



*“You not only cared for him in such a special way, but always made sure that we as a family were cared for as well.”*

## Quality Account 2021/22

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

# Chief Executive's Statement

## Welcome to our latest Phyllis Tuckwell (PT) Quality Account.

We are delighted to provide you with this summary of the quality initiatives that we have undertaken throughout the 2021/22 financial year, and give you an overview of our plans for 2022/23.

As we emerge from the challenges and isolation that the pandemic brought to many, we see afresh how important the high quality supportive and end of life care which we provide is, both for our patients and for their families and carers too. We are continually looking to improve and develop this care and support, for all adults who are living with an advanced or terminal illness across West Surrey and North East Hampshire. During the pandemic we learnt how we could provide these services in a more diverse way, to suit the needs of all those we care for.

Between April 2021 and March 2022, as Covid restrictions eased, we were able to resume many of our usual activities at the Hospice and Beacon Centre. We welcomed patients back, as our online and telephone contact was happily supplemented or replaced by a return to face-to-face meetings and group sessions. We saw an increase in the number of referrals we received, up 8.3% on the previous year, and an increase of 3.3% in the total number of patients we supported.

The technological learnings that we made during the pandemic have fed into our current and future plans, and we are now more able to supplement our in-person care provision with remote meetings, as well as being able to offer our staff the ability to work from home more, as needed.

It has been wonderful to have been able to extend our IPU visiting hours once again, as the restrictions which the pandemic brought have eased. Our Education attendances have also increased, by an incredible 91.3%, which illustrates our ongoing commitment to improving the level of end of life care both within PT and across the local area.

We have also met our planned improvements of introducing Sentinel as a digital database to underpin our Clinical Services, and provided ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) training to care homes and community professionals in the local area. We are continuing to work closely with local care homes, ensuring that all of the end of life care provided in our catchment area is joined-up and seamless.

For fundraising, with lockdown restrictions easing and then being lifted completely, our team were able to reinstate many of our fundraising events, including our annual Light up a Life service, which we were pleased to be able to hold back at the Hospice again, with people gathering to spend this special evening together.

Thank you for your interest in Phyllis Tuckwell. I confirm that, to the best of my knowledge, the information contained in this document is accurate.



**Sarah Church,**  
Chief Executive



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# Our Passion

## 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



## CQC - Our CREWS

Phyllis Tuckwell is regulated by the Care Quality Commission (CQC) and we work closely with them and our local NHS colleagues (and other care agencies) to ensure all our services are of the highest quality. The key lines of enquiry undertaken by the CQC and which guide our monitoring and improvement processes, enable us to focus on the things that matter to patients and families. Ordered in our CREWS acronym, they are:

**Caring:** staff involve and treat you with compassion, kindness, dignity and respect.

**Responsive:** services are organised so that they meet your needs.

**Effective:** your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

**Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

**Safe:** you are protected from abuse and avoidable harm.

# Section 1

## Review of Services

**Our annual Quality Account gives our local community an overview of the services we offer, and the quality initiatives and improvements that we have made over the last year.** It also outlines our plans for the coming year, which will in turn be reported on in the next year's Quality Account.

In 2021/22 we provided high quality supportive and end of life care for adult patients and families living with an advanced or terminal illness, such as cancer, across the whole of West Surrey and part of North East Hampshire. We provided this care through our three key services:

- Our 14-bed In-Patient Unit - at our Hospice in Farnham.
- Our Living Well service - including outpatient appointments at the Hospice, Beacon Centre, and in patients' own homes and care homes, as well as two new group programmes at the Hospice and Beacon Centre.
- Hospice Care at Home – supporting patients and families at home in the patients' last days.

As well as caring for our patients, we also support their families and carers too, both pre- and post-bereavement. Our services include practical advice on issues such as applying for the relevant benefits, as well as supporting the psychological and spiritual needs of our patients and their families, and over 2021/22 we increased this to include additional post-bereavement support.

We also offer extensive Education and Training services to our own staff and other local healthcare providers, including care home staff, ambulance staff, community nurses and GPs, to improve the overall end of life care which is provided in our local area.

Activity data for each of these areas is provided in this section.



We have reviewed all of the data available to us to ensure we maintain a high quality of care across all of these services and are happy with the accuracy of the data. The income provided to PT by the NHS in 2021/22 represented around 28% of the total income generated by PT in the reporting period 2021/22. This was lower than the previous year, when the Government increased funding during the height of the Covid pandemic, but higher than the usual 21% support from the NHS/Government in previous pre-Covid years.

## Patients and Families Supported

As we came out of the lockdowns and restrictions imposed on us by the pandemic, **we returned to more face-to-face appointments and groups, whilst continuing to use PPE for all contact with our patients, families and carers. We were able to welcome more visitors back to our IPU**, and for longer, and we supported our staff and volunteers, understanding the impact that the pandemic had had on them.



Below is a summary of the referrals and support we offered over the year, compared with the previous year.

## Referrals and Patients Supported

	2021/22	2020/21	Year-on-year Change
Patients supported - all services	<b>2,137</b>	2,068	<b>3.3%</b>
Referrals to PT	<b>1,694</b>	1,483	<b>8.3%</b>
Non-cancer patients	<b>603</b>	480	<b>25.6%</b>

In the first part of the year, as the pandemic continued, we carried on caring for our patients and their families and carers through phone and video calls, doorstep deliveries, and with the use of PPE for all visits. As restrictions lessened, we restarted group activities and increased the number of people we could see face-to-face.

**During the year, the number of referrals we received increased by 8.3%, and in total we supported 3.3% more patients than in the previous year.**

The vast majority of people we supported were cared for in their own homes, and we helped them to manage the impact of their illness and remain as independent as possible through our 'Living Well' service. **2021/22 was the fourth year in a row that we have supported more than 2,000 patients, and this trend follows our aim of increasing the number of people who benefit from our services.**

**We kept 466 patients out of hospital over the winter months with our Responsive pilot**, which helped to relieve pressure from the NHS at this critical time. We also estimate that, as well as those patients referred to us for direct care, we offered telephone support and advice to over 2,000 additional patients and their healthcare professionals in 2021/22.



## In-Patient Unit - 14 beds

	2021/22	2020/21	Year-on-year Change
Total admissions	248	262	-5.3%
% patients going home	20.97	24.81	-15.5%
% bed occupancy	89.8	85.3	5.2%
Number of deaths	195	198	-1.5%
Non-cancer admissions	43	35	22.9%

Our In-Patient Unit (IPU) at the Hospice is where we care for people who have complex needs and require constant supervision and care. **During 2021/22 our IPU achieved an 89.8% occupancy rate**, compared to 85.3% the previous year, a 5.2% increase.

During the pandemic we had to reduce our two 4-bedded bays to single bed only bays, to comply with Covid infection prevention rules. This meant that we went from having space for 18 beds to having space for just 12 for most of the year. It was disappointing to see a reduced number of beds on the IPU, but we were fortunate that, towards the end of the year, our Estates team was able to convert one of the bays into two single rooms with en-suite facilities, and the other into a 2-bed bay with curtains for privacy and infection control, bringing us up to 14 available beds. However, we would like to be able to offer our patients and their families a larger and better equipped IPU with 18 beds, each in their own individual room, and all with en-suite facilities and space for loved ones to stay overnight. You can read more about our plans for this in Section 2.

**As restrictions eased we were able to increase flexibility for visitors**, allowing two per patient at a time, extending visiting hours to 11am - 8pm, and reintroducing our popular 'Afternoon Teas' for patients and visitors in our Coffee Shop.

**We maintained infection prevention and control measures in line with best practice**, with staff wearing face masks and being vigilant to signs of infection. We continued to smile with our eyes.



**Our continual focus on clinical care and safety** saw registered nurses' medicine competencies being updated, a review of our falls assessment tool, the purchase of a special equipment (Hoverjack) to assist patients with ease and dignity in the event of a fall, and a continued spotlight on assessing skin integrity and any changes whilst on the IPU. These are all indicators of quality which require a multi-professional approach.

## Living Well (LW) / Hospice Care at Home (HCAH)

	2021/22	2020/21	Year-on-year Change
LW (at home) patients supported	2,060	2,013	2.3%
LW (Hospice/Beacon Centre) patients supported	630	699	-9.9%
Number of deaths at home/care home	698	696	0.3%

In 2021/22 we reorganised our teams slightly to bring our Care at Home team within our Living Well structure, as both teams were providing the same aspects of care to patients who need help managing everyday life with their illness, just in different environments. Living Well now covers all care which is provided to patients who are not yet in their final weeks or days, and is given in a variety of locations – at the Hospice, Beacon Centre, patients' own homes and care homes.

**The aim of the service is to enable patients and families to continue living their normal lives, remaining active and engaged in the activities which they would usually take part in, and to do so for as long as is possible.** This is achieved through individual and group sessions with nurses, occupational therapists, physiotherapists, complementary therapists and our Pastoral Care team, all of whom offer specialist support and advice which can help patients to manage their symptoms and retain their independence.



**Two new group programmes, Living Well with Illness and the Creative programme, were introduced in 21/22** which are held at the Hospice and Beacon Centre. The service covers all aspects of care – physical, practical, emotional, social and spiritual - and have been a great success, with many positive comments from patients, families, carers, staff and volunteers.

As well as caring for our patients, we also support their families and carers too. **In 2021/22 we introduced an online carers group, to provide support and advice,** and since Covid restrictions have eased we have restarted our face-to-face Carers' Support Groups. Carers have given us feedback that the sessions were informative, useful and relevant to their role. The carer support group sessions covered 'The Story of Me', 'Future planning', 'Managing relationships', 'Carer resources', 'What to expect at the end of life', 'Coping strategies' and 'Caring' through the personal experience of being a carer. The plan is for these sessions to be integral to our ongoing 2022 programme.



**Our multi-disciplinary HCAH team supports patients who are in their last days of life and who have chosen to spend this time, and to die, in the comfort and familiarity of their own place of residence (home/care home).** They work alongside patients' families, carers and our local community care partners, such as GPs and NHS community nurses, to provide compassionate and timely support. This joined-up care includes skilled communication, assessment, symptom control, nursing interventions, tailored personal care, providing information about the dying process, and dignified care before and after death. The team can also refer the family to our Patient & Family Support team for practical, emotional, spiritual, financial and bereavement support.

The pandemic saw a 40% increase in deaths at home nationally and all services were stretched. **Although home visits were difficult due to the restrictions imposed by the pandemic, it was important to continue to provide this care,** to enable patients to spend their last days and to die in the place they wanted to be – at home. Our HCAH team continued to use PPE and maintain very high standards of infection prevention and control, and to communicate with patients and their loved ones sensitively despite wearing masks and eye protection, to make sure that their visits provided comfort and reassurance as well as professional nursing care.

Being able to die in their own homes is hugely important to many of our patients, and we are proud of the care which we provide to enable them to do this. **Overall in 2021/22 it equated to around 700 of our patients dying at home who might otherwise have died in hospital.** We believe this greatly improves the experience for the patient and their family, as well as reducing pressure on the NHS. Our joint working with the NHS is very important to us and means we can extend the care offered to those who are most unstable or rapidly changing.

Night-times can be a difficult and lonely time for patients and their carers. If a patient's symptoms worsen it can be hard to know how to access the care they need outside of normal working hours. To combat this, we continue to work with our NHS partners to provide a nursing service for patients and families at night-time, and in 2021/22 made **837 night visits**, which were very positively received.

In December 2021, we trialled a Responsive pilot, during which **we were able to respond to 75% of patients who were presenting with unstable symptoms within two hours**, and the remaining 25% were triaged and seen within 48 hours. This, followed by medical interventions at home in line with each individual's wishes and support needs, meant that these people did not need to be transferred to hospital and were able to remain at home, where they wanted to be.



## Education

	2021/22	2020/21	2019/20
External attendances	1,234	645	445
% increase on previous year	91.3%	44.9%	-21.5%

**We are proud to be a Centre for Excellence, with many highly trained and specialised staff, and our Education and Training team are dedicated to improving the overall standard of end of life care in our community.**

They provide training sessions not only for our own staff, but also for other local health and social care providers, so that they can continually develop their skills and knowledge in end of life care. Our external education programme runs both online and face-to-face training sessions, and all of the training that we offered in 2021/22 was provided free of charge to those working in our local catchment area.

Our Education team has been extraordinarily busy this year, focussing on enhancing multi-professional clinical skills, and its training sessions received **over 1,200 external attendances during the year**. This will hugely impact the number of people receiving high quality end of life care in our community, as **our education services are training over 1,000 external health and social care professionals** in improved techniques and care. **Staff from 55 care homes have engaged with our training** (within the total of 120 care homes across our catchment area, this means our training influences the care in 46% of care homes in our area).

We continue to expand our support for care home staff, e.g. assisting with the implementation of ReSPECT. Our face-to-face support supplementing online learning has been well received.



# Section 2

## Improvements - Current and Future

**This section reviews the progress made in 2021/22 against the improvements listed in last year's report, and describes some areas for improvement in 2022/23 which will have the most impact on the lives of our patients and their families.**

As we emerged from the lockdowns and tight restrictions of the Covid pandemic, we were cautiously able to ease our IPU visiting restrictions and welcome back patients and carers to our Living Well sessions and outpatient appointments at the Hospice and Beacon Centre. As we began to resume normal life once again, we were able to introduce new ways of working which we had planned before and during the pandemic, and look ahead to the future with a more definite idea of how our care would continue to develop over the coming years.

### Quality Improvements 2021/22

#### Education and Training

To support us in our strategic objective of helping more people, **we welcomed 1,234 external attendees to our free-of-charge Education and Training sessions**, almost double the previous year. These attendees were all non-Phyllis Tuckwell health and social care professionals working in our local area. **We also enabled over 60 students to come to Phyllis Tuckwell for varying lengths of time over the past year**, to experience working with us. We now have agreements in place with four Higher Education Institutions for us to receive their students for their practice placements across a range of professions. By helping to train and educate other local healthcare providers in improved techniques and care, we can help increase the number of people receiving high quality supportive and end of life care in our community.

#### Responsive Pilot

We helped to relieve pressure from the NHS during the winter months through our highly successful Responsive pilot. Over the four-month pilot, which worked in partnership with NHS community nurses, GPs and other community partners, **we provided high quality palliative care for 466 patients and their families**, and achieved positive outcomes not only for them, but also for the local health and care systems, including preventing the need for a hospital admission.

#### Living Well Programmes

In light of the feedback we received during the pandemic we reviewed our Living Well service and introduced two new programmes, Living Well with Illness and the Creative programme. **These programmes enable patients to easily access peer and**

**professional support and advice about how to manage the common symptoms associated with advanced and terminal illnesses** and advice about practical issues, such as access to financial support. Each programme runs over eight weeks and offers a two-hour weekly group session which focuses on a specific topic or symptom. For the Living Well with Illness programme, topics include fatigue, anxiety, keeping mobile and sleeping well, while the Creative sessions include culinary therapy, therapies through nature and pottery. Whilst they are at the sessions, patients can talk to the clinicians there, and also chat with and get to know each other providing peer-to-peer support.

## Other Quality Improvements 2021/22

- **An increased proportion of our patients died with a recorded preference for place of death, and nearly 80% had some form of advance care plan in place or discussed with us.** This indicates good practice, because it means we know people's wishes for end of life, and we will work to increase this further.
- **We have started an extensive review of our patient and carer literature,** critically reviewing content to ensure details are current and relevant. This project is making good progress and will continue into 2022/23.
- **Sentinel, a digital database for incident reporting, was trialed in November on our IPU, and then rolled out to all clinical services in January 2022.** It has been well received, underpins our strong reporting and learning culture, and we have developed meaningful reports to share internally and via our Governance structures.
- **Listening to patient, carer and staff feedback, and continuously evaluating our work against national best practice,** has helped us to identify areas for service development and improvement and devise a new survey to capture this feedback.
- **Following the CQC's inspection of the Beacon Centre in October 2021 we were pleased to receive an overall rating of 'good'** reflecting a grade of 'good' across all key lines of enquiry: safe, effective, caring, responsive to people's needs and well-led. They also noted 'outstanding practice' in a number of key areas including:
  - staff empowered to drive training and personal development,
  - staff had a sustained and dedicated focus on holistic health promotion and wellbeing that aimed to improve people's lives significantly beyond palliative care, and worked together to harness multi-disciplinary opportunities,
  - policies and procedures underpinned by national/international standards, above and beyond usual practices to ensure patients were central to care delivery,
  - staff and volunteers empowered to explore opportunities for improvement and development,
  - staff dedicated to improving patient outcomes in partnership with other providers,
  - research undertaken in terminology to demystify hospice care and ensure people could access useful, meaningful information,
  - demonstration of ability to adapt quickly and effectively to changes in demand resulting in 200% increase in capacity in overnight care and 75% increase in family counselling,

- staff demonstrably focused on embedding multi-disciplinary working across the whole service, including use of integrated digital records systems with GPs and paramedics to streamline care and prescribing, and the extension of specialist training to adult social care and urgent and emergency care colleagues.

## Developments and Improvements for 2022/23

**We are committed to providing our patients and their families with high quality, compassionate end of life care, from a multi-disciplinary team of motivated, skilled staff, who are supported in both their professional development and personal wellbeing.**

All services are patient-focused and improvements follow views and feedback obtained through surveys and audits (see page 18).

With the easing of Covid restrictions and the gradual return to normal life, we have been able to look ahead to our future plans once again, to ensure that we are in the best possible position to offer our care to those who need us in the years to come.

**At the heart of all we do is our commitment to increasing our reach to all in our local area who need our care.** Our EDI (Equality, Diversity and Inclusivity) ethos and policies permeate all levels of our work, from staff and volunteer recruitment to referrals, accessibility, and patient and family care, and our education programme ensures that we support others who are also providing care in the local area. We continue to extend the translation of key service leaflets into Nepalese, to support our important Nepali population.

**In order to fund this care, we are focussing our efforts on rebuilding our charitable income generation activity and investment, to enable us to maintain a strong footing in years to come.** This includes negotiating new contractual arrangements with our NHS partners to secure a fair deal for future years.

We have learnt much from the pandemic about new and different ways of working, and are currently investing in digital skills to create an environment where our staff can work from anywhere and access the tools they need. **We are also reviewing each of our services to consider whether there are any digital innovations to make it easy for our patients, families and supporters to engage with us digitally if they want to.**

**Our Hospice in Farnham and Beacon Centre in Guildford are in need of structural and aesthetic improvements to ensure that they are fit for purpose for the coming years.** We are looking at redeveloping both sites, the Hospice site significantly, to provide our patients and their families and carers with an 18-bed IPU and outpatient facilities which fully reflect the high level of care which we provide.

**We will continue to collaborate with Thames Hospice and work ever more closely with the four local Surrey adult hospices and colleagues across the health and adult social care field** - collaborating to support delivery of the Surrey Heartlands End of Life Care Strategy and Frimley ICS's palliative and end of life care priorities.

# Section 3

## Statutory Information

This section includes:

Information that all providers must include in their Quality Account.

### Registration



PT 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 that have impacted on our registration status during 2021/22.

**An inspection of the Guildford Beacon Centre site in October 2021 resulted in an overall rating of 'Good', and a previous inspection of the Farnham Hospice site in July 2016 also achieved a rating of 'Good'.** PT has a designated CQC Relationship Manager with whom we are in regular contact through relationship meetings.

### Numerical Data

PT generates its own comprehensive dataset which provides an overview of activity and supports service development.

### Research PT has been involved in

#### Research Studies / Activity

**Motor Neurone Disease Register for England, Wales and Northern Ireland.** The purpose of this 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 - *Kings College London*. **PT has entered 35 patients into the study so far.**

**Understanding and measuring the impact of complementary therapies (CT) in palliative care.** This study aims to investigate what impact touch-based CT (e.g. massage, aromatherapy-massage or reflexology) have on patients in hospice care and to develop a Core Outcome Set (COS) that can be used in randomised controlled trials of touch-based CTs to establish effectiveness in adult palliative populations - *University College London*. **PT entered 7 therapists & 6 patients into the study.**

**Understanding the impact of the Covid-19 pandemic on delivery of rehabilitation in specialist palliative care services: An analysis of the CovPall-Rehab survey data** – this study aims to understand rehabilitation provision in palliative care services during the Covid-19 pandemic, identifying and reflecting on adaptive and innovative practice to inform ongoing provision - *Cicely Saunders Institute, Kings College London et al.* **PT staff completed the survey.**



**Developing a Web Resource to Support Families and Friends Bereaved During COVID-19.** This study aims to develop an online web resource to support families who have been bereaved during the COVID-19 pandemic. The researchers asked members of the public, who have had experience of bereavement, and bereavement experts to complete a short, anonymous online survey. The questions were based on recognised evidence and theory regarding families and bereavement and asked how this evidence and theory reflects their experiences and how it can be best applied to provide a web-resource to support family and friends who have been bereaved - *University of Southampton, Hospice UK*. **PT staff completed the survey.**

**National survey on the provision of physical activity in hospice care across the UK.** The aim of the survey is to identify regional differences and service requirements in the provision of physical activity in hospice care across the UK, alongside the impact of covid-19. Data from the survey will contribute to a national picture of current practice, which will inform the development of physical activity resources and promotion policies in palliative and hospice care that may be rolled out regionally and nationally - *University of Leeds*. **PT staff completed the survey.**

## Publications / Posters

**Publication:** **Breathlessness and Covid-19: A call for Research** - Lisa Hentsch, Sara Cocetta, Gilles Allali, Isabelle Santana, **Rowena Eason**, Emily Adam & Jean-Paul Janssens *Respiration* 2021 Vol. 100, No. 10: 1016-1026.

**Poster:** **Learning from Deaths in Hospice Care – Nick Dando, Jayne Holland, Cate Seton-Jones.** *Hospice UK conference Nov 2021.*

**Poster:** **The Learning Disability Death Review (LeDeR) Programme in a UK Hospice – Nick Dando.** *Hospice UK conference Nov 2021.*

## Potential projects

**Do informal carer demographic features influence medicine management at the end of life.** PT in collaboration with the Surrey and Sussex Hospice research group are developing this study with the aim of it being included on the Clinical Research Network (CRN) portfolio.

**A virtual peer-to-peer support programme for family caregivers of individuals with motor neurone disease at risk of becoming or currently technology-dependent: randomised controlled trial.** PT is in liaison with the Chief Investigator (CI) about being a recruiting centre for this project once ethical approval is secured. July 2022: PT is actively recruiting to this study - *King's College, London*.

**The mental health challenges of end-of-life care for healthcare professionals. Part 2 – Comparing the experiences and mental health of end-of-life healthcare workers in the UK & Hong Kong during the COVID-19 pandemic.** The University of Hong Kong would like to interview members of our clinical staff (doctor, nurses, and therapists) about their experience caring for dying patients during the covid pandemic. They aim to compare the experience between the UK and Hong Kong - *University of Hong Kong*.

**A cluster randomised trial of clinically assisted hydration in patients in last days of life (CHELsea II).** This study follows on from a successful feasibility study looking into the important issue of artificial hydration at the end of life, looking at the potential harms and benefits, and should inform future practice - *University of Surrey*.

## Quality improvement and innovation goals agreed with our commissioners

PT receives a grant from our local clinical commissioning groups 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 PT Clinical Governance Sub-Committee meeting. This provides our commissioners with an 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 duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all CQC registered health and social care organisations. The promotion of a culture of openness and transparency is essential to improving and maintaining patient safety.

The PT Duty of Candour Policy provides guidance to clinical employees about their duty, the principles of being open and the processes to be followed with patients/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 and reporting. All incidents are discussed at the PT Clinical Governance Committee and all serious incidents (SIs) are reported to the CQC and the Clinical Commissioning Group, as well as other statutory bodies as required. No clinical serious incidents took place during 2020/21.

## Phyllis Tuckwell Data Security and Protection Toolkit

We prepared an Information Governance Assessment report for 2021-22. The outcome was that the standards were met and were published on 21/06/2022.

## Whistleblowing

We have an internal Freedom to Speak Up Guardian (FSUG), part of the HR team, for staff to go to for a confidential conversation.

During the reporting period 1 staff member contacted our FSUG on a minor issue and was resolved without escalating to the Board. Our FSUG reports annually to our Trustees on the disclosure made (but not names of individuals), nature and any common themes, staff support provided and the follow-on actions and resolutions.

# Section 4

## Quality Overview

This section provides:

- How we monitor the quality of care we provide.
- What patients and families say about us.
- What our regulator says about us.

### Quality Markers

We have measured our performance against the following metrics:

Indicator	2021/22	2020/21	2019/20
All informal concerns/negative feedback and complaints	27	23	16
Patient safety incidents			
Patient falls (IPU)	20	66	36
Total number of IPU patients known to have become infected with MRSA	0	0	0
Total number of IPU patients known to have become infected with C. difficile	0	0	0
Pressure Ulcers during IPU admission - (Category 1-4, unstageable and deep tissue injury - developed or worsened)	20	30	16
Medication IPU incidents (including documentation /record keeping errors and near misses i.e. error prevented)	78	67	74

Feedback from across the organisation is captured and reviewed as this captures the personal experience of those providing feedback and helps us to reflect on how improvements can be made to the way we work within the wider system.

**All feedback is taken seriously and responded to.**

### Medication incidents

Near miss and no harm incidents have formed the majority of incidents reported, such as incidents that did not reach the patient or a documentation error. 0.09% were defined as a low harm medicine incident with RNs understanding the escalation process. **There were no serious incidents.**

### Falls

**There has been a decrease in falls during the reporting period** despite patients having cognitive impairment and a history of falls. All patients admitted to the IPU

have a falls risk assessment and multi-factorial interventions put in place to reduce the risk of further falls. A falls steering group has commenced to ensure ongoing focus on this aspect of care.

## Pressure ulcers

**There has been a reduction of pressure ulcers that have developed during the year on the IPU**, with the majority present on initial assessment. Skin assessments and pressure reduction care plans are in place, together with profiling beds and mattresses to help keep weight off bony prominences. This continues to be a prioritised area of care by the team.

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 PT (more inclusive with a wider range of incidences).

## Clinical Audits and Evaluations

To ensure that we are continually meeting standards and providing a consistently high quality of service, PT 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 audit and quality evaluation results. Recommendations are made and action plans developed.

The audit and evaluation programme for 2021/22 covered 16 clinical audits plus an additional 24 audits relating to infection prevention control:

- Access to health records audit.
- Admissions audit.
- Audit of completion of ReSPECT forms by PT staff, for patients known to PT.
- Controlled Drugs Quarterly audit.
- Community Nutritional Screening tool audit.
- Horizontal Blood Transfusion Audit (Frimley Park Hospital).
- Hand hygiene audits – across the clinical teams.
- Infection Control and Prevention audit programme (24 audits).
- Mouthcare Guidelines audit – IPU.
- Medication omissions.
- National Early Warning Score (NEWS) audit of completion.
- Pain assessment and documentation audit – IPU.
- Physiotherapy medical records audit.
- Prescribing practices for systemic corticosteroids in community end of life care.
- PT Prescription writing standards.
- Syringe pump prescribing and administration on the IPU.

A small sample of the audits and evaluations in more detail are listed in the table below:

Audit/evaluation	Findings, recommendations and actions to be taken to improve compliance/practice
<p><b>NEWS2 Audit IPU - April 2021</b> National Early Warning Score (NEWS) was implemented by the Royal College of Physicians providing a framework to standardise the assessment and response to acute illness.</p> <p>The audit was undertaken to monitor the accuracy of completion of the NEWS score by registered nurses on the IPU. The objective was to ensure correct recording of the NEWS status on the chart and nursing handover sheet, so as to ensure appropriate escalation of patient care if required.</p>	<ul style="list-style-type: none"> <li>• This was a re-audit and there was improvement in the use of the NEWS charts, and a greater understanding of how to complete and score the results.</li> <li>• Highlight the importance of completing the escalation box, and the significance of this.</li> <li>• Arrange training sessions for the new registered nurses to the IPU.</li> </ul>
<p><b>Audit of completion of ReSPECT forms – June 2021</b> ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process which creates “personalised recommendations for a person’s clinical care and treatment in a future emergency in which they are unable to make or express choices”.</p> <p>The aims were to quantify the number of ReSPECT forms completed by PT for our patient group. To review the quality of information provided on the ReSPECT forms with reference to the standards.</p>	<ul style="list-style-type: none"> <li>• Recommendations for further audits will be explored once ReSPECT training has been rolled out to all staff.</li> <li>• Definition of ‘senior responsible clinician’ should be circulated.</li> </ul>
<p><b>In-Patient Controlled Drug Inspection Audit Report – Oct. 2021</b> Assess every three months whether practice is in line with Frimley Health Foundation Trust, who provide the governance structure for Medicines Management within PT.</p>	<ul style="list-style-type: none"> <li>• Highlight in weekly staff brief, ‘to enter CDs received from pharmacy’ into the register in words on the left-hand side of the page.</li> <li>• Undertake weekly controlled drug checks.</li> </ul>
<p><b>Prescription Writing Standards Audit – March 2022</b> Reassess prescribing against the PT prescription writing standards. Ensure prescribing is safe and aligned to organisational standards.</p>	<ul style="list-style-type: none"> <li>• To raise awareness for registered nurses to check the patient’s name appears on each active page of the patient’s prescription chart, each time medicines are administered.</li> <li>• Recommend re-auditing standard 2 to ensure the patient’s name appears on each active page of the patient’s prescription chart(s).</li> </ul>

# What patients and families say about the services they receive

Listening to the feedback from our patients, relatives, carers and local healthcare professionals has remained an essential part of what Phyllis Tuckwell does.

**Feedback is vital to the quality improvement we hope to achieve, with surveys distributed to patients and families before or after a period of care.**

Last year we received feedback from the following:

- Living Well Survey
- Feedback about our Services Survey – this has replaced our In-Patient Unit survey, with the aim of increasing feedback from patients about our care and environment.
- Carers Survey
- FAMCARE
- PLACE-Lite

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

## Compliments

We have continued to receive compliments for the care we delivered during the year and these have been shared with relevant staff.

*“Thank you for your kind words. And also a huge big heartfelt thank you for being so helpful and available and giving of your time, and for so much support and help and chats and everything! You have been an absolute star.”*

*“We built a snowman in the winter and the nurses gave us a carrot for the nose. I liked running around in the gardens and sitting on the bench on the hill. I liked reading the tree with the messages and I put a message up for my mum, which made me feel happy.”*

*“Thank you very much for looking after our dear mum and for making the last weeks of her life comfortable and pain-free. With all our gratitude.”*

*“OT - I just want to thank you from the bottom of my heart for your amazing care and concern. Your positivity and encouragement was so appreciated.”*



## Living Well Programme Survey 2021/2022

The Living Well Patient Survey consists of multiple-choice questions relating to the sessions, including: - the environment, resources, cleanliness, support, refreshments. The survey provides the opportunity to add free text responses.

A total of 80 completed surveys were received between April 2021 – March 2022. All surveys received were analysed to establish patients' experiences of the Living Well programme.

Three examples of the questions and responses are included. The results showed that of the patients who responded:

- **96% rated the information discussed/sent about the requirements of joining the face-to-face group, as 'very good'.**
- **99% of patients said they felt supported by being a part of the group.**
- **99% of patients felt they were treated with respect and dignity.**
- **97% of patients rated their experience of the Living Well programme as 'very good'.**

## Feedback about our Services

This survey was launched in March 2022 and a total of 8 completed surveys were received. Due to the low response, we are currently reviewing the best method to obtain feedback.

The aim of this survey is to collect ongoing information about the experience of patients, relatives and carers across our IPU and Community services.

### Demographics:

- **50% of responses were from the patient** (25% from a relative or friend of the patient, and 25% from carers).
- **50% of responses were from females and 50% from males.**

### Service experience:

- **88% of the service users felt 'extremely supported' by Phyllis Tuckwell.**
- **71% of respondents said it was easy to understand the answer(s) to questions they had asked.**
- **86% of service users felt sufficiently involved in their planning of care and treatment.**
- **88% of respondents felt if they were to raise a concern with staff, that it would be acted upon.**
- **88% of respondents rated their experience of our service as 'very good' and 13% responded as 'good'.**

## Survey Themes

The feedback from patients, relatives and carers is overwhelmingly positive, with Phyllis Tuckwell known for being:

- Supportive
- Helpful
- Kind
- Caring
- Professional

We will continue to ensure we deliver person-centred care in response to people's needs.

## FAMCARE

The 2022 Independent FAMCARE Service Evaluation, measuring satisfaction with end of life care amongst bereaved relatives, was undertaken between August and September 2022. This was our first year participating in the FAMCARE Audit. We sent surveys to the next of kin of individuals who had died at Phyllis Tuckwell between June and August 2022. We are very pleased with the results and feedback, especially in the areas where we received more 'very satisfied' responses compared to the average from the other 28 participating community palliative care teams. **Overall, we achieved a higher than national average response rate of 38% (the national average was 33.8%).**

## PLACE-Lite

Patient-Led Assessments of the Care Environment (PLACE) evaluate the patient environment and how well it supports and enhances the provision of clinical care. The PLACE-Lite assessment was undertaken at the Hospice in Farnham and the Beacon Centre in Guildford in February 2022.

A team of Patient Assessors and hospice staff evaluated areas such as hygiene, general building maintenance, and how well the building meets the needs of people living with dementia, or a disability.

**The organisation performed well with cleanliness, the condition, appearance and maintenance of the buildings.** Common actions related to ensuring a dementia friendly environment, evaluating the use of signs throughout the building, improved access (particularly provision of handrails) and the condition of the flooring.

Several areas have been addressed with immediate actions taken already, however other actions requiring more time have been raised for consideration in line with the future refurbishments plans on both sites.

## Our wonderful team - staff and volunteers

**PT is so fortunate to have such an amazing group of people working and volunteering for us.** As you would expect there has been a continued impact of Covid on our people, but thankfully not to the same extent as last year. The wellbeing of our staff is of paramount importance and this year has been no exception. Alongside our Employee Assistance Programme and internal support such as clinical supervision, **we have put in place a pulse survey which regularly captures how staff are feeling.** The feedback enables us to direct support, establish what works well and where further improvements can be made.

**Staff and volunteers also completed the Hospice UK survey, in conjunction with Birdsong Charity Consulting.** This survey enables PT to compare our performance with other Hospices who took part. Our results were impressive, the only area which PT could do better, in comparison to other Hospices, was with our sustainability, where staff felt there was more that PT could be doing. On the back of this, **our Eco group has been re-established.**

As soon as we were able to, and in accordance with Covid rules, **we held social events such as BBQs on both the Beacon Centre and Hospice sites.** This meant that staff were able to physically meet with their colleagues. These events create a positive buzz around the organisation and are very well received.

**We continue to receive support from local companies which we are very grateful for** - treats such as the pizza food truck visiting make such a positive difference to everyone's morale.

The Covid pandemic has had a significant effect on the way all our people have worked over the past year. They have been adaptable, flexible and shown great resilience. We are very proud of everyone and the continued dedication to their roles.



## PT Staff Surveys

**The wellbeing of our staff is of paramount importance to us, and has been particularly so during the Covid pandemic.**

Every two years we run our staff satisfaction survey, Birdsong, which invites staff to give feedback on how they feel about working for Phyllis Tuckwell, their views on their current roles, and how well they feel they are supported, with regard to both their work and their personal wellbeing. As well as giving us an insight into what we, as an employer, are doing well and what we could improve, the survey also enables us to compare our performance with that of other hospices and charities in the UK. We will be running the survey again in 2023/24.



Over the past year we have conducted regular Pulse surveys to check in with staff and find out how they are feeling. We introduced these surveys because of the pandemic; we felt that it was important to understand how it was affecting our staff and how we could best support them through it. The survey asks staff how supported they feel, how well connected they feel to their team and to PT as a whole, and how well they feel the leadership team at PT is protecting them in their role. Feedback has been helpful and has enabled our Senior Management Team (SMT) to increase or make changes to the support we provide, as needed.

We have also added a quick wellness survey to our HR database, which asks staff to pick a face to describe how they are feeling at that time. This enables us to offer specific support directly to anyone who indicates that they might want or need it.





## 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 praise from the CQC, following inspections of the Hospice in July 2016, and the Beacon Centre in October 2021 with overall ratings of Good. This meant that:

- The service had enough staff to care for patients and keep them safe.
- People were involved in decisions about their care and treatment when approaching end of life, and staff documented these in their records.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- The service constantly asked people for feedback, which was persistently and overwhelmingly positive and exceeded the provider's expected standards.
- The team's internal audit system and care ethos that focused on patient-centred, compassionate care, furthered these standards.
- Leaders ran services well using reliable information systems and supported staff to develop their knowledge and skills.

During the last year the focus of the regulatory approach has continued to ensure that health and care providers deliver caring, responsive, effective, well-led and safe services for patients, and their families and carers, and for staff who work within the organisations. For Phyllis Tuckwell, this has taken the form of CQC Relationship meetings during the year, discussing the areas that Phyllis Tuckwell has in place. Additional conversations have ensured that there is an open and transparent approach between Phyllis Tuckwell and the CQC Relationship Manager.



### Commissioner Statement from NHS Surrey Heartlands Integrated Care System

Surrey Heartlands Integrated Care System (ICS) welcomes the opportunity to comment on the Phyllis Tuckwell (PT) Quality Account for 2021/22.

The ICS is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall account and analysis of the quality of hospice care services.

We recognise and value the immense effort that Phyllis Tuckwell has made and contributed through local system partnership working, to care for patients, staff and families throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The Quality Report summarises the charity's achievements in relation to the 2021/22 quality priorities, and also highlights areas requiring further action. PT has also outlined its quality priorities for 2022/23.

As well as recognising the ongoing quality improvement work, we are pleased to see the following achievements:

- The Responsive Pilot which helped patients achieve their preferred place of care and supported local NHS services by relieving pressure in hospitals.
- Living Well programmes which enabled patients to access support and advice on symptom management.

We look forward to the 2022/23 priorities to improve services including the work on Equality, Diversity and Inclusiveness ethos throughout Phyllis Tuckwell to support all in the local area who need hospice care.

As a commissioner we look forward to continuing to build on our good relationship with Phyllis Tuckwell and system partners to ensure continuous improvement in the delivery of safe and effective services for residents in Surrey.

**Clare Stone**

**Director of Multi-Professional Leadership**

NHS Surrey Heartlands Integrated Care System



**Surrey Heartlands**

HEALTH AND CARE PARTNERSHIP



## Commissioner Statement from NHS Frimley ICB:

NHS Frimley ICB as of July 2022 (previously Frimley Clinical Commissioning Group) have reviewed the Quality Account for 2021/22 and welcome the opportunity to comment.

Phyllis Tuckwell (PT) provides palliative and end of life care to the majority of our population in Surrey Heath and North East Hampshire and Farnham.

During the year we have continued to build on our positive working relationship with PT for them to achieve their ambition of delivering outstanding palliative and end-of-life care for our registered population. PT has worked with us to adapt and provide flexible services to ensure those in need at the end of their life still received the care they required. An example of this has been the responsive service which was set up to support the pressures in the system.

In particular we would like to note the following achievements:

- PT is an active partner within the Frimley Health & Care Integrated Care System which has included collaborative working with our neighbouring hospice.
- They are active members of the Frimley Heath and Care ICS PEOLC steering group we value their contributions to the work of this group in working with local and system partnerships for the care of patients and the local population.
- They contribute to a number of task & finish groups providing insight and helping to inform the continuous improvement work.
- PT is committed to outreach and engaging with members of the BAME communities particularly the Nepali population to ensure support and access for all at end of life.
- They provide specialist training and education to staff both internally and externally in order to continuously develop skills and knowledge.
- Support and education for care home staff during the implementation of ReSPECT in education and learning has been well attended and received.
- PT is dedicated to continuous service improvements and research to improve end of life care for their patients.

NHS Frimley ICB are content with the review of progress and quality improvements made in 2021/22 and support the priorities for the coming year.

**Jo Greengrass**  
**Director of Quality and Nursing**  
NHS Frimley



# The Board of Trustees' Commitment to Quality

The Board of Trustees is fully committed to the quality agenda. PT 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 PT is of high quality and is cost effective.

## Our Board of Trustees:

**Dr David Eyre-Brook** - *Chair*

**Rosy Anand**

**Helen Atkinson**

**Professor Michael Bailey** (*retired Sept 2021*)

**Veronica Carter** (*retired Sept 2021*)

**Helen Franklin**

**Alison Huggett** - *Vice Chair*

**Richard Hunt** - *Vice Chair*

**Dr Robert Laing**

**Ken Ratcliff**

**David Tomlinson** (*from Sept 2021*)

**Elizabeth Wells**

**Anne Whelan**



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