Phyllis Tuckwell®
Hospice Care
...because every day is precious

Quality Account 2025/26

Holistic support for patients and families

Clinical - Practical - Emotional - Spiritual - Financial

Chief Executive's statement

Our patients and their loved ones are at the heart of everything we do, and we are always looking to improve and develop the care and support we provide for them. This account gives a summary of the quality initiatives that we have undertaken throughout the 2025/26 financial year and an overview of our plans for 2026/27.

It has been a year of sustained growth and positive patient experiences. **A key success has been the new Hospice build and our preparation to move back in.** This sustainably-constructed building will transform the way we provide our services, enabling us to support 3,000 people a year by 2040.

During the build, our In-Patient Unit was located in a temporary 10-bed site and our Living Well service operated from just one site. Despite this, **we saw a 3% increase in referrals and a 12% increase in the number of people supported**.

Many people want to be cared for at home, and our community team, including our responsive team and virtual ward, saw an increase in patients supported. We also supported more carers, including in bereavement. Whilst our Living Well team saw a reduction in referrals, probably due to offering from one site, there was a slight increase in attendances. We look forward to expanding the Living Well service the Beacon Centre and the new Hospice in 2026/27.

We have developed our workforce in readiness for moving to the new Hospice, including recruiting 24 nurses. We have invested in training and development, supporting our own staff and external healthcare providers, including care home staff; appointed an equity, diversity and equality lead; developed a learning disability steering group; and further strengthened our feedback mechanisms and our reporting culture for concerns and incidents.

With a lot of change happening in our local Integrated Care Boards, we are focussing on being a credible voice, present in forums that are designing and developing local services, to ensure that we reach further, support earlier, and help more people get the palliative and end of life care they need.

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

Sarah Church, Chief Executive
May 2026

Contents

Overview

Our annual Quality Account gives our community an overview of the quality of the services we offer, including the initiatives and improvements of the last year and our plans for the upcoming year.

The quality of our services is monitored and improved by drawing on a variety of measures, including those related to the patient and family experience, patient safety, and effectiveness including outcomes and activity.

About us and our services

Phyllis Tuckwell provides expert end of life care, support and understanding to patients and families across West Surrey and North East Hampshire.

We care for people at home, in care homes, across our hospice care sites and in the wider community. Our compassionate teams help manage symptoms, ease pain, support emotional and practical needs, and make care easier to understand and navigate.

We are here not only at the very end of life, but earlier too, helping people live as well as possible for as long as possible. As more people need that care and support, our ambition is to reach further, support earlier, and help more people get the help they need.

Our strategy

Phyllis Tuckwell is an independent hospice care charity covering West Surrey and North East Hampshire, providing palliative and end of life care to adults with an advanced or terminal illness, or approaching the end of their life.

Our Vision: We want everyone to have the best possible experience at the end of life.

Our Mission: We will care compassionately for adults approaching the end of life, and their families and carers, and we will empower our local community, building skills in caring for people at the end of their lives. **Because every day is precious.**

We recognised the need to redevelop the Hospice and continue to develop services, so that we can support an aging, diverse population with ever more complex needs:

- **More deaths** - The number of deaths is increasing as the population grows and ages. In 2019, 1 in 5 people were over 65. By 2050, it is forecast to be 1 in 4.
- **More complexity** - The number of people with 4 or more conditions is projected to double to nearly 2.5 million by 2035 (17% of the population).
- **Growing need for specialist palliative care** - By 2040, 80% of deaths are predicted to need specialist palliative care.
- **Growing health inequalities** - People in the most disadvantaged communities are likely to have 2 or more conditions 10 years earlier than those in the least disadvantaged.

Our services

We will be occupying our new Hospice in 2026. Since we were established in 1979, palliative and end of life care has developed, and our old building was no longer able to meet the needs of modern healthcare. Therefore, during the early 2020s we planned to rebuild the Hospice on our current site, with construction commencing in 2024. The new building is larger, better equipped and will enable us to help more people and offer greater levels of comfort, privacy and dignity to patients, and their families and carers.

During 2025/26 our services, staff and volunteers have been operating out of temporary sites, including our In-Patient Unit (IPU), which has been located in Camberley. During the build period, our experienced staff have continued to provide the same high-quality palliative and end of life care for adult patients and families living with an advanced or terminal illness, across the whole of West Surrey and part of North East Hampshire.

We provide this care through our three key services, which are designed around the needs of our patients, families and community. They are:

- **In-Patient Unit** - located in a 10 bedded unit in Camberley.
- **Living Well** - including outpatient appointments and groups, provided at the Beacon Centre in Guildford.
- **Hospice at Home** - offering patients and their families and carers access to high quality, specialist palliative and end of life care at home.

We are viewed by our partners in our localities as experts in palliative and end of life care. We offer extensive education and training to our own staff and other local healthcare providers, including care home staff, ambulance crews, community nurses and GPs, to improve 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 these services and are satisfied with the accuracy of the data.

The funding provided to Phyllis Tuckwell by the NHS represented 27% of Phyllis Tuckwell's total income in the reporting period 2025-2026.

A review of our services and activity data for 2025-2026

Below is a summary of the number of referrals and the number of people we supported in 2025/26. We are pleased that this demonstrates an increase from the previous year.

This activity only partially reflects the wider impact we have in empowering our local community and in building skills in caring for people at the end of life. This activity is via education, advice to families and healthcare professionals, and partnership working across the systems.

All services	2024/25	2025/26	% change
People supported	3,127	3,488	12%
Patients supported	2,091	2,201	5%
Carers supported	1,036	1,287	24%
Referrals to Phyllis Tuckwell	1,783	1,836	3%
Percentage of patients who were referred with a primary non-cancer diagnosis	43%	43%	0%

1

In-Patient Unit

In-Patient Unit	2024/25	2025/26	% change
Total admissions	240	239	0%
% patients going home	15%	15%	0%
% bed occupancy	98%	98%	0%
Percentage of patients who were admitted with a primary non-cancer diagnosis	27%	26%	-1%

Our In-Patient Unit (IPU) 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 239 admissions over the last twelve months, with 3,562 occupied bed days.** Since moving out of our old building and into our temporary accommodation, we have had to reduce from 14 to 10 beds. We are endeavouring to use these to serve as many patients as possible, which is reflected in the high ward occupancy of 98% for the second year running and a very similar number of admissions (239 compared to 240 in the previous year). We care for patients as they approach the very end of life and, in 2025/26, 202 people died on our IPU (203 in 2024/25).

The In-Patient Unit is currently located in a wing of a care home in Camberley. It is run separately from the care home, with our own staff, management and governance structures. We ensured that the spacious individual rooms are set up for person and family centred care, and that we optimise our use of the limited storage and other spaces.

We are looking forward to being able to offer our patients and their families a larger and very well equipped IPU in our new Hospice. It will comprise 18 beds, each in their own individual room, with en-suite facilities and space for family or friends to stay overnight.

2

Living Well

Below is a table of the number of people referred into and those supported by Living Well this year. The support is face-to-face at our Beacon Centre with our staff also supporting those that are unable to attend via calls. The service operates with our Hospice at Home team who provide home visits as needed.

We support families to plan pro-actively for the last phase of life; we support their resilience and enable people to live well until they die.

Living Well	2024/25	2025/26	% change
Referrals into Living Well	254	229	-10%
Patients supported in Living Well	526	434	-17%
Carers supported in Living Well	223	211	-5%
Total face-to-face contacts with patients	3,503	3,407	-3%
Non face-to-face contacts	3,038	2,984	-2%

Living Well Group Activities

We have run a variety of groups within Living Well during this year.

The table below summarises the number of attendances at these groups.

Living Well Groups	2024/25	2025/26	% change
Patient Group programme	1,741	1,867	7%
Family & carer sessions	295	256	-13%

Living Well groups and outpatient activities have been located at the Beacon Centre during 2025/26. At Living Well groups, patients and carers can discuss living with an advanced or terminal illness, sharing their experiences with each other as well as with our multi-disciplinary team of nurses, occupational therapists, physiotherapists, complementary therapists, and our pastoral care team, all of whom offer support, advice, skills and knowledge. The service covers all aspects of holistic palliative care – physical, practical, emotional, social and spiritual.

As well as our regular group sessions, we have offered opportunities for social outings in the evenings, visits from local schools, and visits from PAT (Pets As Therapy) dogs and other animals including from Equine Harmony, Millers Ark, and Wild about Britain.

Other activities include Pamper days, singing, craft and we have organised supported outings to two tribute concerts in Aldershot.

We have a Social and Therapeutic Horticulture group and exercise groups, as well as offering individualised exercise programmes.

We offer opportunities for carers to attend with patients, for education and peer support, as well as bereavement support at our drop-in session, the Listening Lounge.

Our Living Well activities are very popular with patients, families, carers, staff and volunteers, and through regular formal and informal feedback we consistently receive overwhelmingly positive and constructive comments about them.

We are looking forward to developing Living Well services at your new Hospice in 2026/27, in addition to continuing to offer this service from the Beacon Centre.

3

Hospice at Home

Hospice at Home	2024/25	2025/26	% change
Patients supported	2,020	2,118	5%
Referrals	1,251	1,297	4%
Total face-to-face visits to patients at home	13,045	12,253	-6%
Virtual ward admissions	72	94	30%
Responsive visits to patients at home	1,319	1,501	12%
Non face-to-face contacts with patients at home	48,756	49,007	1%

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

Our Hospice at Home team received 1,297 referrals and supported 2,118 patients, an increase of 5% over 2024/25. There was an increase in responsive calls, visits and 30% increase in virtual ward admissions.

Our virtual ward offers specialist, timely, palliative care for those people with the most complex palliative care needs, who want to

be cared for at home. This, combined with our responsive approach, continues to provide patients and families with a good quality service when they need it most. In addition, our services help to relieve pressure on the NHS. **1,546 patients required a responsive assessment within 24 hours because they had had a significant change in their needs. They needed 1,501 face-to-face visits and 10,028 telephone contacts compared to 1,319 and 9,045 in 2023/24 (12% increase in responsive visits and 10% in calls).** 94 people were admitted to our virtual ward, which is led by consultants in palliative medicine, compared to 72 the previous year (30% increase).

Our Hospice at Home nursing team - which offers a co-ordinated approach for people at the end of life who require nursing and personal care to support them to stay at home - received **474 referrals for patients needing hospice care at home**, compared to 443 in 2024/25 (6% increase).

There was a decrease in the overall number of face-to-face contacts and an increase in phone contacts within Hospice at Home during this period. Given the increase in responsive activity, the reduction in overall visits will represent fewer face-to-face visits for people requiring a planned, proactive approach.

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 clinical, practical, emotional, spiritual, financial and bereavement support. One component of our Hospice at Home service is palliative rehabilitation. We offer this to people, including those living with motor neurone disease, other progressive neurological conditions, respiratory disease and cardiac disease.

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 2025/26, 444 of our patients died at home who might otherwise have died in hospital.** In supporting a person to die at home, we are supporting their choice. We continued to provide face-to-face specialist palliative care support to people living in care homes in 2025/26. **This year we have directly supported over 180 care home residents.**

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 support patients with this, **we continue to work with our NHS partners to provide a service for patients and families at night-time, and in 2025/26 Phyllis Tuckwell made 447 face-to-face planned night visits** where health care assistants (HCAs) provide overnight support for patients and carers who most require their skilled care in their homes. Their support enables families to rest and sleep. It makes a significant contribution to carer wellbeing and to enabling patients to remain at home, and not be moved to alternative places of care, when home is where they want to be cared for at the end of life.

As a patient's health deteriorates, we sensitively initiate conversations relating to their wishes at end of life. At any given point **81% of patients discussed their wishes around care and treatment for when their condition deteriorated in the future. As they approach the end of their life close to 100% have had the opportunity to discuss their wishes.** We captured these wishes in an advance care plan or a ReSPECT form. This indicates good practice, as it means we know people's wishes for end of life. This year, 44% of patients who died with a recorded preference achieved where they wanted to be when they died, this wish is expressed in advance care plan, however the total number who achieved their preferred place of death will be significantly higher than this as recording of patients' final wishes just before death can be difficult to achieve.

4 Carer and family support

There has been a significant increase in the number of family members supported during their loved one's illness and in bereavement. **We pro-actively assess and support carers' needs in line with our approach, which focusses on the whole family**, and aims to support those who are most vulnerable in our communities and underrepresented within services.

Carer and family support	2024/25	2025/26	% change
Total number of carers supported	1,036	1,287	24%
Family members supported in bereavement	502	618	23%
Face-to-face contacts in bereavement	1,208	1,668	38%
Bereavement group attendances	210	189	-10%

As well as providing direct support, we work collaboratively with our partners within the voluntary and statutory sectors across our systems. We meet regularly individually or as part of local networks to share resources, expertise and develop our approach and to make a greater impact. These partners include places where people come together and those involved in social care, safeguarding, education settings, carers support, social prescribing, bereavement and emotional support.

5

Education

Our Education and Training team is dedicated to improving end of life care in our community, and to the education of our highly trained and specialised staff, who we are very proud of. **Training equips our community with a strong knowledge base and skills to provide palliative and end of life care to those they are caring for. Our training continues to be well attended despite the pressures in the wider sector.** Our external education programme offers both online and face-to-face training sessions, which we provide free of charge to those in our local catchment area.

Education	2021/22	2022/23	2023/24	2024/25	2025/56
Total attendances	2,513	2,824	2,791	3,655	3,232
Phyllis Tuckwell staff attendances	1,279	1,608	1,348	1,777	1,576
Care home staff attendances	686	918	734	981	650

There has been a slight reduction in attendances at our education sessions this year. This is partly due to a strong focus on training and supporting our new staff to develop, and because we have offered more ad hoc bespoke training, competency and practice development opportunities to all our staff including that required to ensure new and established staff are ready to support 18 IPU patients in the new Hospice.

Our training calendar outlines our annual training and development sessions to internal and external candidates. **New courses this year include robust record keeping, intravenous training and subsequent competency for five newly qualified nurses, infection prevention & control, and Oliver McGowan Part 2 training.**

Our well-regarded Palliative and End of Life Care (PEoLC) programme has run four times this year with 60 attendees. Sessions are delivered by our multi-disciplinary team, including doctors, clinical nurse specialists, IPU nurses, dietitians, occupational therapists, physiotherapists and counsellors, whose breadth of knowledge and

experience contributes greatly to the quality of education provided. Our clinical skills sessions in 'Verification of Expected Death', 'Syringe Pump Training', and 'Subcutaneous Fluid Hydration' remain in demand.

We facilitated 95 students and visitor placements this year. Feedback from students:

"Coming into this placement I knew the team would be very lovely and caring, but I can honestly say they are the most amazing team, and I can tell everyone genuinely cares. The team were very welcoming and supportive. They pushed me to utilise my clinical knowledge and skills and made me feel very comfortable. Overall, this has been an amazing placement. I am grateful to everyone I have worked with. I have learnt a lot and really felt part of the team."

"I did feel welcomed; staff have all been lovely and brilliant."

"Outstanding care provided by all staff. The IPU is somewhere I would definitely consider working in the future."

We have a robust statutory and mandatory training programme for our internal staff, to ensure standards of safety are maintained. Safeguarding, Basic Life Support training and Moving and Handling training are all offered in-house. Having access to skilled manual handling practitioners enables us to provide in-situ tailored training for more challenging manual handling situations. **Our statutory and mandatory compliance figure has consistently been above 90%.**

We support staff to develop their careers and ensure that our workforce is ready for future demand by enabling our colleagues to access higher education. All unregistered staff have been offered the opportunity to complete Functional Skills at level 2 in Maths and English, the level 3 diploma in Health & Social Care, and the trainee Nursing Associate apprenticeship. One HCA commenced Nursing Associate training in September 2025, and two nursing associates have almost finished the Registered Nurse Degree Apprenticeship. Three staff completed our Clinical Nurse Specialist (CNS) Development programme and are now employed as CNSs.

We offer opportunities for staff to obtain post-graduate qualifications that enable us to provide more effective care. A member of the team is completing their Post-Graduate Certificate in Education. Our clinical nurse specialists (CNSs) are expert clinicians, who offer specialised assessments, and plan and implement care, and we support them to develop their leadership, education and advanced clinical skills. Within our CNS team we have five independent prescribers who improve patient access to assessment and medication, enabling us to offer patients in the community more rapid access to symptom control medication. Safe prescribing

requires ongoing peer support and supervision, and we have therefore developed an in-house group to provide this to these CNSs. The ability to have a sensitive conversation about choice at the end of life is a very important skill, and we have a step-by-step approach to supporting our colleagues to have these conversations. Staff access 'Advanced Communication Skills' and 'ReSPECT Level 3' training, after which they are provided with in-house support to increase their confidence and competence in advance care planning, and to prepare and sign ReSPECT plans.

Our weekly multi-disciplinary education sessions have continued to run successfully throughout the year, with a wide variety of internal and external presenters, and our in-house 'Clinical Risk Management Skills Programme' continues to run quarterly. Approximately 75% of our clinical staff have now attended. We have been busy inducting and training new staff in the knowledge and skills pertaining to PEoLC in preparation for opening our new beds.

We are proud that other organisations can benefit from our specialist knowledge and skills and 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 spoke about challenging conversations with young people at a conference at the Marsden Gynaecology Oncology in the UK: Trends, Challenges & Opportunities. One member of the Education team presented a poster at Hospice UK's annual conference in Liverpool and were joined by a group of five other Phyllis Tuckwell colleagues, all presenting posters.

We continue to train GP registrars and last year trained 10. We also provide support and training for palliative medicine specialty registrars within our Hospice at Home service.

Preceptorship

We were the first Hospice organisation in England to attain the intermediate quality mark for our Preceptorship programme we have expanded our programme to include Allied Health Professionals. In 2025/26 we supported five newly qualified staff via our preceptorship programme.

A review of last year's priorities

This section reviews the progress made in 2025/26 against the priorities set last year, and describes areas of focus for 2026/27.

Continuity of services whilst we await completion of your new Hospice

Our main priority for 2025/26 was to plan for and safely move into your new Hospice, and to continue to provide high quality care from the Beacon Centre in Guildford and to people in their homes.

We planned to: recruit to ensure effective staffing levels and skills mix, with the change from 10 IPU beds to 18 beds in the new Hospice, and to support the community model; and to develop and implement an electronic staffing tool to facilitate accurate staffing levels and improve our workforce planning.

We have: recruited 24 registered nurses including bank during this year to support our 18 bedded unit in the new Hospice, and we have recruited additional housekeepers. We have supported their induction and training needs alongside those of our current staff and have developed a digital acuity tool and written safe nursing staffing guidance to ensure safe care in the new environment. We have planned for suitable equipment, fixtures and fittings, and have considered and mitigated the risks associated with the new environment and reviewed all policies. The move day is planned in detail, as are ways of working in the new Hospice, with staff having inductions and training on the site. We will begin to offer clinical services from the Hospice in June 2026.

The report demonstrates that despite us being on a 10 bedded unit and offering our outpatient and groups from one location – the Beacon Centre in Guildford - we have maintained our high-quality care and grown activity across our services.

Service developments to wrap around patient and family needs

We planned: to develop our services in line with the needs of an aging population, to enable people to live well via our site-based Living Well services and in their communities, and to consolidate and evaluate our community ward.

We have: continued to develop our community services. The acute aspects of our services are coordinated via our multi-disciplinary hub and touch points during the day. We have had an increase in our responsive activity and virtual ward admissions. Five clinical nurse specialist Independent Prescribers wrote 522 prescriptions during 2024 and 1,496 during 2025; organisationally we had an increase of prescriptions for end of life and palliative care written by PT staff of 25% year-on-year.

Our nursing teams operate in localities which enables effective working within Place and Neighbourhood and with our Phyllis Tuckwell multi-disciplinary teams and community partners.

Our Living Well service has continued with the similar levels of activity but fewer referrals this year, in likelihood due to only operating from one site which makes it less accessible for some parts of our catchment.

Patient safety

We planned: to further refine use of data to support clinical governance, including expanding the use of our digital reporting system, to close the loop on our findings from audits and patient safety incidents and ensure that changes are embedded in practice. We planned to ensure ongoing engagement to develop our approach to patient safety and to introduce a patient safety partner.

We have: continued to improve our reporting culture and ensuring we are adhering to the 'Being Fair' and principles, this has been demonstrated by an increase in the number of incidents reported, with a 21% increase from 2024/25 (555 incidents to 700 incidents). We had no incidents requiring a Patient Safety Incident Investigation in 2025/26. This year we have added compliments to our digital reporting system; this enables real time feedback to staff. With our focus having been on our move to the new Hospice, we have delayed our appointment of a patient safety partner. However, we engage with our volunteers, patients and families via other means including our Clinical Governance committee attended by volunteer Trustees with a breadth of experience and via our engagement groups. We hold monthly patient safety meetings and quarterly quality improvement forums for staff to share their improvement work and to close the loop on findings from audits and patient safety incidents.

Make sure our services and ways of working meet the needs of everyone in our community and reflect cultural differences in approaches to death and dying

We planned: to continue to develop our person and family centred individualised approach, and to appoint an equity and diversity lead to help us in this aim; to develop our pro-active support for those at risk of poor health and wellbeing in their caring role during periods of transition for the people they are caring for and into bereavement; to provide training on cultural competence to our staff, a working party to strengthen our focus on working with people with learning disability, and review our patient and family engagement forum to ensure that we are hearing the voices of people who need our services.

We have: continued to provide an individualised approach consistently using holistic assessments across all our services, and a tool which we developed called the Story

of Me, which is embedded in our In-Patient Unit and in our Living Well Services. We have strengthened this by developing a person-centred nursing assessment tool, which we will trial on our IPU during 2026/27. We have appointed a patient and family advisor to support a project supporting families during transitions of care, they provided advice and support about practical, financial and emotional issues to 226 families over a six month period; this has been very well received with 70 carers providing feedback with themes including gratitude for proactive contact, emotional reassurance, help with clarity and confidence, and feeling supported and listened to.

We have appointed an equity, diversity and inclusion (EDI) lead who has facilitated conversations and development sessions with the Board to help ensure EDI is embedded strategically across the organisation. The EDI lead has also been working collaboratively with teams across the organisation to strengthen and embed inclusive practices within our services and ways of working. This includes providing educational material, and supporting staff to better understand one another, recognise and value our differences, and develop greater awareness of the diverse cultural, spiritual and individual needs of the patients and families we support.

Our Patient and Family Support team builds relationships with community groups and partner organisations to help ensure we continue to develop our person and family centred individualised approach and to signpost. In 2025/26 we developed a pathway with local CABs for people requiring more complex financial advice.

We initiated the use of the Edinburgh and Warwick wellbeing scale as a measure of mental wellbeing, focusing entirely on positive aspects of mental health, which we will continue to use as a pre and post measure for people receiving our support for an episode of care when they are in a period of stability.

We commenced a Learning Disability Working Group as a forum for sharing and developing best practice for people with a learning disability who are approaching end of life, or who are carers or family members of people under our care.

Our patient and family engagement groups have been invaluable in informing our work.

Planned improvements 2026/27

- **Strengthen clinical partnerships,** including with primary and secondary care providers, to enhance integration and co-ordination across the various services, identifying system wide improvements and enabling the delivery of seamless, person-centred care. This will include supporting the establishment and development of neighbourhood teams and attending those where we add value. Participating in Frimley, Hampshire and Hospice Clinical and Strategic Networks and implementing service improvement arising from network discussions.
- **Develop and evaluate new service models through targeted pilots,** widening reach, improving equitable access, and supporting more people earlier in their end of life journey.
- **Establish a project team to work towards digitising nursing documentation within the In-Patient Unit (IPU)**, reducing reliance on paper-based systems. This will be delivered primarily through EMIS, including the development of electronic care plans. The group will also explore whether the EMIS mobile on tablet devices could support real-time, point-of-care documentation.
- **Establish a multi-disciplinary working group to develop and implement meaningful visual reporting** through improved graphs, charts, and trend analysis, utilising existing HR and patient data enabling clearer insight into impact, service effectiveness, quality and safety.
- **Review and update the Patient Safey Incident Response Framework (PSIRF) plan**, learning from trends including skin integrity, responsiveness, compassion, visiting experiences and co-ordination between providers. Review any risk assessments written for the new Hospice once we have it.
- **Continue with our service developments**, workforce planning and evolving ways of working to meet growing demand across:
  - **The new IPU**
  - **Hospice at Home and Living Well services**, including:
    - Embedding new ways of working as teams adapt to and optimise care delivery within the new Hospice environment
    - Delivering Living Well services across both the Hospice site and the Beacon Centre, ensuring accessible, flexible support across the two locations
    - Responsive, flexible care for people at end of life or with complex and escalating needs, delivered when it is most needed
    - Extending reach by engaging earlier, supporting more people, and improving access to care.

Review of quality performance and statements of assurance

Registration

Phyllis Tuckwell 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 2025/26.

Data

Phyllis Tuckwell generates its own comprehensive dataset, which provides an overview of activity and supports service improvement.

Research Phyllis Tuckwell has been involved in

Research studies

Co-development of a peer-to-peer intervention to support healthcare assistants' delivery of hospice care at home.
This study looking is at the support needs of HCAs (health care assistants) when working, often independently, in patients' homes delivering hands on care. Phyllis Tuckwell was selected as one of three sites taking part in this study which opened in July 2025. HCAs, nurse managers, team leads, educational leads have been invited to participate.

Optimising care pathways for families living with Motor Neurone Disease.
This is a qualitative study looking at three participant groups to participate in structured interviews. It aims to examine experiences of family carers as they support a person living with MND (plw MND), considering how they interact with a wide variety of health and social care staff. The aim is to understand if there are better ways to support family carers in what is a highly demanding role. Leicester University. The questionnaires are being circulated to people with MND; family, friends and carers of patients with MND; and health and social care staff supporting families with MND.

We have also contributed to other research activities including:

- **Nursing Interventions in Palliative Care: Contributions to the Development of an Advanced Practice Model a Portuguese nurse**. Profile of nurses providing palliative care in the community. Circulated to relevant healthcare professionals (HCPs) inviting them to participate.

- **Optimising the Virtual Hospice.** A mixed-methods study of remote palliative care support covering quality improvement, patient experience and health economics. This project aims to understand and inform virtual and technology-enabled models of hospice care. A PT representative participated in a telephone survey.
- **An Exploration of Palliative Care Occupational Therapy in the UK.** The aim of this study is to understand what Palliative Care Occupational Therapy looks like in the United Kingdom and what the role entails. Survey circulated to occupational therapists.
- **Perspectives on PROMs in palliative care for heart failure (PROMPT).** This study explores the views on the use of patient-reported outcome measures (PROMs) in patients with heart failure to assess their palliative care needs. A set of recommendations for practice will be developed. Circulated to relevant HCPs and a PT HCP participated in an online interview.
- **Healthcare professionals' experience of Access to Medication for people on Virtual Wards who are in their last year of life (ActMed-VW).** Circulated to relevant HCPs inviting them to participate.
- **Survey exploring healthcare professionals' views on the practicalities, acceptability, barriers and facilitators to family member/unpaid carer administration of as-needed subcutaneous medication for common symptoms which may occur in the last days of life to patients in the community.** Circulated to relevant HCPs inviting them to participate administration medication is a vital for last-days-of Community Health care professionals.

Upcoming Studies

Metabolic changes at end of life: METEL (Metabolites Towards the End of Life). This study aims to describe the dying process in patients with cancer which will help with prognostication at the end of life. By collecting urine samples from people with cancer in the last weeks of life and performing a metabolomics study, they hope to prove to answer the following research questions:

1. Which metabolites change during the dying process?
2. Are there different ways of dying?
3. Prediction modelling

We have been selected to participate in this study and will commence the research in summer 2026.

Posters and Publications

- Omeprazole administration via short subcutaneous infusion Derrick R, **Seton-Jones C.** *BMJ Supportive & Palliative Care 2025;0:1–2. doi:10.1136/spcare-2025-005561*
- A novel sustainable simulation and procedural skills programme enhancing palliative medicine training. **Sabrina Vitello**, Theresa Tammy Tran, Sam Fung, Simon Tavabie. *European Association of palliative care EAPC conference, Helsinki May 2025.*
- Using an Extended Virtual Reality Demonstration to Build a Business Case for Provision in a Hospice Setting. **Beth Taverner**. *Hospice UK conference Nov 2025.*
- Anticipatory prescribing recommendations for patients approaching end of life. **Annabelle Grisdale and Sophie Lines**. *Hospice UK conference Nov 2025.*
- Respect forms completion: A reaudit in 2024. **Jack Leung**. *Hospice UK conference Nov 2025.*
- Priorities and Planning for EOL-Care Home EOL Care Support and Education Project. **Nicola Harding**. *Hospice UK conference Nov 2025.*
- Living Well with Illness and the Creative Programme. **Rachel Copes**. *Hospice UK conference Nov 2025.*
- IPOS Analysis of a Hospice Community Team. **Jo Vriens and Jane Ryman**. *Palliative Care Congress March 2026.*

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.

Phyllis Tuckwell Data Security and Protection Toolkit

Our last report was published on 23rd June 2025 and showed that the standards were met. We will publish an updated version in June 2026.

Freedom to Speak Up and Whistleblowing

We have a Raising Concerns Policy and Procedure available on our intranet. This is a mandatory read for all new staff. We encourage staff to speak up if they have a concern and one route to do this is via our Freedom to Speak Up Guardian (FTSUG). **In February 2025, four Freedom to Speak Up Champions began their new roles after completing the training, and are available for support, signposting and to help raise awareness of speaking up.**

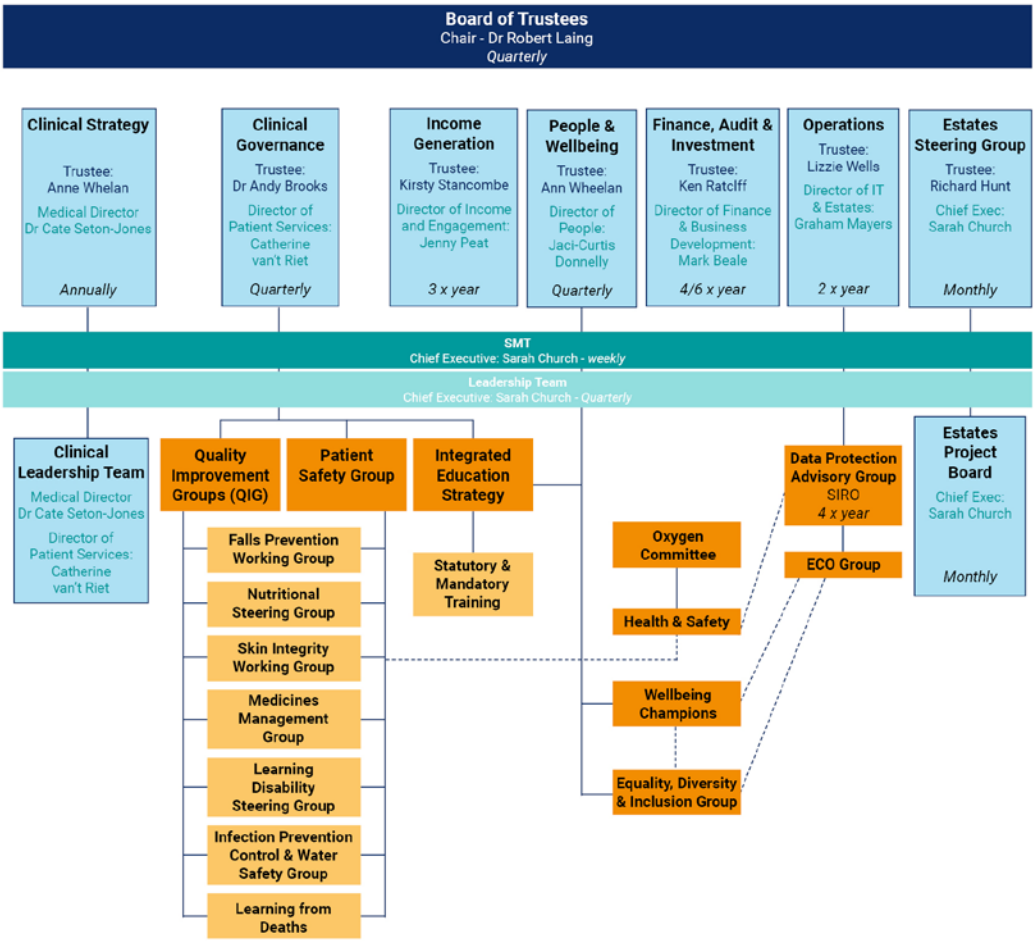
The FTSUG produces a report for the Board of Trustees annually on the number of cases raised, their nature and any common themes, the staff support that was provided, and the follow-on actions and resolutions. During the last reporting period, two staff members contacted our FTSUG for support. The FTSUG is available for all staff and volunteers.

The FTSUG completes annual refresher training and attends the annual National Guardian's Office conference. The FTSUG is a member of the Surrey Heartlands ICB FTSUG network, the South East FTSUG network and the Hospice network and attends meetings for these groups. The FTSUG receives the regular bulletin from the National Guardian's office that gives access to information, updates and webinars. During October (Speak Up Month) staff were encouraged to wear green on Wednesdays to show support of speaking up, and information was added to our intranet to inform staff about speaking up.

How we monitor the quality of care we provide

Clinical Governance Structure

The structures overseeing and supporting our quality of care are illustrated below:



Learning from incidents is shared with staff and stakeholders, including via the Clinical Governance Sub-Committees, Patient Safety Committee, Feedback from individual incidents via our reporting system, a Phyllis Tuckwell publication, 'Medicine Matters' and 'Quality Matters'

Quality markers

There were 700 incidents reported in 2025/26 in comparison to 555 incidents reported in 2024/25. We view this as a positive trend as we are developing a strong reporting and learning culture where the reporting of incidents is encouraged. Incidents that meet the threshold for CQC notification are reported.

We have measured our performance against the following metrics:

Indicator	2025/26
All informal concerns (14) and complaints (10)	24
Patient safety incidents	700
Patient falls (IPU)	31
Total number of IPU patients known to have become infected with MRSA	0
Total number of IPU patients known to have become infected with C. difficile	0
Pressure ulcers during IPU admission - (category 1-4, unstageable and deep tissue injury - developed or worsened)	77 pressure ulcer incidents were reported, of these 43 occurred during admission.
Medication IPU incidents (including documentation /record keeping errors and near misses i.e. error prevented)	151

During 2025/26 there was one incident requiring a more in-depth learning response, which was an After Action Review.

The three areas of focus identified in our PSIRF plan were medication incidents, falls and pressure ulcers.We have measured our performance against the following metrics:

Medication incidents

Given the nature of our work and the frequency of incidents, medicines is one of our focussed areas for our Patients Safety Incident Response Framework plan. During 2025/26, most incidents did not reach the patient and were documentation errors. There were 151 medication incidents recorded as occurring on the In-Patient Unit, 18 of these were low harm and none were either moderate or severe harm. Due to the increase in medication incidents, there has been a focus on learning and reflecting. There has been a further increase with many new staff starting. There will be a more detailed thematic review of medication incidents in 2025/26 to look at improving processes as most errors are documentation errors.

There were 45 community medication incidents reported. Most of the incidents were no harm or near miss, or were low harm. Most of these incidents were reported by Phyllis Tuckwell staff but were out of our control, such as documentation errors with other providers.

Falls

31 inpatient falls were reported during 2025/26, a reduction from 40 the previous year. 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. Falls prevention has now been embedded in the In-Patient Unit, the introduction of movement sensors along with early identification of risks and timely implementation of mitigations may have helped to reduce the number of falls. There were four repeated fallers and most falls resulted in low or no harm with one patient having moderate harm.

There were five community recorded falls, all no harm. These are reported if witnessed, or more commonly where staff have visited patients in their own homes and have found the person having fallen.

A Falls Prevention steering group, comprising champions from various disciplines, meets quarterly to review the falls and establish learning. The group supports the sharing of skills, information and oversees service developments related to falls prevention. Falls prevention is included in the risk management education session.

Pressure ulcers

Pressure ulcer prevention is a focussed area for improvement in our PSIRF plan. Phyllis Tuckwell has a Skin Integrity steering group that continuously reviews our approach to skin integrity and management of pressure ulcers. We are currently being supported by Frimley ICB to implement Purpose T (a pressure ulcer risk assessment framework identifying people at risk) and to align with the national wound care guidelines.

There has been an increase in reported pressure ulcers in 2025/26 on our IPU.

There were 77 reported on the IPU. The majority were already present on admission. 43 developed or worsened during the admission in comparison to 20 in 2024/25. This is a significant increase, we will monitor and focus on staff training and improving our approach to assessment and care planning in 2026/27, including by embedding Purpose T. We have purchased new mattresses for our new Hospice and will continue to seek advice from tissue viability nurses as this is needed.

There was a significant increase in pressure ulcers reported in the community: 107 were reported which is a 25% increase on the previous year. The Community team does not lead on care of pressure ulcers and if discovered by Phyllis Tuckwell staff they are immediately reported to the Community Nursing teams.

Clinical audits

We have a quality and audit plan and programme to ensure we are continually meeting standards and providing a consistently high-quality 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 celebrate when we are getting it right.

Regular Quality Improvement, Patient Safety, Working and Steering Groups, Senior Clinical team 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 standards of care for our patients.

Over the 2025/26 period, 28 local clinical audits were undertaken. These included those related to prescribing, recording of allergies, medication administration, inpatient falls, infection control, the use of bed rails, documentation, environment, housekeeping, hand hygiene, record-keeping and our care of pressure ulcers. There was also an audit completed on the outcomes of the virtual ward, which positively demonstrated its symptom management and ability to prevent hospital admissions.

In 2025/26 we launched the NHS cleaning standards. This has included the use of iPads by our housekeeping staff to record daily cleaning schedules. In Q4 we completed regular monthly audits on our In-Patient Unit and the efficacy audit was completed in January 2026 with follow up in February 2026. The In-Patient Unit consistently scores a five-star rating.

We had a strong focus on improving the quality of documentation in medical records, including via a bespoke training programme developed and delivered by our Education team. We are pleased that that subsequent documentation audits have demonstrated an improvement in the compliance of both written and EMIS documentation against standards.

Following the MHRA alert for the safe use of bed rails, Phyllis Tuckwell implemented a process to identify if patients have a bed rail, bed lever or turning device. Patients are risk assessed and those deemed as high risk are reviewed by a clinician. This process was audited in June 2025 with 86% of patients on the caseload having documentation regarding a bed rail. 100% of patients at high risk had been seen at home and relevant risk assessments completed. There are no plans to repeat the audit as there is now a robust system in place in the community, with the community equipment suppliers to record risk assessments and a database of patients with bedrails in our community area.

Infection Prevention & Control (IPC) Environmental Audit

IPC audits have continued alongside the implementation of the cleaning standards audit. The cleaning standards audits have been completed monthly from January 2026 with consistent 5-star ratings. The Frimley IPC team are commissioned to provide expert IPC advice and visited the new Hospice in April to offer IPC advice on our new Hospice. We have implemented their recommendations they will re audit once we are settled in the new Hospice.

IPU Controlled Drug (CD) Checks

During 2025/26 quarterly CD audits have been completed in line with National Standards and the Gosport enquiry. All showed good compliance, with some minor recording discrepancies in 2026/27. Our biennial audit of the use of end of life medications will be repeated in September 2026.

Twice weekly controlled drug (CD) checks and weekly schedule 3, 4 & 5 controlled drug checks of stock are undertaken. This is an increase in frequency on the previous year, due to an increase in medication documentation errors. Our closed-circuit television (CCTV) footage has been invaluable in supporting investigations and learning when a stock balance error has been identified. There was one incident that the controlled drug accountable officer reported to the national team (in addition to standard reporting). This incident was in relation to Pregabalin being destroyed incorrectly. Following this incident, the staff received clear information in relation to schedule 3, 4 and 5 medications storage and destruction.

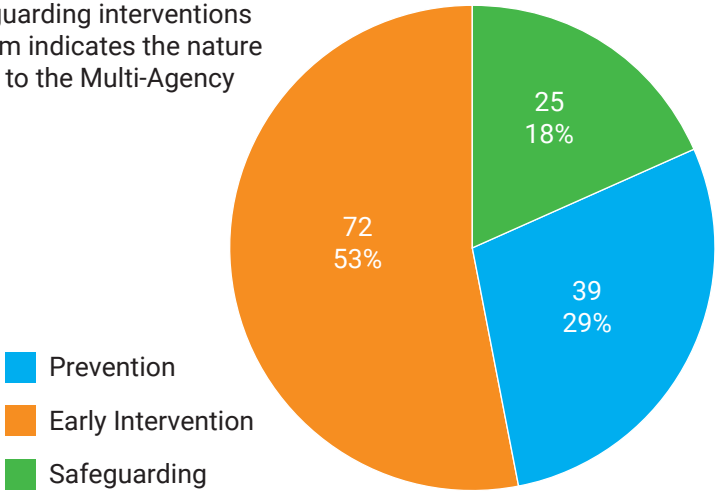
In line with the Gosport recommendations, our Gosport Learning and assurance document was completed and shared with the medicines management team. This was done alongside the CQC CD self-assessment tool and we were compliant in all areas.

Learning from audits and practice

The actions from our 2025/26 audits will guide improvement work in 2026/27. There has been a new process shared in relation on the recording of allergies; this will be re-audited to ensure there is more compliance. There was 75% compliance with use of the new Purpose T screening tool for skin integrity and we noticed an increase in pressure ulcer incidents; this will therefore be an area of focus this year. Further training and educational updates have been planned, and this will be re-audited. The audit on inpatient falls demonstrated that there was incomplete documentation of the safety measures that had been put in place pre- fall. This was shared with the team and risk management training was updated to reflect what was needed. A further audit will be undertaken in the new Hospice. There were areas of noncompliance with a nutritional screening tool audit; a digital solution to this is being explored so this can be captured more appropriately.

Safeguarding

During 2025/26, 136 safeguarding interventions were provided. This diagram indicates the nature of these. 25 were reported to the Multi-Agency Safeguarding Hub.



Service user feedback

FamCare is a survey of recently bereaved relatives or designated carers. It seeks their views on the quality of palliative care given to the patient by the specialist palliative care service prior to the patient's death. It is run annually by many hospices and specialist palliative care teams in the UK. The FamCare project is promoted and managed by the Association for Palliative Medicine (APM) of the UK and Ireland.

Phyllis Tuckwell enrolled the Hospice at Home team into FamCare for five years running, including this year. 148 surveys were posted out to relatives and carers approximately six weeks after the death of their loved ones (if the patient died between 1st August 2025 and 30th September 2025).

This is the first time we have been able to survey relatives whose loved one died on the IPU. Therefore there is no comparison with the year before. The IPU data is very impressive with high satisfaction scores across all 17 questions. **The percentage of satisfied plus very satisfied was in the high 80s to mid 90s. We performed better than the national average in 16 questions out of the 17 questions.** We scored 100% for the question about meeting with the Palliative Care Team to discuss the patient's condition and plan of care. Whilst we are delighted about these results, it is important to note that they have come from a small number of responders (just 19).

The community results indicate generally positive feedback, with the majority of respondents reporting satisfaction with the service. However, there has been a decline in this year's overall satisfaction level across many questions (i.e. percentage of satisfied and very satisfied respondents) compared to last year's results. This is because the data for IPU respondents was mixed in with the community data last year through an administration error. On the IPU there is intensive around-the-clock support, and this results in higher satisfaction scores.

With regards to our community data, we still outperformed the national average (when looking at very satisfied and very satisfied respondents) in several areas. These areas comprised the way the family was included in treatment and care decisions, the information given about the patient's condition and the support and care provided by staff. Again, the number of responders was low at 32.

We also received 13 verbatim comments from relatives associated with the IPU and 24 verbatim comments from relatives whose loved one was cared for in the community. The vast majority of them were positive, including such lovely comments as those on the page opposite.

The team who looked after my husband, who was only 38, were incredible. I'm so grateful for their love and support. They treated my husband and myself and our 10 year old daughter as if we were their own family in what was the most horrific time in our lives, they were angels and I wish I had the strength to go back and thanks each and every on of them. I hope they know how much their kindness and love is appreciated. Angels all of them [IPU relative]

The team were professional, kind, friendly and helpful. They offered a number of "waking" nights to us which were much appreciated, giving us a break and feeling of not being alone, or leaving mum alone. My 97 year old mum died in her own home/an annexe in our garden which was what she wished. Thank you Phyllis Tuckwell and all your lovely professional staff. [community relative]

We received a few negative comments. The themes in the negative comments include timely symptom management including access to end of life medications and syringe drivers, and wanting more home visits from our doctors.

At the time of writing, the 2025 results have not long been received, and so an action plan around improvements is yet to be drawn up to support further enhancing the services we offer.

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 from across the organisation is captured and reviewed. This helps us to reflect on how improvements can be made to the way we work within the wider system.

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

Complaints

During 2025/26, 10 complaints and 14 concerns were received. Concerns are managed compassionately by the person they were reported to, with an apology and often without the need of a formal written response. Where a family identify that it would be helpful concerns are followed up in writing.

We actively engage patients, families and staff involved in complaints to ensure that we are effectively learning from them. The offer of a meeting with the registered manager, deputy director for nursing and quality and senior clinicians including the medical director is made and followed up so that we can understand and discuss what happened, why decisions were made, and offer compassionate support.

Complaints and concerns are captured on our database, investigated and reviewed for learning via our oversight and working groups.

The themes and learning from complaints and concerns were:

Not being able to access IPU

There was one concern and one complaint from bereaved relatives where a person was unable to access the IPU following a referral. One patient sadly died at home and one in hospital when this was not their preferred place of death. We have a transparent multi-disciplinary approach to admissions, however sadly some people do die whilst waiting for a Hospice bed. With an increase to 18 beds in 2026, we will be able to meet the needs of more people.

Insufficient support for community patients and families

There were two concerns and two complaints about not receiving enough support. One of these was in relation to out-of-hours, while the other was due to not enough visits, or telephone calls instead of visits.

Relatives understandably express concerns when they do not receive the support or response that they need, especially as they approach the end of life, when family members are more symptomatic, and when carers have multiple stressors.

We have increased our number of responsive visits this year and enhanced our approach to co-ordinated care via our hub and our daily calls with district nursing colleagues, other partners as needed, and via the shared medical records. We recognise that a timely response to a family when their needs rapidly change is paramount, we will continue to focus on developing our Hospice at Home service, aiming to continue to provide co-ordinated care via effective multi-disciplinary team working internally and with other providers.

Communication

There were three concerns related to how staff interacted and communicated with patients and families in their own homes. They were related to not being listened to and that the tone of the communicating didn't meet needs. The patients and families met with the deputy director for nursing and apologies were given.

There were two other concerns related to communication, one where a friend contacted the nursing home rather than Phyllis Tuckwell and one where the staff member didn't follow up on something they had committed to doing. Where concerns are raised about staff, they are followed up with the staff involved, using the 'being fair,' framework and the PSRIF principle of compassionate engagement and involvement.

Continuing Health Care (CHC) Funding

An important aspect of our work is to ensure that patients and families can access the care they need at the end of life. Our support is always offered in partnership with other providers including CHC; there is high demand for this provision and applications need to be thorough with one organisation taking the lead. We had one complaint about not completing a fast track in a timely way and another which was a joint response with a community nursing team provider.

Care Concerns

There were three concerns in relation to care. One that their family member did not have the correct medication dose; this was identified the following day and was attributed to communication via discharge paperwork. PT now has access to hospital records for one acute provider; the risk of this re-occurring is therefore reduced. Review

of these concerns highlights the importance of compassionate communication, maintaining dignity and privacy, and supporting patients and families during periods of rapid deterioration and changing care needs.

Two complaints and one concern were received relating to families feeling unprepared for the death of their loved one. Reviews identified that patients had experienced expected natural deterioration associated with advanced illness.

Learning from these cases has highlighted the importance of clear, compassionate and ongoing communication with families regarding the uncertainty of prognosis for patients receiving hospice care. This has informed discussions with clinical teams to strengthen conversations around deterioration, uncertainty and end of life expectations, ensuring families feel as informed and supported as possible.

Missing Property

One concern related to property that went missing on the In-Patient Unit, we have reinforced the need for documentation of property to ensure its safe keeping.

Compliments

There were 425 compliments recorded in 2025/26, compared to 347 compliments recorded during 2024/25. Compliments have been collated based on feedback on cards, by email, phone or via our Have your Say mechanisms.

Examples of compliments are:

"Dear all at Phyllis Tuckwell, thank you so very much for all your love, kindness, medical support and helping us as a family immensely. We are so grateful for the care you provided to XXX during his final days." IPU card

"Thank you so much for all your care and compassion looking after XXX during his final days. Your professionalism and kindness helped navigate this difficult time for us as a family." IPU card

"To all the Phyllis Tuckwell Ward, my whole family, but especially my daughter and I, thank you so much for your professional care, patience and devotion as shown to XXX, our son and brother. You made his last days dignified, comfortable and peaceful, God bless you all." IPU Card

I just wanted to thank you for the exceptional care you gave to VS. As a retired practice nurse, she was always very grateful for your expertise and support. Thank you for enabling her to have a peaceful death at home with her family which is what she always wanted. Thanks, xxxx Community team

To all the brilliant staff at the Beacon. Our sincere thanks for all your kindness, support and help for xxxx We are so grateful to you all. xxx loved coming to the centre and this kept her going for some time. From the minute we arrived, nothing but kindness and love. We will always remember you.

"The support given was amazing. Gave me the reassurances I needed, and I feel better in myself as a result. All staff go above and beyond. Absolutely brilliant!"

To Phyllis Tuckwell, XXXXX & Team, you are truly amazing people. What on earth would the world do without people like you! Me & my family can't thank you enough. Mum was so comfortable at the end and with your help she was able to be at home, surrounded by love. We thank all the caring nurses that came in the weeks before (sorry, I can't remember all their names) But a huge thanks you to xxxxx who sat through the last night with her. We'll be doing some fundraising for you, as much as possible. Community team

"To all the Phyllis Tuckwell staff, especially Dr XXXXX, nurse XXXXX, physio XXX and OTs XXXXX and XXXXX for all your support in helping to look after XXXX. Without that I'm sure he wouldn't have been able to enjoy a very special family Christmas in Kent, giving us all fabulous memories or to see the arrival of our newest twin grandchildren just five days before he passed peacefully at home surrounded by his family. We will be forever thankful" Community team

Feedback about our services

We pro-actively seek feedback from patients, families and carers about their experience of our services, to inform our development, by sending or distributing a survey. In 2025/26, we received 146 responses compared to 102 in 2024/25. The results were very impressive, with over 90% being achieved in many domains.

The table below gives a summary of the patient experience activity April 2025 - March 2026.

Question	% Yes	% No	% N/A	% Not sure	Unanswered
Did staff introduce themselves?	99%	1%	0%	0%	0%
Did you feel you were given sufficient information?	94%	1%	0%	0%	5%
Do you feel confidence in the staff providing your care?	98%	0%	1%	0%	1%
Have you received a patient information pack/brochure?	89%	8%	1%	0%	2%
Were we responsive to your needs at the time?	97%	2%	0.5%	0%	0.5%
Were you treated with dignity and respect?	100%	0%	0%	0%	0%

Living Well patient and carer involvement

We routinely request feedback about our Living Well activities, and in 2025/26 we received 87 responses. The overall experience of Living Well was good and very good.

Question	% Very good	% Good	% Neither good or poor	Unanswered
Felt supported in face-to-face groups	76%	22%	2%	0%
The group helped manage my health and wellbeing	63%	28%	8%	1%
Was the information given sufficient?	69%	25%	6%	0%
Were you treated with dignity and respect?	87%	13%	0%	0%

Engagement groups

We hosted three engagement groups this year with 26 attendees; they alternate between those for current patients and carers, and bereaved family members and carers.

Findings have been shared with the senior leadership team and clinical governance committee and are referenced to inform service developments. They have provided a rich and broad source of information for learning, including their suggestions about how, for example: we could ensure that the new Hospice is welcoming, that services are inclusive, and that bereavement information and support is fit for purpose. Specific examples include that warm, homely, accessible, welcoming environment with nature themes is important for the new Hospice; that families want enhanced communication during transitions of care (especially in and out of hospital); that they would like bereavement information in both digital and paper formats; for financial benefits guidance to be strengthened; expanded patient and carer education (e.g. open-access sessions, videos); for written information to be reinforced with human and face-to-face contact; early and ongoing support for carers; and our continued focus on compassionate, personalised care.

They also expressed their view that joined up care between services, clarification of roles and access to medications was important to them.

These themes have been and will continue to be areas of focus for us.

Our people

Our team

Our workforce is at the heart of everything we do, enabling us to deliver safe, compassionate and high-quality patient care every day. We are proud of the dedication, professionalism and commitment shown by our staff, volunteers and teams across all clinical and support services, ensuring patients receive the best possible care.

To support our staff's Health and Wellbeing (H&W) we have offered leaders and H&W Champions workshops to develop their confidence and skills to support having health and wellbeing conversations at work.

We have offered seated 20-minute massages to staff across all our sites, held a workshop on menopause with a menopause specialist and our H&W champions circulate posters related to health and wellbeing as reminders of ways to look after ourselves.

We also have the support of an external occupational health provider, and our employee assistance programme is available for all staff and their immediate families. It is a confidential service and includes face-to-face counselling support.

Our Social Committee has organised a number of events throughout the year, including a summer party for staff and their families, a Christmas buffet, and a Valentine's celebration. These events provide opportunities for colleagues to come together and strengthen relationships across teams, creating a more connected and inclusive working environment.

The initiatives to support our people continue to be discussed at the People Board Sub-Committee.

Staff feedback

This year, we participated in the Birdsong Survey, in collaboration with Hospice UK. The results were positive, with PT performing either better than, or in line with other hospices. Findings were shared with the Board and cascaded across all teams to ensure colleagues understood how we compared with other hospices, recognised areas of strength, and identified opportunities for further improvement. Staff feedback, discussions and the identification of themes have been central to this process, helping us better understand what matters most to our people and what changes would have the greatest impact. Actions arising from the survey, such as looking at how we can further improve sustainability and thanking those that have gone the extra mile, are being initiated and/or progressed across the organisation.

We also invited all staff who wished to be involved, to participate in a series of workshops focused on translating our new organisational values into a clear behavioural framework. Colleagues helped define what it looks like in practice when we are truly living our values, as well as identifying behaviours and actions that show where we need to improve. This inclusive approach ensured the framework was shaped by the experiences and perspectives of our people, creating a shared understanding and stronger sense of ownership across the organisation.

What our Regulators say about Phyllis Tuckwell

The Care Quality Commission (CQC) in England is the independent regulator that ensures our services are safe, effective, compassionate, and high-quality.

Its role encompasses registering providers, inspecting services, monitoring their performance, and acting when standards are not met. The CQC publishes its findings and encourages services to improve.

Sarah Church, chief executive, is the nominated individual responsible for these services and Catherine van't Riet, director of patient services, is the registered manager. We operate across two locations registered with CQC; the Beacon Centre, (last inspected October 2021), and Phyllis Tuckwell Hospice (last inspected in 2016), both locations are rated as Good. Our statement of purpose includes Headway House, Farnham, as a satellite site it is used as a base for community activities and counselling.

External comments

Commissioner statement from NHS Surrey and Sussex Integrated Care Board (ICB)

NHS Surrey and Sussex Integrated Care Board (ICB) welcomes the opportunity to comment on Phyllis Tuckwell Hospice Care's Quality Account for 2025/26.

Overall, the ICB considers the Quality Account to provide a comprehensive and transparent overview of performance across specialist palliative and end of life care services. The report clearly reflects the organisation's continued commitment to delivering compassionate, highquality, person-centred care for patients, families and carers across West Surrey and North-East Hampshire.

We recognise the significant achievement of maintaining and growing service delivery during a period of transition, including operating from temporary sites while preparing to move into a new purpose-built hospice. We would like to thank all staff and volunteers for their continued dedication in delivering high-quality care during a period of considerable organisational change and system-wide pressure.

Areas of notable achievement

Patient-centred palliative and end of life care

The ICB recognises the organisation's strong focus on holistic, person and family-centred care. Services across the In-Patient Unit, Hospice at Home and Living Well programmes demonstrate a clear commitment to supporting patient preferences, including enabling people to remain at home. Activity within Hospice at Home continues to grow, with increased referrals, responsive visits and virtual ward admissions. Notably, 444 patients were supported to die at home, reflecting strong support for patient choice.

Access, activity and system contribution

Phyllis Tuckwell has sustained service growth despite capacity constraints, including a 12% increase in people supported and consistently high inpatient occupancy (98%). Increased demand for community and responsive services, including a 30% rise in virtual ward admissions, highlights the hospice's important role in supporting system flow and delivering care closer to home.

Patient experience and compassionate care

Patient and family feedback remains consistently positive, with high levels of satisfaction across key measures, including dignity, confidence in staff and responsiveness to need. Qualitative feedback highlights compassionate, personalised care, particularly during end of life and bereavement.

Patient safety, governance and learning culture

The organisation demonstrates a strong governance framework and an open reporting culture, supported by increasing incident reporting and structured learning processes. Clear priorities within the PSIRF, including medication safety, falls and skin integrity, demonstrate a proactive and systematic approach to patient safety and continuous improvement.

Workforce development and culture
There is a clear commitment to workforce development, including recruitment, strong training compliance and investment in education and leadership. Staff feedback indicates a supportive, positive culture with a continued focus on wellbeing and development.

Strategic development and future readiness
The ICB recognises the progress made in preparing for the new hospice facility and expanding future capacity. The organisation's focus on strengthening partnerships, improving integration and developing digital solutions supports more coordinated, sustainable care delivery.

Areas where further assurance would be welcomed for 2026/27

While recognising the progress made, the ICB supports the organisation's continued focus on:

- Continuing to widen access to palliative care services for underserved populations and people with non-cancer diagnoses, ensuring care is accessible to all who may benefit.
- Strengthening community responsiveness and coordination, particularly for patients with rapidly changing needs.
- Continuing improvements in pressure ulcer prevention and skin integrity.
- Progressing digital development and documentation improvements to support integrated care.
- Continuing to enhance communication and coordination across providers, particularly during transitions of care.

Conclusion

The ICB thanks Phyllis Tuckwell Hospice Care for its Quality Account and recognises the progress made during 2025/26 in delivering safe, effective and compassionate palliative and end of life care.

The priorities identified for 2026/27 are appropriate and aligned with system-wide objectives, including expanding access, strengthening patient safety, improving integration and enhancing community-based care.

We look forward to continuing to work in partnership with Phyllis Tuckwell to support further improvements and ensure the delivery of high-quality, sustainable services for patients and families.

Allison Cannon
Chief Nursing Officer
NHS Surrey and Sussex Integrated Care Board
03/07/2026

The Board of Trustees' Commitment to Quality

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

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