The Myton Hospices

QUALITY ACCOUNT

2025/26

We feel privileged to walk alongside those who need us.....

myton hospice

Our Quality Account 2025/26

The Quality Account is an annual report that summarises how the organisation is working to improve the quality of its services, the progress we have made and our priorities for the coming year.

Contents

Introductory Statement from Sarah Faulkner, Chair of the Board of Trustees, and Ruth Freeman, Chief Executive Officer

On behalf of the Board of Trustees and the Senior Leadership Team, we are proud to present our Quality Account for the period April 2025 to March 2026. This report aims to enhance your understanding of The Myton Hospices' services, highlight our key achievements, and demonstrate how we continually improve the quality and reach of the care and support we provide.

Everyone who works or volunteers at The Myton Hospices is committed to ensuring that every person we support, together with those closest to them, receives the very best holistic care, delivered with compassion, dignity and respect. We recognise that every individual has unique needs, and we tailor our support accordingly.

The partner of a recent patient described their experience by saying, "Myton wrapped their arms around us all." This perfectly captures the compassion and support that define our services and reflects why we were rated **'Outstanding for Care'** by the Care Quality Commission at our most recent inspection.

As the only provider of specialist palliative care hospice beds in Coventry and Warwickshire, we remained committed to meeting the needs of people with the most complex conditions. Despite significant financial pressures, we were able to keep 25 hospice beds open throughout the year, ensuring patients continued to receive expert, specialist support when they needed it most. We also maintained our Hospice at Home services in Rugby, Leamington and Warwick, while expanding our Patient and Family Wellbeing services, enabling even more people to live as well as possible for as long as possible.

Throughout the year, we continued to develop new and innovative ways to reach and support more people across our communities. Through our partnership with Citizens Advice, we provided personalised financial advice and support as part of our multidisciplinary team, with demand for the service continuing to grow. We are now working to secure additional funding to extend its reach and help even more people benefit from this valuable service.

We also further developed our GP Information Clinics and introduced the country's first hospice AI chatbot, providing patients, carers and healthcare professionals with advice and information 24 hours a day, seven days a week. In addition, following the withdrawal of another local lymphoedema service, we expanded our own provision to ensure patients could continue to access the specialist treatment and support they needed.

Everything we achieve is made possible through the extraordinary generosity of our local community. Together, we make a meaningful difference to thousands of people across Coventry and Warwickshire every year. As demand for hospice care continues to grow, it is vital that we work together to protect this essential service and ensure The Myton Hospices is here for everyone who needs us, now and in the future.

Sarah Faulkner
Chair of The Board of Trustees

Ruth Freeman
Chief Executive Officer

Introduction

Our Vision, Mission and Values

Our Vision

The Myton Hospices believe everyone in Coventry and Warwickshire should live well towards the end of their life and have the right to a good, natural death, the way they want it to be, where they want it to be and with their loved ones supported.

Our Mission

The Myton team provide high quality, specialist care to people whose condition no longer responds to curative treatment, from diagnosis to death. We aim to meet their physical, psychological, spiritual and social needs and ensure their families are supported both through and after this difficult time. We are also committed to training, supporting and encouraging other care providers to practise good palliative care.

Our Values

All staff and volunteers are expected to demonstrate our values in their behaviours at work;

Our Services and Support

We provide a range of services to support people aged 18 years or over, with a life-limiting condition and registered with a Coventry or Warwickshire General Practitioner.

Core Services are:

1. Two Inpatient Units (IPUs) – Coventry & Warwick Sites
2. Myton at Home - Rugby, Leamington and Warwick.
3. Patient and Carer Wellbeing Service (PCWBS) – Coventry, Rugby and Warwick sites.

Support Services are:

1. Therapy services – Physiotherapy, Occupational therapy and Complementary therapy
2. Spiritual Care service
3. Counselling and Family Service
4. Financial & Benefits Advice Service
5. Lymphoedema Service

Other Support provided:

1. Myton's GP Information Clinics
2. Rugby Myton Support Hub
3. Telephone Support Line for Patients, family and carers
4. AI Chat Assistant on website
5. Out of Hours Clinical Advice for Healthcare Professionals

Compassionate Community (Volunteer Led):

1. Telephone Support Volunteers
2. Compassionate Neighbours
3. Community Connectors

Review of Performance

This year we have cared for 1,862 individuals across all of Myton services. This equates to a small increase on the previous year. However, this doesn't include those supported via the GP Information Clinics, the Citizens Advice financial and benefits advisor or the Telephone Support Line.

Table 1. Number of individuals accessing at least one service

	April 2025 to March 2026	April 2024 to March 2025
*Patients	1,537	1,521
Family members	325	330
Total Individuals	1,862	1,851

*This is individuals who have accessed one or more of our services. Patients will often access more than one service over a period of time – the number of sessions/ contacts with patients and families is shown in the table below.

Core Services Activity

Inpatient Units

During 1st April 2025 to 31st March 2026, there were a total of 562 admissions into an inpatient bed. The majority of referrals were for our Medically led beds as can be seen in Table 2., which reflects the complexity of patient needs and Myton's unique position as the only provider of Specialist Palliative Care Inpatient beds across Coventry and Warwickshire.

Table 2. Admissions to an inpatient bed

	April 2025 to March 2026
Medically Led Bed Admission	479
Nurse Led Bed Admission	64
Respite Bed Admission	19
Total Admissions	562

Myton at Home

Myton at Home supported 14 more patients in 2025/26 compared to the previous year – an increase of 9%.

Table 3. Patients seen by Myton at Home

	April 2025 to March 2026
Total Individuals seen	100

Patient and Carer Wellbeing Service (PCWBS)

Table 4. Patients and family members supported by Patient and Carer Wellbeing Service

	April 2025 to March 2026
Patients	580
Family members	43
Total Individuals seen	623

Table 5. Activity by Service April 2025 to March 2026

Service	Type of contact	Total Number
Inpatient beds	Bed days provided	6,579
Myton at Home	Visits	1,552
Patient and Family Wellbeing Service	Activities	4,626
Counselling	Sessions	1,924
Therapies (Physiotherapy / Occupational Therapist)	Sessions	3,162
Fatigue and Breathlessness	Sessions	147
Complementary Therapy	Sessions	1,566
Lymphoedema	Sessions	860
Medical outpatient appointments	Appointments	26

Improved Processes implemented in 2025/26

- The introduction of an electronic policies and procedures management module
- Implementation of the Patient Safety Incident Response Framework (PSIRF)

What we Achieved in 2025/26

- Partnership working with Citizens Advice Service – a substantive post and embedded service
- Further expansion of Primary Care Network (PCN) GP Information Clinics.

Hospice Experience of our patient, families and people we have supported

Patient and Family Experience

As with any healthcare provider, analysing feedback, whether positive or negative, enables us to gain a better understanding of the quality of care experienced by our patients and their loved ones, and enables us to constantly review and make improvements to our services.

We have introduced a QR code on bedside posters to capture real-time, qualitative feedback from patients and their families within the inpatient unit settings. We also provide paper surveys as an option if required. As well as the inpatient units, our Lymphoedema Service and Patient and Carer Wellbeing Service has also introduced a digital option allowing service users to log their care experiences. We continue to receive thank you letters and cards from carers, patients, family members and visitors and we read and learn from these too.

Patient Outcomes

We have now fully embedded validated palliative care specific outcome measures into our clinical services, particularly the inpatient units.

For inpatient services we use 3 outcome measures:

- Australian Modified Karnofsky Performance status (AKPS) – a global measure of functioning
- Palliative Phase of Illness – a measure of the urgency and complexity of care needs
- Integrated Palliative Outcome Scale – a holistic measure of symptom burden covering physical, psychological, spiritual and social needs,

Over the last year, 90% of patients had these measures completed on admission, and 60% also had follow up measures completed at a second time point. More than 80% of patients who died in the hospice had an IPOS completed after death.

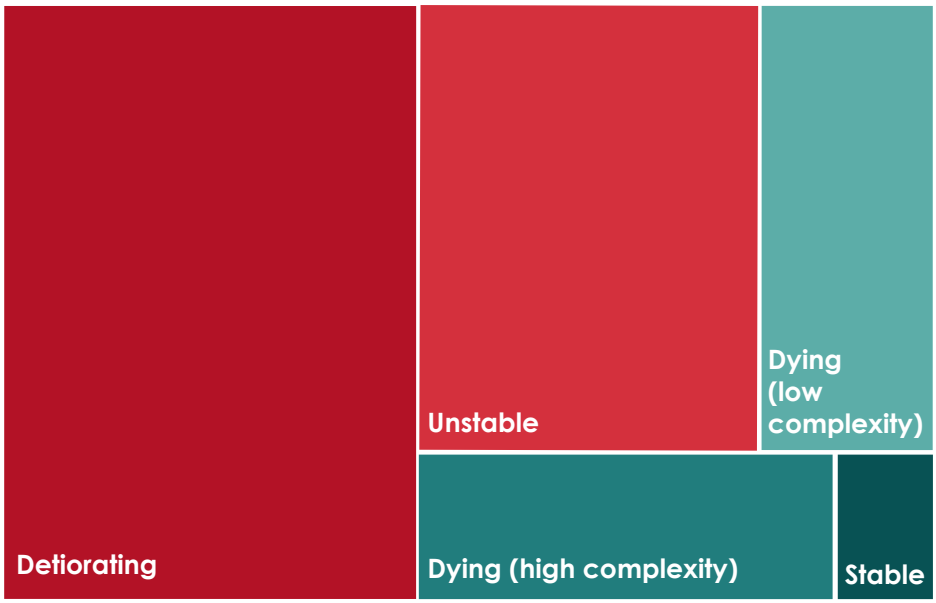
These measures are used in a number of ways to benefit the quality of care we are able to provide;

- The AKPS, phase of illness and issues highlighted on the most recent IPOS are used in every MDT meeting to ensure that we are delivering optimal person-centred care at an individual level.
- The AKPS and Phase of illness are used to facilitate triage of referrals and monitor the complexity of patients on the inpatient units. Looking at population level data enables us to ensure that we are getting the right patients into our beds at the right time. Over the last year (2025/6) 86% of admissions were dependent on nursing care and 56% were in a crisis or the last days of life, necessitating urgent admission.

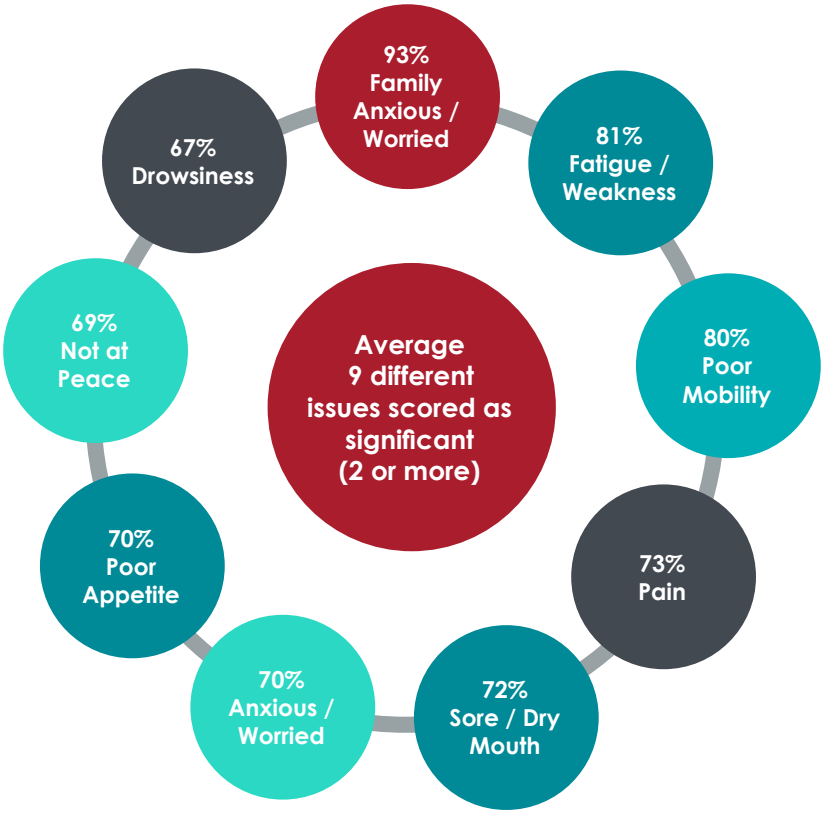
86%
dependent on nursing care

68%
mostly nursed in bed

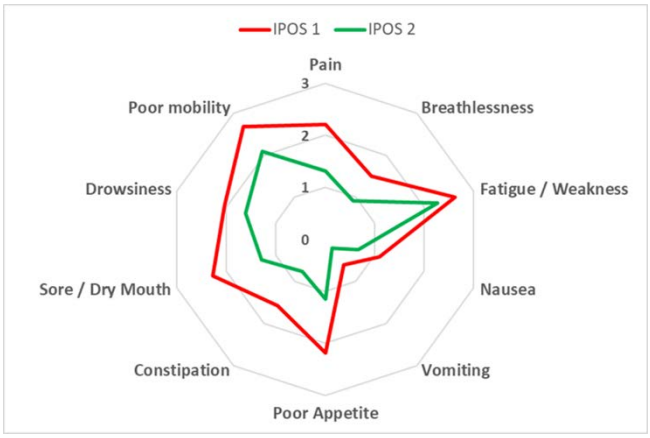
56% in a crisis or last days of life, requiring urgent admission

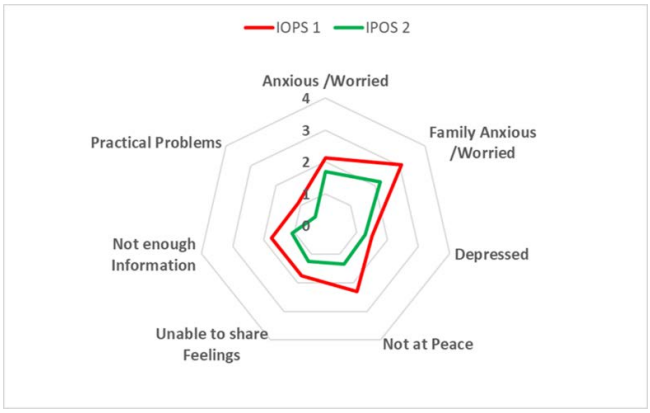


At a population level, the IPOS scores on admission allow us to measure the complexity of patients need – over the last year (2025/6) patients presented with an average of 9 different issues that they scored as being significant (a score of 2 or more out of 4). The most common issues were family distress, weakness/fatigue, poor mobility, pain, sore/dry mouth, poor appetite, anxiety/ worry and not feeling at peace. We now plan to start using this data to support improvements in symptom management e.g., developing mouthcare guidelines.

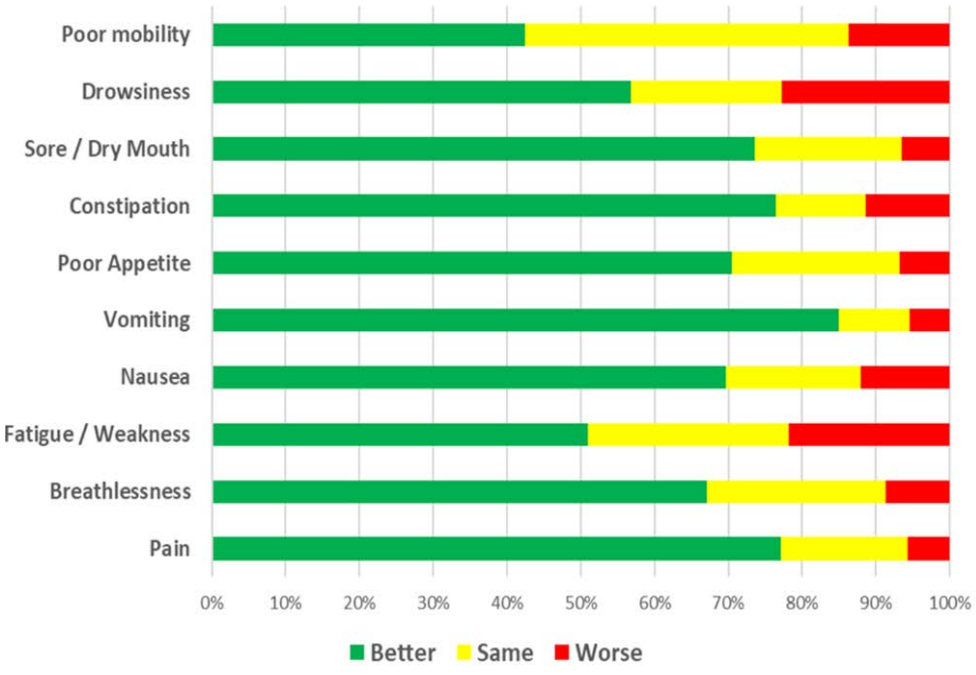


By comparing the IPOS on admission with an IPOS completed a short time after admission (usually around 1 week), we are able to measure the impact of our inpatient services on these symptoms/ problems. Across the board we are able to demonstrate that admission to the hospice results in an improvement in physical and psychosocial/spiritual issues. Average scores for the majority of problems improve and a significant proportion of patients describe an improvement in their symptoms.





For example, 77% of patients had a reduction in pain, with 60% of those with the worst pain saying it was completely resolved. Two thirds of patients said their breathlessness had improved and 83% of patients had a major improvement in vomiting. Two thirds of patients had an improvement in their anxiety levels and felt more at peace.

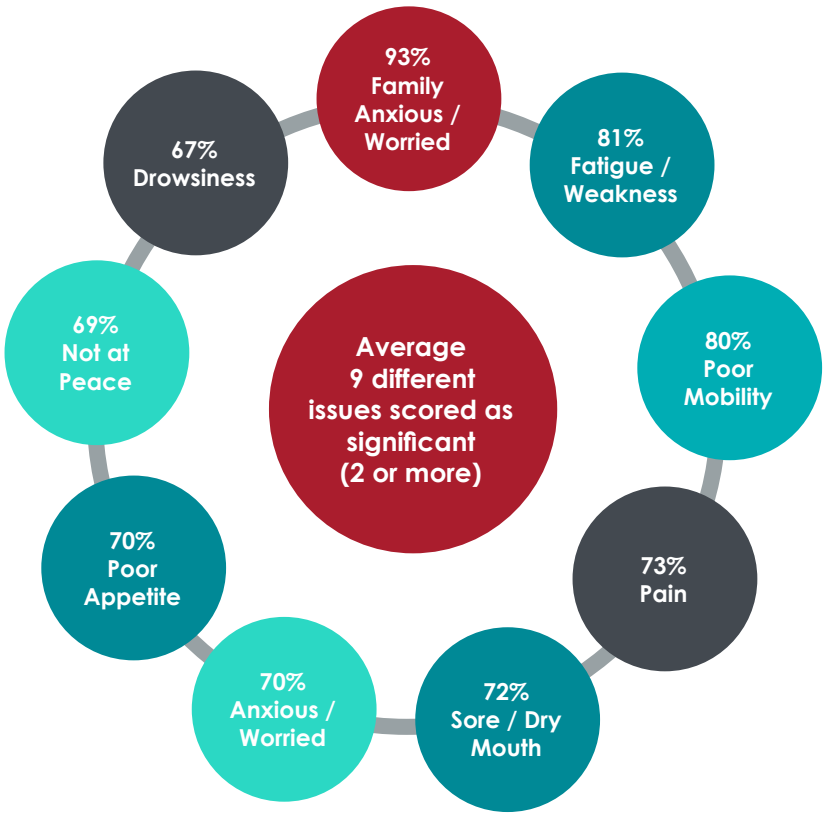


The IPOS scores completed by staff after a patient dies look at 8 specific issues in the last 3 days of life, and allow us to report on the quality of end of life care. As an example, we are able to demonstrate that during the year 2025/6:

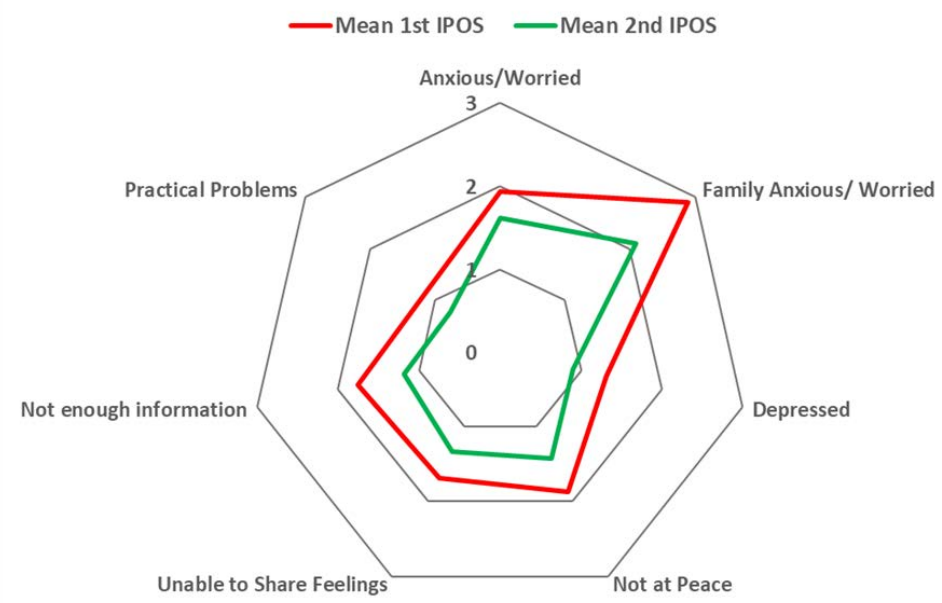
- Two thirds of all patients died with little or no pain
- 71% were not bothered by breathlessness
- More than 90% of patients had no vomiting
- Two thirds of all patients were at peace (not agitated)
- More than 90% of patients had managed to address all their practical issues

Psychosocial/spiritual issues

Of those describing it as an issue	Anxious/worries about illness	family anxious/ worried	Not feeling at peace
% describing an improvement	67	59	69
% describing a major improvement	43	28	58


93% Family Anxious / Worried
81% Fatigue / Weakness
80% Poor Mobility
73% Pain
72% Sore / Dry Mouth
70% Anxious / Worried
70% Poor Appetite
69% Not at Peace
67% Drowsiness
Average 9 different issues scored as significant (2 or more)

By comparing the IPOS at initial assessment with an IPOS completed later, we are able to measure the impact of our wellbeing services on these issues. Across the board we are able to demonstrate an improvement.



We have started collecting data for the Myton at Home service.

This will be a limited IPOS (consisting of the 8 questions used for the last days of life) on initial assessment and at the end of the episode of care. Data for this will be reported on quarterly.

Review of Quality Performance

Patient Safety Incidents

As a healthcare provider we place great focus on key clinical safety areas such as falls prevention, reduction and management of pressure ulcers, and medication safety. We encourage an open and transparent culture where reporting and investigation of accidents and incidents provides us with an opportunity to identify where we can make improvements. We have implemented our electronic incident reporting system and will incorporate clinical policy management through this platform.

Where an incident results in a patient sustaining moderate or significant harm, i.e., an injury following a fall or development of a Category 3 or 4 pressure ulcer whilst in our care, we undertake a full investigation using a Root Cause Analysis (RCA) methodology to identify any contributing factors and put measures in place to help prevent such an occurrence happening in the future.

Our Clinical Governance framework ensures that outcomes from RCA investigations are communicated widely across our clinical teams to ensure shared learning takes place. Additionally, all incident reports are discussed at our Clinical Governance Committee and reported to our Board of Trustees. We have implemented and use our Patient Safety Incident Response Framework (PSIRF). We have effective processes in place to respond to patient safety incidents, to ensure learning and improving patient safety.

To ensure full compliance with our Care Quality Commission (CQC) registration we submit timely notifications of all patient related incidents when significant harm has been sustained. Between April 2025 and end of March 2026 we notified the CQC of a total of 4 incidents. Of those, 3 incidents related to the development of a Category 3 pressure ulcer, and the remaining one incident related to harm sustained by a patient following a fall.

Care Quality Commission

The Care Quality Commission (CQC) is an independent regulator of health and adult social care service providers in England. They work with providers to make sure health and social care services provide people with safe, effective, compassionate, high-quality care. In October 2024, a planned inspection took place on our Coventry and Warwick site. An overall rating of GOOD, with OUTSTANDING for Caring was achieved. In relation to our Rugby Site the last inspection that took place was October 2022, the overall rating was GOOD.

Clinical Complaints

We closely monitor the number and themes of complaints received as a measure ofquality and for making improvements to our services. Individuals accessing our services are supported to raise their concerns, and all complaints are taken seriously and forwarded to the CEO who ensures they are thoroughly investigated. A response to the complainant is made in writing.

During the reporting period of April 1st 2025 until March 31st 2026 a total of 6 complaints were received which related to clinical care within the organisation. Learnings from complaint investigations are identified and incorporated into action plans which are shared, monitored and areas of improvement are implemented. The findings allow us to understand where policies, processes and procedure changes are required. We received four less complaints in 2025/26 than in 2024/25.

Clinical Audits and Learnings

For the period of April 1st 2025 to March 31st 2026 there were 18 audits included in the annual programme. All audits were undertaken and depending on the audit they were either undertaken annually, 6 monthly or quarterly during this period. Progress of the plan is monitored by the Clinical Governance Deputy and all audits are presented at the Clinical Practice Forum, where outcomes of the audit and areas of development and learnings are identified which are included in an action plan for implementation.

Clinical Education and Research Overview

In 2025/26 the team were able to support and train 143 external attendees including: Real Talk, Palliative & EOLC workshop, Verification of Death, Syringe Pump training, End of Life Care for People with Dementia, QELCA®, and Moving and Handling. The team also supported a further 250 attendees through the Rugby and Stratford CASTLE days, as well as contributing to many other collaborative events across Coventry and Warwickshire.

At Myton, our clinical education team provide an ongoing programme of learning and bespoke training for Myton clinical staff. The two clinical practice educators regularly work alongside clinical staff to provide training and support. The Clinical Education Lead is also the Non-Medical Prescribing Lead, supporting the ongoing professional development of the Clinical Nurse Practitioners at Myton and Chair of the Nutrition and Hydration Group. The team facilitate the monthly medical MDT sessions which are also offered to teams across Coventry and Warwickshire.

The Clinical education team continue to provide the Quality End of Life Care for All (QELCA®) Programme as a QELCA® satellite organisation. QELCA® enables health professionals to be immersed in palliative and end of life care within a hospice care setting. The programme empowers staff to improve end of life care in their own practice settings. The programme involves staff participating in 5 days of training and clinical placements at the hospice followed by 6 months of action learning, where they undertake quality improvement projects.

2025/26 there were three QELCA® programmes:

- West Midlands Ambulance Service had 12 of their senior managerial and clinical paramedics attend the hospice to take part in the programme. This led to them identifying palliative and end of life care as a key area for improvement. They were supported by the QELCA® team to develop their Palliative and end of life PSIRF priorities. WMAS are now undertaking ongoing audits of any contacts with end of life patients, to ensure the most appropriate outcome and ensure the best care and support for the patients and their families/carers. The success of the first programme secured funding for a second programme which began in May 2026.

- University Hospital Coventry and Warwickshire nominated 12 of their senior nurses from across their renal medicine services to attend. This enabled Myton to strengthen the collaborative working relationships between the teams. Dr Nicky Baker and Emma Charles, Clinical Education Lead, were invited to attend the Research Matters – Creating Impact, Changing Lives event at the Centre for Care Excellence, University Hospitals Coventry and Warwickshire NHS Trust.

  In collaboration with Emma Murphy, Associate Professor in Nephrology Nursing, and renal colleagues from the Trust, Dr Baker co-delivered a presentation titled Impact Beyond Boundaries: Transforming Care Together. Through the sharing of a patient story, the session demonstrated the strength of partnership working between the hospice and renal teams, ensuring that care remained focused on what mattered most to the patient. In this case, this meant supporting the patient to withdraw from dialysis and enabling them to die peacefully and comfortably in the hospice, surrounded by loved ones.

  The event also highlighted the impact of the recent QELCA® training programme delivered to renal teams working across Coventry and Warwickshire. Posters showcasing the renal teams' QELCA® quality improvement projects were featured within the Pathway to Research Excellence exhibition, for example, the introduction of a volunteer programme to help reduce social isolation for those undergoing kidney dialysis.

- The South Warwickshire Foundation Trust Nominated 12 of their Community Nurses, across the 12 place-based teams. Their quality improvement projects included comfort care boxes, 'Just in Case' anticipatory medication resource packs, the introduction of SPICT Tool and drop-in sessions at Rugby Myton Support Hub. Talitha Carding, Divisional Director of Nursing – Out of Hospital, attended the final QELCA® session with the nurses, highlighted how the QELCA® projects will help support the trusts 'personalisation of care' programme and key organisational strategy to enable more care to be delivered to patient's preferred place of care at home.

- The team have redeveloped the Essentials of End-of-Life Care programme, this has now achieved professional CPD endorsement and has been commissioned for delivery, alongside syringe pump training, by Warwickshire County Council. The newly devised End of Life Care for People with Dementia will also be CPD accredited.

Our strategic plan for 2026/27

In the year ahead, we will prioritise building a sustainable future for our services, extending our **reach within the community, and continuing to provide outstanding care. Demand for our** inpatient beds has increased by 11% in the last year alone and across the UK one third of people with palliative care needs do not receive the specialist support or pain relief they need[1].

We are experiencing this growing demand locally, reflecting the increasing need within our communities. As the only hospice provider of specialist palliative care in Coventry and Warwickshire – and the only one with inpatient units – we are acutely aware of the need for more beds. While we have 36 beds, we can currently only afford to keep 25 open.

This year it will cost over £15 million to provide our services free of charge to patients and their loved ones, and we must raise more than £12 million of this through fundraising, donations and community support.

We will continue to work closely with our local NHS partners to ensure commissioning alignment that delivers well-coordinated, accessible palliative and end of life care pathways, that meet the needs of diverse communities across Coventry and Warwickshire. Nationally, we remain committed to working with Hospice UK and its network of hospices to champion the importance of specialist hospice care and help shape a more sustainable long-term funding model.

Priority: Expand and Optimise Specialist Palliative Care Beds

Aim: Ensure patients have timely access to the right care in the right setting.

Objectives:

- Work towards opening three additional inpatient beds at Warwick Myton Hospice.
- **Engage with external partners to scope** and develop a virtual hospice bed model.
- **Increase the number of referrals that proceed to admission.**

Priority: Strengthen Community and Family Support Services

Aim: Deliver integrated support across the care journey, from diagnosis to end of life, and into bereavement.

Objectives:

- Develop a clear, integrated and visible service offer for referrers, patients, families and carers, supporting resilience, independence and wellbeing in the community.
- Enhance the Myton at Home Service in Leamington and Warwick.
- Collaborate closely with NHS Integrated Neighbourhood Teams.

Priority: Sustain Specialist Education and Influence

Aim: Leverage expertise to shape palliative care practice regionally and nationally.

Objectives:

- Utilise Myton's clinical expertise and accredited training programmes to educate healthcare professionals across the system.
- **Promote Myton as a thought leader and** innovator in specialist palliative and end of life care.
- **Actively engage in national policy, research and** care development forums to influence care standards.

Priority: Build Long-Term Organisational Resilience

Aim: Strengthen financial sustainability and operational stability.

Objectives:

- Leverage Myton's unique position, as the only hospice provider of specialist palliative care, in Coventry and Warwickshire to increase financial support.
- Increase income-generating activities that **are repeatable, predictable, and aligned** with the charity's purpose.
- Increase the number of skilled volunteers supporting our workforce.

myton hospice

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