



"You are an amazing group of people, dedicated and selfless. I do not know how we would have coped without you."

Quality Account 2019/2020

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

Chief Executive's Statement



Welcome to the Phyllis Tuckwell Hospice Care (PTHC) Quality Account for 2019/20. Unfortunately delayed due to the Coronavirus pandemic, this document will provide you with a useful summary of the quality initiatives that we undertook over the last year, as well as outlining those that we are delivering in 2020/21. Quality is at the heart of everything that we do, as can be seen throughout this document.

We are very proud of the commitment, dedication and achievements of all our staff and volunteers, as they work together to enhance the quality of supportive and end of life care and support which we provide for local adult patients, their families and carers, living with an advanced or terminal illness across West Surrey and North East Hampshire.

In 2019/20 we strengthened our focus to develop and support our teams through training, knowledge and skills, leadership and team development workshops, and increased our range of resources on wellbeing and resilience.

We were extremely pleased to have performed strongly early on in the financial year, as this meant that we were in a good position financially as the Coronavirus pandemic spread across the globe and we prepared for its impact on the UK. The end of the financial year saw us get ready to meet the challenges that it would bring, and we worked closely with our colleagues in the NHS, and in local care homes, to ensure that we were as well prepared as we could be to cope with it.

The improvements which we had already made in many areas of our care throughout 2018/19 and 2019/20, such as the creation of our single Advice & Referral Team (ART), and the introduction of our new clinical database, EMIS, have served us very well. They all made it easier for us to prepare for and deal with the impact of Covid-19. Our services had to adapt as we responded to patient and family needs at the end of 2019/20 and into 2020/21. Focusing on the continued delivery of safe and high quality care, we redeployed staff between services to extend our care to areas of heightened need. Our retail and fundraising teams were also responsive to the changing world and found innovative ways to help us keep patients safe. We are so grateful to our amazing local community whose generous support through the pandemic has enabled us to continue to offer our important services to local people.

The impact of the pandemic will be felt more acutely when we review our 2020/21 financial year and, along with the changes in the way we are currently providing our clinical and pastoral care, we anticipate a marked reduction in fundraising income, which funds 80% of our clinical services.

Thank you for your interest in Phyllis Tuckwell Hospice Care and I hope you find our Quality Account both interesting and informative.

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

A handwritten signature in purple ink that reads "Sarah Church".

Sarah Church,
Chief Executive

February 2021

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Mission, Vision and Values



MISSION

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

VISION

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

Our core VALUES

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

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

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

Understanding To treat others with dignity, respect & understanding.

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

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

Section 1

Improvements - Current and Future

Every year we produce a Quality Account for our local community, to report on the quality initiatives and improvements that have taken place at Phyllis Tuckwell over the last year. The report also details a number of improvements which are planned for the forthcoming year and which will be reported on in next year's Quality Account.

The following section reviews the progress made in 2019/20 against the improvements listed in last year's report, and describes some areas for improvement in this coming year 2020/21.

Quality Improvements 2019/20

Supporting Carers

PTHC recognises the value of carers and the vital role they play, as well as the practical and emotional issues they face. Last year we undertook a project to raise awareness of carer assessment and implement a validated tool 'Carer Support Needs Assessment Tool' (CSNAT). A 'carer champion' facilitated comprehensive training, integration and roll out of the assessment tool across PTHC services.

Since its launch there has been an increase in individualised carer assessment and a more multi-professional, holistic approach, to determine how carers can be best supported.

The assessment of carer needs is integral to PTHC assessment processes, ensuring carers receive the best possible help and advice. The project has also helped to consolidate our working relationships with other Carer organisations, enabling timely and appropriate referral.

PTHC now has a Carers Charter in place, committing to carers that they will be included in receiving person-centred care. Work continues on how this can be further strengthened.

Because you're important too!

Phyllis Tuckwell Hospice Care

This small booklet has been developed from the experiences of people who have been supporting someone who is seriously ill. It might be helpful for you to spend some time looking at it and talking it through with a member of staff from Phyllis Tuckwell.

When completing the Carer Support Needs Assessment Tool within this booklet, please tick the box that best represents your support needs at the moment. This is a formal document of your needs.

Carer's name: _____

Address: _____

Date of Birth: _____

Cared for person: _____

Date of assessment: _____

Should you have any questions or require a review, please do not hesitate to contact us on 01252 729400

CSNAT
Carer Support Needs Assessment Tool

Carers Charter

Phyllis Tuckwell Hospice Care

Definition of a carer

"A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support"

— Carers Trust

What can Phyllis Tuckwell do to support you?

Identify you
Identify you as a carer as early as possible.

Assess your needs
Assess your care needs and discuss with you a plan of support.

Confidentiality
Respect, at all times, the need for confidentiality for both carers and the people you support.

You have rights too
Respect you have rights, needs and other commitments outside of your caring role.

Value your input
Value your input around the patient in your care.

Listen to you
Listen to you non-judgementally and with compassion.

Care planning
Include you with care planning and decisions that affect you and the people you support, including taking into account your views.

Information
Provide you with relevant information that is clear, accurate and appropriate, in a suitable format to meet your needs.

Who is a carer?

A carer may be a relative, partner, friend or neighbour and of any age. A carer does not have to live with the person they care for.

How can you help us?

Tell us

- Tell a member of staff about you and your caring role.
- Tell a member of staff about any changes with the person you care for.
- Tell a member of staff if you have any concerns.

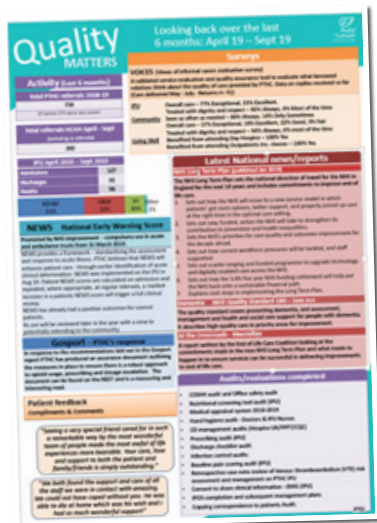
Living Well

Phyllis Tuckwell Hospice Care, Wexley City, Wexley, Essex, SS8 8BS.
Phone: 01252 729400. Email: carers@phyllistuckwell.org.uk

Promoting Quality Improvement

Phyllis Tuckwell has a strong clinical governance framework where incidents and feedback are discussed at a quarterly Clinical Governance Committee. This year, to add additional assurance that learning is connected with clinical practice and that quality improvement is embedded at all levels, a new quarterly Quality Improvement and Patient Safety meeting has been introduced. The meetings are attended by team members involved directly with patient care, each of whom presents examples of good practice and shares learning from incidents. Much of the learning is transferrable across the service areas and teams, and is then cascaded more widely. The feedback from the attendees and the wider team has been positive and has created a buzz around quality improvement.

To consolidate this learning and sharing of information, a new 'Quality Matters' document has been produced, issued biannually, detailing: new guidance and reports; quality initiatives - national, local and organisational; and learning from incidents and feedback. This too has been well received and has helped quash any perception of a 'blame culture' into a positive learning and quality improvement culture.



Education and Workforce Development

The Managers Liberating Leadership Programme 2019 covered five key areas: Managing and Leading; Building Great Teams; Developing Others and Managing Performance; Leading Change; Motivating and Enabling. A total of 22 managers and leads attended from all PTHC service areas and departments. A post programme survey invited attendees to reflect on what they had learnt and how they had implemented the different approaches and techniques from the programme into the day-to-day management and leadership of their teams - feedback was very positive, some of the questions and comments are detailed below:

Q - What have been the most useful elements that you have taken from the programme?

"Giving and receiving constructive feedback." *"Increased awareness of how colleagues like to work".*

"Understanding the team as individuals, and their own motivations".

Q - What effect has the programme had on how you manage yourself, your manager and your team members?

"I am more confident in my working style, and able to discuss issues with other teams."

"Working across different departments made me realise we all face the same issues/concerns."

In addition to the leadership programme, PTHC offers regular training sessions to support managers and team leads in the following areas: Selection and Recruitment; Getting the Most from Trial Periods; Absence Management; and How to Conduct Effective Appraisals.

Other Quality Improvements 2019/20

NEW Benefit – Blue Light Card

The Blue Light Card provides free discounts to those working in the NHS/emergency services, social care sector and armed forces. Previously PTHC staff were unable to apply, but after some consultation and discussion with the Blue Light Card service, hospices were added to the scheme. Staff really welcomed access to the service and are busy making savings!

IT Questionnaire Feedback

An IT questionnaire was sent to all staff to enable us to gain an understanding of what resource and training was required to ensure that staff have the necessary skills to use the various software packages in use at PTHC. There was a great response and the IT team have been busy creating learning options based on the results. These, a mixture of online and face-to-face training, will be launched later in 2020.

Workforce Development (Use of Apprentice Levy)

In October 2019, we enrolled eight staff members on work-based learning programmes, funded using our Apprenticeship Levy payments. The programmes will take 12-18 months of learning and study to complete and will result in externally recognised qualifications.

(Business Administrator, Level 3 Diploma with City and Guilds and Team Lead, Level 3 Diploma with the Institute of Leadership and Development).

Our training provider, Waverley Training Services, will mentor and guide our learners on their journey. They are also supported by an in-house Team Lead training programme, started in January 2020.

NEWS (National Early Warning Score)

NEWS provides a framework to standardise the assessment and response to acute illness. A PTHC review of transfers of acutely unwell patients from the In-Patient Unit (IPU) to hospital, identified that NEWS could, in carefully selected patients, enhance patient care - through earlier identification of acute clinical deterioration. NEWS was rolled out on the IPU in Aug 19 and is now integrated into patient assessment processes. It identified several patients where urgent review led to timely intervention.

Staff Survey

A survey was conducted to establish views and experiences of staff. For a summary of the results see page 32.

KERi – Clinical Skills Training Mannequin

The PTHC educational strategy includes the integration of novel teaching methods into clinical training and, with the generosity of an individual donor, we were able to purchase a KERi in 2019. The KERi mannequin supports training in a range of clinical physical assessments and simulated procedures e.g. including pressure area assessment and oral care, administration of injections and blood sampling.

Regular training for nurses has taken place during the course of the year and has been a popular addition to the teaching programme.

Assurance Document - Gosport Report

In response to the recommendations laid out in the Gosport Report, PTHC has produced an assurance document outlining the measures in place to ensure there is a robust approach to opioid usage, prescribing and dosage escalation. The document was shared with all staff members and the Board. In addition, we have strong processes in place to ensure staff have the ability to speak up, without detriment, including having a Freedom to Speak up Guardian; an open door policy with managers; visible SMT; and forums where staff can share concerns over quality of care, patient safety or bullying and harassment within the charity.

Showcase Events - Highlighting PTHC Services

The Care at Home and Living Well Services ‘showcased’ their service this year - providing information on what the service does and the impact it has on patients and their families. The interactive event included case scenarios bringing information to life. The event was well attended by staff, volunteers, trustees and external healthcare professionals and provided a chance to meet and share information and experiences.

Research Nurse

PTHC has increased its research activities in the last few years. To enable us to continue with this work, a Research Nurse has been appointed two days a week. The nurse will work closely with Dr Jo Vriens, who heads up our research at PTHC, and will help raise the profile of research within the organisation and recruit patients into the studies PTHC is involved with. More information about the research activity in 2019/20 can be found on page 13.

Hospice Biography Service

PTHC has worked in partnership with the charity 'Hospice Biography' to train two of our volunteers, so they can offer the chance for patients to record their story to leave for their loved ones. Four patients were put forward for this service during 2019/20.

Upgrades to Audio Visual Equipment

PTHC has purchased a large 86-inch screen for its conference room - ideal for presentations and remote meetings. In addition, with the aim of engaging users, a number of surface hubs have been installed, one of which is mobile. The 55-inch touchscreen has multi-touch and multi-pen capabilities, helpful for interactive teaching sessions.

IPU Safe Staffing Tool

The IPU piloted a tool which assesses a number of factors e.g. patient complexity and dependency, and meetings and training commitments, to generate workforce status, in the form of a RAG rating, for the ward on that day. The tool is helpful in establishing the pressures for any given day and can be useful in planning for the next 24-48 hours. It also provides a useful insight into general patterns of activity that can help with long term planning and resource allocation.

Breathlessness Management

PTHC has introduced a personalised approach to supporting patients with breathlessness due to their advanced progressive lung disease. Tailored individual and group programmes led by our Physiotherapist lead have benefitted patients referred into PTHC, with the approach disseminated amongst other members of the professional team. Our 'Breathing, Thinking and Functioning' leaflet has been updated to help patients and their families cope with long term breathlessness. PTHC training on pharmacological and non-pharmacological approaches has also taken place.

New Website

PTHC were aware that the existing site, which was five years old, was a bit static, so this year the marketing team created a new site - which is full screen, high impact, contains more interactive elements and features a fully responsive design to be mobile-friendly.

It also has new booking facilities which are beneficial for external organisations accessing the many training resources available.



Developments and Improvements for 2020/21

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

A number of planned improvements for 2020/21 were postponed as the Covid-19 pandemic emerged, and others will continue, but at a slower pace. Below are some of the planned improvements for 2020/21 which have been identified and discussed with CCG colleagues and also some improvements triggered by Covid-19. The progress of these improvements will be monitored and reported through 2020/21 and included in the 2020/21 Quality Account.

Data Management Software 'Sentinel'

PTHC currently operates effective, manual reporting systems, ensuring data, incidents, events and risks are recorded, reported and acted on. However PTHC does recognise that an easier to assess, more integrated software is required and as a result have acquired 'Sentinel', a specialist hospice data management software system. There are a number of modules available such as: incidents, risk, facilities and asset management, and complaints, all of which can be customised to fit PTHC's requirements. During 2020/21 a working party will review the needs of the organisation and develop a project plan, detailing how and when decisions, development, training and implementation will take place, with the hope of introducing our first pilot module (facilities and asset management) during 2020/21 and using the learning from its implementation to inform the roll out of subsequent modules.

NB: The advancement of this project may be affected by the Covid-19 pandemic. PTHC will report the progress in the next Quality Account.

IPOS (Integrated Palliative/Patient Outcome Scale) Nursing Home Pilot

The Integrated Palliative/Patient Outcome Scale (IPOS) is a patient-completed questionnaire which helps to identify physical symptoms and the extent to which they affect the patient. It also captures their spiritual and psychological needs, and social and practical problems. IPOS, introduced several years ago at PTHC, has been successfully embedded into clinical practice, resulting in improved outcomes for patients. PTHC would like to test if this patient-focused tool could be effective in the community setting and is planning to pilot the use of IPOS for six months in two local nursing homes, initially in the Guildford and Waverley (G&W) CCG area.

The aim of the project is to improve awareness of the residents' symptoms and psycho-spiritual needs, to identify patients who might benefit from support of PTHC services and to establish whether the use of IPOS can impact on reducing hospital re-admissions from care homes and 999/111 calls.

PTHC will deliver the initial training and the resources required and offer continued support during the pilot period.

PTHC will gather feedback from care home staff members as to the benefits of using IPOS, and gather data on the various elements of pilot including completion rates and PTHC referral rates.

This will be a collaborative pilot working with two local nursing homes, with CCG colleagues, GPs and Care Home Matrons led by one of our Consultants. Progress will be monitored by the Clinical Project team and the results and recommendations of the pilot will be shared with community partners, with a view to considering next steps for the project and expanding this more widely. Progress and plans will be reported in next year's Quality Account.

Areas of Improvement for 2020/21 as a Direct Result of, and in Response to, Covid-19

Late on in the reporting year, as the pandemic gained pace, PTHC identified some areas that would need expanding and improving to respond to the demands of the changing health care climate. These included:

- Identified leads and resource to manage personal protective equipment (PPE) requirements and the implementation of Public Health England guidance.
- Improvement to clinical facilities – in particular handwashing facilities.
- Expansion of virtual training for both PTHC staff and for our external partners, such as care home staff, requiring additional support.
- Developing effective methods of communication with patients and carers, such as virtual consultations, to enable us to provide continued holistic care and support.

PTHC will monitor and report back on how these developments take shape and the impact they had in next year's Quality Account.

Living Well Review

In addition to the three developments above, our vision is to increase the support for those with advanced illness at home, through our Living Well services, as part of our community support.

So, following the effect of the Covid-19 pandemic at the end of 2019/20, we plan to seek feedback about the supportive wellbeing therapies that our current patients and their carers access, to help with the management of symptoms and their physical and emotional wellbeing, so that we can plan a flexible way of delivering this aspect of our care. During 2019/20 this took place within our Day Hospice and at the Beacon Centre as part of our site-based care. Our working group will monitor this activity and report on progress through 2020/21 and in next year's Quality Account.

Section 2

Statutory Information

This section includes:
Information that all providers must include in their Quality Account.

Review of Services

During 2019/20 PTHC provided high quality supportive and end of life care for adult patients across West Surrey and North East Hampshire through three key services:

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

Underpinning these core services is the extensive support we provide to carers and families, both pre- and post-bereavement. In addition, PTHC provides a comprehensive range of education, training and support for external healthcare professionals including 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 to ensure high quality of care is maintained in all of these services. The income provided by the NHS represented around 20% of the total income generated by PTHC in the reporting period 2019/20.

Registration

PTHC is registered with the Care Quality Commission, the independent regulator of all health and social care providers in England, which ensures that we meet our legal obligations in all aspects of the care which we provide. There have been no conditions attached to registration, or any special reviews or investigations during 2019/20.

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 ratings of 'Good' and 'Outstanding' respectively. A full report is available on page 33.

PTHC has a designated CQC Relationship Manager with whom we are in regular contact and is invited to key events such as our service Showcase events. Any issues or concerns raised by the CQC, or PTHC, would be discussed between the Relationship Manager and Director of Patient Services and appropriate action taken. PTHC has not taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.

Numerical Data

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

Research

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

- **Motor Neurone Disease (MND) Register for England, Wales and Northern Ireland** - 22 patients recruited
The purpose of the study is to collect information from people with MND so the number of patients diagnosed each year can be calculated, along with other characteristics of the disease which will inform further research. PTHC opened the study in May 2018. *King's College London.*
- **ProSec3 – A multi-centre evaluation of excessive saliva management in patients with Motor Neurone Disease (MND)** - 10 patients recruited
This study is led by the Sheffield MND Care and Research centre and is assessing how saliva problems are affecting patients with MND. The study will be looking at how many patients with MND have saliva problems. It will look to compare the different therapies for managing saliva and to develop an effective way of measuring the severity of the saliva problems that patients with MND are experiencing.
- We are also promoting the “**Join Dementia Research**” project which is a service that allows people to register their interest in taking part in dementia research and matches them to studies taking place in their area.
- **Developing an innovative healthcare system for palliative care in Ethiopia: co-design and user testing of a mobile phone based remote monitoring system**
Ethiopia has limited health infrastructure, and palliative care is in the early stages of development; this means patients frequently experience symptoms including pain, breathlessness and agitation. This project aims to co-create a remote monitoring system using mobile phone technology with patients, families, healthcare professionals (HCPs) and software developers in Ethiopia. This system will record patient-reported information in order to provide timely and appropriate self-care information and advice; a low cost solution to transforming the management of palliative care symptoms. **Dr Jo Vriens is on the Project Advisory Group** – *University of Surrey, University of Strathclyde, Hospice Ethiopia.*
- **Palliative healthcare professionals' (doctors, nurses, social workers) views on managing homeless patients with deteriorating health**
The purpose of this study is to explore the views of palliative care healthcare professionals in widening palliative care access to homeless patients through an online survey and then in-depth focus groups for participants who volunteer. A number of PTHC staff completed the survey and participated in the focus groups. Two focus groups were run from PTHC involving nine HCPs from three hospices and included one social worker, two CNS', one Specialty Doctor, two Occupational Therapists, one counsellor and two consultants. A national survey was also distributed to 227 adult hospices in the UK and 129 HCPs responded.
Phyllis Tuckwell Hospice Care & Cardiff University School of Medicine.

Research in Set Up

- **Exploration of carers' experience managing patients' medicines in the community**

Our local hospices research group is in the early stages of developing this study. The aim is to explore carers' experience of managing patients' medicines in particular in regard to administering regular and as needed medication and keeping track of changing doses and medicines – *PTHC, St Catherine's Hospice, Princess Alice Hospice, Woking & Sam Beare Hospice and Wellbeing Care.*

Quality Improvement and Innovation Goals Agreed with our Commissioners

PTHC receives a grant from our local CCGs and works effectively with the quality teams. A quality framework has been developed and agreed, and progress is reported on a regular basis. As part of the close working relationship, we welcome attendance by the quality lead/s to the PTHC Clinical Governance subcommittee meeting – this provides our commissioners with insight as to what quality improvement is being implemented and an opportunity for shared learning.

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 PTHC Clinical Governance Committee and all serious incidents (SIs) reported to the CQC and the Clinical Commissioning Group, as well as other statutory bodies as required.

Two serious incidents took place during the 2019/20 period where the Duty of Candour process was followed.

Phyllis Tuckwell Data Security and Protection Toolkit:

PTHC prepared an Information Governance Assessment Report on 01/06/2020, resulting in 19/20 Standards Met.

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

In July 2018 we introduced our new clinical database, EMIS, and as this database grows so our reporting ability develops. After almost two years of using EMIS, we are now able to provide a more meaningful service comparison data between this year's data and last year's than we could in the 2018/19 Quality Account.

Below we present a summary of our clinical services and education services during 2019/20.

Referrals and Patients Supported

	2019/20	2018/19	2017/18	Year-on-year Change
Patients supported - all services	2,045	2,120*	1,971	-4%
Referrals to PTHC	1,564	1,498	1,320	4%

(* 2,175 was reported in last year's Quality Account, but was estimated, as we were implementing EMIS during that period. This has now been amended to 2,120 as data became more robust.)

The number of referrals to PTHC have increased year-on-year for the last few years, and, comparing 2019/20 with 2018/19, by 4%. This is the second year that we have supported more than 2,000 patients and is hugely encouraging as our strategy is to increase the number of people who benefit from our services. The 4% reduction in patient numbers was surprising, but we believe this is due to data entry inaccuracies within the new EMIS database, so will be watching this closely as data entry becomes more robust. It is a true testament to the hard work of all the clinical teams that increased referrals has been achieved in 2019/20 in the midst of a huge amount of operational change.

In-Patient Unit (IPU) - 18 beds

	2019/20	2018/19	Year-on-year Change
Total admissions	272	317	-14%
% patients going home	27%	19%	24%
% bed occupancy	91%	89%	3%
Available beds	5,580	5,394	3%

Our IPU continues to be used efficiently, demonstrated by increased occupancy levels. The number of admissions for 2019/20 is 14% lower than 2018/19 but it should be remembered that, due to nurse shortages, we were operating with different numbers of open beds through the year, making direct year-on-year comparisons difficult without knowing the average length of stay of patients.

The number of patients going home from the IPU has increased compared with 2018/19. The reasons for this are varied and individual, including level of complexity and distress, and a fluctuating level of nursing home availability and availability of care agency support at home in some geographical areas.



Care at Home Services (including Hospice Care at Home)

	2019/20	2018/19	Year-on-year Change
Total patients supported	1,950	n/a	-
Total patient referrals	1,302	1,394	-7%
Non-cancer referrals	449	286	57%
Home deaths	63.5%	56.1%	7%

Due to the change in databases and reporting categories, accurate comparison data for Care at Home (including Hospice Care at Home) services cannot be provided in all data lines for this year.

The Care at Home team includes the nursing team of Clinical Nurse Specialists, Nurses and Healthcare Assistants as well as Doctors, the Patient & Family Support team and Therapists. Accurate numbers of patients supported in this area cannot be provided for last year for comparison, however we believe about 1,600 patients were supported in this service area in 2018/19, resulting in an increase of about 20% in 2019/20. Referrals to the Care at Home service have decreased by 92 patients during the year from 1,394 in 2018/19 to 1,302 in 2019/20 (-7%), which is surprising given the increased number of patients supported. This is a specific service area we wish to grow, in order to support patients in their own homes, and we will be able to compare like-for-like data next year.



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

	2019/20	2018/19	Year-on-year Change
Total patients supported	787	n/a	-
Total patient referrals	404	273	48%
Non-cancer referrals	186	81	130%
Group attendances	2,841	n/a	-

Our Living Well services comprise a Day Hospice service, Group Work programmes and outpatient appointments, delivered at both our Farnham Hospice and Guildford Beacon Centre sites. These services complement our Care at Home services and there will be an overlap in the number of patients supported in both service areas. The Living Well services are, we believe, an excellent way of providing support for many patients who are not currently accessing end of life services. In order to accommodate more patients, and respond to patient feedback, we have increased the number of group sessions and outpatient sessions held whilst refocusing some of our traditional Day Hospice activity. The Covid-19 pandemic greatly affected group work at the end of this year, and will affect groups through the 2020/21 period.

It is encouraging to see the expansion of this service with increase in referrals and patients supported. Although actual numbers of patients in 2018/19 cannot be provided for comparison, we believe it was about 600 patients last year, compared to 787 this year. Referrals have increased by 48%. It is also interesting to note the large increase in non-cancer referrals, as the benefits of Living Well are hugely beneficial for other disease groups, such as MND and respiratory disease.



Family and Carer Support (including Bereavement)

	2019/20	2018/19	Year-on-year Change
Total carers supported	988	784*	21%
Bereavement support	717	n/a	-

(*as we were implementing EMIS during that period, an approximation was made for 2018/19.)

The support the PTHC clinical team provides to family and carers continues to be a priority as we support more patients in the community and through our Living Well services. This support begins during the patients’ illness and continues, where appropriate, through into bereavement. The total number of carers supported, reported by EMIS, indicates an increase of 21%, but a true comparison is difficult as numbers were estimated last year.

Education

The teaching and support of local health and social care professionals continues to be a strong focus of PTHC’s work, with training content tailored to local professional needs and clinical practice. 2019/20 saw a continued emphasis on end of life care training for external professionals, along with an expansion in core training for internal PTHC clinical professionals. PTHC recognises this is an essential part of our commitment to staff for professional development and safe clinical care for patients. In total, there were 1,029 education attendances from local healthcare professionals and internal staff during 2019/20 (445 external HCPs and 584 internal staff).



Quality Markers

We have measured our performance against the following metrics:

Indicator	2019/20	2018/19
Complaints - across all services Informal Concerns/Feedback	16	16
Patient safety incidents		
Patient falls (IPU)	36	20
Total number of patients known to have become infected with MRSA whilst on the IPU	0	0
Total number of patients known to have become infected with C. difficile whilst on the IPU	0	0
Medication incidents (including documentation errors in record books and near misses i.e. error prevented)	74	87

Medication incidents

There has been a reduction in medication errors in the period 2019/20, all of which were classified as no or low harm. Approximately 40% of these were 'prevented incidents', controlled drug documentation or labelling errors that did not reach or affect the patient. To help put the numbers into context, when considering all the medications that are given on the IPU, only 0.07% result in a 'medicine incident'.

Falls

There has been an increase in the number of falls during the reporting period. The data has been analysed and attributed to the increased complexity of our patients and the willingness of PTHC to accept patients with severe cognitive impairment with a history of multiple falls.

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

In addition ‘Hospice UK’ (a charitable organisation that supports hospices and palliative care professionals) has developed a benchmarking tool – the In-Patient Unit Quality Metrics – recording falls and medication incidents. The tool allows hospices to compare their data quarterly and annually with other similar sized hospices. Below is the data for 2019/20 (over 100 sites took part).

Phyllis Tuckwell Hospice Care In-Patient Unit	PTHC Quarterly Average 2019/20	Quarterly Average (available at the time of writing this report - for similar sized hospices taking part) 2019/20
Incidents		
Falls	9	10
Medicine Incidents (includes near misses but not documentation errors)	14	13
Pressure ulcers developing on the IPU	4	8

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



Clinical Audits and Evaluations

To ensure that we are continually meeting standards and providing a consistently high quality of service, PTHC has a comprehensive Quality & Audit Programme in place. The programme allows us to monitor the quality of service in a systematic way, identifying areas for audit and evaluation in the coming year. It creates a framework where we can review this information and make improvements where needed.



Regular Quality Improvement and Patient Safety meetings, senior Clinical Team meetings and Clinical Governance meetings provide a forum to monitor quality of care and discuss quality and audit evaluation results. Recommendations are made and action plans developed.

The audit and evaluation programme consisted of 44 audits during 2019/20 and covered a range of areas including:

Audit/evaluation	Findings, recommendations and actions to be taken to improve compliance/practice
<p>Admissions Data Audit (July to September 2019)</p> <p>The admission data audit was conducted to assess the effectiveness of the inpatient admission process and measure PTHC's responsiveness to admission requests. It also identified potential opportunities for improvement.</p>	<p>From the evidence gathered in the audit, PTHC can be confident that as a provider of specialist palliative care inpatient services, we continue to respond in a timely manner to referral requests for admission from both the community and the acute sector hospitals. Of the patients in the study that were admitted, 68% were admitted within two days of receiving the request.</p> <p>Difficulty in recruiting nursing staff in 2019 resulted in reduced bed capacity (from 18 to 15) which did impact the number of patients we could admit. PTHC will continue to be proactive in recruitment and retention of nursing staff with the aim of providing safe and high quality care to those with unstable complex symptoms and whose preference is to die at the Hospice.</p> <p>The audit demonstrated that with the increased ability to take urgent admissions over the weekend, the average time for admission is, on the whole, less than two days.</p>
<p>Audit of the Office Environment (safety)</p> <p>The audit assessed whether the environment and the actions of staff complied with the mitigating actions detailed in the PTHC Office Risk Assessment.</p> <p>The audit was carried out during June and July 2019 - five different office 'complexes' were audited.</p>	<p>In general the standard of office safety was good with an overall compliance of 89%. Most offices exceeded the scoring requirement, with the largest and most complex office only missing the expected standard by 6%.</p> <p>The vast majority all staff were up to date with training in both health and safety, and moving and handling.</p> <p>Offices, despite space challenges, were tidy, well maintained and safe.</p> <p>Areas for improvement included encouraging staff to undertake the correct display screen assessment, particularly when hot-desking, and ensuring paper waste is disposed of on a regular basis.</p>

<p>Hand Hygiene audits Hand hygiene audits in various settings involving multi-professionals were completed fifteen times over the course of the year.</p> <p>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.</p> <p>Standards:- 1. WHO Hand Hygiene Why How & When 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</p>	<p>There was good compliance over the different areas with an overall result of 97%.</p> <p>There was a good understanding of the principles of hand hygiene and good hand washing/sanitising technique demonstrated.</p> <p>The areas of non-compliance were varied but included some staff occasionally wearing jewellery and a number of staff not wearing 'clip-on' hand sanitiser. NB: There is sanitiser available in many places throughout the building/s but it is good practice to have some readily available and at the point of patient contact.</p> <p>The importance of not wearing jewellery was reiterated in team meetings and National Guidance and Standards, including the recommended use of alcohol-based hand rub (ABHR) which was discussed and promoted.</p> <p>Regular audit will continue as part of the infection control audit schedule.</p>
<p>COSHH audit Undertaken to audit PTHC compliance with COSHH legislation and standards.</p>	<p>From the audit we determined an improvement to the Data Safety Sheets would be to add an index to the front of the sheet. Also, to include a risk summary of items in the COSHH Register which were deemed corrosive.</p>
<p>IPU Nutritional Tool audit Undertaken to review completion and referral to the dietitian.</p>	<p>The audit identified that further training was required and to make some adaptations to the form. Plan is to re-audit in 2020/21.</p>
<p>Prescribing audit Undertaken in order to check that prescribers on IPU are compliant with the current Prescription Writing Standards.</p>	<p>The audit identified that feedback for the "reason box" for steroids should be completed and also that Insulins should be prescribed by brand.</p>
<p>Pain audit Undertaken to determine the quality of pain assessment scoring and recording on the IPU.</p>	<p>Identified the importance of pain scoring, both pre- and post-administration of analgesia.</p>
<p>Venous Thromboembolism (VTE) risk assessment audit Undertaken to identify which patients would benefit from a VTE assessment on the IPU.</p>	<p>Outcome has resulted in the introduction of a VTE risk assessment tool to assess the need for VTE prophylaxis, together with indicators for when this would not be appropriate.</p>

Audit of National Early Warning Score (NEWS) Undertaken to audit the use of NEWS within the IPU setting to identify acute clinical deterioration.	Outcome: The importance of regular training. Escalation (where appropriate) took place in 100% of all cases.
IPU Admissions audit To audit admission waiting times.	This audit continues to demonstrate that with the increased ability to take urgent admissions over the weekend, the average time for admission is, on the whole, less than 2 days.

Other audits:

Hand Hygiene IPU & HCAH, Therapies, Living Well	Infection control audits (various)
Completion of patient outcome measures (in line with PTHC guidance)	IPU Discharge Process
Controlled Drug audits	Medicines Management audits
ART Responsiveness evaluation	Clinical Decisions for Blood Transfusion at PTHC review
Copying Correspondence to Patients audit	Office Health & Safety audit

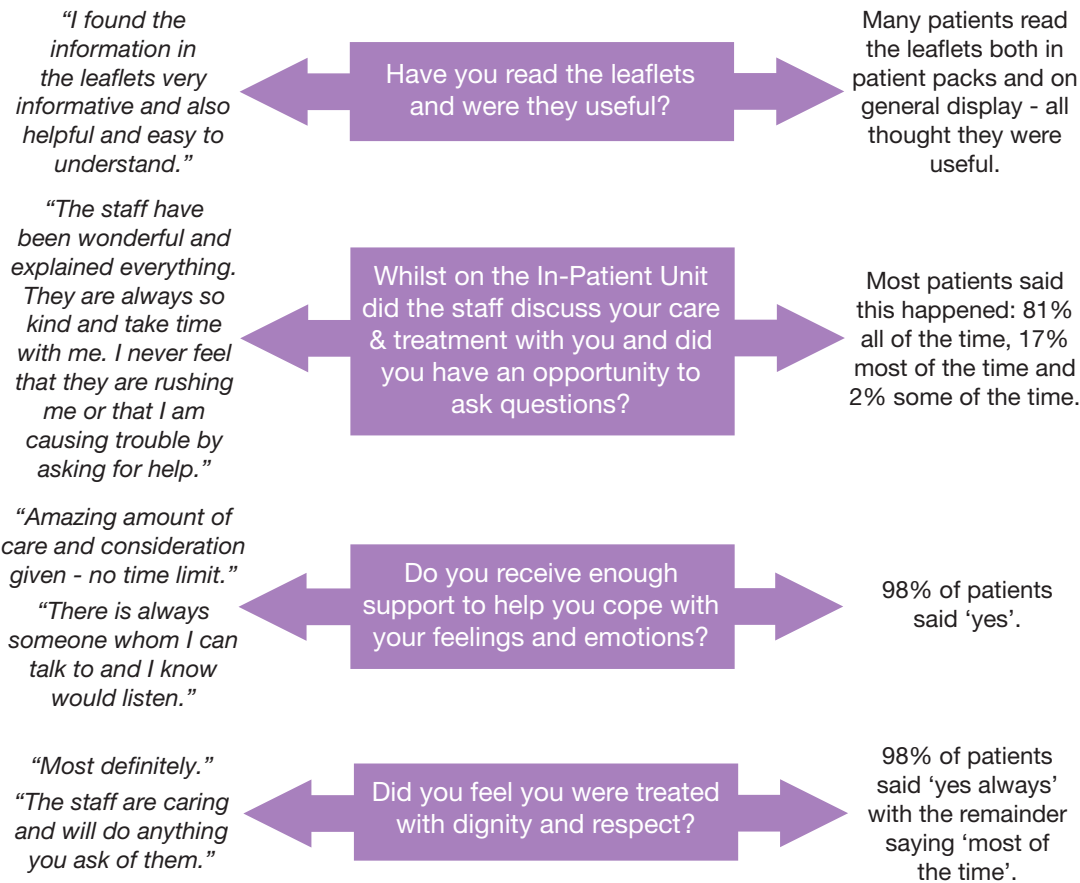
PTHC were not involved with any national audits during this reporting period, but participated in an Infection Prevention and Control audit using Hospice UK audit templates, and an audit of practice in relation to the Gosport report.



What Patients and Families Say About the Services They Receive

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

IPU Patient Survey 2019 (a survey completed by patients on the IPU)



"Completely in the picture, even with all the changes."

Did you feel that the Hospice healthcare professionals were communicating with each other e.g. were they aware of updates and changes to your plan of care?

83% of patients said 'yes always' with the remainder saying 'most of the time'.

"The food is fantastic. Good portion size and lovely and hot."

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

Most patients rated the food was either 'excellent' (56%) or 'good' (40%).

"Feels like I've got the penthouse!"

*"We have Bluetooth headphones that don't work."**

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

The majority of patients rated their bed area as either 'excellent' (61%) or 'good' (30%).

"I am extremely happy with the care and kindness. Thanks to all the doctors and nurses."

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

96% of patients said 'extremely likely', the remaining 4% said 'likely'.

The results were reported and discussed with staff, areas of potential improvement were identified and changes put into place e.g. the days/times of our Consultant ward rounds, together with guidance on the hours our doctors work and are available for family discussions are now displayed.

*The Bluetooth headphones have been tested and found to fall short of the expected standard - they have been replaced with new.



VOICES Survey (Views Of Informal Carers Evaluation Survey)

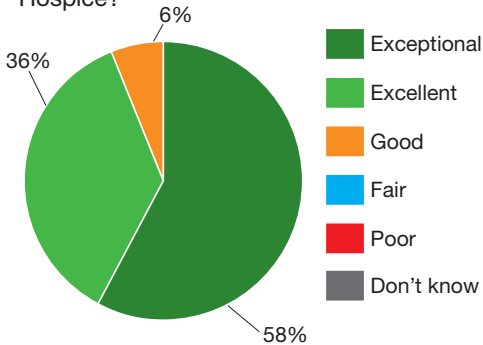
PTHC conducted the VOICES - HOSPICE Survey for the sixth time in 2019. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before the patient's death, and to themselves in bereavement.

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

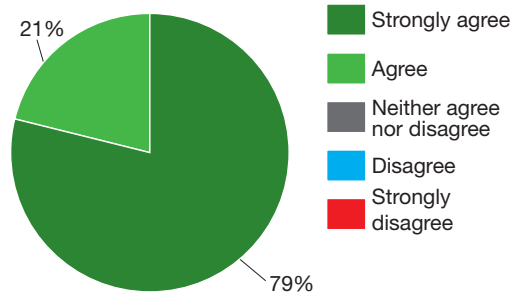
Some examples of the findings are listed below:

In-Patient Unit

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



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

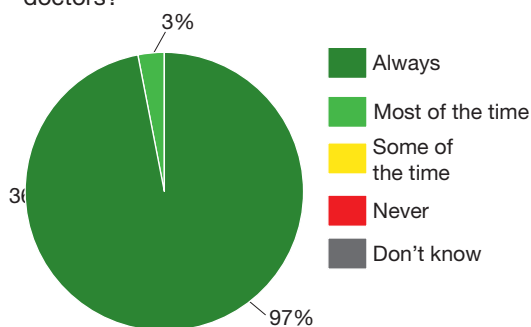


"I think it is a remarkable place and made what was the most difficult time of my life much more bearable. My wife became content with her destiny thanks in large part to the environment and wonderful staff."

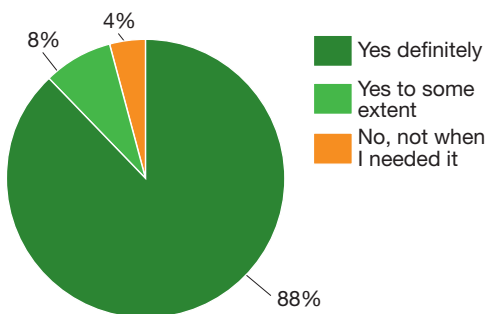




How much of the time was s/he treated with respect and dignity by Hospice nurses and doctors?

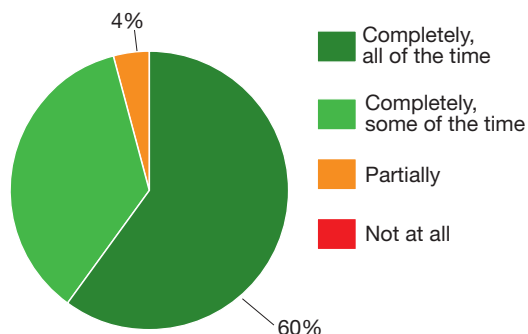


During her/his stay did you (as a carer/family member) receive enough emotional support from the Hospice team?

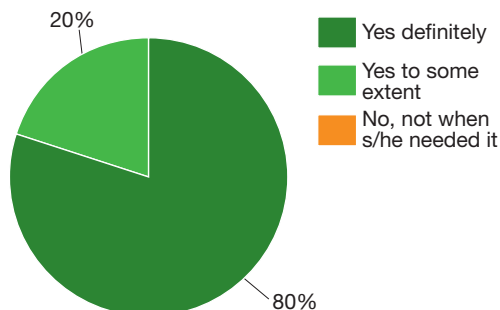


"We all felt so loved and cared for. You all became part of our family. I cannot give enough thanks or praise."

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



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

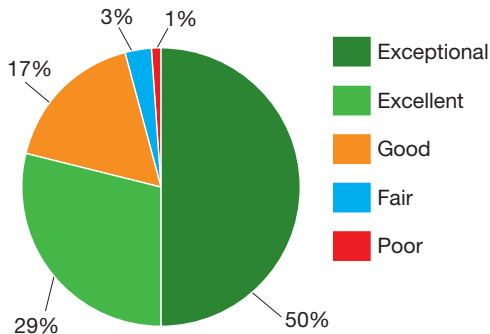


NB The last three graphs use the responses where this was relevant i.e. excluded 'does not apply' and 'don't know' responses.

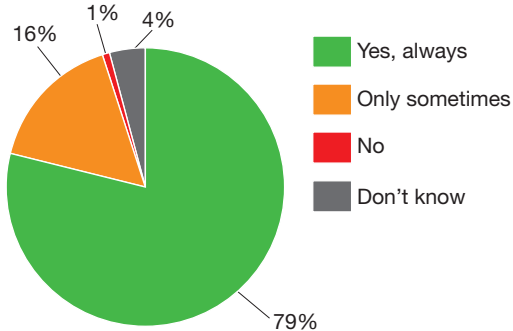
Care at Home

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

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



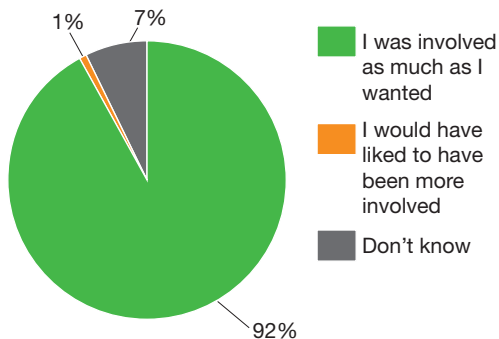
Did s/he see the nurse as often as it was needed?



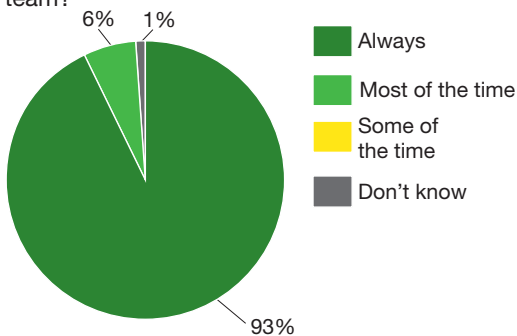
"I have always [felt] supported by PTHC and after having experienced the care first hand I am amazed at the dedication of everyone involved in my husband's care. I can't think of how the care could have been any better."



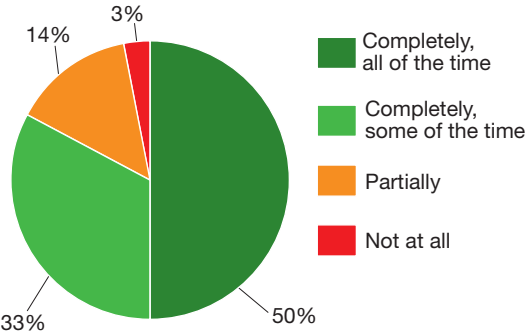
Were you involved in decisions about his/her treatment and care as much as you wanted?



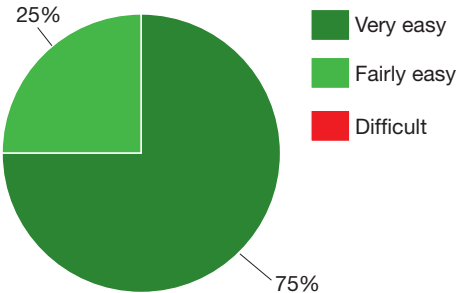
How much of the time was s/he treated with respect and dignity by the PTHC community team?



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



Did the Care at Home team explain his/her condition, treatment or tests in a way that was easy to understand?



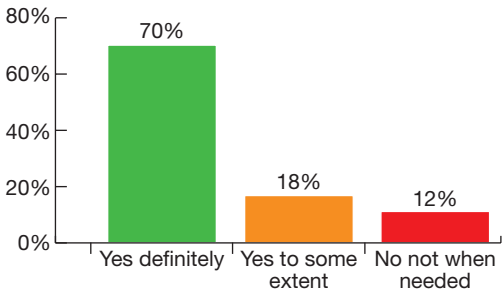
NB The two graphs above use the responses where this was relevant i.e. excluded ‘does not apply’ and ‘don’t know’ responses.

“We both found the support and care of all the staff we were in contact with amazing. We could not have coped without you. He was able to die at home which was his wish and I had so much wonderful support.”

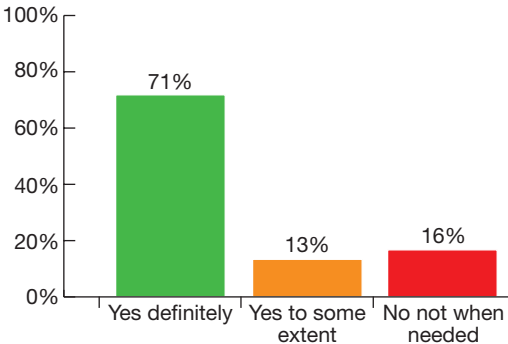
When asked about receiving help with urgent problems in the evenings and at night, many reported that this had not been required (42%). If we only look at cases where help was needed, the results indicate that patients’ needs are generally being met outside of ‘regular hours’.

NB. During the survey period, care provision overnight involved Phyllis Tuckwell Hospice Care at Home and out-of-hours community nursing, social care services and medical services. PTHC plan to provide evening support and expand our night service in 2020/21, working alongside our NHS colleagues.

Received enough support with urgent problems in the evenings



Received enough support with urgent problems at night



“I found the level of care and expertise to be exceptional - both for my mother and for the family. The night phone calls were comforting and the night nurse was excellent.”

Living Well

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

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

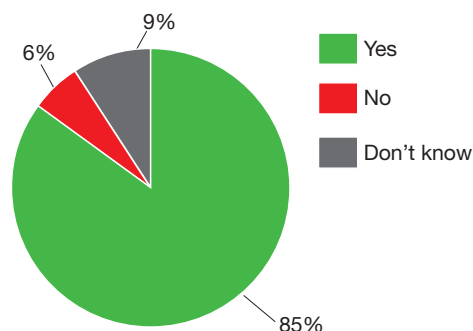
The respondents themselves were asked if they had felt supported by the Living Well team - all said yes.

Place of death

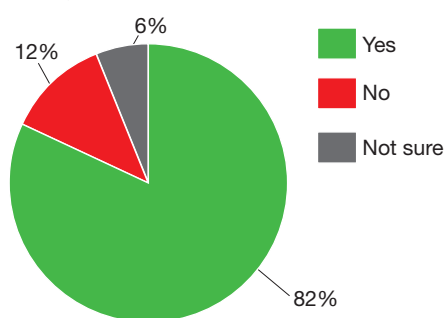
On balance, do you think that s/he died in the right place?

Actual reported figures

Hospice 33%, Home 47%, Care home 8%, Hospital 11%, Somewhere else 1%.



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



"The nurses that came allowed us to keep him at home. Without the support of Phyllis Tuckwell we would have found it much more difficult."

In general, the feedback received from the 81 surveys reflects a high level of regard for the work of Phyllis Tuckwell Hospice Care, with the majority of carers very satisfied with the support provided to them and their loved one.

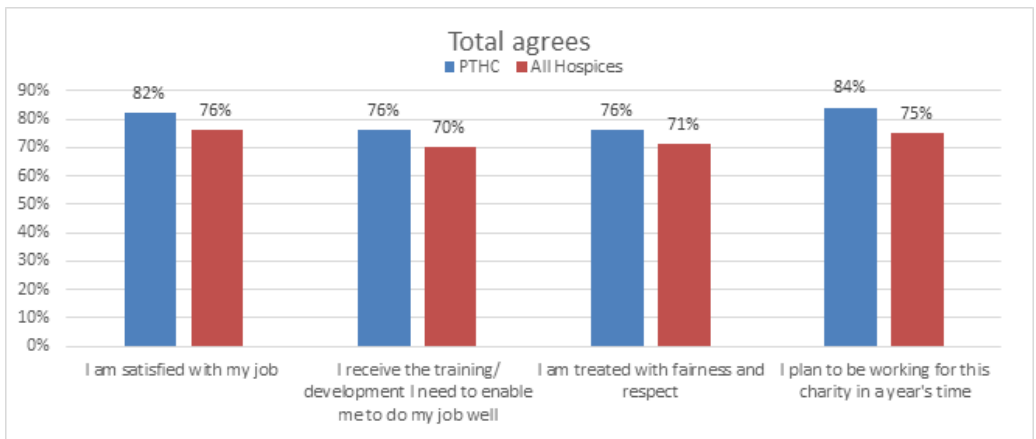
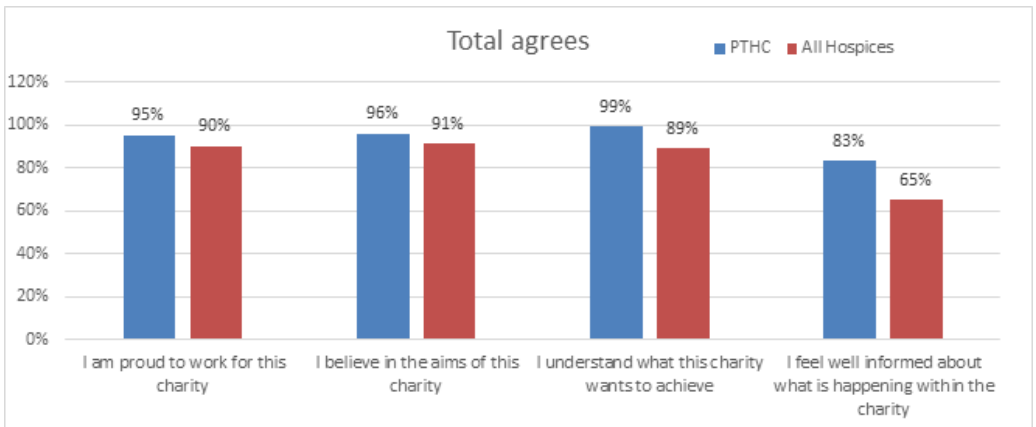
Although the vast majority of comments were positive, we cannot get things right all of the time and if the organisation is to be responsive to the changing needs of patients and their families, it is important that all comments are considered and discussed, with actions identified, to make improvements and drive change. All comments are disseminated to the relevant service area manager. Comments are recorded and discussed at the Quality and Patient Safety group, 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 are discussed, disseminated and followed up.

PTHC Staff Survey 2019

PTHC values the views of staff regarding their working environment and the services we provide to our patients and their families. Every 2-3 years it conducts a staff satisfaction survey. The survey, run by Birdsong Charity Consulting, establishes the views and experiences of staff and allows hospices to evaluate their own results and compare with other hospices. In total 5,000 responses were received from 39 hospices. The survey gathers views and experiences regarding communication, morale and work life balance, staff management and management structure, leadership and development opportunities.

PTHC was delighted with its results – out-performing other hospices in the majority of areas.

An overall summary is illustrated in the graphs below.



The results were shared and discussed with all staff members and the Board, and published on the PTHC intranet. Any areas for development and growth were identified and plans to bring about improvement put into place.

Publications/Presentations

The gut in later life. **Patricia Macnair:** *InnovAiT*, 12 (9), 531-537 (Journal of the Royal College of GPs).

Managing respiratory problems in palliative care. **Patricia Macnair:** *MIMS learning*, Feb 2019 (online learning for GPs).

How is the emerging role of domiciliary physiotherapists who treat residents with dementia in nursing homes perceived by allied health professionals? A phenomenological interview study. **Clare McCarroll, Catherine van't Riet, Mary Halter:** *Health & Social Care in the Community* 2019 28 (1), 279-290.

Exploring the experience of returning to work after personal bereavement. **Elizabeth Reed, Melanie Waghorn, Amanda Gregory, Jo Vriens, Emily Sills, Jennifer Todd:** *International Journal of Palliative Nursing* 2019, 25 (11) 525-530.

Hospice at Home services in England: a national survey. **Melanie Rees-Roberts et al.** *BMJ Supportive & Palliative Care* 2019; Online Nov 19 – PTHC completed the survey.

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'. We continue to work closely with our CQC Inspector and Relationship Manager to ensure the provision of high quality, safe services for patients, their families and carers.

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

Commissioner Statement from NHS Surrey Heartlands CCG on behalf of Guildford and Waverley Integrated Care Partnership (G&W ICP):

Surrey Heartlands CCG, on behalf of G&W ICP, welcomes the opportunity to comment on the Phyllis Tuckwell Hospice Care (PTHC) Quality Account 2019/20.

Having reviewed the Quality Account for 2019/20, the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided. We have reviewed the Quality Account and agree that the document meets the national guidance issued by the Department of Health. We recognise the significant programmes of work, projects and initiatives undertaken to improve quality and safety for patients, and also the considerable effort put into bringing the evidence together into this report.

We would also like to acknowledge the enormous effort that PTHC and its staff made to supporting local system partnership working and to caring for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The CCG would like to note and commend the areas of achievement in 2019/20, in particular the work in relation to:

- Support for carers through the implementation of a validated “Carer Support Needs Assessment Tool”
- The promotion of quality improvement through a number of methods, including the introduction of regular quality improvement and patient safety meetings, and the publication of the biannual “Quality Matters” document
- The attendance of 22 managers and service leads at the Managers Liberating Leadership Programme.

We would also like to share a very positive comment from our Senior Commissioning Manager for End of Life Care and Cancer:

“Phyllis Tuckwell continue to offer high quality care to Guildford & Waverley residents with palliative and end of life care needs, and their loved ones. In 2019-20, I was privileged to attend showcases and hear in detail about the compassionate care and

support offered. During the pandemic, Phyllis Tuckwell has been a key partner to the local NHS in our community palliative care response, and share in Guildford & Waverley Integrated Care Partnership's regional win in the Care and Compassion Award of the NHS Parliamentary Awards."

Looking towards 2020/21, we welcome and agree with the priorities for the year ahead and look forward to seeing how these will improve the quality and safety of services provided by PTHC, in particular the work relating to the:

- Scoping of the "Sentinel" data management software, to support effective management and learning within the clinical governance framework
- Pilot of the Integrated Palliative/Patient Outcome Scale within Nursing Home environments, with the aim of identifying patients who might benefit from PTHC support and services.

Surrey Heartlands CCG on behalf of G&W ICP is satisfied with the quality of the data contained in the Quality Report provided for review. Overall, Surrey Heartlands CCG believes that PTHC has maintained its focus on improving quality of care, patient experience and satisfaction, and look forward to continuing to work with PTHC to deliver high quality services.

Commissioner Statement from NHS North East Hampshire & Farnham and Surrey Heath CCGs:

- We value PTHC as an active partner within the Frimley Health & Care Integrated Care System. The contribution to improvement work relating to End of Life care is significant and has impacted education strategy, care planning and data improvements.
- PTHC also supported Surrey Heath CCG with equipment loans for the Flu Vaccination Drive-through Clinic set up at Blackbushe Airport which was run from September to December 2020. This is beyond their commissioned role and speaks to the collaborative relationships that they have built. Their support is much appreciated and continues to make a positive difference for the local population in many different ways.
- Across the Frimley Collaborative, we have been organising a series of Death Fair sessions, aimed to help reduce stigma and to get people talking openly about this often taboo subject. The sessions started in November and will conclude in March 2021. PTHC has supported the effort, providing speakers at these sessions and their health professionals leading on topic areas where they have expertise.
- PTHC offer drop in sessions, this provides a valuable service for both the public and staff. This has helped to build an understanding of what PTHC offers and support effective usage of the different services available.
- Throughout the period, PTHC have continued to deliver good quality, well run services. From a commissioning perspective, what is particularly valued is the way that the organisation actively seeks to improve. Working with commissioners and other partners, PTHC consistently seeks to learn and change to maximise the effectiveness of what they offer and how they support the communities in which they operate.

The Board of Trustees' Commitment to Quality

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

The Board of Trustees is fully committed to the quality agenda. PTHC has a well-established governance structure, with members of the Board having an active role in ensuring that Phyllis Tuckwell provides a high quality service in accordance with its terms of reference.

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

Our Board of Trustees:

Michael Maher - *Chairman (retired Nov 2020)*

David Eyre-Brook - *Vice Chairman (appointed Chairman Nov 2020)*

Ian Trotter - *Vice Chairman (retired Nov 2020)*

Rosy Anand

Helen Atkinson *(appointed Nov 2020)*

Michael Bailey

Veronica Carter *(appointed Vice Chair Nov 2020)*

Helen Franklin

Alison Huggett

Richard Hunt *(Appointed May 2019)*

Robert Laing *(Appointed May 2020)*

Ken Ratcliff

Lizzie Wells *(appointed Nov 2020)*

Anne Whelan



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