

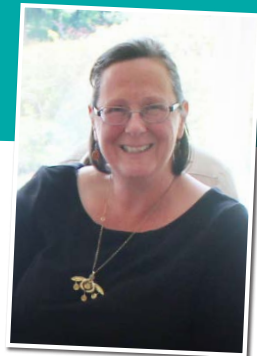


*“Talking with so many caring people bought a ray of sunshine into what would otherwise have been a very dark place.”*

## Quality Account 2020/2021

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

# Chief Executive's Statement



## Welcome to the Phyllis Tuckwell (PT) Quality Account 2020/21.

I hope that you will find this a useful and informative read. It will provide you with a summary of the quality initiatives which we undertook during the last financial year, and those which we will be focusing on in the next financial year.

The excellent supportive and end of life care which we provide for local adult patients, and their families and carers, who are living with an advanced or terminal illness across West Surrey and North East Hampshire is vitally important, and never more so than in recent times, with a new pandemic sweeping the globe and many people left vulnerable and isolated.

Our commitment to the quality of our care is absolute, and we are very proud of all we have achieved over the 12 months from April 2020 to March 2021. These achievements were made during a particularly difficult time, with the Covid-19 pandemic bringing both challenges to current ways of working and opportunities for improvement. The commitment, dedication and peer support which our staff and volunteers have shown throughout this time has been admirable, and has enabled us to come through it stronger and, with feedback from all our stakeholders, has provided clearer ideas of how we will improve our services into the future.

During 2020/21 we focussed on ensuring that we could continue to provide our care throughout the pandemic. We introduced and quickly became accustomed to using new technology to communicate with patients and carers in their own homes, and used social distancing measures and Personal Protective Equipment (PPE) to keep all home visits Covid-secure and compliant with government guidance. PPE was also used on our In-Patient Unit (IPU), where strict infection control measures were maintained throughout, including the introduction of a separate room where staff could put on their PPE, and the closure of our two 4-bed bays, which were used as single bed rooms to reduce the risk of infection. Because of the need to prioritise our adjustment to caring during the pandemic, some of the other plans we had made for the financial year were postponed, to be picked up again once the immediate urgent situation had been managed and a new way of working had been implemented.

Although some areas of our Fundraising team saw a fall in income, our overall financial position was aided greatly by generous donations from our local community and increased financial support from the government, meaning that we ended the financial year in a better position than we had expected. We have great plans for the development of our care and the improvement of our Hospice building, which we had thought we would have to postpone for some time, but given the financial support we have received, we are hoping to continue with these as planned, to improve our care and the environment in which it is provided, for the benefit of our patients, their families and carers, and our staff and volunteers.

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

Thank you for your interest in Phyllis Tuckwell.

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

**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

**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 (PT) over the last year.** The report also details a number of improvements which are planned for the forthcoming year, which will be reported on in next year's Quality Account.

During 2020/21 PT provided high quality supportive and end of life care for adult patients across West Surrey and North East Hampshire, through three key services, in partnership with other local healthcare professionals:

- In-Patient Unit.
- Care at Home services - incorporating the full multi-disciplinary clinical team as well as the Hospice Care at Home nursing team.
- Living Well services - usually incorporating the traditional Day Hospice model of care, outpatients and group support, but adapted during the pandemic.

Underpinning these core services is the extensive support we provide to carers and families, both pre- and post-bereavement.

In addition, PT provides a comprehensive range of education, training and support for external healthcare professionals (HCPs), including care home staff, ambulance staff, Community Nurses and GPs.

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

We have reviewed all the data available to us to ensure we maintain high quality of care across all of these services and are happy with the accuracy of the data. The income provided by the NHS represented around 47% of the total income generated by PT in the reporting period 2020/21. This is higher than the usual 20/25% support from the NHS/Government in previous years, due to increased national Government Covid funding for hospices this financial year.



## Patients and Families Supported

The Covid-19 pandemic had a huge impact on the whole Phyllis Tuckwell service throughout the 2020/21 reporting period. Infection control measures were implemented across every service, PPE became the norm and face-to-face support reduced, apart from the very end of life patients. Our Living Well service, which in usual times consisted mainly of group work, was adapted to support individuals at home.



Below we present a summary of our clinical services and education services during 2020/21.

## Referrals and Patients Supported

	2020/21	2019/20	Year-on-year Change
Patients supported - all services	<b>2,068</b>	2,045	<b>1.1%</b>
Referrals to PT	<b>1,483</b>	1,564	<b>-5.2%</b>
Non-cancer patients	<b>480</b>	579	<b>-17.0%</b>

The number of referrals to PT decreased slightly last year, which is a reflection of the impact of Covid. It is likely to be due to a combination of factors, as patients were not seeing GPs or Hospital HCPs as much, so the chance to refer decreased, and some patients were reticent to leave home to go to a healthcare establishment, or to see more HCPs. Covid may also have affected the number of non-cancer patients we supported, which also reduced (-17%).

Although referrals decreased, this is the third year that we have supported more than 2,000 patients, which is hugely encouraging as our strategy is to increase the number of people who benefit from our services. It is a true testament to the hard work of all the clinical teams that increased numbers of patients have been cared for in 2020/21 in the midst of a huge amount of change relating to Covid.

A lot of effort was made by Phyllis Tuckwell to support the national directive to keep patients out of hospital during the pandemic. This was reflected by the increased number of patient contacts made by our Care at Home team (+25%), which increased from 61,366 to 76,754 patient contacts in the community.



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

	2020/21	2019/20	Year-on-year Change
Total admissions	<b>262</b>	272	<b>-3.7%</b>
% patients going home	<b>25%</b>	27%	<b>-7.4%</b>
% bed occupancy	<b>85%</b>	91%	<b>-6.6%</b>
Number of deaths	<b>198</b>	202	<b>-2.0%</b>
Non-cancer admissions	<b>35</b>	61	<b>-42.6%</b>

The impact of Covid reduced our bed capacity from December 2020 as we had to close our two 4-bedded bays due to infection control measures and change them to single rooms. This reduced our total bed numbers to 12, however our IPU continues to be used efficiently, demonstrated by strong, but slightly reduced, occupancy levels. The number of admissions for 2020/21 is only 4% lower than 2019/20 and we only cared for 4 fewer patients than last year through to death (198 cf 202), both of which are impressive given the reduced number of available beds.

The number of patients returning home (or into a care home) from the IPU has decreased compared with 2019/20. The reasons for this are varied and individual, including level of complexity and distress, a fluctuating level of nursing home availability, availability of care agency support at home in some geographical areas and the fact that some patients did not want to be referred back into care homes as their visiting regimes were more strict than at the Hospice.

Due to the limitations of our building with regard to infection control, Phyllis Tuckwell was officially an NHS “cold site”, so we did not knowingly take Covid-positive patients onto our ward. This may be a factor in our reduced admissions.



## Care at Home services (including Hospice Care at Home)

	2020/21	2019/20	Year-on-year Change
Total patients supported	<b>2,013</b>	1,950	<b>3.2%</b>
Total patient referrals	<b>1,220</b>	1,302	<b>-6.3%</b>
Non-cancer referrals	<b>28.85%</b>	34.5%	<b>-16.4%</b>
Home / Care Home deaths	<b>696</b>	584	<b>19.2%</b>

The Care at Home team includes the nursing team of Clinical Nurse Specialists, Nurses and Health Care Assistants as well as Doctors, the Patient & Family Support team and Therapists. We saw an increase in the number of patients supported (+3.2%) despite fewer referrals (-6.3%). We believe this could be a reflection of the Covid pandemic, during which patients stayed away from hospitals/GPs which reduced the number of opportunities to identify patients who would usually have been referred to us. Given the unusual year, we were delighted that this part of our service continued to grow, as this is one of our strategic objectives.

The Hospice Care at Home team work alongside families, carers and community partners to support patients in their own homes during their last days or few remaining weeks of life. Hospice Care at Home (HCAH) aims to tailor compassionate and timely support to patient, family, and carers needs, and to co-ordinate with other services so that care is experienced as seamless. This joined-up care includes skilled nursing assessment, help to control symptoms, personal and nursing care, and care after death. The multi-professional team assist with emotional, spiritual, financial and bereavement support, facilitate access to specialist equipment and provide education about the dying process.

A total of 1,009 patients died under the care of the Care at Home team. 69.7% of patients (696) died at home or in a care home, compared to 584 last year, an increase of 19.2%.

The Coronavirus pandemic saw a 40% increase in deaths at home nationally, meaning all our community services were stretched. For PT HCAH, this meant working very closely with community nursing colleagues so that our collective skills and knowledge were used efficiently and effectively. More face-to-face home visits were provided to more patients often with heightened concerns related to isolation. The team rapidly adapted working practices, learning new and refreshing established skills related to Coronavirus, including maintaining very high standards of infection prevention and control and communicating sensitively despite masks and eye protection.

Families can feel most alone at night, symptoms can be overwhelming and access to care challenging, so the addition of a Registered Nurse and another Health Care Assistant to our planned overnight care service has been positively received. It



increased by 209%, from 315 night visits in 2019/20 to 972 in 2020/21. Pre-existing systems for communication with our community colleagues have been strengthened in North East Hampshire with the introduction of a daily video call with other teams to co-ordinate care of those that are at the end of life in that locality. HCAH has been overwhelmed by positive feedback received during 2020/21.



### Living Well services (Day Services, Outpatients, Groups in Farnham and Guildford, Bereavement)

	2020/21	2019/20	Year-on-year Change
Total patients supported	699	787	-11.2%
Total patient referrals	417	424	-1.7%
Non-cancer referrals	167	181	-7.7%
Group attendances	526	2,103	-75.0%
Number of non-face-to-face contacts	6,774	3,202	111.6%

Our Living Well services, which usually comprise a Day Hospice service, Group Work programmes and outpatient appointments, delivered at both our Farnham Hospice and Guildford Beacon Centre sites, was hit the hardest due to Covid. This necessitated a radical change in the way we delivered our care, to complement our Care at Home services, so 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. Despite stopping all groups, we switched to provide most care through phone/video calls, which increased dramatically from 3,202 to 6,774 (+111.6%) contacts.

As restrictions lift, in addition to continuing some support through technology, we will see a return to groups and face-to-face support in 2021/22.

(Further details can be seen in the section “Living Well Review” on page 11.)

	2020/21	2019/20	Year-on-year Change
Total carers supported	<b>1,046</b>	784	<b>33.4%</b>
Total family members supported by counselling	<b>918</b>	535	<b>71.6%</b>
No. of contacts with Family Members	<b>4,209</b>	3,414	<b>23.3%</b>

The support the PT clinical team provides to family and carers continues to be a priority as we support more patients through our Community and Living Well services. This support begins during the patients' illness and continues, where appropriate, through into bereavement. The total number of carers supported indicates an increase of 33.4% and family members by 71.6%, due largely to increased support through counselling and telephone support during the Covid crisis. The number of contacts with family members by our counselling team increased by 23.3%.

## Education

The teaching and support of local health and social care professionals continues to be a strong focus of PT's work, with training content tailored to local professional needs and clinical practice. With the Covid crisis we had to discontinue the majority of our face-to-face training but were able to increase the number of training sessions provided overall by 65%, through the development of online training facilitated end of life care workshops. In 2020/21 we uploaded a lot of resources to our website, which were freely available to HCP colleagues in the NHS and Care Homes. We also continued an expansion in core training for internal PT clinical professionals, as we recognise 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 2020/21 (445 external HCPs and 584 internal staff attendances).



# Section 2

## Improvements - Current and Future

**The following section reviews the progress made in 2020/21 against improvements listed in last year's report, describes other improvements during the year and some areas for improvement in this coming year 2021/22.**

The Covid pandemic hit the UK at the end of the previous reporting period and affected everything PT did in 2020/21. Many of our planned improvements were put on hold as we concentrated on adapting our services to care for patients, and their families and carers, through the pandemic. This included two of the projects identified in last year's report – Sentinel and the IPOS NHS Nursing Home project. These will be implemented in 2021/22 and will be reported on in next year's Quality Account.

The year strengthened our working relationships with our community colleagues and other partners with joint approaches to best possible care.

### Quality Improvements 2020/21

#### Living Well Review

The one planned improvement listed in last year's Quality Account which we did progress, was the Living Well review.

Our aim is to provide meaningful and effective support for those with an advanced or terminal illness, through our Living Well service, as part of our Community services.

During 2020/21 no site-based group activities took place within our Day Hospice or Beacon Centre, as face-to-face groups were suspended in March 2020.

At this point Living Well adapted to address patient and family needs in new ways. Some nurses and HCAs moved to support the Community team and the In-Patient Unit, and other colleagues supported the enhanced need for administrative support.

Our Complementary Therapists and pastoral care colleagues increased their presence on the In-Patient Unit helping patients to use video technology to communicate with loved ones. We learned from each other during this period, returning to previous jobs with fresh ideas, being more consistent in our use of systems and processes particularly in using our electronic documentation system (EMIS) and with greater confidence in technology.

Our focus in Living Well had to change from face-to-face group work, and move to supporting patients and their carers through telephone support, home visits and outpatient appointments, and the development of virtual consultations and online group sessions to maintain quality of life, manage symptoms, help with adjustment and teach coping skills.



The Living Well service continued to support 250 patients, carers and family members a day during the pandemic. Daily meetings were introduced to prioritise and co-ordinate. Many patients received care remotely with regular phone calls, either pre-planned or in response to escalating needs. Patients were offered support to maintain quality of life, plan for the future, learn to manage symptoms and to adjust to this phase of their lives. New ways to connect with patients included delivering equipment to doorsteps and following up with video advice, introducing a newsletter and delivering 230 bags containing resources and activities at Christmas. Patients were also offered a face-to-face home or outpatient visit from a member of our multi-disciplinary team as needed.



Online groups were piloted and established as an opportunity for peer support and to ensure multi-professional input. These will continue as an alternative to site based groups, focussing on a range of topics from Tai Chi and relaxation to creative projects and a support group for carers. One group comprises a series of sessions each about a specific concern such as sleep, fatigue or adjustment to illness. A new session called 'The Story of Me' invites patients to respond to questions relating to their personalities and interests. Information gathered is invaluable as we seek to care for them as people as well as patients (see full report below).

We collected feedback about the Living Well service during the Covid-19 pandemic in 2020/21. The results from this feedback have informed our future service development and have led to changes to the supportive groups and individual support that our current patients and their carers access.

## The Story of Me

As part of the holistic care that we offer, it is important to us that we really get to know our patients. That's why, alongside Advance Care Planning which focuses on planning for a patient's future care needs, we have also introduced 'The Story of Me' which helps us to get to know and understand the whole person.

Through open questions, 'The Story of Me', helps us to get to know something about a person's background, passions and interests, both past and present. This then helps us to build relationships with our patients that enhances our care and their wellbeing. The document is used in different ways across our whole service.

**The Story of Me**

Phyllis Tuckwell  
A Living Well service  
A Living Well service

**My name is:**

**I like to be known as:**

As part of the Living Well programme, patients are introduced to 'The Story of Me' in a group setting, where they are encouraged to explore the different questions and share ideas about how they can fill it in. A member of staff recently commented that she felt as though she had really got to know a patient as 'the person' through The Story of Me, even though she had had contact with them for a number of years.

On the IPU, patients and their families are invited to fill in the questions on a poster version of The Story of Me, which is situated close to each patient's bed. Beyond a patient's symptoms and diagnosis, there is a person to be understood and cared for, which is the essence of holistic care. As an example, we cared for someone on the IPU who had been very agitated. Through focusing on past interests and passions, there were times of complete calm and focus, as we shared our total interest in him as a person and his love of photography and past interests.

## Palliative Care Training for Care Homes 2020/21

During this year there were both formal teaching sessions and drop-in online training specifically for Care Homes staff, with a total of 472 nurses from Care Homes attending. The Phyllis Tuckwell Clinical Educator worked closely with the Quality Lead for Care Homes in Frimley South and the Care Home Matrons in this area and Guildford & Waverley, to achieve this.

Three of the teaching courses, achieving quality recognition by the University of Surrey, focused on competency-based training:

- **T34 Syringe Pump Training:** 21 Registered Nurses from 6 different Nursing Homes were supported to complete their training and achieve their competency in practice.
- **Administration of Subcutaneous Fluids Training:** 12 RNs from 3 different Nursing Homes were supported to achieve training and competence.
- **Verification of Expected Death Training:** 41 Registered Nurses from 9 different Nursing Homes completed either the online training bundle hosted on our website, or completed live training via Teams, supported by our education team to achieve their competency.

Completion of this training, followed by sign-off of competency in practice, enables the practitioner to carry out the roles unsupervised, enhancing responsiveness by the Nursing Home for patient care. This is to be celebrated and illustrates the way in which Phyllis Tuckwell can extend its reach so that more patients benefit from responsive, safe end of life care.

All training provided was in response to local needs and covered a range of end of life care topics for Registered Nurses and Care Assistants. Relationships with the Care Homes and local professionals are strong, with our education team being involved in palliative care link meetings where shared learning takes place on alternate months.

We plan to continue this joint working approach with Care Homes and their professional teams, providing support and clinical updates.

## Other Quality Improvements 2020/21

- Introduction of new Clinical Skills Competency Assessment (Vital Signs, Documentation).
- Leadership development programme for team leads.
- Learning disability work – improving our understanding and the outcomes for people with learning disabilities, including the introduction of tools, training, links with community partners and work with the LeDer (Learning Disabilities Mortality Review) programme.
- Review of safeguarding training – in line with national standards.
- Improvements to clinical facilities, ensuring good infection prevention and control practice.
- Working with our Clinical Commissioning Groups and Integrated Care Systems to standardise and implement ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) across the local area. The ReSPECT process 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.
- Introduction of new “Medicine Matters” monthly newsletter which highlights specific drugs and relevant topical issues for clinical staff, and provides links and resources for more information.

## Improvements related to the pandemic and the changing health care climate:

- Expansion of virtual training - internal and external (figures in the Education section on page 10). PT delivered palliative and end of life care training for its own staff and for external partners throughout 2020/21, developing virtual training programmes targeted towards identified needs. PT was involved in working with others to provide additional support and training for Care Homes across our area (see page 13).
- Training on infection and prevention control measures including the wearing of PPE (Personal Protective Equipment). This ensured a consistent approach and was well received by staff members, helping to allay fears and anxieties.
- Development of virtual consultations and groups including: guided relaxation, seated tai chi, reminiscence, the rainbow project (an art project, designed to capture experiences through the year, based around colours and emotions) and bereavement groups. A survey of participants reported ease of use and all felt that they had benefited from joining the sessions. As a result of their success, some virtual groups will continue.
- Earlier bereavement contact and signposting has been led through our counselling team and has been highly valued by family members and carers.
- Formal debrief and reflective sessions have been provided for local healthcare professionals.
- Phyllis Tuckwell has contributed to various working groups over the past year improving access to services in and out of hours.



## Developments and Improvements for 2021/22

PT 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 pandemic emerged, and others will continue but at a slower pace. Below are some of the planned improvements for 2021/22 and also some improvements which were triggered by the pandemic.

- We will continue improving our In-Patient Unit environment, with the latest development being the conversion of one of our patient four-bed bay areas into two separate rooms with en-suite toilet facilities. Separate rooms provide additional privacy for the patients staying there and for their visiting families and friends.
- We will continue to develop our community model of care for patients with advanced illness and for their carers and families, encompassing a 'living well' approach, and working closely with community nursing, GPs, hospital colleagues and external partners.
- We will take forward the implementation of Sentinel as a digital database to underpin our Clinical Services.
- We are providing ReSPECT training (Recommended Summary Plan for Emergency Care and Treatment) to Care Homes and community professionals in North East Hampshire and Guildford & Waverley. This is aimed at assisting pro-active care planning and understanding of patients' preferences and needs.
- We will roll out the ability to view the Surrey Care Record via our electronic patient notes database, EMIS, and work towards being able to share our patients' important palliative and end of life care wishes and preferences with other healthcare professionals via the Surrey Care Record, so that all care provided is joined-up and seamless.
- We continue to work closely with care homes and will re-visit the care home IPOS pilot, to establish if this is a useful tool to identify unmet palliative care needs in this setting.
- We will continue our commitment to being an active member of the integrated care system in partnership with our local healthcare professionals, providing place based, responsive compassionate care for local people, their families, and carers.

# 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 2020/21. Inspections in July 2016 (the Farnham Hospice site) and January 2017 (the Guildford Beacon Centre site) resulted in reports which were very positive, with PT achieving the ratings of 'Good' and 'Outstanding' respectively.



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.

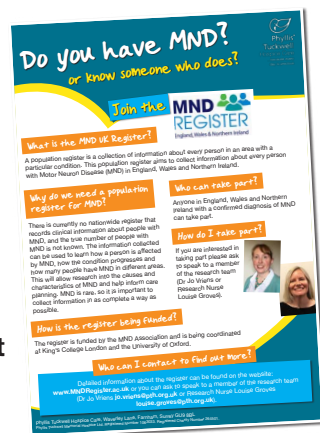
### Research

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

#### Research Studies

**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. PT has entered 22 patients into the study so far – *Kings College London*.

**A multi-centre evaluation of excessive saliva management in patients with Motor Neurone Disease (ProSec3).** A national study looking at how saliva problems affect people with Motor Neurone Disease (MND). PT has entered 10 patients into the study – now closed – *University of Sheffield*.



**Exploring the impact of audio-recording in terminal illness; the hospice biographer's model.** The purpose of this study is to provide a greater understanding of the process and impact of voice recording in terminal illness more generally, and the work of the Hospice Biography service in particular. It will highlight the potential therapeutic benefits of voice recording with terminally ill older people, as well as highlighting any ethical and safeguarding issues. *Brighton and Sussex Medical School.*

**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 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 PC symptoms. Dr Jo Vriens is on the Project Advisory Group – *University of Surrey, University of Strathclyde, Hospice Ethiopia.*

## Other Research Activity

**Palliative Care in COVID-19 (CovPall).** This is a study that is trying to understand more about how palliative care services and hospices are responding to the Covid-19 pandemic, the problems that services and patients and families / those affected by Covid-19 are facing, and how to best respond. PT staff completed the survey - *Cicely Saunders Institute.*

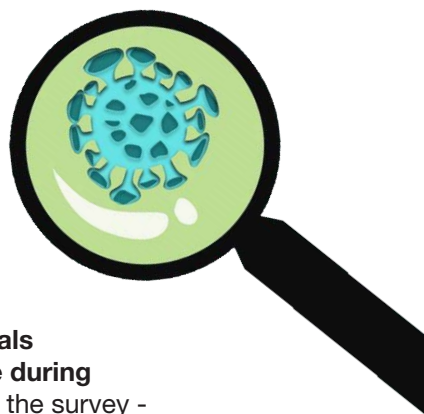
**Exploring the experiences of healthcare professionals supporting people living with motor neuron disease during the Covid19 pandemic in the UK.** PT staff completed the survey - *University of Sheffield.*

**Changes in Anticipatory Prescribing practice during Covid19. A brief survey to support practice change.** PT staff completed the survey - *University of Cambridge.*

**Bereavement during the Covid19 Pandemic: A national survey of bereavement support services.** Online survey completed by representative from counselling service - *Palliative and End of life care in Cambridge (PEliCam).*

**The Adjust Study.** Study to look at how clinicians estimate survival of palliative care patients. PT staff completed the survey - *Marie Curie, University College London.*

**Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions (EDiPPPP).** Looking at HCPs' opinions about eye donation in palliative care settings. PT staff completed the survey - *University of Southampton.*



**The PALLUP Study.** Equipping community services to meet the palliative care needs of older people with frailty approaching the end of life; a mixed methods study. PT staff completed the survey - *University of Surrey and St Christopher's Hospice.*

## Signposting Studies

A link is provided on our website to the **Motor Neurone Disease Association** website with details of current research projects that patients and carers may wish to be involved with.

**Experience of end of life care during the Covid19 crisis.** This study run by the University of Sheffield, University of Liverpool and Palliative Care institute of Liverpool is looking at the experiences of people who have lost a friend or relative during the pandemic and the experiences of those caring for them.

**Non-intended consequences of epidemic control decisions - The Open University, Together for Short Lives, Hospice UK and the International Children's Palliative Care Network.** A study looking at life during the Covid-19 pandemic for young people with life-limiting or life-threatening conditions.

## 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 (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 recognises that 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 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 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

Phyllis Tuckwell prepared an Information Governance Assessment Report for 2020/21. The outcome was that standards were met and were published on 18.03.2021.

## Whistleblowing

Phyllis Tuckwell has a very open and honest culture and we believe staff would feel comfortable reporting any issues to their line manager or Senior Management Team, however, we have also appointed an internal Freedom to Speak Up Guardian (FSUG), who is part of the HR team, for staff to go to if they want a confidential conversation.

During the reporting period 5 members of staff contacted our FSUG, but most issues were minor in nature and all were resolved without escalating to the Board. Our FSUG reports annually to our Board of Trustees on the disclosure made (but not the names of the individuals), nature and any common themes, staff support provided and the follow-on actions and resolutions.



# Section 4

## Quality Overview

This section outlines:

- 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	2020/21	2019/20
All informal negative feedback and complaints – across all services	23	16
Patient safety incidents		
Patient falls (IPU)	66	36
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
Pressure Ulcers (Category 1-4, unstageable and deep tissue injury) Developed or worsened during IPU admission	30	16
Medication incidents (including documentation errors in record books and near misses i.e. error prevented)	67	74

### Informal negative feedback and complaints

2020/21 saw a slight increase in the number of negative feedback comments received. It has been a challenging year with significantly more people supported and dying at home known to the Phyllis Tuckwell Care at Home team. We received feedback from families about there being not enough general support in the community from all providers, not enough face-to-face assessments and how delays in immediate response caused some distress. We are keen to capture all forms of negative feedback as they represent the personal experience of patients and their families during the pandemic, from all providers including Phyllis Tuckwell.

Phyllis Tuckwell received one multi-agency complaint about a patient who died which has been referred to the Coroner.

All feedback has been acknowledged and learning shared to inform the way we deliver our services.



## Medication incidents

There has been a reduction in medication errors in the period 2020/21, all of which were classified as no harm or low harm. Approximately 45% 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% resulted 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 that PT accepts patients with severe cognitive impairment with a history of multiple falls. Patients undergo regular falls risk assessments and, where appropriate, multi-factorial interventions are put in to place to reduce the risk of falls, including the use of pressure pads and movement sensors.

## Pressure ulcers

There has been an increase in the number of pressure ulcers seen on the In-Patient Unit.

This is likely to be due to increased awareness and reporting, following the implementation of the NHS Improvement Pressure Ulcers: revised definition and measurement summary and recommendations. PT reports all pressure ulcers and many are category 1 (intact skin with non-blanchable redness). Some pressure ulcers improve, others deteriorate further, exacerbated by the dying process as the organs slow down and fail, and skin changes take place.

All patients undergo regular skin assessments and have pressure risk reduction care plans in place. All beds on the IPU are profiling beds (different sections inclining separately) and have an alternating pressure mattress (air filled channels that alternately fill and empty to keep weight off bony prominences).

## Covid positive patients

During the pandemic this year, we cared for 12 patients with Covid on the IPU, who also had an advanced and deteriorating condition.

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.

## Clinical Audits and Evaluations

To ensure that we are continually meeting standards, providing a consistently high quality of service and making required and desired improvements, PT has a comprehensive Quality & Audit Programme in place. The programme allows us to monitor and measure 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 2020/21 covered a range of areas including:

- An update review of meeting patients' hydration needs at the end of life.
- Re-audit of the nutritional screening tool for the In-Patient Unit (IPU).
- Completion of National Early Warning Score (NEWS) and re-audit - IPU.
- Hospice UK General Medicines Management Audit (more detail overleaf).
- Hospice UK CD Management Audit (more detail overleaf).
- Medical Appraisal System 2019/2020.
- Falls Risk Assessment - looking at reported falls and whether falls risk assessments and falls incidence documentation had been completed to a good standard (quarterly audit).
- Quarterly Controlled Drug Audit (in line with Frimley Health Foundation Trust (FHFT) who provide the governance structure for Medicines Management within PT).
- Pain scoring IPU - an audit measuring how well pain assessment and scoring is documented on the IPU.
- Diabetes Management Audit - measuring against FHFT End of Life Diabetes Pathway.
- Living Well Patients' Social Media Survey 2020 – to establish whether patients have the facilities and would feel confident enough to use video, and to ascertain what help and support they need.
- Community nutritional screening tool – an audit to determine whether the PT Community nutritional screening tool is being used effectively to refer patients to the dietitian.
- Copying Correspondence to Patients – an audit to determine whether this is happening.
- Hand Hygiene Audits: - Complementary Therapy team, Physiotherapy team, Patient and Family Support team, Hospice Care at Home team, Clinical Nurse Specialists, the Living Well team and the Medical team (more detail overleaf).
- Are palliative outcome scores (an integrated assessment process) being completed on referral to the Community team and is the assessment being appropriately acted on?
- IPU recording of pain scoring (re-audit).
- Audit of prescribing and administration of end of life care medications in the community.
- Baseline mouth care snapshot audit - Hospice Care at Home.
- IPU mini audit (compliance with recording of patients' temperature twice daily).
- COSHH Audit.
- Audit of Access to Health Records.
- Physiotherapy Notes Audit.
- Ward Infection Control and Prevention audit programme (24 audits including hand hygiene audits).

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>Audit of prescribing and administration of end of life care medications in the community.</b></p> <p>An action agreed, following Phyllis Tuckwell's review of the Gosport War Memorial Inquiry recommendations, was to commit to auditing the use of end of life care (EoLC) medications in the community. The audit measured practice against both national (NICE CG 140 &amp; NICE NG 31) and PT standards.</p> <p>It looked at the standard of prescription chart completion, the prescribing of first line opioids and dosage escalation.</p>	<p>The audit examined the charts of patients known to PT in the community setting and involved entries from both PT and primary care clinicians. Sample = 106 charts.</p> <p>Overall, the audit showed that charts were completed well, e.g. correct information and signatures, etc.</p> <p>Morphine and diamorphine were used first-line with all patients, except for those with severe renal failure - where oxycodone or alfentanil was prescribed (recommended practice).</p> <p>In the audited sample there was no evidence of unsafe or frequent rapid syringe pump (CSCI) dose escalations.</p> <p>The audit was shared with PT clinicians and community partners, including a summary of the findings in a Prescribing Newsletter in March 2021.</p>
<p><b>Hand hygiene audits</b> are conducted regularly for all clinical staff members. Audits take place between two-monthly and annually depending on the level of clinical contact for each staff group.</p> <p>Adherence to best practice set out in the PT infection control policy.</p> <ul style="list-style-type: none"> <li>- General standards.</li> <li>- 5 moments (WHO).</li> <li>- Hand decontamination technique.</li> </ul>	<p>Staff groups included IPU staff, Therapists, the Patient &amp; Family Support team, the Hospice Care at Home team, Clinical Nurse Specialists, the Living Well team and the Medical team.</p> <p>Compliance was excellent - averaging 98%.</p> <p>Areas for improvement identified were:</p> <ul style="list-style-type: none"> <li>• Explain to all staff the importance of wearing clip-on hand sanitisers.</li> <li>• To re-iterate the importance of not wearing jewellery (other than a wedding band) and to keep nails short.</li> </ul>
<p><b>Medicines Management Audit</b></p> <p>Measurement of current practice against nationally recognised hospice audit tools:</p> <ul style="list-style-type: none"> <li>- Hospice UK General medicines audit</li> <li>- Hospice UK Controlled drugs (CD) audit</li> </ul> <p>The audit measured current practice against standards in the areas of: Operating Procedures, Purchasing and Supply, Storage and Destruction, Prescribing, Administration, and Management of patients' own medicines.</p>	<p>General medicines audit: PT was fully compliant in all areas.</p> <p>Controlled drugs audit: PT was 98% compliant.</p> <p>Findings and action:</p> <ul style="list-style-type: none"> <li>• CD stock levels not always kept to the lowest agreed level. This was fed back to IPU staff and Frimley Health Foundation Trust (FHFT) Pharmacy.</li> <li>• Not all corrections in the CD register had been signed by a witness, this was discussed with the IPU staff.</li> <li>• The IPU Pharmacist also conducts a quarterly CD audit (agreed with FHFT pharmacy department) – which showed improvement in this area for the rest of the reporting period.</li> <li>• To continue with current procedures. Re-audit in one year.</li> </ul>

There were no appropriate national audits, so Phyllis Tuckwell was not involved with any national audits during this reporting period.

# 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. Unfortunately gathering feedback was severely affected by the Covid pandemic, as comment cards and digital kiosks were removed due to infection control and prevention concerns, however we still continued to receive verbal and written feedback about our services. The VOICES survey ran for several months and a good number of returns were received. 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.

## IPU Patient Survey 2020/21 (a survey completed by patients on the IPU n=23)

Phyllis Tuckwell’s In-Patient Unit survey includes a variety of questions relating to the patients stay, including:- the quality of information giving by staff; the patients’ involvement in care planning; staff attitudes; the standard of care and support and the quality of the catering.

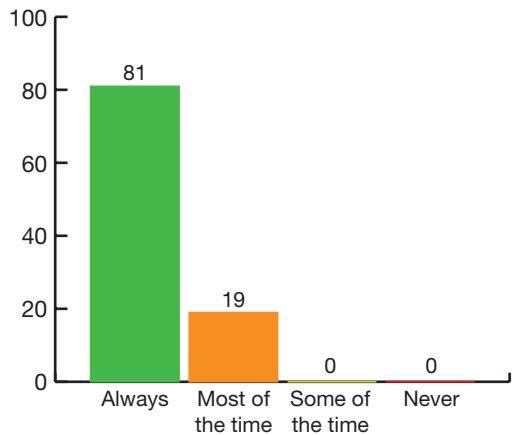
The survey is designed for self-completion by patients. The 2020/21 survey was severely affected by Covid-19 and was suspended a number of times, in addition, many inpatients were too ill to complete the survey.

As a result the sample size is fairly small with a total of 23 surveys completed between October 2020 and April 2021 (quarters 3 & 4).

A few key examples of the questions and responses are shown below and overleaf:

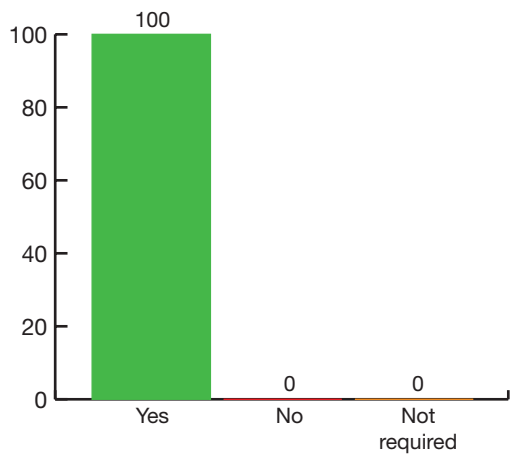
*Do you feel that the Phyllis Tuckwell health care professionals are communicating with each other e.g. are they aware of updates and changes to your plan of care?*

Response	Number	Percent
Always	17	81
Most of the time	4	19
Some of the time	0	0
Never	0	0
Total Valid	21	100
Not answered	2	



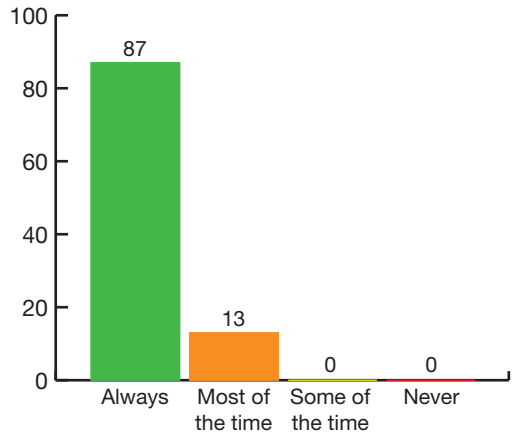
*Do you feel that you receive enough support to help you cope with your feelings and emotions?*

Response	Number	Percent
Yes	23	100
No	0	0
Not required	0	0
Total Valid	0	100
Not answered	0	



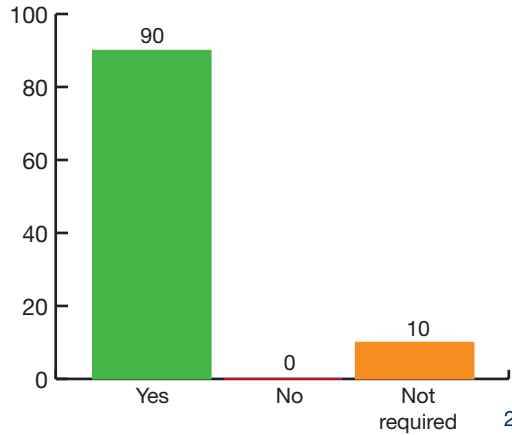
*Do you feel you are treated with dignity and respect?*

Response	Number	Percent
Always	20	87
Most of the time	3	13
Some of the time	0	0
Never	0	0
Total Valid	23	100
Not answered	0	



*Do you feel that there is an opportunity to discuss your future care e.g. where and how you would like to be cared for as you become less well?*

Response	Number	Percent
Yes	19	90
No	0	0
Not required	2	10
Total Valid	21	100
Not answered	2	

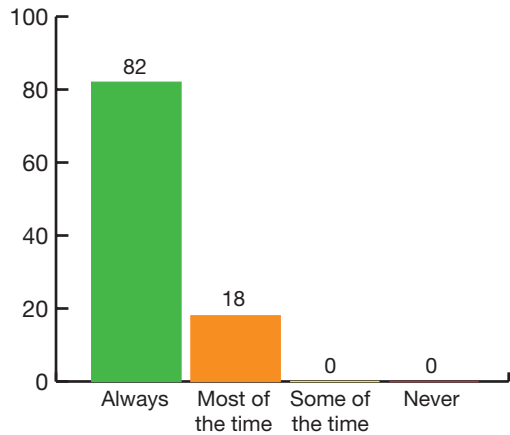


*Thinking about your stay on the IPU overall, how was your experience?*  
*This question is the approved NHS ‘friends and family test’ question.*

Response	Number	Percent
Very good	14	67
Good	7	33
Neither good nor bad	2	10
Poor	0	0
Total Valid	21	100
Don't know or not answered	2	

*Is there enough help available to help you with your personal care needs such as washing and toileting?*

Response	Number	Percent
Always	18	82
Most of the time	4	18
Some of the time	0	0
Never	0	0
Total Valid	22	100
Not answered	1	



The results were reported and discussed with staff, areas of potential improvement were identified, and where appropriate changes put into place, e.g. the name of the nurse caring for the patient is displayed on a photo board in the IPU reception, and it will now also be written on the patients’ notice boards in their room, making it easy for patients and their families to identify who is caring for them on that shift.





## VOICES Survey (Views Of Informal Carers Evaluation Survey)

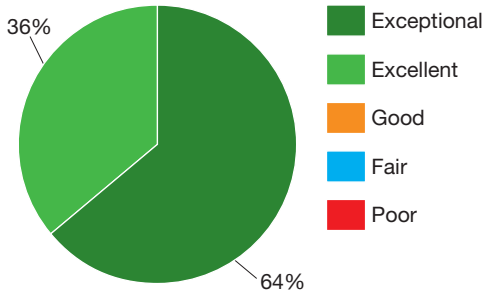
PT conducted the VOICES - HOSPICE Survey for the seventh time in 2020. The questionnaire is a validated service evaluation and quality assurance tool for use in hospices. Its aim is to evaluate what bereaved relatives think about the quality of care provided by a hospice to patients and families before the patient's death, and to themselves in bereavement.

The information collated has provided PT with a good insight into what relatives think about the care provision in the last few months of the patient's life and will be valuable in the future development of PT services. Sample n=74.

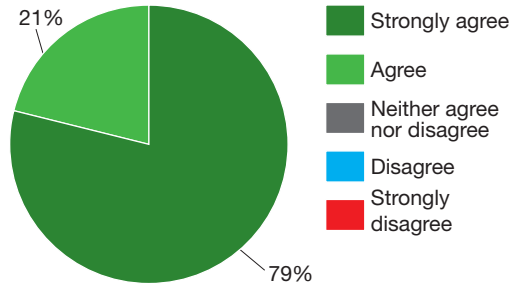
Some examples of the findings are listed below:

### In-Patient Unit

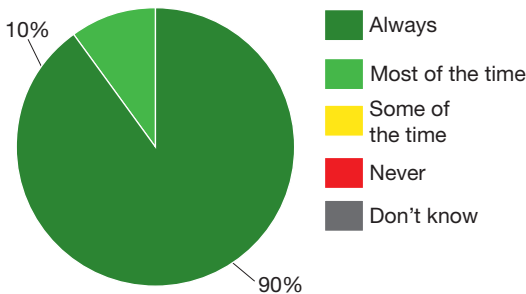
*Overall, what do you think of the care s/he got from the IPU team?*



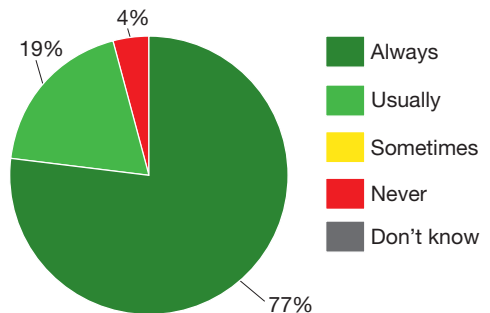
*Was there enough help with nursing care needs and personal care?*



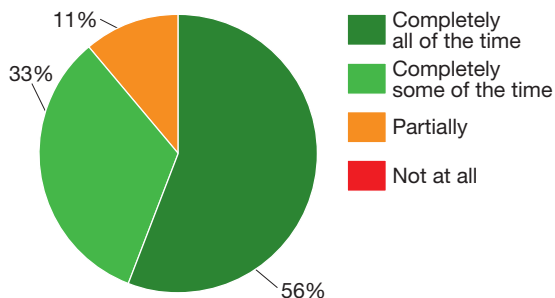
*Was s/he treated with respect and dignity by the In-Patient Team?*



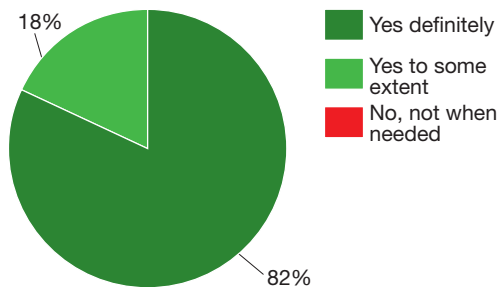
*During the admission were you and other family members kept informed about his/her condition?*



***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?***



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

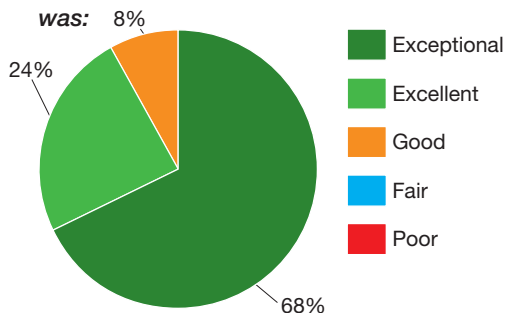
***"I can't thank the team enough for the care, love and dedication they showed my dad and the family. I will be forever grateful."***

***"Everyone was very caring, supportive and had time to answer questions."***

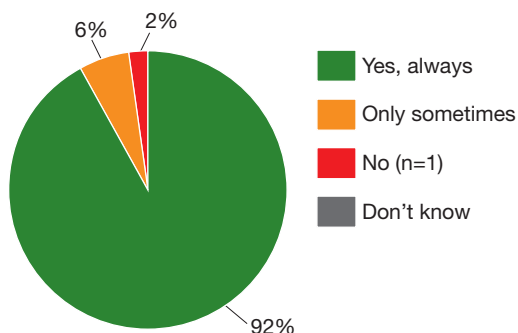
## Care at Home

Defined for the purposes of the survey as: - 'Clinical Nurse Specialists' (CNSs), 'Community Doctors', the 'Hospice Care at Home team', the 'Living Well team', 'Community Therapists' and the 'Patient & Family Support team'.

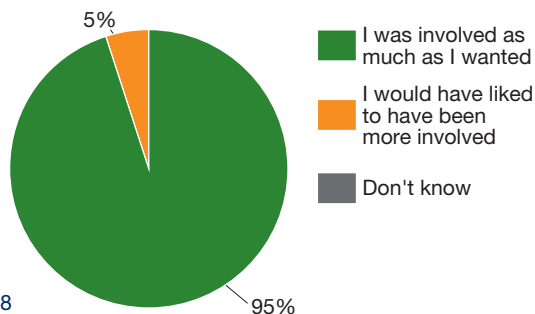
***Altogether, do you feel that the care s/he received from the PT Care at Home Team was:***



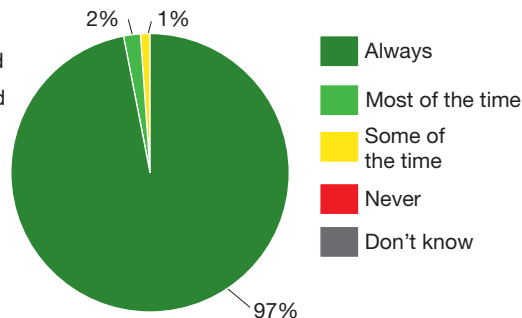
***Did s/he see the nurse as often as needed?***



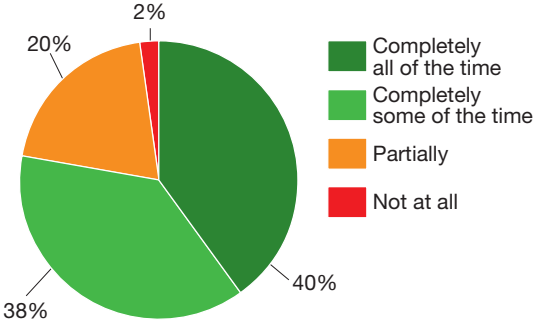
***Were you involved in decisions about his/her treatment and care as much as you wanted?***



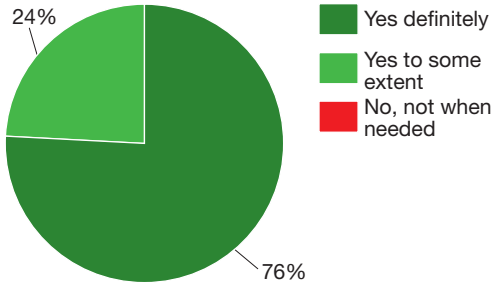
***Were they treated with respect and dignity by the Care at Home Team?***



*How well was his/her pain relieved?*



*Was there enough support in relief of symptoms other than pain?*

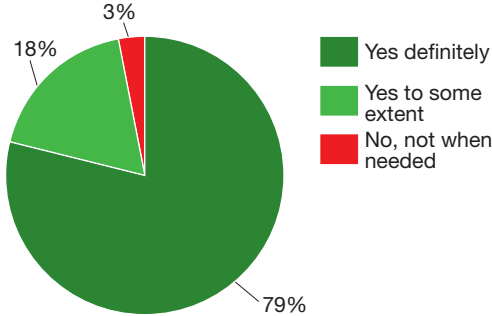


*“Our experience of the care given by the Hospice Care at Home Team could not have been bettered. All the staff were caring, professional, proficient, sensitive and supportive. They went the extra mile. Appreciated the fact that they stayed with me after my husband died and advised as to what to do next and showed concern for me. I am very thankful that they came into our lives when they did.”*

*Help with urgent problems at night.*

When asked about receiving help with urgent problems at night, many (38%) reported that this had not been required. If only looking at cases where help was needed, all but one person said that there was help at night. This is an improvement from both the 2018 and 2019 results.

NB. PT introduced a night visiting service in 2020. The service includes regular night-time care and a rapid response service to help with acute problems, so it is good to see the positive impact the PT night service is having on patients and their families.



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

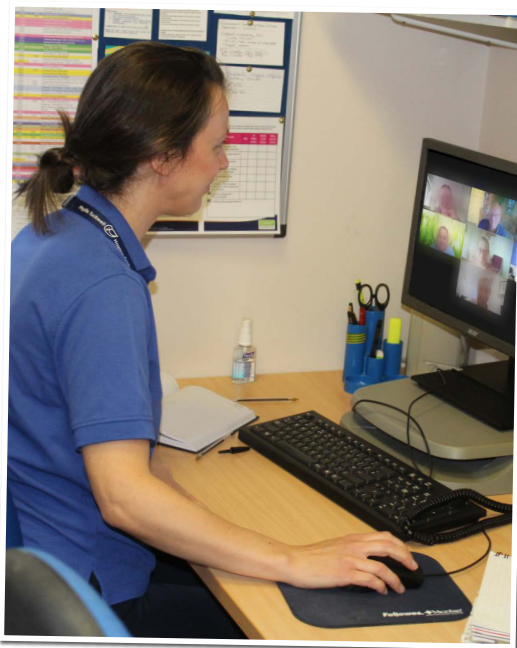
*“Excellent response to our needs. Two visits were required at night, which was cheerfully met.”*

## Outpatients and Virtual Groups

During the survey period PT continued to provide an outpatient service, and, for those clinically assessed as requiring one, appointments were made available.

PT also commenced a number of virtual groups including: guided relaxation, seated tai chi, reminiscence, the rainbow project and a carers group. Attendees were given information technology support and guidance to ensure they had the knowledge and equipment to be able to take part effectively.

Only a small number of the VOICES sample had accessed outpatients or virtual groups. Respondents were asked whether their loved one had benefited from attending these, and all said yes.

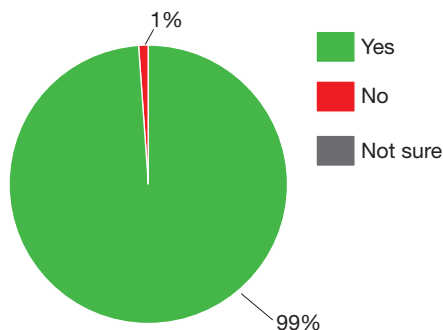


## Place of death

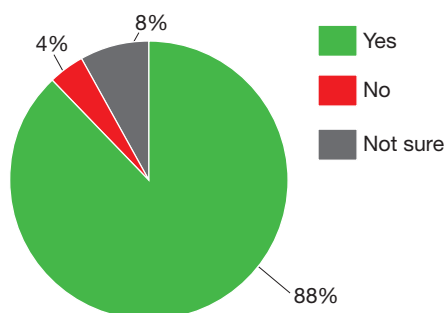
*On balance, do you think that s/he died in the right place?*

**Actual reported figures**

Home 68%, Phyllis Tuckwell Hospice 23%, Hospital 6%, Care home 3%.



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



***“My mother had a chronic illness and lived in fear of her death for decades. Phyllis Tuckwell care team were completely responsible for enabling her to die at home as she wished. Having been hospitalised and separated from family several times during the first Covid lockdown dying at home was so important to her (and to her family). During a time when so many were dying in hospital, Phyllis Tuckwell were outstanding in supporting us to keep her at home.”***

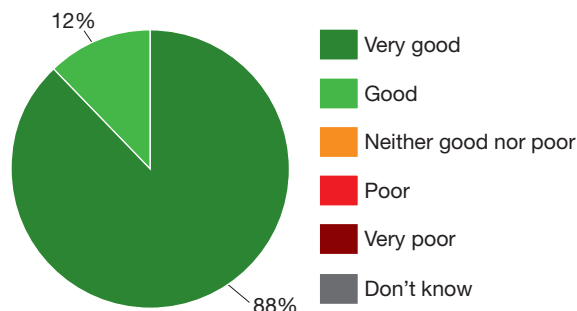
## The Friends and Family Test

The Friends and Family Test is a feedback tool used in the NHS. It asks people to rate their experience of a particular provider or service, asking the question: - “Overall, how was your experience of our service?” with follow up questions “Why was that?” and “How could we improve?”.

PT is currently unable to take part in the national data collection as hospices are not part of the project, however we have included the questions in the VOICES survey as an indicator of service user satisfaction and to use their views to help identify what is working well, what can be improved and how. The results were excellent and there was good feedback for the ‘follow up’ questions.

NB: The Friends and Family Test questions have only recently been changed and so comparison data for the PT survey period was not available. However, the March 2021 figures for NHS providers was: Very good 73%, Good 18%, Neither good nor bad 25%, Poor 1% and Very poor 1%.

*Thinking about the care you and your loved one received at Phyllis Tuckwell - overall, how was your experience of our service?*



In general, the feedback received from the 74 surveys reflects a high level of regard for the work of Phyllis Tuckwell, with the majority of relatives/carers very satisfied with the support provided to them and their loved ones. This is particularly reassuring given the pressures on healthcare services during the pandemic and demonstrates that PT was responsive to the changing environment - adapting its services and the way they were delivered to maximise the support provided to patients and their families. Some of these changes/adaptions have been so successful that they will continue for the near future and may well be retained when the pandemic is over.

Although most comments were positive, we cannot get things right all the time, and if the organisation is to be responsive to the changing needs of patients and their families, it is important that comments are considered. Discussion around this feedback can result in improvements and drive change. All comments are disseminated to the relevant service area manager. Comments are recorded and discussed at 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.

## PT Staff Surveys

PT values the views of staff regarding their working environment and the services we provide to our patients and their families. Every two to three years it conducts a staff satisfaction survey, the last being in 2019/20.

The wellbeing of our people has been a priority during Covid. We have conducted a number of surveys over the past year. These included one specifically for homeworkers where we sought information about staff experience and whether there was additional support that could be provided, such as workspace set up and IT equipment.

We also introduced regular Pulse Surveys to gain staff feedback about wellbeing, support and communication. This survey continues to be taken every 6 weeks. It enables comparison with previous results and highlights any changes that could be helpful.

In July 2020 staff were invited to take part in the Hospice UK Pulse Survey in conjunction with Birdsong. It was designed to understand how staff were feeling during the pandemic and what we might do differently or put in place to provide further support for wellbeing.

Those who have responded to the surveys have given positive and constructive feedback which has informed wellbeing initiatives and identified where additional support could be provided, including Wellbeing sessions, increased video and written resources on our intranet and one-to-one meetings.





## Publications/Presentations

### Publications

**Supporting the NHS using intense transformational change in a charitable specialist palliative care provider.** *Dr Cate Seton-Jones & Dr Nick Dando: Future Healthcare Journal 2020 Vol. 7, No. 3: e32-35.*

**Management of cancer pain in primary, secondary and palliative care.** *Whitehouse E, Dando N. In: Chronic Pain Management in General and Hospital Practice. Eds: Shimoji K, Nader A, Hamann, W. Springer. 2020.*

### Oral Presentations

**Rapid transformational Change in a hospice in response to Covid-19.** *Nick Dando COVID-19 (Clinical) ECHO Knowledge Network, Hospice UK 05/05/21.*

**“He mattered as a human being” Palliative healthcare professionals’ experiences and views on delivering palliative care to patients experiencing homelessness.** *A national survey Hannah Field, Joanna Vriens et al. Palliative Care Congress March 2021.*

### Posters

**“These people exist in the cracks in the system”: palliative healthcare professionals’ views on delivering palliative care to people who are homeless: a qualitative focus group study.** *Hannah Field, Briony Hudson, Caroline Shulman, Joanna Vriens, Fiona Rawlinson. This was a prize winning poster at the European Association for Palliative Care Conference Oct 2020.*

### 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 CRN portfolio.

**Impact of complementary therapies for patients in palliative care.** PT is in discussion with a PHD student from the University of London about being a recruiting site for this study.

**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 (Kings College, London).** PT is in liaison about being a recruiting centre for this project once ethical approval secured.

## 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 January 2017.

During the last year the focus of the regulatory approach has continued to ensure that health and care providers deliver safe, responsive, effective, caring, and well-led 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 two CQC Relationship meetings during the year, providing evidence of what Phyllis Tuckwell has in place in relation to the key areas for our services. Additional conversations during the year have ensured that there is an open and transparent relationship between Phyllis Tuckwell and the CQC Relationship Manager.

## External Comments

### **Commissioner Statement from Frimley CCG:**

Phyllis Tuckwell fully participates in the Frimley Health & Care ICS End of Life Care Steering Group, actively attending the meetings and supporting the collaborative working across the Task & Finish Groups. They have been involved in a number of the T&F Groups including, ReSPECT Group, The Education Strategy Group, Learning Disabilities, People who are Homeless at EOL Group, amongst others, where they are active partners and share their expertise willingly. They also supported a series of Death Fair sessions, aimed at the public from November 2020 to March 2021, with excellent feedback on the sessions they participated in. They continue to work closely with other Hospices within the FH&C ICS and this all contributes to a very positive working relationship.

During the pandemic, Phyllis Tuckwell provided a timely response to community care demand. They were having daily huddles with ICTs, where they shared updates about patients and shared resources/capacity, to ensure EOL care patients received adequate and continuous care. Despite challenges presented by change in policy regarding infection control, they rose to the occasion by efficiently collaborating with relevant stakeholders to ensure the impact on EOL care provision was minimised.

### **Commissioner Statement from NHS Surrey Heartlands Clinical Commissioning Group (SH CCG):**

Surrey Heartlands CCG, on behalf of Guildford and Waverley Integrated Care Partnership (GW ICP) welcomes the opportunity to comment on the Phyllis Tuckwell (PT) Quality Account for 2020/21.

The CCG is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall accurate account and analysis of the

quality of services. Quality data, received from PT on a quarterly basis, is reviewed by the CCG, throughout the year as part of performance assurance monitoring, under the contract with the CCG.

We acknowledge the significant effort put into improving quality and safety for patients and the amount of work involved in bringing the evidence together in this quality report.

We also acknowledge and appreciate the enormous effort that PTs leadership and staff have made and contributed through local system partnership working, to care for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The Quality Report clearly summarises PTs achievements in relation to the 2020/21 quality priorities, and also highlights areas requiring further action. PT has also clearly outlined its quality priorities for 2021/22.

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

- The implementation of the electronic documentation system (EMIS), which will improve communication with primary care and other stakeholders.
- Learning disability work, to improve understanding and the outcomes for people with learning disabilities, including the introduction of tools, training, links with community partners and work with the LeDeR (Learning Disabilities Mortality Review Programme).
- The Introduction of the new Clinical Skills Competency Assessment (Vital Signs, Documentation).

Over the past year, Phyllis Tuckwell have continued to offer high quality care to Guildford & Waverley residents with palliative and end of life care needs, and their loved ones. Phyllis Tuckwell has also been a key partner in the Guildford and Waverley Alliance; showing their commitment to improving the experience of people at the end of life by adopting a systems focus & place based collaboration (in collaborating) with partners to implement the local priorities from the Surrey Heartlands Palliative and End of Life Care strategy.

In conclusion, Surrey Heartlands CCG, on behalf of Guildford and Waverley Integrated Care Partnership (GW ICP) would like to thank Phyllis Tuckwell for sharing the Quality Report document and is satisfied it accurately outlines the quality priority work being undertaken by the organisation. The Quality report reflects that providing a safe and effective service whilst seeking and acting on feedback from patients and stakeholders is a high priority for Phyllis Tuckwell. As a commissioner we look forward to building on our positive relationship and will continue to work together with Phyllis Tuckwell and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for residents in Surrey.

## 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:

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