



*"You made a very difficult time less stressful for us, his family, and safe and reassuring for him."*

## Quality Account 2022/23

**Holistic 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 2022/23 financial year and give you an overview of our plans for 2023/24.

We are continually looking to improve and develop our care and support, for adults who are living with an advanced or terminal illness across West Surrey and North-East Hampshire.

We saw an increase in the number of referrals we received of 6% compared to the previous year. Of these, 42% were of people with a diagnosis other than cancer, an increase of 14.5% on last year.

We have been planning for our new Hospice and for the safe move of our community services to a hub in Farnham and a newly renovated Beacon Centre in Guildford, which will also home our outpatient services and Living Well groups. Our In-Patient Unit (IPU) will be relocating to a wing of Kings Lodge Care Home in Camberley in 2023.

We continue to make effective use of technology. We have implemented electronic prescribing for patients at home, to improve medication safety, and have been developing templates to migrate to a mobile form of our electronic records, to facilitate records to be written at the point of care within patient's home. A digital incident reporting system is embedded and this, coupled with our strong reporting culture, has facilitated our ability to identify the number and categories of incidents and identify themes.

Our Education team has had a very strong year, with attendances at our training sessions increasing by 12%. More care home staff are attending these sessions and engaging in education opportunities which demonstrates the important role that care homes play in supporting people at the end of life and our role in providing support for these patients' palliative care needs. We also have a strong focus on our own staff professional development, and enable access to professional development opportunities, from entry to further education and on to Masters level learning, and leadership training. We continue to innovate, enabling access to education by working in partnership with care home matrons and providing bite-sized online education to care homes, which illustrates our ongoing commitment to improving people's experience of end-of-life care both within PT and across the local area.

We also support care homes by providing face-to-face support and specialist palliative care advice.

We measure our effectiveness through use of the Integrated Palliative Care Outcome Scale (IPOS) and have been refining the reporting of this data. Through routine use of this measure, we have found that for most of our patients, against a background of declining health, attendance at Living Well groups improves the scores related to emotional wellbeing. We have seen an increase in feedback from our patients and have a full year of returns from our Feedback About Our Services survey. We have also implemented an online "Have your say" form which patients, families and carers can use to give feedback on our services.

With lockdown restrictions ending, our Fundraising team was able to reinstate many of our fundraising events and activities, enabling us to reengage with our generous local community.

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  
July 2023

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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 2022/23 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 and groups at the Hospice, Beacon Centre, and in patients' own homes and care homes.
- 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, 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.

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 end of life care in our local area.

We have reviewed 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 2022/23 represented around 26% of the total income generated by PT in the reporting period 2022/23. This was lower than the previous year, when the Government increased funding due to the Covid pandemic, but higher than the usual 21% support from the NHS/Government in previous pre-Covid years.

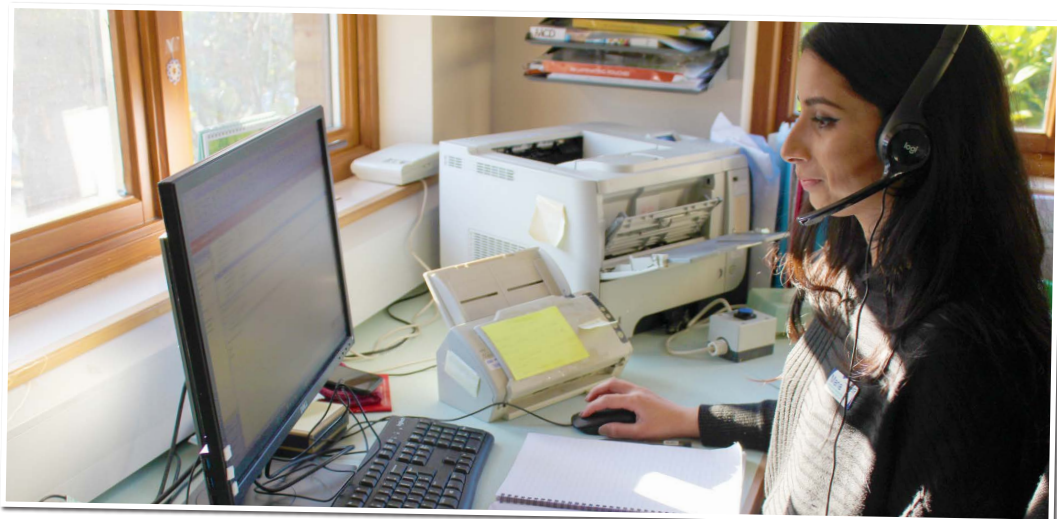
## Referrals and patients supported

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

	2022/23	2021/22	Year-on-year Change
Patients supported - all services	<b>2,150</b>	2,137	<b>0.6%</b>
Referrals to PT	<b>1,795</b>	1,694	<b>6%</b>
Non-cancer patients	<b>41.6%</b>	35.6%	<b>16.9%</b>

**The number of referrals received increased by 6%**, and in total we supported 0.6% more patients than in the previous year. 2022/23 was the fifth year in a row that we have supported more than 2,000 patients; this trend follows our aim of increasing the number of people who benefit from our services.

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 2022/23.**



Most people we supported were cared for in their own homes. We helped them with their symptom control, to manage the impact of their illness, to maintain their quality of life, and to remain as independent as possible.

**Our responsive service was developed in the winter of 2021, for patients with rapidly changing palliative care needs.** This service continues to help to relieve pressure from the NHS and to provide patients and families with a good quality service when they need it most. We also commenced offering a four bedded virtual ward in winter 2022/23 for those people with the most complex palliative care needs.

# In-Patient Unit - 14 beds

	2022/23	2021/22	Year-on-year Change
Total admissions	303	248	22.2%
% patients going home	54	52	3.8%
% bed occupancy	91.8	89.8	2.2%
Non-cancer admissions	21.5	17.3	24.3%

Our In-Patient Unit (IPU) at the Hospice is where we care for people with complex needs, who require daily medical attention and round the clock nursing care. Some patients are admitted as they have requested to spend their last days with us rather than dying at home. **There were 303 admissions, which was a significant increase of 22.2% compared to the prior year.** We have had a steady increase in occupancy rates over time. Last year saw an increase in occupancy of our 14 beds compared to the prior year, which equated to 4,692 occupied bed days. We care for patients as they approach the very end of life, and in 2022/23 250 people died on our IPU (195 in 2021/22).

Plans for our new Hospice and temporary locations continued at pace during 2022/23. **We are looking forward to being able to offer our patients and their families a larger and better equipped IPU in our new Hospice.** It will comprise 18 beds, each in their own individual room and all with en-suite facilities and space for loved ones to stay overnight. We will be temporarily relocating to a wing of Kings Lodge Care Home in Camberley whilst the new Hospice is being built and are planning for a safe and effective move. **Our own staff will continue to provide the same care within this temporary IPU, and all have been consulted about the change.**



## Living Well groups (LW)

	2022/23	2021/22	Year-on-year Change
Patients supported in Living Well groups	551	630	-12.5%
Referrals	293	239	22.6%
Carers supported	155	102	52.0%
Face-to-face supported	4,634	3,061	51.4%
Face-to-face group attendances	1,967	1,103	43.9%

Face-to-face group attendances	2022/23	2021/22	Year-on-year Change
Creative Programme	793	540	31.9%
Carers Group	102	30	70.6%
Programmes providing information and peer supporting, including Living Well will Illness	873	428	51%
Getting Back to Exercise	199	105	47.2%
Total face-to-face attendees	1,967	1,103	43.9%

2022/23 was the first full year of face-to-face Living Well groups following the pandemic. **Our Living Well service saw a significant increase in referrals.** There was a reduction in the total number of patients supported, but this number was higher during the pandemic because of their needs relating to social isolation, and the reduction in availability of other accessible health and social care services. Once the pandemic restrictions lifted and more face-to-face groups were available at the Hospice and Beacon Centre, many patients resumed their more normal activities, many no longer requiring our support.

The Living Well service enables patients and families to, as far as possible, manage their symptoms and emotional needs, remain active and engaged in the activities which they would usually take part in, and do so for as long as possible.

One aspect of the service is given via our Living Well groups, where patients and carers can share their experiences associated with living with an advanced and terminal illness, with each other as well as with our nurses, occupational therapists,

physiotherapists, complementary therapists, and Pastoral Care team, all of whom offer support, advice and share their skills and knowledge. The service covers all aspects of palliative care – physical, practical, emotional, social, and spiritual. Groups are popular with patients, families, carers, staff, and volunteers, and through regular formal and informal feedback, **we have received overwhelmingly positive and constructive comments about them.**

**We also supported families and carers with an online carers group,** established during the pandemic, which has developed and evolved. Carers consistently feedback that sessions are informative, useful and relevant to their role. The carer support group includes, 'The Story of Me', 'Carer resources and forward planning', 'Managing relationships when they change', 'What to expect when someone is dying' and 'Coping strategies'. It also includes 'Caring, a carer's perspective', which is facilitated by a carer who shares their own personal experience.

**New group programmes, Living Well with Illness and the Creative programme, have been built on those established in 2021/22.** Each programme runs over eight weeks and offers a two-hour weekly group session which focuses on a specific topic or symptom. The Living Well with Illness programme was reviewed in response to feedback, and now comprises topics including an introduction to Living Well and rehabilitation (goal setting), managing mood and adjusting to illness, sleep and fatigue, remaining active, and food and nutrition. The creative sessions include topics that enable participants to connect to previous hobbies, finding meaning and a sense of self, learning techniques to lift their mood, enabling confidence and wellbeing, with therapeutic themes including connecting with nature, mixing their own aromatherapy products to help manage their symptoms, connecting with chosen tracks of music that can bring to mind memories, and using clay to develop mindfulness techniques.



Other programmes include a breathlessness management group, relaxation, getting back to exercise, seated Tai Chi and Yoga.

**There are also less structured opportunities to get together with other patients, with access to clinicians and a chance to engage with peers.** These include pamper days for patients and carers, and a day where people who have completed a group can plan their ongoing care.

**Advance care planning is an integral part of the Living Well provision.** During 2022/23, registered nurses were trained to have Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) conversations with patients, and to complete the documentation which enables patients to have a conversation about this with someone they know and trust.

**The Integrated Palliative Care Outcome Scale is used routinely pre and post groups, to measure the effectiveness of this intervention,** and a specific focus group enabled discussion about what patients thought of our care, what we could improve on and what they would like us to do that we were not already doing.

## Hospice Care at Home

The majority of our care takes place in patients' own homes. **Hospice Care at Home referrals increased by 12.6% to 490 compared to the previous year, and the number of their home visits increased by 4.9% to 4,383.**

We work alongside patients' families, carers, and our local community care partners, such as General Practitioners (GPs) and NHS community nurses, to provide compassionate and timely support to patients and families at the end of life. 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 multi-disciplinary team works around patient and family needs, providing them with holistic practical, emotional, spiritual, financial and bereavement support.

**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 support them to do this. Overall, in 2022/23, it equated to around 683 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.

**We provided significantly more face-to-face specialist palliative care support to care homes in 2022/23, with this aspect of our work increasing by 80%.**

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 2022/23 PT made 351 night visits, which were very positively received.**

This year we achieved an increase in the proportion of our patients who died with a recorded preference for where they wanted to die. **Nearly 80% of patients had discussed their wishes around care and treatment for when their condition deteriorated in the future.** We captured these wishes in an advance care plan or a ReSPECT form. This indicates good practice, because it means we know people's wishes for end of life, and we will work to increase this further.



## Carer and family support

There has been a significant growth in the number of family members supported and in the number of face-to-face contacts in 2022/23.

**There was approximately a 34% increase in family members supported as part of the integrated approach to patient care, and within Living Well Groups.**

	2022/23	2021/22	Year-on-year Change
Total supported	811	728	10.2%
Face-to-face contacts in bereavement	1,422	905	36.4%
Bereavement group attendances	229	158	31%

## Education

**Total attendances in 2022/23 were 2,824 compared with 2,513 in 2021/22, a growth of 12%. Internal attendances have steadily increased from 1,051 in 2020/21 and 1,279 in 2021/22, to 1,608 in 2022/23. Care homes attendances were 686 in 2021/22, increasing to 918 attendances in 2022/23, a 34% increase.**

We are proud of our excellent knowledge and skills in palliative and end of life care, and of our many highly trained and specialised staff. 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 those needing palliative and end of life care can receive it from healthcare professionals with a strong knowledge base and skills. Our external education programme offers both online and face-to-face training sessions. The training offered in 2022/23 was provided free of charge to those working in our local catchment area.

We developed a training calendar, outlining our training and development offering to internal and external candidates from January 2023-2024. New courses were developed to complement our current offering, including Foundation Communication Skills, Intermediate Communication Skills, Understanding and Managing Grief, Bereavement and Loss, and a Palliative and End of Life Care (PEoLC) update. Our clinical skills sessions in Verification of Expected Death, Syringe Pump Training, and Subcutaneous Fluid Hydration remain in demand.

Our well regarded six session PEoLC programme has been completely refreshed, ready for the new academic year and like many of our courses they are delivered by our multi-disciplinary team, contributing greatly to the quality of education. Doctors, CNSs, IPU nurses, occupational therapists, counsellors, physiotherapists, social

workers and dietitians are all involved in providing education. **We facilitated student placements this year for 92 students/visitors.**

**Our statutory and mandatory compliance figure has consistently been above 90%. We have embedded a competency framework with very good compliance.**

We recommenced face-to-face Basic Life Support (BLS) Training in January 2023 and have made provision to bring this and Moving and Handling training in-house. Having access to skilled manual handling practitioners enables us to provide in situ tailored training for more challenging manual handling situations.

We are supporting our staff to develop their careers and ensuring that our workforce is ready for future demand by enabling access to higher education. All our unregistered staff have been offered the opportunity to complete Functional Skills at level 2 in Maths and English. They have also been offered the level 3 diploma in Health & Social Care and the trainee Nursing Associate (tNA). Two health care assistants started this 2-year tNA training in September 2022. They are progressing well, and we are receiving very good feedback from the University of Winchester, where they are studying. A member of the team is completing her post-graduate certificate in education.

Our one-hour, weekly multi-professional education sessions have continued to run successfully throughout the year, with a wide variety of internal/external presenters, and our one and a half day in-house Clinical Risk Management Skills Programme continues to run quarterly. Approximately half of our clinical staff have now attended this.

We are proud that other organisations benefit from our specialist knowledge and skills, and to that end we have lectured on PEoLC at the University of Surrey, on the nurse prescribing programme (V300) and to undergraduate student nurses, paramedics, and midwives. We have also delivered a one-day symposium on PEoLC to trainee GPs from both Frimley and Surrey Heartlands ICBs, and a member of the team was invited to speak on the CNS development role at a national conference for HR & Clinical leaders.



# Section 2

## Improvements - Current and Future

This section reviews the progress made in 2022/23 against the improvements listed in last year's report, and describes some areas for improvement in 2023/24 which will have the most impact on the lives of our patients and their families.

### Quality improvements 2022/23

In 2022/23 we committed to:

- Providing our patients and families with high quality compassionate end of life care, from a multi-disciplinary team of motivated skilled staff who are supported in their professional development and personal wellbeing, and to increase our reach to all in our local area who need our care.
- Redeveloping our Hospice in Farnham and refurbishing the Beacon Centre in Guildford, and to safely move our IPU to Kings Lodge Care Home.
- Rebuilding a charitable income generation activity and investment to enable us to maintain a strong footing in years to come.
- Continuing to develop our use of technology to improve safety efficiency and effectiveness.
- Ongoing collaborations with Thames Hospice and with the four Surrey adult hospices and colleagues across the health and adult social care field for a sustainable financial model, and to deliver Surrey Heartlands end of life care strategy and Frimley ICS palliative and end of life care strategy.



### Patient and family experience

We evaluate patient, carer and staff feedback, identify population needs in partnership with other organisations providing palliative and end of life care to our communities, and by benchmarking against national best practice. This enables us identify areas for service development and improvement.

## Virtual Ward

We helped to relieve pressure from the NHS by piloting a four bedded virtual ward, which we opened at the end of October 2022. Between its opening and the end of March, **we admitted 28 patients, who stayed on the ward for on average 11 days, thus saving the NHS over 300 bed days**, as well as allowing patients to receive complex palliative treatment in the familiarity of their own homes.

## Living Well Programmes

**In light of the feedback we received, we reviewed our Living Well services and modified and introduced new programmes.** The new programmes for 2022/23 included the introduction of an Art psychotherapy student who offered 1:1 sessions and a weekly art group. These were evaluated using the Integrated Palliative Care Outcome Scale (IPOS) and showed improvements in emotional wellbeing. A monthly drop-in coffee and chat session, with aromatherapy, was instigated in response to the needs of a cohort of young patients who have benefitted from the peer support they have found at the sessions. **Feedback from patients about the difficulty of hearing in the group environment, partly due to mask wearing, led to use of a hearing loop and voice amplifier to enable participation.**

## Patient literature

We concluded an extensive review of our patient and carer literature, critically reviewing content to ensure details are current and relevant.

## Access to equipment for end of life care

Our Nursing and Physiotherapy teams have received training and now have the skills and access to relevant systems to order standard equipment, beds and mattresses, which enables more patients to access this equipment when they need it.

## Falls prevention

A specialist piece of equipment called the Hoverjack is now used routinely to assist patients with ease and dignity in the event of a fall on the IPU, and a second Hoverjack has been purchased and is being used in the community to support transfers onto a hospital bed for patients at the end of life.

## Managing referrals through ART

A new assessment template and process enables more consistent assessment, referral prioritisation and allocation of patients to the most appropriate elements of our services.

## Use of IPOS (Integrated Palliative Outcome Scale)

The IPOS is a validated questionnaire to measure patients' physical, psychological, emotional and spiritual symptoms, and also their information and support needs.

**It gives us a better understanding of what matters to patients.** By repeatedly completing the survey over time, we can confirm we are helping our patients and we can also measure the effectiveness of our services.

We are keen to see the IPOS used for all of our patients, but this is more challenging with our most unwell patients who are unable to complete the IPOS. To date it is well embedded in our Living Well service, where it is used for newly referred patients as well as pre- and post-group attendances. For example, the IPOS results for patients attending ARTscape, which is a therapeutic art group that does not require nursing and medical oversight, has shown improved symptoms and concerns following the group's intervention.

## Access to skills and knowledge

**During 2022/23 colleagues have been enabled to access further education opportunities to enhance their skills and develop a workforce for the future of PEOLC.** In addition to PT supporting attendance at short courses and conferences, two PT nursing associate apprentices commenced a course at the University of Winchester, two people were appointed in CNS development roles which is an approximately 18 month programme, two colleagues commenced L5 coaching apprenticeships, two CNSs successfully completed their health assessment course at the University of Surrey (this is a pre-requisite for non-medical prescribing which they are planning to commence over the next two years) and we ran a liberating leadership programme jointly for PT and Woking Hospice colleagues. A colleague in our Education team completed a post-graduate diploma in education. We are very grateful to the Ted Adams Trust who provide funding to support the development of nurses in the Guildford and Waverley area.

## Increasing our reach to all in our local area who need our care

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.

**During 2022/23 we worked with Gurkha welfare, including co-hosting a forum where information about PT services and bereavement support was shared and the needs of the Nepalese community were heard.** We also continue to extend the translation of our key service leaflets into Nepalese, to support our local Nepali community.

**Two new roles were developed and appointed to in partnership within Guildford and Waverley Place: a Motor Neurone Disease (MND) clinical specialist post providing a single point of contact for residents living with MND and their families and an Admiral nurse (dementia nurse specialist).**

**Our Patient and Family Advice team improved their own and their teams' skills related to supporting people and families living on low incomes, and for those without access to public funds**, e.g. refugees, and PT can now refer patients to food banks. New information leaflets were developed, one with guidance about grants, discounts, vouchers and other support schemes, and another about home care providers and how to source them.

Our Income Generation team continue to build revenue to enable us to fund our services and expand our offering to more local people through additional services and improved facilities.



## Digital improvements

We continue to review our services to consider what digital innovations will make it easier for our patients and families to engage with us through technology.

**We have added an interactive “Have your say” feedback form to our website**, and created posters with QR codes to enable feedback via the web throughout the Hospice and Beacon Centre sites.

**We have progressed other digital projects and have commenced community e-prescribing. We have developed templates to implement with the EMIS mobile.** Colleagues now have far greater confidence in using these and have improved access to hardware for Microsoft Teams for virtual integrated working.

**Sentinel, a digital database for incident reporting, is fully embedded and has been well received.** This underpins our strong reporting and learning culture. We are refining the inputting and interpretation to ensure meaningful reporting to share internally and via our governance structures, which will also help with the identification of themes.

# Developments and Improvements for 2023/24

In 2023/24 we will be:

## Redeveloping our Hospice in Farnham and the Beacon Centre in Guildford, and safely rehoming the IPU to Kings Lodge care home.

Building work on our new Hospice will commence in autumn/winter of 2023, and we look forward to returning to the site in approximately two years, and providing our patients and their families with care from an 18-bed IPU, outpatient and group facilities.

We will ensure a safe and effective transition:

- To a temporary 10 bedded premises at Kings Lodge, this will include insuring that it is added as an additional PT location by the CQC.
- To a renovated Beacon Centre for outpatients and groups.
- To a large facility in Farnham for clinical, support services and some counselling and bereavement services, which will be added as a satellite site as part of a change to our CQC statement of purpose.



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

We will:

### Develop our services

- around patient experience, including reviewing our virtual ward and our support for people living with frailty and those who are resident in nursing homes.
- around supporting the increase and changing nature of the demand for our services.
- by supporting schools to offer bereavement support.
- by embedding our in-house manual handling support for staff and patients by our manual handling experts.
- by continuing to provide safe care, including adopting a new national framework.

### Evaluate our services by

- continuing to use and report IPOS.
- evaluating the new Motor Neurone Disease clinical specialist role.



- ensuring that our strong reporting culture continues and will refine our Sentinel incident reports to ensure that they are meaningful.

#### **Hear patient and carers feedback by**

- expanding our opportunities to listen to and learn from carers and patients, and ensure that we are working in partnership and acting on this.

#### **Support staff development by**

- providing professional development and strengthening career pathways.
- enabling access to university courses.

#### **Increase our reach to all in our local areas who need our care by**

- continuing to provide high quality education to our staff and to our community partners.



# 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 (CQC), 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 2022/23. PT has a designated CQC Relationship Manager, and we maintain regular communication, proactively notifying them of significant events and to seek advice. Catherine van't Riet was approved as the new registered manager of Phyllis Tuckwell Hospice and The Beacon Centre in November 2022.

### 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

**(CHELsea II) - Clinically Assisted Hydration at End-of-Life.** We have recently commenced this exciting and important national study within our In-Patient Unit. The aim is to look at the effects of hydration in the last days of life. Currently we do not know whether clinically administered fluids (a drip) in the last days of life benefits the dying patient. This national study is investigating what the benefits and burdens of a fluid drip at the end of life are, so that we can ensure we are giving dying patients the best possible care.

We are one of 80 sites across the UK who are taking part, and the results of this study should provide us with better evidence about the effects of clinically assisted fluids when someone is dying, enabling patients and families to make the right choice for them at the end of life - *Surrey University*. **To date we have recruited 17 patients.**

**A virtual peer-to-peer support programme for family caregivers of individuals with Motor Neurone Disease.** This project gives carers the opportunity to provide support and care for each other by sharing their experience. We have started to approach the carers of some of our patients with MND to ask if they would like to find out more - *Kings 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.** This study is investigating healthcare professionals' experience of looking after end of life care patients during the Covid pandemic and the impact on their mental health/wellbeing. The researchers are aiming to compare the experiences of those working in the UK *University of Hong Kong*. **PT entered 4 staff memb**

**Do you have MND?**  
*or know someone who does?*

**Join the MND REGISTER**  
England, Wales & Northern Ireland

**What is the MND UK Register?**

A population register is a collection of information about every person in an area with a particular condition. This population register aims to collect information about every person with Motor Neurone Disease (MND) in England, Wales and Northern Ireland.

**Why do we need a population register for MND?**

There is currently no nationwide register that records clinical information about people with MND, and the true number of people with MND is not known. The information collected can be used to learn how a person is affected by MND, how the condition progresses and how many people have MND in different areas. This will allow researchers to explore and characterise MND and help inform care planning. MND is rare, so it is important to collect information in as complete a way as possible.

**Who can take part?**

Anyone in England, Wales and Northern Ireland with a confirmed diagnosis of MND can take part.

**How do I take part?**

If you are interested in taking part please ask to speak to a member of the research team (Dr Jo Virens or Prof. Sue Williams) at the MND Research & Clinical Outcomes Nurse Suzy Williams).

**How is the register being funded?**

The register is funded by the MND Association and is being coordinated at King's College London and the University of Oxford.

**Who can I contact to find out more?**

Detailed information about the register can be found on the website:  
[www.MNDRegister.ac.uk](http://www.MNDRegister.ac.uk) or you can ask to speak to a member of the research team  
(Dr Jo Virens [jo.virens@kcl.ac.uk](mailto:jo.virens@kcl.ac.uk) or Prof Sue Williams [sue.williams@epth.org.uk](mailto:sue.williams@epth.org.uk))  
Suzy Williams [suzy.williams@epth.org.uk](mailto:suzy.williams@epth.org.uk)

Phyllis Twickell, Research Lead, Epilepsy, Spinal & DLD MNDs  
Phyllis Twickell, MND Nurse, Epilepsy, Spinal & DLD MNDs  
Phyllis Twickell, MND Nurse, Epilepsy, Spinal & DLD MNDs

**Publication:** Social and Therapeutic Horticulture as a Palliative Care Intervention - Elisabeth Pilgrem.  
*BMJ Supportive and Palliative Care* February 2023.

**Poster:** **A Responsive Specialist Palliative Care Assessment and Intervention.** *Hospice UK Conference November 2022.*

# Phyllis Tuckwell Hospice Care

...because every day is precious

Jayne Holland  
Director of Patient Services  
On Site Nurse-Jones  
Medical Director  
Cathryn van Riel  
Community Services Manager

## Responsive pilot project

### A responsive specialist palliative care assessment and intervention

#### Background

In November 2021, local commissioners identified a gap in responsive care for patients living with advanced and terminal illness, who were presenting with deteriorating or rapidly changing palliative and/or end of life needs at home. This gap was due to efforts to increase pressure on other community providers (e.g. secondary care, GPs, voluntary providers) to manage patients with end of life needs at home, a responsive service to meet the needs of patients with end of life needs at home, a responsive service to meet the needs of patients with end of life needs at home, a responsive service to meet the needs of patients with end of life needs at home.

#### Aims

- To establish and evaluate a responsive service using the following measures:
  - The number of calls and telephone calls
  - The nature of the telephone intervention
  - The timing of referrals
  - The impact of the service on the quality of life of patients
  - Patients' views and colleagues' feedback including online surveys

#### Methods

A rapid change process using a plan, do, study, act framework for continuous improvement.

Patients and their carers were identified, who were referred and booked with the right professional for a clinical need (e.g. GP, nurse, social worker, etc.).

A plan was established of a rapid pilot or feasibility, using agreed roles, appropriate training, appropriate staff and their roles, and a framework for continuous improvement.

Referral time intervals were provided by phone or face to face.

Activity, intervention, outcome of intervention, impact and cost examples were recorded, initially weekly then fortnightly, and the service was modified accordingly.

#### Results

Over 15 weeks: 06.12.21 to 06.03.22

**466** patients referred to the service

**434** visits

**1,179** telephone calls

**84%** of patients were referred to the service

**18** case summaries were written to GP and were recorded

**53** were new referrals (17%) seen within one day

In order of frequency, interventions provided:

Outcomes achieved were:

#### Conclusion

The responsive pilot:

- showed a positive difference to patients and families
- enabled managing capacity demand
- enabled collaborative working
- enabled timely response
- resulted in funding the pilot

The nature of responsive and specialist management and of having a multi-professional approach to respond to care was demonstrated for commissioners.

#### References

1. Palliative Care Winter 2021/22. Available from: <https://www.rgnhospitals.uk/>
2. Palliative Care Winter 2021/22. Available from: <https://www.rgnhospitals.uk/>
3. Palliative Care Winter 2021/22. Available from: <https://www.rgnhospitals.uk/>
4. Palliative Care Winter 2021/22. Available from: <https://www.rgnhospitals.uk/>
5. Palliative Care Winter 2021/22. Available from: <https://www.rgnhospitals.uk/>

## 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.

One serious incident occurred during 2022/23, and Duty of Candour was applied.

## Phyllis Tuckwell Data Security and Protection Toolkit

We prepared an Information Governance Assessment report for 2022/23. The outcome was that the standards were met and was published on 16<sup>th</sup> May 2023.

## Whistleblowing

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

During the reporting period, three staff members contacted our FTSUG. The reasons were various and were resolved without escalating to the Board. Feedback from the individuals who raised concerns, about the outcome of those concerns, was positive. Our FTSUG reports annually to our Trustees on the disclosures made (but not the names of the individuals who made them), their nature and any common themes, the staff support that was 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	2022/23	2021/22	2020/21
All informal concerns/negative feedback and complaints	15	27	23
Patient safety incidents			
Patient falls (IPU)	25	20	66
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)	32	20	30
Medication IPU incidents (including documentation /record keeping errors and near misses i.e. error prevented)	105	78	67

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

105 IPU medication incidents were recorded in 2022/23, which represented an increase of 34.6% on the 2021/22. This is likely to be due to the increased number of patients treated on the IPU and robust reporting via our Sentinel digital reporting system. The vast majority of incidents were those that did not reach the patient, such as a documentation error. Learning is shared with staff and with stakeholders via the Clinical Governance Sub-Committee and via a PT publication, Medicine Matters.

## Falls

25 inpatient falls were reported during 2022/23. There has been strong focus on falls this year with a Hoverjack flat-bed lift being purchased and used to return a patient to bed post-fall. There was one Serious Incident (SI) related to an in-patient fall. A full investigation was undertaken, and the findings were shared with the Integrated Care Boards and the CQC relationship manager. The actions and learnings identified were all completed. 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.

**Manual Handling and Falls Risk Assessment**

Phyllis Tuckwell Palliative Care

If NA is documented, please state reason / add comment.

Patient name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Date & time:	Date & time:	Date & time:	Date & time:
Print name & sign:	Print name & sign:	Print name & sign:	Print name & sign:
Y: N: Comments	Y: N: Comments	Y: N: Comments	Y: N: Comments
<b>Biological, Sensory, Behavioural Factors</b>			
Does the patient have conditions that may affect balance? e.g. Diabetes T2/T1, Parkinson's Disease, High Blood Pressure, Osteoporosis, CVA, Substance Misuse, Neurology.			
Does the patient show signs of symptoms of urine infection?			
Lying to standing blood pressure if applicable. If NA indicate why. Record symptoms.			
Has the patient been more confused lately?			
Does the patient have any problems with hearing?			
Is patient at risk of bleeding? (Are they taking anti-coagulants?)			
Is patient at risk of fracture?			
Do they usually use handrails?			

## Pressure ulcers

There has been an increase in reported pressure ulcers in 2022/23. The majority were already present on admission. 32 developed or worsened during the admission. 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.

All 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 service improvement projects

**At Phyllis Tuckwell, as a provider of specialist palliative care, we have a quality and audit programme in place to ensure we are continually meeting standards and providing a consistently high quality of service.** The programme allows us to monitor compliance of the service we provide in a systematic way, identifying areas for learning and improvement. Equally, we need to celebrate when we are getting it right.

The annual clinical audit plan, which covers both the Community and the In-Patient Unit, ensures that our patients are in a safe and risk-free environment.

Regular Quality Improvement and Patient Safety meetings, Senior Clinical Team meetings and Clinical Governance meetings provide a forum to discuss findings and monitor our quality of care. They also provide an arena to focus on the audit and quality evaluation results, making relevant recommendations and developing action plans to ensure the highest of standards of care for our patients.

As well as our regular audits, such as hand hygiene, the programme for 2022/23 included 15 clinical audits. The table overleaf details a sample of the audits and a service improvement project which were carried out over this period.

Audit/Service Improvement	Details	Learnings
<b>Infection Prevention &amp; Control (IPC) Environmental Audit - October 2022</b>	Annual audit undertaken throughout Phyllis Tuckwell Hospice alongside IPC Consultant Nurse from Frimley Health Foundation Trust.	<b>97% compliant.</b> We identified learnings and areas for improvement, e.g. shared bathrooms and toilets had shared toiletries stored within them. This is not advisable, so products were immediately removed, staff informed and checks implemented.
<b>Service Improvement Project - July 2022</b> IPU weekly Controlled Drug (CD) checks as well as two-weekly Schedule 3,4 & 5 Controlled Drug checks.	Whilst undertaking an authorised witness Controlled Drug destruction, it was noted that 20 tablets of Gabapentin could not be accounted for. Full investigation carried out including discussion with CD Local Intelligence Network where it was suggested we tighten up the monitoring of Sch. 3,4, & 5 CDs.	The importance of frequent, regular checking of Controlled Drug stock.  <b>Since implementing the checks there have been no further reports of unaccountable CDs within the IPU.</b>
<b>Annual Safeguarding Template Audit - December 2022</b>	Safeguarding audit template was used to show evidence of leadership and accountability, policies, procedures, governance, recruitment, induction, training, and procedures in place.	<b>An extensive action plan was put in place to address gaps within the safeguarding governance.</b>
<b>Copying Correspondence to Patients Audit - February 2023</b>	Audit undertaken to ensure compliance with C32 Copying Correspondence to Patients Policy and Procedure.	<b>100% compliance that is attributed to a robust staff training programme.</b> In each sample case it was possible to investigate whether a copy for the patient had been requested by a clinician or not.
<b>Complementary Therapy Aromatherapy (Essential Oils) Audit - November 2022</b>	This audit was undertaken to ensure the safe use and storage of essential oils within the Hospice and was audited against Aromatherapy Guidelines.	<b>90-100% compliance within the areas audited.</b> Learnings were to always ensure the batch number was available on the essential oil in the case of a product recall.

The 11 remaining audits include:

- IPU Uniform Audit - August 2022.
- Review of how patients' hydration needs are met at the end of life (following recommendations resulting from 2019 and 2020 audits).
- Audit of Insulin prescriptions on IPU - Appendix item to the recent Prescriptions Writing Standards Audit - February/March 2022.
- Physiotherapy Medical records documentation Audit - July 2022.
- Anticipatory Prescribing Audit - August 2022.
- Medical Appraisal Quality Audit - August 2022.
- Regular Phyllis Tuckwell In-Patient Controlled Drug Audit.
- Living Well Nutritional Screening tool Audit - November 2022.
- Use of End-of-Life Care Medicines on IPU - looking at the last 5 days of life - October 2022.
- National Early Warning Score (NEWS) Audit in IPU - November 2022.
- Fall Risk Assessment Audit in Living Well - January 2023.



# What patients and families say about the services they receive

Listening to and acting on feedback is vital to the quality improvement we hope to achieve.

Feedback is presented to the clinical teams and to Clinical Governance Board Sub-Committee results. Comments are discussed, recommendations made, and actions are then progressed with clinical teams.

The table below gives a summary of the patient experience activity April 2022 - March 2023.

Contact Type	2022/23	2021/22
Compliment	138	125
Complaint	12 written, 3 verbal	8 written, 20 verbal
Feedback about our Services Survey	137	-
Living Well Patient Survey	153	80
Kiosk	8	0
Have your say comment cards	3	-

A focus group with Living Well attendees, FAMCARE and the PLACE audit provided additional feedback.

## Compliments

Compliments received by Phyllis Tuckwell, thanking staff for the work they do, far outnumber complaints. Compliments/plaudits are received in surveys, on thank-you cards, by email, in person and via phone calls. **138 compliments were received between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023.**

Compliments are shared with staff. Examples of the compliments we received during 2022/23 are below:

*"We would like to say a very big 'thank you' to you all for the wonderful care, support and encouragement that you gave us as a family and especially to him, during his last illness. He died at home in his own bed, very comfortable and loved. This could not have happened without your continual support."*

*"We were so thankful that you had a bed for my mum in her last few days. All the staff were incredible, talking to Mum whenever they helped her. You allowed her to pass away with dignity. You all went above and beyond to look after her family too."*

## Feedback about our Services

We seek feedback from patients, families and carers about their experience of our services to inform our development. This is a new survey to Phyllis Tuckwell.

A total of 130 surveys were completed between 1<sup>st</sup> April 2022 - 31<sup>st</sup> March 2023, with 30% of responses from the IPU, 62 from the community and 8% not specified.

Question	% positive	% negative	% not answered or not applicable
Experience with Phyllis Tuckwell	96	2	2
Did staff introduce themselves?	100	0	0
Were you treated with dignity and respect?	99	0	1
Do you have confidence in the staff providing your care?	96	1	3
Were we responsive to your needs?	71	4	25
Did you feel you were given sufficient information?	93	4	3
To what extent do you feel supported by Phyllis Tuckwell services?	97	1	2
Do you feel sufficiently involved in planning your care and treatment?	81 (Always) 11 (Sometimes)	1	7
If you asked a question, was the answer easy to understand?	88 (Always or often) 6 (Sometimes)	1	5
Do you feel that if you were to raise a concern to our staff it would be acted on?	92 (Yes)	1	7

Actions relate to ongoing training and support for effective communication and personalised care.

## Complaints

Themes related to the 12 written complaints received in 2022/23 were:

**Communication:** Related to rapid decline and death or distressing deaths, feelings of not being supported or not being prepared for what to expect when their family member was dying. In response we fed back to staff who are already aware of the

importance of pro-active communication, and of the need to listen and provide relevant information at an appropriate pace. We updated and simplified a leaflet, 'What to expect when someone close to you is dying'.

**Co-ordination and discrepancy between needs, expectations and timely service availability:** Care did not appear co-ordinated at time of need and there were concerns expressed about other providers in the patient pathway, often related to system pressures and challenges. We influence care via our involvement with partners at the PEOC forums.

**Lack of support for carers:** Awareness raised about use of the Carers Needs Assessment Tool and the importance of considering carers' needs through our holistic palliative care assessment.

## Living Well patient and carer involvement

A focus group was held in October 2022 to understand what participants find engaging and not engaging with the Living Well with Illness programme and the Creative programme, and incorporate the findings to inform both programmes and the individual therapeutic sessions available. Information from this was similar to that obtained from the Living Well programme survey, the results of which are below.

## Living Well Programme Survey 2022/23

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 153 surveys were completed between 1<sup>st</sup> April 2022 - 31<sup>st</sup> March 2023 compared to 80 in 2021/22.**

All surveys received were analysed to establish patients' experiences of the Living Well programme.

The results showed that of the patients who responded (with 2021/22 data in brackets for comparison):

- 98% (96%) rated the information discussed/sent about the requirements of joining the face-to-face group, as 'very good'.
- 99% (99%) of patients said they felt supported by being a part of the group.
- 100% (99%) of patients felt they were treated with respect and dignity.
- 98% (97%) of patients rated their experience of the Living Well programme as 'good' or 'very good'.

Other questions asked in 2022/23:

- 97% agreed or strongly agreed with the statement: 'The group will help me to manage my health and wellbeing'.
- 98% agreed or strongly agreed when asked if they received enough support to help them cope with feelings and emotions.

- Some questions related to the environment and food were added when the groups returned to face-to-face after the pandemic.
- 99% agreed or strongly agreed that they felt comfortable in the lounge environment.
- 99% acknowledged that the general cleanliness was good or very good.
- 98% answered 'good' or 'very good' to a question about the refreshments being sufficient.

Most learning related to the following:

- 8% felt that they had difficulties with hearing and understanding information.
- A small number of patients suggested improvements to the resources, e.g. handouts and flip charts.

Comments were consistent with the feedback from the focus groups and compliments received by Living Well, with the overall experience being very good. Patients commented on how they looked forward to each week during the programme, it was said to be beneficial and interesting, the environment was referred to as a, "*beautiful calm place*", patients also commented on staff and volunteers being welcoming, caring and responsive to questions and concerns raised. It was also pointed out how useful it was to engage with other people in a similar situation.

Suggestions are recorded on a 'You said, We did' action plan. Following the suggestions, staff now ensure music is playing at the beginning of every session, facilitators use black pens when recording information for patients, equipment has been procured to help improve the audible experience for patients, and board games have been sourced to encourage more friendships between patients.

Comments from various groups include:

- *Always felt supported and encouraged and listened to. Also enjoy group interaction.*
- *Very comfortable environment. Felt very supported.*
- ***Made me realise that I can still do things I liked before. Provided motivation.***
- *Good to get out and meet people and get information.*
- *I have enjoyed listening to the problems others have and all about them. I have also had great support from the group and kind staff, which I did not expect.*
- *I felt engaged and included in all four sessions. It was interesting and very informative. All the speakers were very well informed and invoked positive feelings and thoughts. Excellent.*
- ***It is beneficial to have a face-to-face group to hear how others cope with breathlessness and strategies used, lectures/talks very good.***
- *Very informative, leaflets very useful.*
- *Felt valued, helped and supported.*
- *Any questions I had were answered successfully. Was made to feel welcome and 'normal'.*
- *I enjoyed everything and meeting everybody. It's been nice to talk and look forward to seeing others in the group.*
- ***Nice to know that there is support only a phone call away. The group was much more than I had expected.***

- The staff are supportive and problems are talked through; good to meet others, I am so grateful for all the care and love received.
- **I have seen an improvement in my health. This group along with the positive effects of my current chemo schedules have helped me to improve my health.**
- It was good to be with other people. [The physio] and her team were very encouraging and kept the sessions enjoyable.
- The group was very inclusive. Exercise was tailored to each individual need.
- I always felt welcomed and supported by the therapist. Exercise was tailored to my abilities and breaks were necessary.
- I looked forward each week to coming. That didn't change at all for eight weeks.
- At first, I felt very apprehensive! But I was very quickly made to feel comfortable, and all the group sessions have been very informative, and I have learnt many new things, the staff are just wonderful, without any exceptions.
- I feel the team has helped in many ways as caring, considerate, and very helpful.
- Overall, I have felt supported, welcomed, and cared for. The Hospice is very calming and the staff all so understanding.
- **Everything was very relaxed, no pressure put on me to participate, information very helpful.**

## FAMCARE

FAMCARE is an annual national audit run by the Association for Palliative Medicine of Great Britain and Northern Ireland (APM). It consists of a survey which we sent out to recently bereaved relatives or a designated carer to seek their views on the quality of palliative care provided to the patient. Surveys (which included 17 questions and space for free text) were sent out four to eight weeks after the patients' death. 132 surveys were sent out and 47 surveys were returned by the relatives of PT patients (compared to 48 in 2021). The analysed sample of 47 surveys was small (providing feedback on only 23% of deaths during the audit period) allowing for only limited generalised observations and learning.

31 relatives provided free text comments – in the vast majority highly positive and containing complimentary statements.

***"Phyllis Tuckwell provided personal care at home which we can't fault."***

***"We cannot express the gratitude we, as a family, have for the care he was given."***

***"The support and care we all as a family received was everything. We are all forever grateful."***

***"For the short time we had with Phyllis Tuckwell assistance and care at home... we could only be extremely thankful for the team's care."***

**Satisfaction rates were very high with combined ‘satisfied and very satisfied’ ratings reaching 60-83% in all domains of care.** In response to the question ‘The way the physical needs for comfort were met’ and the question ‘Provision of practical assistance’ PT achieved higher than the national average. However, in the remaining 15 questions the same scores were just below the national average but not significantly different from our 2021 FAMCARE results.

## PLACE

Patient-Led Assessments of the Care Environment (PLACE) evaluate the patient environment and how well it supports and enhances the provision of clinical care.

A PLACE assessment was undertaken at the Hospice in Farnham across two days in October 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.

PT scored highly in all domains, higher than national average for dementia and condition, appearance and maintenance, learning related to some specific areas of cleanliness, food and hydration and privacy and dignity, ensuring a dementia environment and disability access. Many items were immediately addressed, and other actions will be considered in line with the Beacon Centre refurbishment plan and IPU rehome.

## Our wonderful team - staff and volunteers

**New leadership:** director of patient services and two community managers appointed.

We are so fortunate to have such an amazing group of people working and volunteering for us. **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 continued with our Pulse survey which regularly captures how staff are feeling. The feedback enables us to direct support, establish what works well, and identify where further improvements can be made.

Over the past year we have continued to invest in their wellbeing by introducing further training to support their health, such as the Mid Life Matters course. We also introduced a social and wellbeing focus group to devise and provide events which enable people from different teams to come together.



## PT Staff Surveys

### The wellbeing of our staff is of paramount importance to us.

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.

We continued with our pulse surveys during 22/23, to check in with our people as to their wellbeing and what we might be able to do differently to provide support for them, in what continued to be a demanding year. We amended the questions slightly to capture how well-informed people were about our new Hospice project. Feedback was mostly positive and enabled the SMT and others to increase/amend communication as needed to enable people to be fully aware of what is happening at PT. People also responded to the quick wellness survey on the opening page of our HR Database. This asks staff to pick a face to describe how they are feeling. The data captured enabled the HR team to offer specific support directly to anyone who indicated that they might want or need this. We also continued to provide our Employee Assistance Programme, which provides 24/7 support for all staff and their immediate family. Whilst this is a confidential service, we receive regular feedback from the provider giving the numbers of those that have used the service and whether they had found it effective and supportive.



How are you today?



## 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.**

Our new registered manager, Catherine van't Riet, was appointed in November 2022. Direct monitoring activity was undertaken on 8<sup>th</sup> March 2023, where information and data was presented to the CQC inspector from the direct monitoring team by Catherine van't Riet and Sarah Church. This was reviewed and the CQC did not identify the need for any further regulatory activity at that time.

During the last year our focus has continued to ensure that we provide caring, responsive, effective, well-led and safe services for patients, and their families and carers, and for staff who work within the organisations. The CQC regulatory approach is changing, and we are preparing for this change.

Additional proactive conversations with our CQC relationship manager ensured that there is an open and transparent approach between Phyllis Tuckwell and the CQC.



## External Comments

### Joint Commissioner Statement from NHS Surrey Heartlands Integrated Care Board (ICB) and NHS Frimley ICB

Surrey Heartlands ICB, on behalf of Guildford and Waverley Health and Care Alliance, welcomes the opportunity to comment on the Phyllis Tuckwell Quality Account for 2022/23. The ICB is satisfied that the Quality Report has been developed in line with the national requirements and gives an overall account of the quality of care being provided to adults living with advanced or terminal illness.

As an ICB, we acknowledge Phyllis Tuckwell's focus on safety, quality and patient experience which has been demonstrated through several initiatives in 2022/23. It is encouraging to read that there has been an increase in patient feedback and Living Well Groups have received overwhelmingly positive comments. Total attendance for education and training courses has steadily increased, and we commend Phyllis Tuckwell's commitment to developing new courses focused on palliative and end of life care, which complement those currently being offered to internal and external candidates.

Surrey Heartlands ICB recognise there has been an increase in demand on the service and welcome Phyllis Tuckwell's continued efforts to meet our population's palliative and end of life care needs, working collaboratively with partners. For those that require an inpatient bed, we see the Hospice In-Patient Unit build as a positive step in addressing the increased demand whilst providing new and improved facilities. Numerous patient factors have been considered in terms of the temporary move to Kings Lodge Care Home, and the ICB is assured that patients will continue to receive high quality, safe care.



With regards to Phyllis Tuckwell's priorities for 2022/23, the ICB can see progress has been made with several of the indicators, and there are clear plans in place to further improve performance and outcomes. We applaud the ongoing work around the use of the Integrated Palliative Outcome Scale; providing an understanding of what is important to patients, and Phyllis Tuckwell's commitment to expanding their reach; ensuring different communities are aware of the services provided and how to access these. The ICB also see the digital improvements, such as the digital database for incident reporting as an effective way of capturing learning and it is positive to read reporting is shared internally to help identify themes.



As associate commissioners, Frimley ICB are in support of Surrey Heartlands ICB comments on the Phyllis Tuckwell Quality Account for 2022/23. In addition, Frimley ICB would like to commend Phyllis Tuckwell's EDI agenda and reaching out to the local population and adapting delivery of care according to needs. Phyllis Tuckwell continues to be an active member within the Frimley Health & Care Integrated Care System which includes working in collaboration with neighbouring hospices and engagement in the Frimley Health and Care ICS PEOLC steering group. Frimley ICB 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.

Surrey Heartlands ICB and NHS Frimley ICB are content with the review of progress and quality improvements made in 2022/23 and support the priorities for the coming year. We look forward to working in collaboration with Phyllis Tuckwell to ensure our Surrey and Hampshire residents receive the best outcomes.

**Clare Stone**  
**ICS Director of Multi-Professional Leadership and Chief Nursing Officer**  
NHS Surrey Heartlands Integrated Care System



# 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:

**Alison Huggett** - Chair

**Dr David Eyre-Brook** (retired Sept 2022)

**Rosy Anand** (retired Sept 2022)

**Helen Atkinson** (retired July 2022)

**Helen Franklin** (retired Sept 2022)

**Richard Hunt** - Vice Chair

**Dr Robert Laing**

**Ken Ratcliff**

**David Tomlinson**

**Elizabeth Wells**

**Anne Whelan**

**Emma McLachlan** (from Oct 2022)

**Dr Andrew Brooks** (from Oct 2022)

**Lillian Nsomi-Campbell** (from Oct 2022)

**Andrew Stent** (from Oct 2022)



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