achieved during 2017/18 and will allow us to extend our reach to more patients and their families. We are excited and optimistic about the year ahead.

Of course none of this would be possible without our dedicated staff and volunteers and the invaluable help of our many supporters. We are grateful to you all.

I hope you enjoy this Quality Account.

**Sarah Brocklebank,**  
Chief Executive

June 2018



# 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.

## 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.

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# 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 2017/18 and describes some areas for improvement in this coming year 2018/19.

### Quality Improvements 2017-2018

#### Improvement 1

#### Providing safe and equitable care

##### 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 respectful and professional manner. Some of our patients are 'plus-size' weighing over a certain weight so being able to be responsive to all needs is important to us.

Having previously hired 'plus-sized' beds as and when required and experienced the associated challenges with the organisation and delivery of hired equipment, PTHC decided to make the long-term investment and purchase a 'plus-sized' bed. Having a bed on-site has provided greater flexibility for our patients i.e. not having to wait for admission and allowing the nursing staff time to organise the bed-space in advance.



Patients have found the bed comfortable and nursing staff have felt confident when assisting the patients to move around on the bed.

## Community Model – Year 1

PTHC is committed to delivering high quality, safe, responsive, patient-centred clinical services. In last year's Quality Account we announced plans for a new community model aimed at providing 'easy access to compassionate supportive and end of life care for patients and families in a place of their choice'. The new model included enhanced locality working, increased responsiveness and the launch of a new Living Well service. This has been a foundation year for the project; building the infrastructure, recruiting and training staff and putting operational processes into place.

Our community services, geographically positioned around two localities, now have a designated 'Community Services Manager' whose role is to lead in the development of integrated patient services and increase partnership working with health and social care professionals as well as voluntary organisations in each locality. During the last year they have established strong links with other providers and healthcare professionals. Examples of this are: PTHC representation at integrated care team meetings (multi-disciplinary teams designed to focus on maintaining the health and wellbeing of people in their community); PTHC participation in frailty forums and the continued development of a frailty pathway; and attendance at Fast Track meetings at one of our local hospital trusts - to support the discharge of patients with deteriorating health.

As part of the new model PTHC has developed a new Advice & Referral Team (ART) - a responsive single point of access to all our Hospice Care services. The multi-disciplinary team, supported by a new flexible telephone system, manages and directs enquires and referrals during extended hours, 7 days a week, and has a 'rapid response' capability (e.g. a doctor or nurse who will make a same day visit if necessary) for those requiring urgent assessment. The ART process has undergone piloting and refinement and went live this May.



The Living Well service, offering a range of patient and family services at the Beacon Centre in Guildford and at the Hospice in Farnham, complements the new model by assisting patient flow to the most appropriate service, providing access to support and therapeutic care for those living with advanced illnesses based around identified needs. 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. The

Living Well services include the Therapeutic Programme (consisting of movement, relaxation, emotional and creative therapies); the Family & Carer Programme (consisting of 1:1 support and groups covering care and pre-bereavement phase); the Bereavement Programme (for adults and children); and the Link Education Programme (consisting of Open House, Welfare & Signposting and Link sessions, covering topics such as diet, funeral planning, Will writing, etc). The traditional Day Hospice model remains and dips into all of the other Living Well programmes. Responses from patients have been very positive: for example patients attending the various 'movement' groups, which focus on building activity levels, increasing strength and improving confidence, report gaining 'more flexibility and movement' reducing the reliance on mobility aids, 'increased social confidence' and feeling 'less isolated'.



During the last year the community model has undergone significant development with substantial recruitment and training and the implementation of new operational processes. During the next year PTHC will consolidate on the work already achieved and look to further develop the community model - providing patients and families with responsive, integrated, flexible care and support.

### Improvement 3

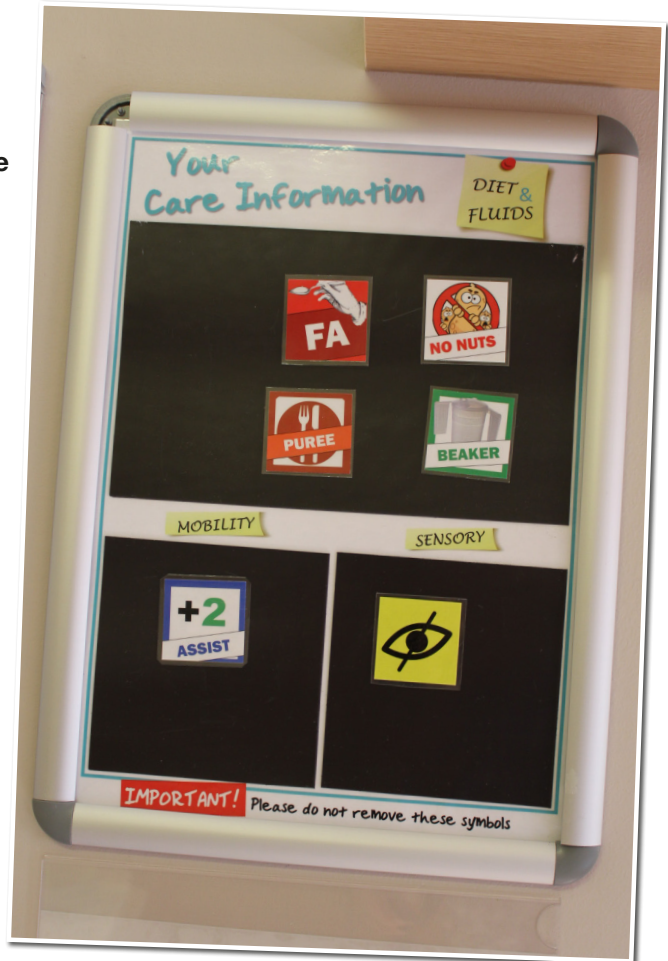
## Nurse Consultant/non-cancer work

The new Nurse Consultant post was appointed in July 2017 joining our existing Consultant in Palliative Medicine with a focus on the needs of those with a non-cancer diagnosis.

Early work has focussed on establishing partnerships with community and hospital colleagues to inform a joint approach to services for patients locally. The aim is to enable a co-ordinated and holistic plan of care which improves quality of life and patient choice. Two projects have been established for patients and carers with heart failure and respiratory illness. The Nurse Consultant role has supported further expansion of the Living Well Programme at the Beacon Centre and at the Hospice in Farnham, providing a range of individualised care and support programmes to help those living with advanced illness. A key part of the role has also involved supporting Phyllis Tuckwell's participation in research projects.

## Other improvements in 2017-2018 include:

- **Review of Medicine Management systems and processes.**
- **Introduction of OACC** (Outcomes Assessment and Complexity Collaborative) **measures** - designed to capture and demonstrate the impact of palliative care services.
- **Review of falls management** including the introduction of a post falls huddle (a brief meeting immediately after a fall to determine why it happened and how it can be avoided in the future).
- **External bespoke training** e.g. Advance Care Planning.
- **Introduction of the 'Care Certificate'** for all PTHC Health Care Assistants.
- **Upgraded telephone system** providing transferable logins – supporting flexible working.
- **Preparation for GDPR** (General Data Protection Regulations).
- **Selection of, and preparatory work to enable us to introduce, a new Electronic Patient Record (EPR)** which will allow interoperability with our primary and secondary healthcare partners, thereby improving patient care and continuity. This will be introduced in July 2018.
- **Simplification of patient menus on the IPU** making choices clearer for both patients and the catering team.
- **Individualised patient safety boards** detailing preferences and requirements (see photo).





## Developments and Improvements for 2018/19

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, help 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.

### Improvement 1

## Community Model – Year 2

### Improving access and responsiveness to our clinical services

As reported in the previous section the community model was launched last year and included enhanced locality working, increased responsiveness and the launch of a new Living Well service.



In this coming year PTHC will continue to develop partnership working within our two localities, linking with hospital and community teams and influencing projects and developments. The newly launched ART (Advice & Referral Team) will be publicised and promoted so that patients and their families and our partners (GPs, hospitals, community partners and voluntary organisations) are aware of what services are available, and how to access them (a single telephone number). The expectation is that the ART will improve both the referral process and access to help and advice. The ART will ensure patients are assessed in a timely manner and directed to the appropriate service. The Living Well service will benefit from increased referrals as a result of appropriate signposting, aligned to patient need and the collaborative working being undertaken as part of the non-cancer work.

PTHC will report on the progress made in next year's Quality Account.

## Development 2

### Nurse Consultant/non-cancer work – Year 2

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

During this coming year the focus will be to further develop our range of care and support programmes for patients and their families or carers living with an advanced non-cancer illness, to ensure greater reach and access locally. Our plans include progressing our current projects to support the needs of patients with respiratory disease and heart failure in conjunction with our hospital and community colleagues, developing an advance care planning programme, and expanding our therapeutic sessions within our Living Well centres. Working with other health and social care professionals will continue to be a priority, to ensure patients and their families or carers who need access to our care and support are aware of how we can help.

## Development 3

### Improving our communication with our GPs and local professionals through EMIS

Effective use of Electronic Patient Record (EPR) systems is critical to ensuring quality care and efficiency. PTHC is introducing a new EPR system (EMIS) in 2018. The key benefit of EMIS is the ability to share patient data with our local GPs and some community partners; this will promote better co-ordinated care and treatment, keeping the patient firmly at the centre of their care. The new system will improve efficiency; with ease of access to patient information and results, and the seamless transfer of letters and documents to and from GPs.

During the next year PTHC will be testing the clinical reporting capabilities and refining internal reporting which will allow us to accurately measure what we do and plan our services for the future.

PTHC will also be developing relationships and exploring further data sharing options with other community partners and acute hospital trusts that also have access to the system.

**Are you  
ready for  
EMIS?**

# 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 2017/18 PTHC provided 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 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 20% of the total income generated by PTHC in the reporting period 2017/18.

### Registration

PTHC is required to register 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 Farnham Hospice Site) and January 2017 (the Guildford Beacon Centre site) resulted in reports which were very positive, with PTHC achieving the rating of 'Good' and 'Outstanding' respectively. A full report is available on page 34.



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

- **The Prognosis in Palliative Care Study II (PiPS2) Study**  
The study aims to assess the accuracy of The Prognosis in Palliative Care Scale (PiPS) and to compare it with clinicians' predictions as well as other prognostic models. PTHC has screened over 200 patients and entered 42 patients into the study. University College London.
- **Exploring the experience of personal bereavement for nurses working in a palliative care setting and the experience of returning to work**  
The study aims to explore the experience of bereaved nurses working in palliative care and what measures hospices could take to support bereaved staff. Princess Alice Hospice, St. Catherine's Hospice, Phyllis Tuckwell Hospice Care and Woking & Sam Beare Hospice.
- **Joint Dementia Research**  
A nationwide online and telephone service that makes it easier for people to register their interest in volunteering for dementia research studies. PTHC promotes this service with posters and leaflets. Alzheimer's Research UK & Alzheimer's Society.
- **Evaluation of neuropsychological assessment and intervention in MND care (ECAS study)**  
This study is evaluating the impact of the ECAS neuropsychological assessment. Two PTHC healthcare professionals, a patient and carer were interviewed. University of Edinburgh.
- **Family Support in Hospices**  
A survey of UK Hospices, to identify the best ways hospice healthcare professionals can support patients and their partners to communicate with their children when one parent is dying. PTHC completed the survey. Princess Alice Hospice & University of Surrey.
- **Hospice UK Organisational Survey of Carer Assessment and Support**  
This survey aims to provide a snapshot of current provision for carers amongst UK adult hospices. PTHC completed the survey. The University of Manchester, University of Cambridge & Hospice UK.

## Quality improvement and innovation goals agreed with our commissioners

The CQUIN (Commissioning for Quality and Innovation) NHS 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.

The CQUIN for 2017 through to 2019 (2 years) 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. The progress made in year one is summarised below, much of which you will have already read about in our improvement section - reflecting service development aligned with national strategy.

## Each person is seen as an individual

### **New locality working – ensuring co-ordinated individualised patient care**

- Developing new co-ordinated care models for patients with heart failure.
- Ensuring referral is seamless and responsive.
- Attending partnership meetings and influencing patient outcomes.
- Developing relationships with external healthcare agencies.

## Maximising comfort and wellbeing

### **The Living Well service - improving wellbeing and physical health enabling people to be as independent as possible**

- New range of therapeutic services for patients tailored to individual need.
- Providing more flexibility for patients.
- Providing services more suited to patients earlier in their illness.
- Promoting wellbeing and independence.

## 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**

- System (EMIS) confirmed.
- Initial discussions with GPs are in progress regarding sharing agreements.
- On track (with a slight delay) for launch in 2018.
- Continuing partnership working with the local ambulance service.

## 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 and Procedure provides a clear and transparent process for the management of clinical incidents, including reporting. All incidents are discussed at the Clinical Governance Board Sub-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

2017/18 was a year of significant change for PTHC for the senior clinical management team, with new managers joining the team as well as internal promotions, requiring vacated management roles to be replaced. Parallel with this, and in order to achieve our overall vision of extending our services to more patients and their families, we have introduced new ways of working which focus around a locality/geography basis rather than according to PTHC internal team structures. Externally there have been changes in the management arrangements of some of our key healthcare partners which has resulted in new relationships needing to be established.

Perhaps not surprisingly this is reflected in the year-on-year trends for some of our clinical activity. We do believe, however, that we are well positioned to build on the progress during 2017/18 as we begin the third year of our ambitious strategy to provide support to more patients and their families, either through our direct care of the IPU, Care at Home services or Living Well services, or through our education and training activity.

#### Referrals

Total referrals to PTHC were slightly down (by 33 referrals, i.e. 2%) in 2017/18 at 1,320 compared to 2016/17 – due primarily to the reduced bed numbers on the IPU (see overleaf). There has, however, been a change in where patients receive their care from PTHC, with more patients being supported via our Living Well team and slightly fewer supported by our Care at Home teams. This has been a deliberate strategy to ensure that patients receive the most appropriate care and support according to the stage of their illness.

## Patients supported

Despite the small drop in referrals, the actual number of patients supported across all areas of PTHC – equivalent to the number of new referrals this year, plus the number of patients still receiving support but referred before the start of this counting year - has increased by 4% - i.e. 68 patients (excluding any “double counting” where patients access more than one service). It is pleasing to note that the trend for more patients being supported continues as we are deliberately working to increase this. This will continue in 2018/19.

	2017/18	2016/17	Year-on-year Change
Patients supported - all services	1,971	1,903	4%

## In-Patient Unit (IPU) - 18 beds

	2017/18	2016/17	Year-on-year Change
Total admissions	339	420	-19%
% patients going home	28%	35%	-20%
% bed occupancy	85%	83%	2%
Average length of stay (days)	12.9	12.8	1%
% non-cancer diagnosis patients	18%	21%	-14%





PTHC had to close four of the IPU beds in June 2017. This decision was made in order to ensure that high quality safe care was maintained at all times, which is our priority. It was a difficult decision to make, but due to nursing staffing challenges and with all alternative options being considered, it became the right decision for patient care. This 22% reduction in our bed numbers for 9 months of the year has obviously affected overall patient admissions, which are showing 19% down compared to 2016/17. However, it is interesting to note that, compared with 2015/16, there is actually only a 9% reduction in admissions despite the four closed beds in 2017/18.

This confirms that PTHC is currently utilising its beds efficiently and the benefits of weekend admissions and increased occupancy rates continue to be realised.

This was confirmed in an Admissions Audit carried out during the year which shows PTHC continues to respond in a timely manner to referral requests for admissions from both the community and the acute sector hospitals. During the audit period (carried out whilst the beds were closed), we experienced a 19.3% increase in the number of referral requests received, compared to 2015.



The audit showed that the average length of time from receipt of a referral request to inpatient admission, over the audit period, was 1.8 days. This is indicative of a responsive and efficient service meeting the needs for inpatient admission to a specialist palliative care unit and is consistent with our previous performance in 2015, despite an increase in referral requests received.

The PTHC admission criteria scoring system that helps manage the priority of admission requests is now bolstered by the use of the OACC measures: Phase of illness and AKPS (performance status) reflecting a patient's need for urgent provision of clinical care/assessment.

The discharge rate is slightly down compared with previous years, with the variances being a reflection of our patient type. The average length of stay remains unchanged.



## Care at Home services (excluding HCAH)

	2017/18	2016/17	Year-on-year Change
Number of patients supported	1,673	1,693	-1%
Total contacts (face-to-face)	6,896	6,194	11%
Total contacts (telephone)	23,645	23,000	3%
% non-cancer diagnosis patients	26%	24%	8%
% Home & Care Home deaths	58%	56%	4%



The number of patients supported by the Care at Home team has remained similar to the previous year despite a considerable amount of change, as locality management has been introduced and new ways of working have come into effect. Some patients that would have previously been looked after by the Care at Home team are now being looked after by the Living Well team (see overleaf). This has freed up our Care at Home team to support the more complex and unwell patients in their own homes.

As a result total face-to-face contacts by the multi-disciplinary team has increased by 11%, which reverses the trend seen in 2016/17. These are supported by a slightly smaller increase in telephone contacts.

## Hospice Care at Home (HCAH)

	2017/18	2016/17	Year-on-year Change
Number of patients supported	596	616	-3%
Total contacts (face-to-face)	6,204	6,354	-2%
Total contacts (telephone)	7,618	8,239	-8%
% Home & Care Home deaths	92%	91%	-1%

The number of HCAH patients supported is down slightly compared to 2016/17 but up slightly compared to 2015/16. There is a corresponding slight drop in both the number of visits made and telephone contacts made. The team are referred patients at home with deteriorating health, with their expertise focusing on providing nursing care and support over short weeks and days for patients and their families or carers, to support wishes and preferences for preferred place of care during the dying phase. The team work closely with the community nurses and GPs as well as other Phyllis Tuckwell specialists to provide co-ordinated and high quality care.



## Living Well Services (Day Services, Outpatients, Groups at Farnham & Guildford)

	2017/18	2016/17	Year-on-year Change
Number of patients supported	590	527	12%
Total contacts (face-to-face)	7,442	7,745	-4%
Total contacts (telephone)	1,877	2,584	-27%
Combined	9,319	10,329	-10%
% non-cancer diagnosis patients (Day Services)	53%	36%	47%

The Living Well services (comprising Day Hospice, outpatients and group sessions) delivered both at our Farnham and Beacon Guildford sites 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, therefore, increased the number of group sessions and outpatient sessions held whilst refocusing some of our traditional Day Hospice activity. The activity data shows the results of this deliberate strategy during 2017/18.

As a result, overall the Living Well team have supported 12% more patients in 2017/18 compared with 2016/17, yet with fewer contacts made, particularly telephone contacts as a result of this change in focus of our service provision. Within these numbers it is pleasing to see a 24% increase in patients attending group sessions during the year (from 188 to 233) as well as an 18% increase in patients attending outpatient clinics (from 325 to 385). Both these services offer a more targeted intervention than has been traditionally provided via the Day Hospice model. This work continues as PTHC strives to increase our reach to be able to support more patients earlier in their illnesses so that they are able to “live well”.



## Bereavement

	2017/18	2016/17	Year-on-year Change
Number of clients supported (total)	541	471	15%
Group work	907	589	54%
Face-to-face (individual support)	1,599	1,542	4%
Telephone contacts	1,097	636	72%
Combined	3,603	2,767	30%

There has been a significant increase in the number of people supported by our bereavement team – a 15% increase year-on-year. The team have also seen a significant (30%) increase in support provided – with noticeably large increases in group work.

## Family and Carer Support

	2017/18	2016/17	Year-on-year Change
Number of carers supported	857	774	11%
Total contacts (face-to-face)	987	803	23%
Total contacts (telephone)	987	732	35%
Combined	1,974	1,535	29%

The support the PTHC clinical team provides to family and carers continues to increase year-on-year – both in terms of the number of carers supported as well as contacts made. This, in part, is a result of the increase in number of group sessions run by the Living Well team.

## Education

	2017/18	2016/17	Year-on-year Change
Number external professionals trained	514	333	54%

The teaching and support of other healthcare professionals is a key part of PTHC's work and it is encouraging to note a significant increase in training provided for external healthcare professionals in 2017/18, as shown above. The success and demand for PTHC's education and training in end of life care has resulted in further investment being made in PTHC's clinical education team for 2018/19 and we should see an increase in education activity in this area in the coming year once the post is filled.

During 2017/18 there has also been an expansion of core clinical training for internal PTHC clinical professionals including collaborative work in relation to the Care Certificate for Health Care Assistants.

## Quality Markers

We have measured our performance against the following metrics:

Indicator	2017/18
<b>Complaints - across all services Informal Concerns/Feedback *</b>	11 (14 in 2016/17) 14 (not recorded in 2016/17)
<b>Patient falls (IPU)</b>	35 (34 in 2016/17)
<b>Patient safety incidents (Infection)</b>	
<b>Total number of patients known to have become infected with MRSA whilst on the In-Patient Unit</b>	0 (0 patient admitted with MRSA)
<b>Total number of patients known to have become infected with C. difficile whilst on the In-Patient Unit</b>	0 (0 patients admitted with C. difficile)
<b>Medication incidents (including near misses i.e. Error prevented by staff or patient surveillance)</b>	
<b>Total number of medication incidents</b>	78 (83 in 2016/17) Equating to 0.09% of overall administration opportunities

\*During the last year we have reviewed our reporting processes and made a conscious and deliberate effort to capture all feedback and concerns. i.e. patients and/or relatives are often reluctant to make a 'complaint' because overall they are happy with the care and treatment; however there may be an area in which they think we can improve. This feedback has been sought through dialogue and surveys and shared with the appropriate manager who has actioned as appropriate.

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 size hospices. Below is the data for 2017/18 (over 100 sites took part).



<b>Phyllis Tuckwell Hospice Care In-Patient Unit</b>	<b>PTHC Quarterly Average 2017/18</b>	<b>Quality Average</b> (available at the time of writing this report-for similar sized hospices taking part) <b>2017/18</b>
<b>Incidents</b>		
<b>Total falls</b>	9	10
<b>Medicine Incidents</b>	19	11.5

Phyllis Tuckwell performed well in the falls category, 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 review 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 into context, there were 0.09% medication incidents per overall administration opportunities this reporting year and approx. 40% of the incidents were 'prevented incidents' or Controlled Drug documentation or labelling errors that did not reach or affect the patient.

It is worth noting that there have been differences in defining 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 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 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 2017/18 covered a range of areas and included:

- Day Hospice – patient satisfaction survey.
- Hospice Care at Home survey.
- Use of the Edinburgh Cognitive and Behavioural ALS Screen to assess its use within our local population of Motor Neurone Disease patients.
- VOICES survey.
- Risk assessments (completion & documentation of).
- Infection control - various modules (Hospice UK audit).
- Non-medical Prescribing (Clinical Nurse Specialists).
- Consent audit (consent documented).
- Hand hygiene audits (IPU).
- Mental Capacity Assessment audit.
- Call bell audits.
- Resuscitation discussions audit.
- Hydration audit (assessing against national guidance).
- Clinical waste audit.
- Medical appraisal audit (measuring process against standards/regulations).
- Nurse-led ward audit programme (including 4 IPU based audits - each completed 3 times).

A small sample of some 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><b>Clinical waste audit</b></p> <p>The audit covered a number of areas:-</p> <ol style="list-style-type: none"> <li>1. About PTHC waste               <ol style="list-style-type: none"> <li>a. Clinical, healthcare and related wastes</li> <li>b. Medicines</li> </ol> </li> <li>2. Container inspection</li> <li>3. Staff questionnaire.</li> </ol> <p>Standards set from current regulations and guidance (produced by the waste company used by PTHC).</p>	<p><b>Summary</b></p> <p>Good compliance in all areas. There was a small amount of non-compliance resulting in some learning around:-</p> <ol style="list-style-type: none"> <li>1. Medicine related waste</li> </ol> <p><b>Action</b></p> <p>New Disposal &amp; Denaturing of Medicinal Waste Policy &amp; Procedure implemented, including new processes, equipment and teaching sessions + display posters.</p> <ol style="list-style-type: none"> <li>2. Disposal of clinical waste (some evidence from findings and staff survey that there is some confusion in respect of some waste).</li> </ol> <p><b>Action</b></p> <p>Discussion in team meetings and display posters + labelling of bins with clear definitions. Repeat the audit in one year.</p>
<p><b>IPU Admissions Evaluation</b></p> <p>Assessed the effectiveness of the IPU admission process and objectively measured our responsiveness to admission requests.</p> <p>It also identified potential improvements and compared performance to the previous audit conducted in 2015.</p>	<p><b>Summary</b></p> <p>PTHC can remain confident that, as a provider of specialist palliative care inpatient services, it continues to respond in a timely manner to referral requests for admission from both the community and the acute sector hospitals.</p> <p>Analysis of the audit data found that, over the audit period (three months) there were 119 admission requests (a 19.3% increase from the 2015 audit), 70 patients were admitted.</p> <p>The average time from referral to inpatient admission was 1.8 days (matching 2015, despite an increase in referral requests and reduced bed capacity).</p> <p>An identified area for improvement in the 2015 audit was to reduce the number of patients that were ‘pending’ awaiting further information (often delaying admission) – this audit showed a reduction in the number of patients placed in this category: 16% compared to 28% in 2015.</p> <p>A small number of patients required admission to the acute sector as we were unable to respond and facilitate admission to the Hospice; this is likely to be as result of the closure of four beds during the audit period.</p> <p><b>Recommendations</b></p> <p>To resource and fully staff the In-Patient Unit and operate at 18-bed capacity</p> <p>Ongoing liaison with referrers to minimise the number of patients placed in ‘pending’ category i.e. to ensure adequate information is provided</p> <p><i>NB the new Advice &amp; Referral Team and updated referral guidance should also help increase responsiveness.</i></p>

## Hand Hygiene audits

Hand hygiene audits (a series of questions completed on 10 occasions) were completed five times over the course of the year.

The questions covered:

- General standards i.e. no stoned rings, watches, nail varnish.
- Cleaning of hands prior and after contact/care.
- Hand cleaning technique.
- Appropriate use of gloves – including hand cleaning after removal.

Standards:-

1. WHO Hand Hygiene Why How & When 2009.
2. NSPA Hand Cleaning Techniques 2009.
3. NICE Healthcare-associated infections: Prevention and control in primary and community care 139 March 2012.
4. Quality statement 61 Infection prevention and control  
Quality statement 3: Hand decontamination.

## Summary

There was good compliance over the different areas with an overall result of 91%.

The area of least compliance was general standards – some staff were found to be wearing stoned rings and/or watches or wearing nail varnish.

There were also several episodes of gloves not being removed immediately after care.

## Actions

(As a result of audit and general hand hygiene review.)

The importance of not wearing jewellery was reiterated in ward meetings. National guidance and standards, including the recommended use of alcohol-based hand rub (ABHR) was discussed and promoted.

Hand hygiene posters above sinks refreshed.

Purchase of ABHR units for the bottom of beds (at point of care).

Purchase of uniform clip on ABHR units.

Audit proforma refined and versions for different PTHC services e.g. community setting, developed.

## 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 Day Hospice (Farnham site) Patient Survey 2017

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.

93% stated that this 'always' happened.

Did you feel you were treated with dignity and respect?

*"yes, everyone is most caring"*

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?

*"I've always felt involved in the planning of my care"*

96% said 'yes'

Do you receive enough support to help you cope with your feelings and emotions?

*"Staff have a very good understanding"*

93% of patients thought this was the case.

Is there enough assistance available to help you with practical matters and care needs whilst attending the Day Hospice?

*"Staff help with eating and drinking –they are a great support"*

All patients rated the environment as either 'excellent' (93%) or 'good' (7%)

How would you rate general environment and surroundings of the Day Hospice?

*"Comfy chairs and lovely to look out into the garden"*

97% of patients said "extremely likely"

How likely are you to recommend the Day Hospice to friends and family?

*"The service is excellent. I always feel welcome, the staff are fantastic. This has been a nice experience."*

# VOICES Survey (Views of Informal Carers Evaluation Survey)

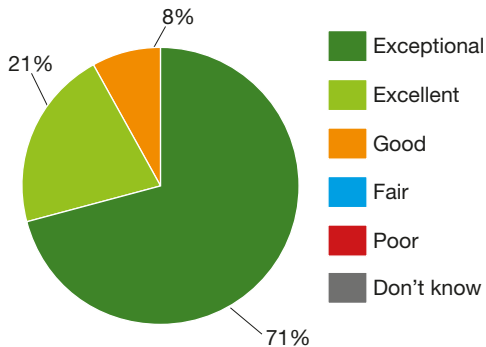
PTHC conducted The VOICES - HOSPICE survey for the fourth time in 2017. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before 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.

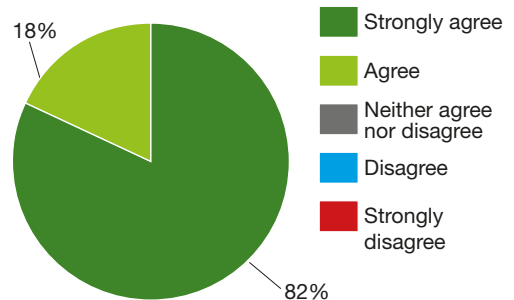
Some examples of the findings are listed below:

## In-Patient Unit

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

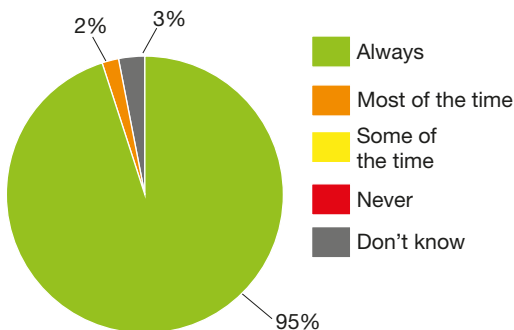


Whilst s/he was in the Hospice, did they received enough help with personal and nursing care needs?

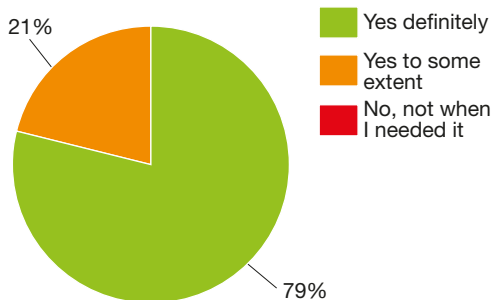


*"The Doctors and Nurses were wonderful; they made my dad's last weeks as comfortable and reassuring as they could. I am so grateful Dad was in the Hospice for his last weeks. The staff did not only give Dad support but to the family too."*

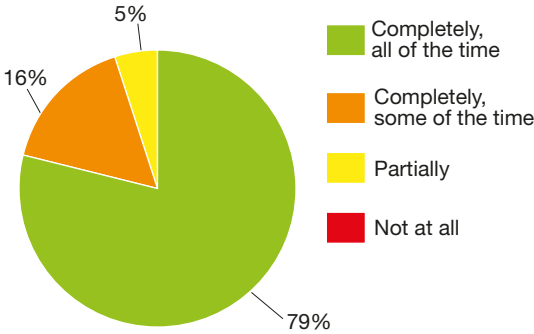
How much of the time was s/he treated with respect and dignity by Hospice nurses and doctors?



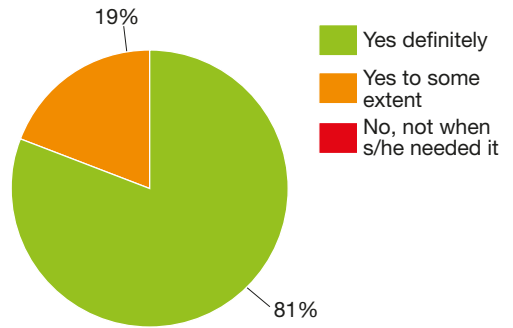
During her/his stay did you (as a carer/family member) receive enough emotional support from the Hospice team?



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?

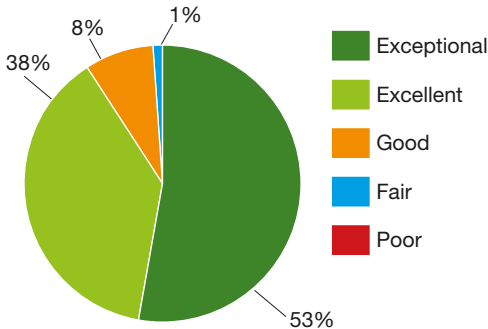


*NB The last three graphs use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.*

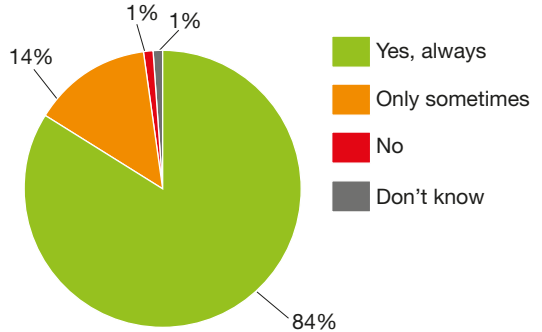
### Community

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

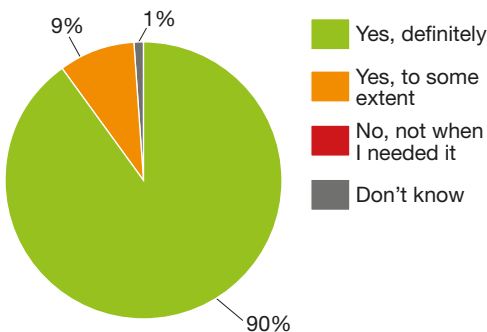
Overall, what do you think of care s/he got from the PTHC Community team?



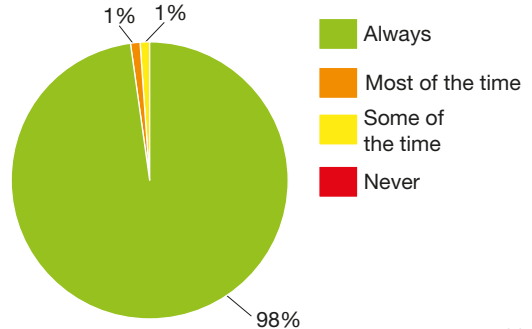
Did s/he see the nurse as often as it was needed?



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

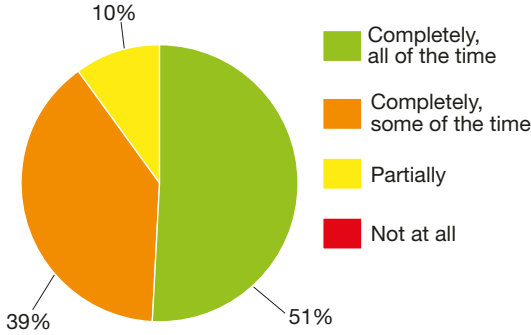


How much of the time was s/he treated with respect and dignity by the PTHC community team?

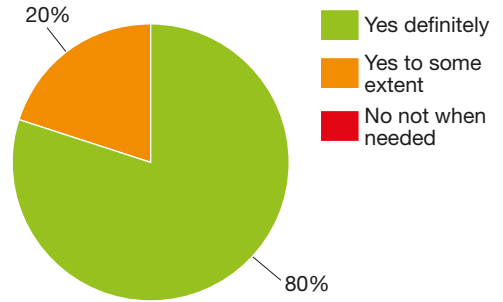


*"I cannot speak highly enough of the PTHC community nurses - they treated my husband with great respect and dignity and eased both his situation and mine at a most difficult and emotional time."*

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



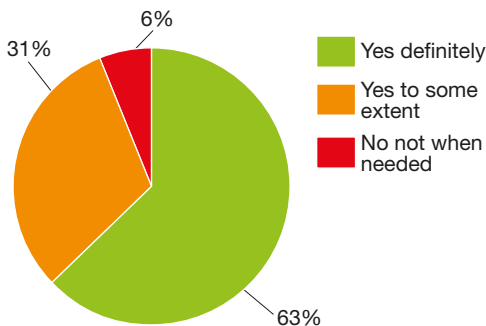
Whilst receiving care from the PTHC community team did s/he receive enough support with symptoms other than pain?



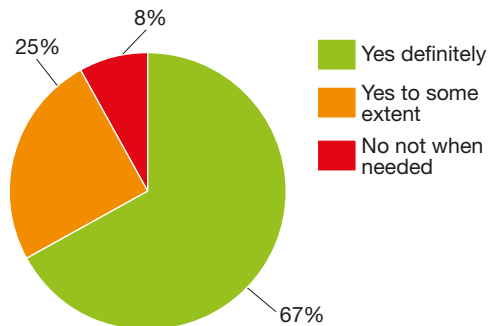
*NB The two graphs above use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.*

When asked about receiving help with urgent problems in the evening and at night many reported that this had not been required (36%). If we only look at cases where help was needed, the results are positive with needs being met the majority of the time. PTHC recognises that there is some unmet need and is actively recruiting to increase resources in this area. Locally, overnight care provision involves Phyllis Tuckwell Hospice Care at Home, out-of-hours community nursing, social care and out-of-hours medical services.

Received enough support with urgent problems in the evenings



Received enough support with urgent problems at night

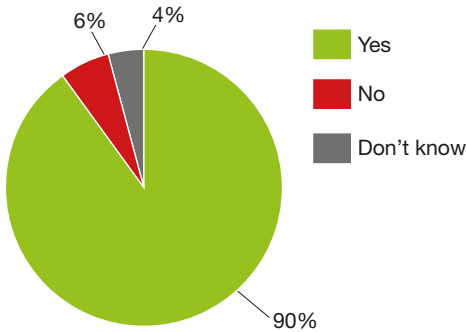


## Place of death

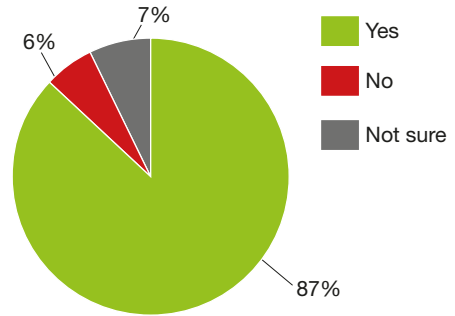
On balance, do you think that s/he died in the right place?

### Actual reported figures

Home 45%, Care home 5%, Hospice 35%, Hospital 15%



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



In general, the feedback received from the 111 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 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)

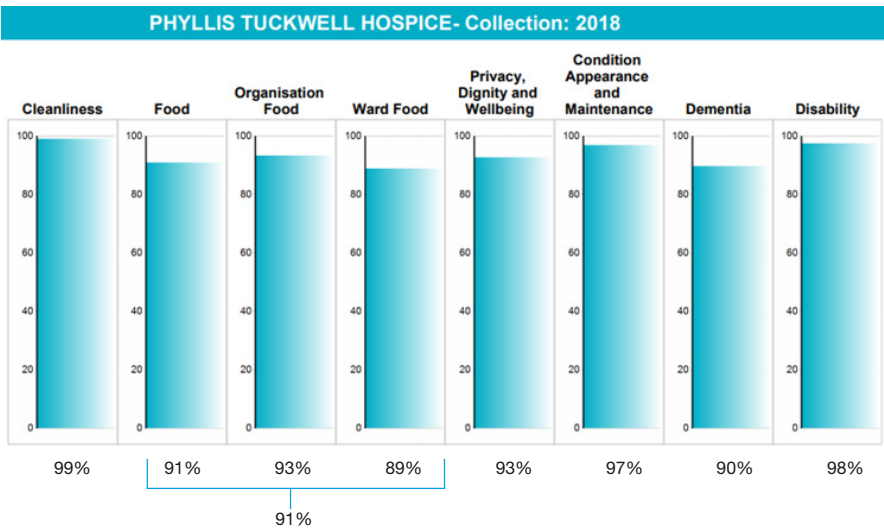
PLACE is a tool, recommended by the Department of Health and Social Care, for assessing the quality of the patient environment. It provides an annual snapshot to organisations of how their environment is seen by those using it, and provides insight into areas for improvement. It enables organisations to benchmark their performance nationally against a range of activities split between five domains: - cleanliness; condition and appearance of premises; food and hydration; privacy and dignity; and the level of provision provided for patients with dementia or those with a disability.

The PTHC assessment team comprised of patients, volunteers and staff and was conducted over two days. The assessment went very well with the Phyllis Tuckwell Farnham site achieving high levels of compliance.

The site was clean and well maintained with an overall compliance of 97%, there were a few maintenance issues that are easily resolvable and it was noted that cleaning in the outpatient areas could improve.

The provision of food and the quality of the food was good – 91% compliant.

The dementia assessment is very comprehensive and quite specific. PTHC has made improvement since the last assessment (2016 – 80%, 2017 – 90%), however there are still some identified areas for improvement. *NB The dementia assessment criteria is drawn from environmental assessments produced by 'The King's Fund' and will be referenced in any future refurbishment.*



The patients and volunteers involved in the assessment were asked a final question about their 'lasting impression' - they all said that they were 'very confident' that the environment supported good care. They all reported being happy to take part and were pleased 'to be of help'.

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



# Publications/Presentations/Achievements

## Publications

An observational study of paracetamol (acetaminophen) deprescribing in patients with cancer pain receiving opioids for moderate-to-severe pain. Andrew N Davies, **Joanna Vriens**, Katherine Webber, Kabir Mohammed: Palliative Medicine in Practice 2017; 11 (4): 138-146.

Gathering the nitty-gritty is essential to plan population-based, person-centred end-of-life care. **Cate Seton-Jones, Patricia A. Macnair**: British Journal of General Practice 2018; 68 (668) 116-117 e-letter.

## Presentations/posters

Phyllis Tuckwell Hospice Care - Social and Therapeutic Horticulture - A living poster presentation at Hospice UK Conference, Liverpool, November 2017- **Lisi Pilgrem** Phyllis Tuckwell Hospice Care.

Step Ups and Sticky Buns: an evaluation of an exercise group - A poster at Hospice UK Conference, Liverpool, November 2017 - **Sue Cullum** Phyllis Tuckwell Hospice Care.

Rehabilitative Palliative Care: A Challenge on the Hospice In-Patient Unit? - A poster at Hospice UK Conference, Liverpool, November 2017 – **Sue Cullum** Phyllis Tuckwell Hospice Care.

Implementing Edinburgh Cognitive and Behavioural ALS Screen (ECAS) in palliative care patients with Motor Neurone Disease (MND) - A poster at APM Supportive & Palliative Care Conference, Bournemouth, March 2018 – **Beata LeBon** Phyllis Tuckwell Hospice Care.

Addressing hydration needs at the end of life: A cross-site audit - A poster at Association for Palliative Medicine - Supportive & Palliative Care Conference, Bournemouth, March 2018 - **Amy Hawkins and Beata LeBon** Phyllis Tuckwell Hospice Care.

## Achievements

**Nick Dando** has been appointed as an Honorary Teaching Fellow with the Faculty of Health and Medical Sciences at the University of Surrey. Nick has a longstanding interest in medical education alongside his clinical practice, and has completed a Postgraduate Diploma in Medical Education, achieved Fellowship of the Higher Education Academy during Registrar training, and was previously an Associate Clinical Sub Dean for the University of Southampton Medical School. In this new role, Nick will be responsible for clinical teaching in the second year of the University's new Physician Associate training programme, and is also contributing to the design and delivery of a cancer and palliative care case-based learning module.

## 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.

## External comments

### **Phyllis Tuckwell Hospice Care Quality Account 2017/18 - Commissioner Statement on behalf of Guildford and Waverley Clinical Commissioning Group, from the Executive Director for Quality, Surrey Heartlands CCGs.**

Guildford and Waverley CCG welcomes the opportunity to comment on the Phyllis Tuckwell Hospice Care Quality Account for 2017/18.

From our review, the CCG believes the Quality Account has clearly set out a summary of the quality of services provided at Phyllis Tuckwell Hospice Care. The CCG recognises the improvement work carried out by Phyllis Tuckwell Hospice Care in relation to community care. This includes the development of an Advice and Referral Team allowing patients to have a single point of contact, the introduction of a nurse consultant focusing on the needs of patients with non-cancer diagnoses and the installation of 'plus size' equipment.

We would like to in particular to commend Phyllis Tuckwell Hospice Care on the following:

- The rating of outstanding for the Beacon Centre, which is providing highly personalised focused care supporting both patients and their families.
- The provision of teaching and support to external healthcare professionals in order to ensure that there is an increasing resource of qualified palliative care professionals.

Overall and taking the above comments into account, Guildford and Waverley CCG believes Phyllis Tuckwell has maintained their focus on improving quality and safety of patient care and this is reflected in the results from Voice surveys which rate the care received as exceptional.



## 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.

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



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