

Phyllis Tuckwell

Hospice Care

...because every day is precious



“I was really nervous about having contact with the Hospice, but it was like having a great big comfort blanket thrown around my shoulders.”

December 2014

Quality Account 2014 - 2015

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

Chief Executive's Statement



Welcome to this year's Quality Account which outlines Phyllis Tuckwell Hospice's (PTH) key quality achievements during the year April 2014 – March 2015. This is the fifth year that we have produced such a document and we hope that this, along with previous years' Quality Accounts,

provides a concise summary of what we have been doing over the last year to improve our services. We are always pleased to have any feedback on the document itself, or indeed, our services more generally, so please do feel free to get in touch.

Patients and their families remain at the heart of what we do here at PTH. We are proud of our strong track record and high levels of patient satisfaction summarised later in this document. Equally, we are not complacent and have a robust and long established clinical governance programme which takes a critical review of all our clinical work, seeks to improve our quality of care and to ensure we learn from our experience and patient feedback. It has been particularly encouraging to see the very positive results from the VOICES survey carried out during the year which you can read more about later in this report.

We have had another busy but successful year, as we strive to improve end of life care services to patients and their families in West Surrey and North East Hampshire. Part of this requires us to ensure our staff remain up to date with best practice and receive regular training. During 2014-15 we introduced e-learning training for all staff which has proven to be a highly efficient and effective way of keeping staff up to date in their knowledge and skills.

We were also delighted to welcome the Hospice Home Support team, a volunteer support service, into the Phyllis Tuckwell family. This has enabled us to extend our support for patients and their families in their own homes and offers invaluable befriending and practical support as required. We are also pleased to have reviewed our bereavement services and introduced a new range of support for families.

We have another busy year planned for 2015-16 and you can read about our plans to further improve and strengthen our services for this coming year on pages 7-9.

My thanks must go to not only our staff and volunteers, who work tirelessly to provide high quality services, but also to our faithful and committed supporters who enable us to raise the necessary funds to provide our services, free of charge, to patients and their families.

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

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

Sarah Brocklebank, Chief Executive

June 2015

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Section 1

Improvements - Present and Future

In the 2013-2014 Quality Account 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 2014-2015.

This Quality Account reports on what progress the Hospice has made in these areas and identifies three more areas for improvement for the year 2015-2016.

Quality Improvements 2014-2015

Improvement 1:

The continued development of e-learning training

'Training Tracker' is an "all-in-one" e-learning system and is now an integral part of the PTH internal training programme. The Hospice has introduced ten modules - covering a variety of topics from Safeguarding Vulnerable Adults to Data Security. The system has been very effective with large numbers of staff completing modules relevant to their roles. The Hospice is now able to produce accurate numerical data and graphs demonstrating completion rates e.g.

Moving & Handling of Loads

99%

Equality and Diversity

97%

NB 100% is unlikely to be achieved due to movement of staff

The e-learning tool has also proved popular with staff - offering them the flexibility to undertake training at a time and place that is convenient to them and acting as a permanent learning resource - allowing them to revisit and access information at any time.

Improvement 2:

Incorporation of Hospice Home Support into PTH

Hospice Home Support is now well established within PTH and continues to provide volunteer support and assistance to patients with advanced serious and progressive illnesses - enabling them to stay at home for longer than would otherwise be possible. The volunteers provide support such as: befriending, outings, respite for their carers and practical support such as assisting with shopping and ironing - the majority of requests are for befriending.

A total of a 103 patients were supported this reporting year, with visits continuing for several weeks up to a number of months depending on need.

The coordinator, based within the community team office, receives on average 9 referrals monthly (mostly from PTH Community Nurse Specialists and Day Hospice). They are able to process the referrals quickly and maintain regular contact with the volunteers – resulting in a more coordinated response, i.e. when additional needs are highlighted, internal referrals to the relevant services such as Occupational Therapy, and the Patient and Family Support team can be made.



Improvement 3:

Strengthening of the bereavement service and the VOICES survey

3.1 Strengthening of the bereavement service

Phyllis Tuckwell Hospice has a well-established bereavement service, providing a variety of services for both adults and children. In response to increased referrals and need the Hospice identified strengthening the service as a priority and undertook a development project with the aim of recruiting and training additional volunteers. The project has been completed - with new volunteers now helping the existing team in supporting bereaved carers and family members. The strengthened team continues to offer individual support but is now able to facilitate more support groups. These have been found to be extremely beneficial - allowing those who have been bereaved an opportunity to talk to others in a similar situation and feel less alone. In this reporting year the team supported 224 clients, many within a group setting. The expansion of the team has also allowed increased support for remembrance services. The strengthened team is in a strong position moving forward and will continue to offer a comprehensive range of services to bereaved families in West Surrey and North East Hampshire.

3.2 The VOICES survey pilot

Phyllis Tuckwell Hospice is committed to the delivery of high quality care and continuous service improvement - seeking the views of people that use the service is vital in achieving this. Last year PTH conducted VOICES – HOSPICE, a validated survey, designed to obtain and evaluate what bereaved relatives think about the quality of care provided to patients and families before the patient's death, and to themselves in bereavement. The survey was implemented over a four month period and sent to 149 relatives. Some examples of the findings are listed below:
(More results and comments can be found later in this document in section 3)

- The PTH VOICES – HOSPICE Survey 2014 achieved a response rate of 48%, a higher than anticipated response rate.
- The care across the In-Patient Unit and the Community was rated as exceptional or excellent by 89% of respondents.
- 95% of respondents said that their relative was always treated with respect and dignity.

The information collated has provided PTH a good insight in to 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 PTH services.

Areas That We Have Identified for Improvement 2015-2016

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

Improvement 1:

Nutritional review and implementation of auxiliary nurse competencies framework

1.1 Nutritional review – implementation of a new nutritional policy

Many patients under the care of PTH experience dietary difficulties and deficiencies related to or resulting from their illnesses. Phyllis Tuckwell aims to provide care and advice that optimises patients' nutritional status and wellbeing. We currently has measures in place to assess and monitor patient's nutrition needs however a more integrated approach will lead to more 'patient centred' nutritional care across all PTH services. This will be achieved with the development of a new nutritional policy, including:

- A new nutritional assessment tool
- A new oral assessment tool - aimed to help improve the oral hygiene of patients
- Continued monitoring of patients intake every meal time
- A PTH nutritional steering group and link nurse
- Regular meetings with the catering team including review of menu choices and patient feedback
- Continued patient 'food and drink' surveys
- Recruitment and training of additional volunteers - to help with drinking and feeding
- Training and awareness sessions for all care staff.

1.2 Implementation of auxiliary nurse competencies framework

PTH staff are supported to develop their skills through continuous professional development and clinical supervision. Core competences are an effective way of ensuring that staff are confident to work with patients as they approach the end of life, and provide a basic minimum standard to work to. PTH is implementing a new competency framework for all auxiliary nurses, including additional training sessions and competency assessment documentation. The extended training and subsequent competency assessments will help to ensure that all care delivered is robust in its evidence base and in line with national guidelines and recommendations for auxiliary nurses.

The areas of extended skill development include:

- Vital signs
- Blood sugar monitoring
- Enteral feeding (administration and documentation).

PTH is also currently supporting an auxiliary nurse who is attending university to gain a foundation degree in health and social care.

Improvement 2:

‘Smart working’ – Introduction of phones and tablets for community staff

As part of Phyllis Tuckwell’s continued commitment to provide high quality end of life care services to patients and families across our catchment area, we have reviewed the way we work and recognised the need to invest in ‘smart’ technology. Within the next year all our clinical staff working in the community will have 4G/Wi-Fi enabled smart phones and tablets. The combination of these two devices will enable staff to access emails and electronic diaries at any time and in any setting – enhancing communication and improving efficiency; and allow staff to access patient’s records and enter data in real time - helping us to achieve the best possible care/outcomes for patients. The new technology will allow staff greater flexibility in working across our sites and in patients’ homes, enabling them to be more efficient with their time and responsive to patient need.

Improvement 3:

Transition of the (former) Beacon Specialist Community Supportive and Palliative Care Service into Phyllis Tuckwell to provide one unified clinical team, providing palliative and end of life care across West Surrey and North East Hampshire

On 1st April 2015 the Beacon Service was transferred to the management of Phyllis Tuckwell to provide a more seamless service for patients and easier referral practices for healthcare professionals. At the same time we changed our name to “Phyllis Tuckwell Hospice Care” to reflect the full range of services we provide and help dispel the common misunderstanding that hospice care simply consists of in-patient beds.

During 2015-16 we will be working with both clinical teams to review current service provision and see how best to not only integrate the two services, but to strengthen and extend our services right across our catchment area, thereby making it easier for referrers as well patients and their families.

We look forward to integrating these additional services into the multi-disciplinary teams serving patients and their families in West Surrey and North East Hampshire.

The Beacon Centre



Phyllis Tuckwell 
Hospice Care

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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 2014-2015 PTH provided six services:

- In-Patient Unit
- Day Hospice
- Out-Patients
- Community - including the development of our Hospice Home Support services
- 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 provided by the NHS represented 11% of the total income generated by PTH in the reporting period 2014-15.

Registration

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. Information about the last inspection can be found later in this report (page 30).

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 2014-15 including a number of 'Hospice UK' audits.

Data Quality

For the year 2014-2015 PTH submitted its Specialist Palliative Care Minimum Data Set to the National Council of Palliative Care. Results are available publicly from the National Council for Palliative Care. www.ncpc.org.uk.

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

Research

Phyllis Tuckwell Hospice recognises that research is essential to enable the specialty to deliver high quality care founded on reliable knowledge or evidence.

A multi-centred research proposal was submitted to the PTH Clinical Governance Committee in 2014-15, and was granted internal approval as well as receiving a favourable response and endorsement from the University of Southampton Ethics Committee:

'An Investigation of Compassion Fatigue, Compassion Satisfaction, Burnout and Coping Strategies in Hospice Workers'.

The study was completed on schedule in May 2015 and will be submitted to University of Southampton in July 2015. The research is led by Laura Baxendale, Southampton University.

In the coming year it is hoped that there will be further opportunity to collaborate with other local palliative care units in multi-centre 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.

Quality Improvement and Innovation Goals agreed with our Commissioners

PTH's income in 2014-15 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation Payment Framework.



Section 3

Quality Overview

This section provides:

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

The National Council for Palliative Care: Minimum Data Set

The Minimum Data Set (MDS) for Specialist Palliative Care Services is collected on a yearly basis, with the aim of providing an accurate picture of hospice and specialist palliative care service activity. The PTH MDS covers the period 1st April 2014 to 31st March 2015.

The available national comparative data is from the previous year.

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

In-Patient Unit

Phyllis Tuckwell Hospice	PTH 2014-2015	PTH 2013-2014	Latest available national median MDS figures 2013-2014
In-Patient Unit (18 beds)			
Total number of patient admissions	379	386	427 (Dependent on size of unit)
% Patients with a Non Cancer diagnosis	20%	15%	13%
% Occupancy	84%	79%	80%
Patients returning home	38%	33%	U/A
Average length of stay (days)	14	13	14



The In-Patient Unit continues to operate efficiently, supporting many patients and their families. We have seen an improvement in our bed occupancy for the second year running – demonstrating efficient admission and discharge processes and effective communication with our healthcare partners. The percentage of non cancer admissions to the In-Patient Unit remains higher than the national median - this is in line with the Hospice’s aim to offer comprehensive specialist palliative care to all adults with progressive, advanced disease and a limited life expectancy.

Community

Phyllis Tuckwell Hospice	PTH 2014-2015
Community Service: All clinicians and therapists <i>(NB excluding Hospice Care at Home)</i>	
Total number of patients supported	929
% Patients with a Non Cancer diagnosis	24%
Face to face contact	3,862
Telephone contacts	10,918
% Home & Care Home deaths	51%

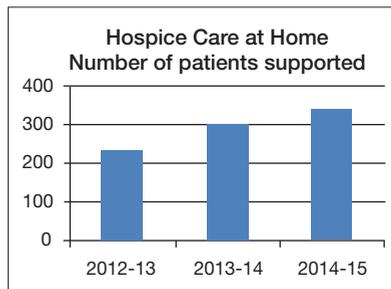
NB The table displays data collected for the MDS. In this reporting year the way the community data is collated has changed and no longer includes the Hospice Care at Home service. Therefore any previous year’s data cannot be used for comparison.

This data includes patients supported in the community by our nurse specialists, doctors, patient and family support team and therapists. The number continues to increase, affirming that we are offering choice to more patients and their families about where they are supported and cared for - we have seen further expansion of the workforce, including volunteer support, in response to this. Effective working and communication with our community partners has resulted in an increase in referrals from GPs and community nurses, with our links with local hospitals also remaining strong.

Hospice Care at Home

NB Data collection for the Hospice Care at Home Service is now been collated separately from other community services and is incomplete for this reporting year. The data below is information that has been extracted from Phyllis Tuckwell databases.

Phyllis Tuckwell Hospice	PTH 2014-2015	PTH 2013-2014
Hospice Care at Home Service		
Total number of patients supported	340	300
% Home & Care Home deaths	90%	85%



The Hospice's Care at Home Service is now an established provider of end of life care in the community and its ongoing development and expansion has allowed us to support more patients and their families. Strong links with our community partners has resulted in us receiving many more direct referrals and effective collaborative working has ensured more joined up care and improved patient outcomes. We have also been able to offer more availability and flexibility outside of normal working hours, impacting positively on the number of unscheduled admissions to hospital and enabling patients to be at home for end of life care.

Day Hospice

Phyllis Tuckwell Hospice	PTH 2014-2015	PTH 2013-2014	Latest available national median MDS figures 2013-2014
Day Hospice			
Total number of patients supported	166	132	144
% Patients with a Non Cancer diagnosis	40%	42%	25%

The Day Hospice continues to offer multiple flexible sessions, resulting in an increase in the number of patients accessing the many services on offer. These include occupational and complementary therapies, physiotherapy, support from our patient and family support team as well as many art and therapy groups.

The Day Hospice welcomes many patient groups and continues to support a large number of patients with a non cancer diagnosis.

Outpatients

Phyllis Tuckwell Hospice	PTH 2014-2015	PTH 2013-2014	Latest available national median MDS figures 2013-2014
Outpatient services			
Total number of patients supported	163	239	198
Total outpatient clinics attendances	447	541	376
Total outpatient clinics held	174	213	135
% Patients with a Non Cancer diagnosis	27%	25%	14%

Outpatient clinics are held by all members of the multi-disciplinary team (medical, nursing, physiotherapy and occupational therapy) and over the year there have been some small changes in the way that each of these clinics have been used as many of the team are visiting patients in their own homes rather than at the Hospice. The cumulative result is a drop in the number of patients being supported at our outpatient clinics, which is currently being reviewed to ensure that this is the best way to provide such a service. Due to the nature of the illness of our patients, we inevitably experience a high number of “do not attends” on the day if a patient is not well enough to attend clinic and this is also reflected in the above numbers.



Bereavement

Phyllis Tuckwell Hospice	PTH 2014-2015	PTH 2013-2014	Latest available national median MDS figures 2013-2014
Bereavement Service			
Total number of patients supported	224	195	159
% of contacts that were group sessions	33%	23%	7%

The bereavement service has seen an expansion to its team this year (reported earlier in this document) and this has been reflected in the increased number of clients supported. As well as one to one sessions, PTH has responded to direct feedback from focus groups and is now offering many support groups in a variety of formats and to different clients groups – these have been very positively received.

Hospice Home Support

Phyllis Tuckwell Hospice	PTH 2014-2015
Hospice Home Support	
Total number of patients supported	103
Number of visits	631

This data below is information has been extracted from Phyllis Tuckwell databases.

'Hospice Home Support', now fully incorporated within the PTH structure (as detailed earlier in this document) has been successful in supporting many patients in the last year.

Quality Markers

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

Indicator	2014-2015
Complaints (all resolved satisfactorily)	3
Patient falls	40 (42 previous year)
Patient safety incidents (Infection)	
Total number of patients known to have become infected with MRSA whilst on the In-Patient Unit	0 (8 patients admitted with MRSA)
Total number of patients known to have become infected with C. difficile whilst on the In-Patient Unit	0 (0 patients admitted with C.difficile)



In addition ‘Hospice UK’ (a charitable organisation that supports hospices and palliative care professionals) has developed a benchmarking tool – the In-Patient Unit Quality Metrics – recording falls, pressure ulcers, and medication incidents. The tool allows hospices to compare their data quarterly and annually with other similar size hospices. Below is the data for 2014-2015 (104 sites took part).

Phyllis Tuckwell Hospice	PTH 2014-2015	Average (For similar sized hospices taking part) 2014-2015
Incidents		
Total falls	40	55
Total Pressure Ulcers (Developed or worsened on site)	18	17
Medicine Incidents	48	28

Phyllis Tuckwell Hospice performed well in the falls and pressure ulcer categories, however in the medicine incident category the PTH figure was higher than the reported average. The data has been presented and discussed at the Clinical Governance Board Sub Committee along with a more comprehensive data set collated by PTH (more inclusive with a wider range of incidences). The committee is confident that the training and supportive measures in place are adequate and the figure can be attributed to the introduction of a new medication chart in 2014 and a strong reporting culture within the organisation. To help put the numbers in to context, there were 0.08% medication incidents (including all those that were prevented from actually happening) per overall administration opportunities this reporting year.



Supporting patient choice

Delivering choice about where and how people are cared for at the end of life is a priority. Advance Care Planning is a process in which people can express views, preferences and wishes about their future care including dying in a place of their choice.

Indicator	2014-2015
In-Patient Sample = All patients on the In-Patient Unit for a 3 month period Jan-March 2015	
<p>Future care planning discussions - including wishes, beliefs and preferences</p> <p>Percentage of patients and/or carer/family had been involved in planning for the future (where known or documented)</p>	98%
<p>Patients that achieved their preferred place of death</p> <p>Percentage of patients whose preferred place of death was achieved (where known or documented)</p> <p>Preference – Home 11% Hospice 89%</p>	91%
Hospice Care at Home Sample = Hospice Care at Home patients (who remained under their care) - For a 3 month period Jan-March 2015	
<p>Future care planning discussions - including wishes, beliefs and preferences</p> <p>Percentage of patients and/or carer/family had been involved in planning for the future (where known or documented)</p>	100%
<p>Patients that achieved their preferred place of death</p> <p>Percentage of patients whose preferred place of death was achieved (where known or documented)</p> <p>Preference – Home 97% Hospice 3%</p>	87%

Clinical audits and evaluations

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 and evaluation 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.

The audit programme for 2014-15 covered a range of areas including:

- In-Patient user satisfaction survey
- Day Hospice user satisfaction survey
- Day Hospice focus group (improving patient experience)
- Non Medical Prescribing audit
- Incidents – including falls and medication incidents (quarterly audit)
- Documentation (various settings)
 - Consent to treatment
 - Consent to share information
 - Risk Assessments
 - Wellbeing assessment tool
 - Care after death
- Infection control (national audit)
- In-Patient admissions process
- Discharge communication
- Review of the internal referral process
- Carers focus group (what carers want)
- Mental Capacity
- Review and evaluation of the Community Team Triage role/process

National audits (Hospice UK)

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

In this reporting year PTH completed the infection control audit – assessing 10 areas.

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

Hospice UK audits completed	Compliance
Infection control - looked at 10 areas including; bathrooms, patient areas, hand washing & clinical areas.	95%

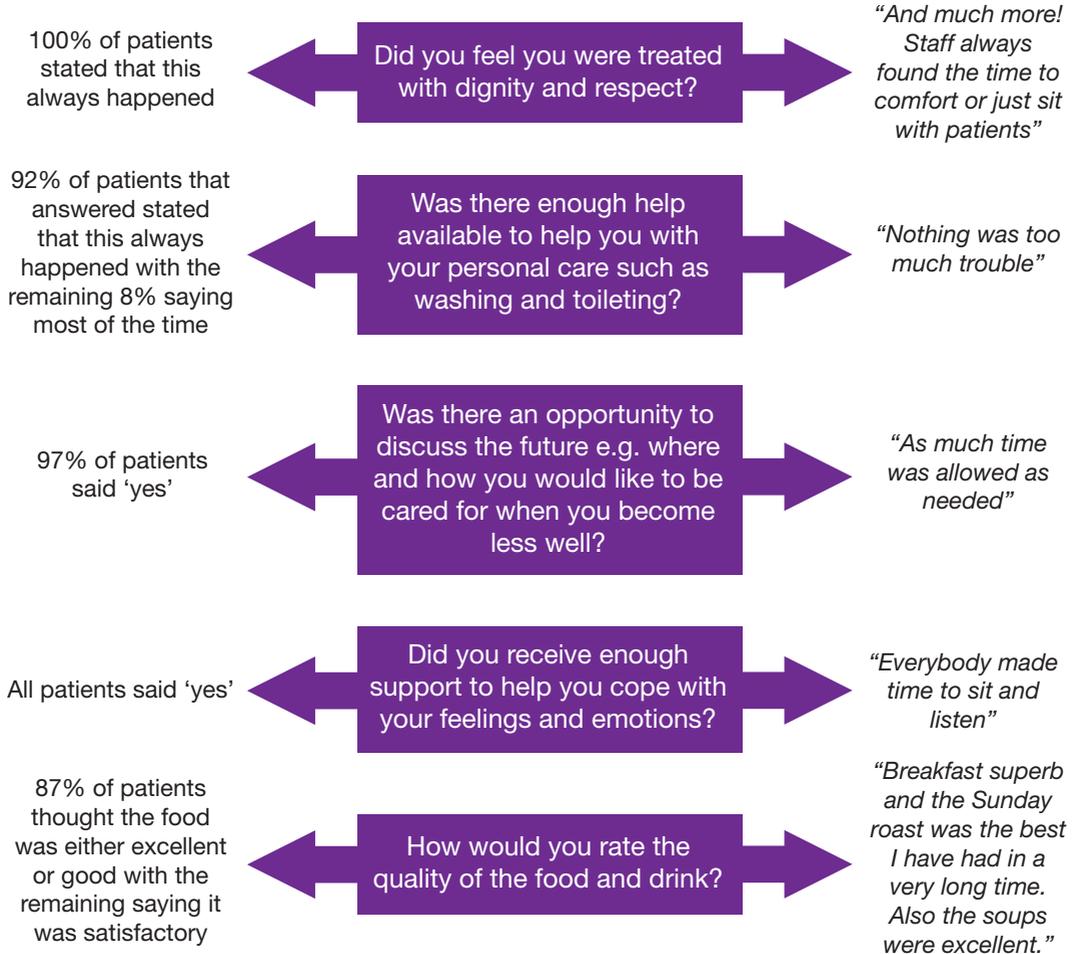
What patients and families say about the services they receive

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. These are presented to the Clinical Governance Board Sub Committee where the results and comments are discussed, recommendations made and any subsequent actions taken forward.



The In-Patient Satisfaction Patient Survey 2014

The PTH 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.



The Hospice Care at Home Survey

Carers of patients that have received care from the Hospice Care at Home Service (HCAH) are invited to complete a short survey. A sample of the questions and respective responses are detailed below (2014-2015 data).

How quickly did the service respond to your needs? *



- Very quickly
- Quickly
- Slowly
- Very slowly

*A small number of carers thought the service had responded slowly. These cases have been investigated and action taken to improve both our response and communication with our community partners.

How much did the Hospice Care at Home team help the person needing care with alleviating fear and anxiety?



- A great deal
- Quite a lot
- Very little
- Not at all



Did the Hospice Care at Home team make you feel more confident about keeping the person being cared for at home if this was their wish? ■ A great deal



Were the Hospice Care at Home able to help the person needing care with relieving symptoms such as pain, nausea & vomiting? ■ A great deal



Overall the responses were very positive affirming that the HCAH service continues to successfully provide care and support for families in their homes.

NB: the HCAH team works in collaboration with other community services and there can often be some misperception about when our community partners had requested the first home visit from the PTH HCAH team.

“A wonderful team, could not have wished for more, they are so kind and compassionate and made myself and my husband who died in their care feel that we had nothing to fear, he was very calm in their hands and the family cannot thank you all enough.”

“The HCAH team was outstanding and made an enormous difference to us. To have my husband at home and to feel that he was cared for consistently and fully by such a team was far better than hospital care. They came when summoned day or night, gave expert medical care, explained what they were doing and its effects and supported us fully. We are extremely grateful.”

VOICES Survey (carer and patient proxy survey)

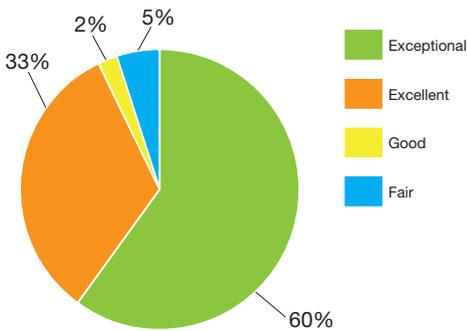
As reported earlier in this document PTH conducted The VOICES - HOSPICE survey in 2014. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before the patient's death, and to themselves in bereavement.

As reported earlier the information collated has provided PTH 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 PTH services.

Some examples of the findings are listed below:

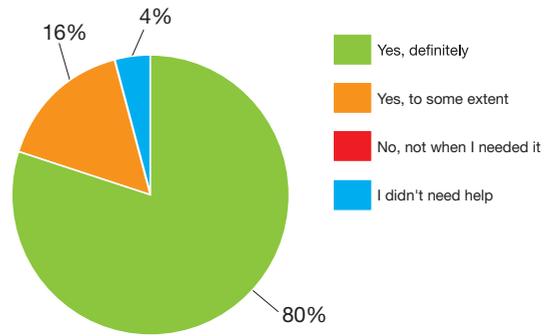
In-Patient Unit

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



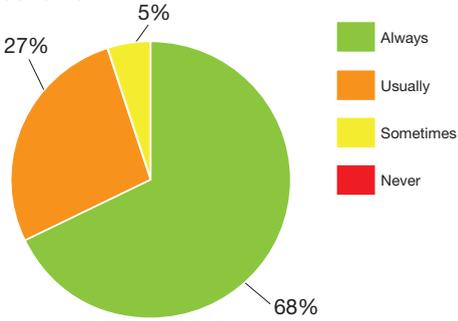
"I can't thank you enough for the exceptional level of care provided for my mother. It was such a relief to know she was being treated with dignity and respect during her last few weeks. Thank you."

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

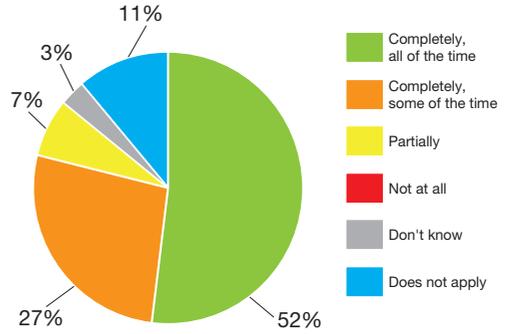


"I cannot praise the Hospice staff enough. They offered us as a family their total support at what was a terrible time for us."

During this admission, were you or other family members kept informed about her/his condition?

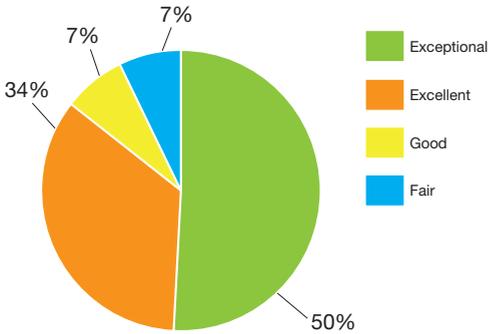


During her/his stay how well was their pain controlled?

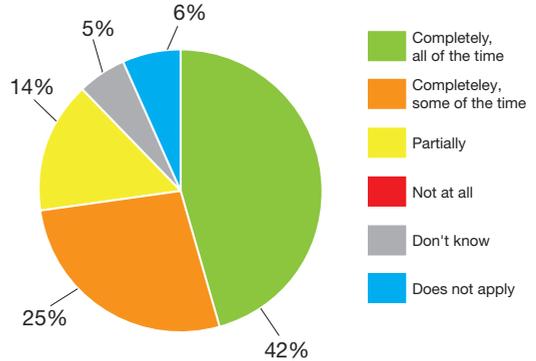


Community

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



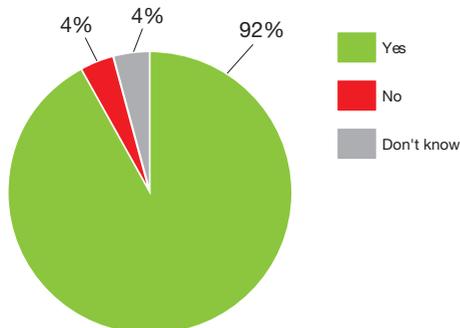
Whilst s/he was receiving care, how well was their pain relieved?



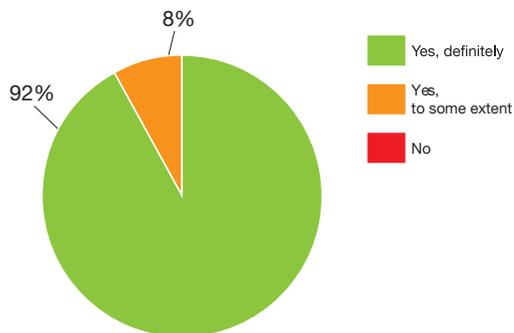
"It was perfect, my daughter and myself were very impressed indeed and made it possible for my husband to stay at home as he wanted"

Circumstances surrounding death

On balance, do you think that s/he died in the right place (Home 37%/Hospice 57%/Hospital 6%)?



Whilst s/he was receiving care, how well was their pain relieved?



"She was looked after exceptionally well and died well and pain free and peacefully with us with her"

Bereavement

PTH offer bereavement support to all bereaved relatives and friends. This comes in a number of forms including leaflets and booklets. Most of respondents said that they had received the leaflet, with nearly all finding them helpful.

Respondents were asked if they had talked to anyone at Phyllis Tuckwell about their feelings surrounding the illness and death. Many said they hadn't but this had been their choice. Over a third had spoken to someone; usually a counsellor.

"The counselling service is marvellous and still using it"



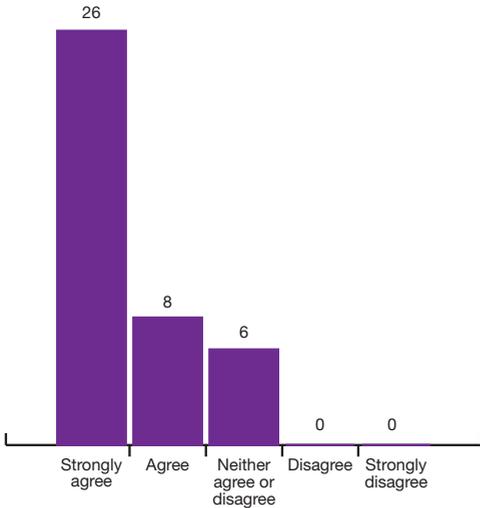
What other healthcare professionals say about the services they receive

GP survey - The PTH Community Nurse Specialist Service

A survey was sent to practices in North East Hants & Farnham and Surrey Heath. PTH received 40 replies (157 sent) - equating to a 25% response rate. The GPs were asked about the current service provided by the Clinical Nurse Specialists (CNS), and what they thought about some further expansion of the role. Questions covered many aspects including referrals, communication formats, thoughts on CNSs completing advance care planning documents, and prescribing medication. As well as the impact of the CNS service on hospital admissions; and patients achieving the wishes with regard to where they want to be cared for.

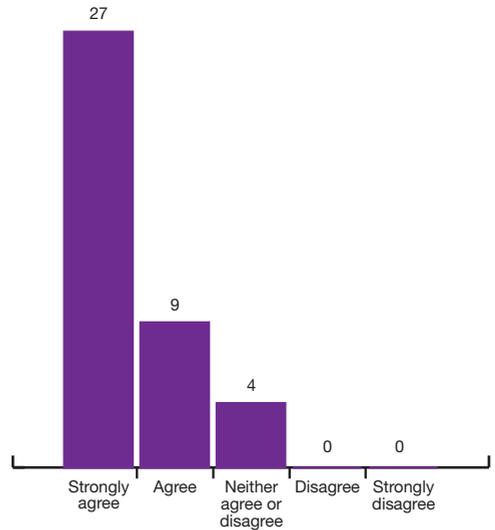
Overall the responses were very positive with the vast majority of respondents reporting that they are happy with all levels of the service and supportive of the evolving CNS role.

Has the involvement of the Clinical Nurse Specialist been helpful in admission avoidance for your patients?



"The level of care provided to my patients is excellent and the team are very approachable and proactive."

Has the involvement of the Clinical Nurse Specialist been helpful in your patients achieving a home death, if that is their wish?



"Thank you for an excellent service - accessible, timely and helpful."

"Excellent facility, very happy with the quality of care."

Feedback from the unannounced visit

The Board of Trustees undertake annual unannounced visits to the Hospice. Two members of the Board talk to staff, patients and carers. Patients and carers are asked about their views and experiences. Details of some of those conversations are detailed below the (January 2015 report):

In-Patient Unit

One patient, who had been in for a few weeks, said the place was marvellous; the staff are great – very attentive, always smiling, nothing too much trouble, even when they were very busy.

The time in PTH gave his wife “a break” and helped him build up his strength. He felt the alternate therapies were very good and pampered him. He wanted to express his thanks for the lovely way that the staff arranged for his wife and him to have Christmas lunch together at his bedside.

Asked if we should change anything – change nothing “please”.

Another, about to leave that day, was also “100% better” than when she was transferred from Frimley Park and put it down to the care and attention she had received at PTH. The staff were helpful to the extreme and she hadn’t been able to fault them. Her husband said he was very happy with the care his wife was receiving and felt fully informed.

Dove Lounge/Day Hospice

Both patients spoken to are regular attendees. One had just completed a relaxation exercise for the first time and thoroughly enjoyed it. They thought the food was excellent and everyone was doing a fabulous job. They enjoyed all the different activities they were able to participate in.



What our Regulators say about Phyllis Tuckwell

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

The July 2014 report was very positive, with PTH meeting the standards inspected.

Inspection Summary

Click for key       

- + Treating people with respect and involving them in their care ✓ Overall
- + Providing care, treatment and support that meets people's needs ✓ Overall
- + Caring for people safely and protecting them from harm ✓ Overall
- + Staffing ✓ Overall
- + Quality and suitability of management ✓ Overall



Guildford and Waverley Clinical Commissioning Group - Supporting Statement

Over the course of the last year PTH has been working closely with our local Clinical Commissioning Groups (CCG). Guildford and Waverley CCG were invited to comment on this 2014 -2015 Quality Account. The following is an extract from a letter from the CCG's Executive Nurse and Director of Quality and Safeguarding after the Quality Account had been reviewed and discussed by the Quality and Clinical Governance:-

"Akin to last year, the account made very interesting reading and provided us with the continued high levels of assurance around quality and safety standards of care delivered to patients and their families who are served by your organisation"

"We are particularly impressed with your performance against the improvements you identified in the previous year, and are happy with the selection of your improvement priorities for 2015/16."

The committee also suggested some additional quality improvements measures that could be considered in future Quality Accounts.

They concluded by issuing some statements around where they were particularly impressed with the quality and safety standards of care:-

- The level of empathy, dedication and commitment demonstrated by staff we met on our visit to the In-Patient Unit in Farnham on the 14th April 2015. Also on that visit, our observations of the excellent environmental standards which were conducive to the ambience of the setting and needs of the patient. We were particularly impressed with the patient room which has multiple electronic devices to assist those with significantly reduced mobility.
- The low levels of complaints, falls and infections are to be commended, as are the results of infection control audits.
- The proportions of patients feeling they were treated with privacy and dignity, and the support they are given to cope with their feeling and emotions when an inpatient.
- The confidence that the Hospice Care at Home team gave carers in order to deliver care at home.
- The programme of unannounced visits that are performed by your Trustees.
- Your regulatory compliance as inspected by the Care Quality Commission.

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 detailed earlier members of the Board undertake an annual unannounced visit - gaining first-hand knowledge of what the patients and staff think about the quality of the service.

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



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

www.pth.org.uk