

Quality Accounts 2025-26

Reporting period: 1 April 2025 - 31 March 2026

28/08/2026

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Chief Executive's Statement

I joined Treetops Hospice as the new Chief Executive in October 2025 taking up leadership following Julie Heath's seven successful years. I have previously served as CEO at Hospice Isle of Man and LOROS Hospice in Leicester. Therefore, this is my first opportunity to present the Treetops' Quality Account on behalf of the Trustees and Senior Leadership Team.

Treetops is an independent charity that last year provided support to 2,116 individuals across central Derby and southern Derbyshire. All services are designed with patient need at the centre. Delivery is irrespective of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex or sexual orientation. All services, apart from education, are free of charge.

Treetops provides services which meet a variety of needs. It is important that we continually review our provision to reflect and match those needs and that we are cognisant of the changing demography including increasing frailty, more people living with dementia related conditions and complex comorbidities. It is essential that our staff and volunteers have the skills to provide the appropriate service at the right time.

The demand for our services will continue to grow and we acknowledge that we will not be able to meet everyone's needs. That said our ambition is to grow service scope and capacity, aiming to become a 24/7 specialist provider and the UK's leading non-bedded hospice.

Our services are valued by the community and our reputation remains high. We continue to have a prominent role in influencing end-of-life care locally through our involvement with Joined Up Care Derbyshire and enjoy positive relationships with an array of stakeholders.

The Saplings building, so generously built through BBC DIY SOS and hundreds of local volunteers, continues to be a significant new resource both physically and for service delivery.

Hospices remain in the national spotlight primarily around the issue of sustainable funding. The financial landscape remains challenging with changes in National Insurance and the Minimum Wage having had a detrimental impact upon all hospices. This will not go away and whilst the government has awarded grant funding, for capital projects it does not help with the cost of employing staff, a cost which takes up 80% of the hospice's annual budget. Treetops has had another year of a deficit budget; we are determined to bring this trend to an end in the coming financial year and are under instruction from the Board of Trustees to develop income and operate efficiently.

Treetops is all about people and I would like to take this opportunity to thank all the wonderful people who contribute in many ways to our organisation whether as a volunteer, supporter or member of staff. Together we make a difference to many lives during their most difficult of times.

John Knight

Chief Executive

What is a Quality Account?

Producing a Quality Account is a requirement of the Health Care Act (2009) and according to the Department of Health, 'Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.'

The Quality Account should provide information about the quality of the services that the organisation delivers, and their main purpose is to encourage providers to take a robust approach to quality.

All providers of NHS healthcare services, including independent organisations such as Treetops Hospice, should produce a Quality Account and in doing so each provider, led by their Board, is committing to improve the quality of care it delivers locally and invites the public to hold them to account.

The Quality Account covers two primary areas:

1) A review of how we performed last year, covering three principal areas of quality: patient safety, patient experience and clinical effectiveness.

2) A set of key priorities for improvement next year and plans for how we aim to achieve that improvement.

The public, patients and other interested parties will use the Quality Account to understand:

- What an organisation is doing well
- Where improvements in service quality are required
- What the organisation's priorities for improvement are for the coming year
- How the organisation has involved people who use their services, staff, and others with an interest in their organisation in determining these priorities for improvement

Part 1: Looking back at what we achieved in 2025/26

The hospice last had a full onsite inspection by the Care Quality Commission (CQC) in April 2016. The final report awarded the rating of "Good" across the five domains of Safe, Effective, Caring, Responsive and Well Led. The report can be found on both the Treetops and CQC websites.

CQC has reconfigured its regulatory process to one of ongoing monitoring using a variety of information. Assessment is not tied to set dates or driven by a previous rating. It is focused on the five key questions, underpinned by quality statements.

They set clear expectations of providers, based on people's experiences and the standards of care they expect.

CQC gather information from a wide range of sources and reviewing this in relation to data held by the CQC registration and ratings information. This helps them determine our ongoing rating. As a result, the hospice continues to be rated as "Good".

1. Wellbeing Service

Our Wellbeing Service is designed to provide responsive advice and support to individuals, families and loved ones from the point of diagnosis, through periods of ill health and deterioration into more supportive care as needs become increasingly complex. Throughout the year, the service continued to focus on enablement, emotional wellbeing, peer support and practical advice, helping people to access the right support at the right time in a way that promotes independence and improves quality of life.

At the start of the year, a reconfiguration of the staff team led to a more structured programme of peer support sessions for patients and clients. This change enabled the service to place greater emphasis on planned group activities, shared learning and social connection, recognising the value of peer relationships in helping people adjust to life-limiting illness and bereavement.

Within this model, the Wellbeing Space prioritised the weekly Support and Information Café as the main route by which people newly diagnosed with a life-limiting illness or newly bereaved came into the hospice for advice, information and support. The café has become an important early access point, offering a warm and welcoming environment where people can feel heard, receive guidance, plan ahead and connect with wider services available through the hospice.

Alongside this, strong collaborative relationships continued to grow with both the Huntington's Disease Association and the MND charity, providing monthly support groups offering vital support to local people living with these conditions. These partnerships strengthened the hospice's ability to respond to diagnosis specific need and created additional opportunities for information sharing, peer connection and specialist support.

The weekly Tears to Laughter bereavement support group continued to grow over the year, demonstrating the value of accessible peer and volunteer led support for people who are grieving. Building on the success of this format, several community bereavement hubs were also established during the year across the locality, enabling support to be offered closer to people's homes and helping to widen access.

The occupational therapy programme, with its focus on rehabilitation and enablement, also continued to establish. This work aims to support people to maintain function, adapt to change, and maximise independence for as long as possible, contributing to the wider aim of helping individuals live as fully as they can despite the impact of advancing illness.

To support this evolving programme, emphasis was also placed on effective volunteer recruitment, training and development. Volunteers play an important role in sustaining activity across the Wellbeing Space, contributing to the welcoming atmosphere of the café and supporting the delivery of groups and peer-based activities.

During the year, a decision was made to combine the Wellbeing at Home respite support service into the Hospice at Home service and to sharpen the focus of care provision towards people in the last weeks of life. This reflected the increasing demand for more intensive end-of life care at home and the need to ensure available resources were directed towards those with the greatest level of clinical need.

As a result, the emphasis moved away from a broader respite offer and towards supporting those in the final weeks of life, while continuing to provide personalised, holistic care in the home. This included nursing interventions, emotional support, future care planning and support to help people remain in their preferred place of care and death wherever possible.

Taken together, these changes reflect a year of transition and refocus for the Wellbeing Service, with a stronger emphasis on structured peer support, earlier access to advice and information, community partnership working, rehabilitation, volunteer development and targeted care for those with the greatest need.

2. Hospice at Home

This year saw another consistent year of activity across the Hospice at Home service, with staff continuing to provide high-quality care and support to patients, families and carers during the last days and hours of life. The service remains a vital part of the hospice offer, enabling people to be cared for at home at the end of life and providing reassurance and skilled support at a time of significant need.

Demand for Hospice at Home remains high and, as a result, the service continues to prioritise those with the highest level of need. Increasingly, patients are referred later in the course of their illness and require more intensive support over a shorter period of time. This means the team must focus available capacity on those who are in greatest need of urgent end of life care.

The Roaming Nurse Service has continued to grow and remains in high demand, reflecting the value of a flexible overnight response that can provide timely support across the community. Roaming nurses offer urgent symptom management, medication administration, personal care, psychological support and verification of

death, helping to avoid unnecessary hospital attendance and supporting people to remain in their usual place of care.

In order to align the service with other hospice providers, Hospice at Home also transitioned this year to accepting direct referrals. This has opened up access to the service and created a more responsive route into care, enabling patients and professionals to connect more quickly with the support they need. The team also worked closely with Derbyshire Health United (DHU), the statutory out of hours provider, to establish a strong working relationship and support the coordinated management of patient care. This has worked well and has strengthened collaboration across services, helping to ensure patients receive timely and joined up support out of hours. Alongside these developments, the team has continued to strengthen documentation, care coordination and service responsiveness in order to meet growing demand as effectively as possible.

3. Compassionate Communities Volunteer Befriending

The Befriending Service continued to make a meaningful difference to the lives of those it supports, particularly individuals living in more deprived communities who are at greater risk of social isolation and reduced access to support networks.

Through structured volunteer recruitment, training and careful matching, the programme provides companionship for people affected by illness or bereavement. Additional volunteers were recruited across the year and matched into befriending relationships with clients in need of regular contact and support. These relationships continue to offer valued companionship, helping to reduce isolation, build confidence and improve wellbeing.

Consistently positive feedback from clients and their families reflects the emotional and practical value of the service, with many describing how regular contact has helped them feel less alone and more supported during difficult times.

The programme is now operating at capacity within the available volunteer cohort and funding constraints, but it continues to provide trusted, consistent support through strong volunteer client relationships.

The Compassionate Communities team complements this direct support by contributing to wider system efforts to build Compassionate Neighbourhoods across the Integrated Care Board (ICB), while also delivering spiritual care across the organisation and leading reflective events such as ‘Time to Remember’.

In line with Treetops’ ambition to improve engagement with communities historically underrepresented in our services, Treetops has continued to strengthen these connections.

During the year, support was provided to the Derbyshire Black and Minority Ethnic (BME) Forum to strengthen engagement with underrepresented communities, and a number of engagement events were held. This work has helped build trust and understanding, alongside partnerships such as Erewash Social Prescribers, which have supported locally led initiatives including the development of the Bereavement Hub.

4. Therapeutic Services

Demand for counselling services across all age groups continues to be high, and the team has now reached the limits of what it can offer within existing resources. Managing this level of demand requires careful oversight and prioritisation, but the team remains committed to providing timely, compassionate trauma informed support wherever possible.

The Mollitiam or M Project continues to offer valuable group bereavement support to children and young people, providing a safe and supportive space in which they can connect with others who have had similar experiences. This group approach remains an important part of the wider therapeutic offer, complementing individual counselling.

The Cheetham Centre refresh is now underway and represents a much-needed investment in the environment from which this work is delivered. Thanks to the support of the charity CRASH, design expertise and resources have been secured to support this development, helping to create a more suitable and welcoming space for children, young people and families accessing the service.

The team continues to maintain its Centre of Excellence status for trauma-informed counselling and emotional support, reflecting its sustained commitment to high-quality, specialist practice. Education continues to grow alongside this, with demand for student placements extremely high and increasing interest in access to training from local schools and external agencies. This growing appetite for learning reflects both the team's expertise and the increasing recognition of Treetops as a valued source of specialist knowledge and support.

5. Palliative and End-of-Life Care collaboration with the Residential Care Home Sector

This year, the project continued to strengthen palliative and end-of-life care across the residential care home sector by combining direct clinical support, workforce development and practical quality improvement activity. Its delivery has helped care homes move towards a more proactive and planned approach to care, while also strengthening relationships between the hospice, care homes and wider community services.

During the project the team engaged all 18 residential care homes in Erewash and extended its reach beyond the original scope, with 22 homes engaged in total. This demonstrates both the level of unmet need within the sector and the value placed on the support offered. By December 2025, the project had supported 613 residents, exceeding its original target and showing the breadth of its impact across the locality.

A major area of impact has been workforce development. Training attendance significantly exceeded expectations, with 547 staff attending education sessions against a target of 300 by Year 2. Evaluation data showed increased confidence among care home staff in recognising deterioration, having conversations about future care wishes, and supporting people and families at the end of life. This is an important marker of impact, as it reflects the development of more sustainable skills and confidence within the care home workforce itself.

The project also supported meaningful improvements in practice. The introduction of palliative care registers in 14 homes helped shift care away from reactive crisis management towards earlier identification, better planning and more coordinated support. In parallel, the DELQUA quality framework was adapted for use within residential care homes, creating a more realistic and achievable model for quality improvement in this setting.

Alongside these achievements, the project has generated valuable learning. Demand for support exceeded capacity, particularly from homes outside the original target area, and the team identified that frailty alone was not always a reliable way to identify people nearing the end of life. The realities of staffing pressures within the sector also continued to affect training attendance, with cancellations remaining common. These insights have been important in shaping future approaches and identifying where models of support need to be adapted to remain effective and sustainable.

Although the original delivery model cannot continue in full due to end of grant funding, the work has laid strong foundations for longer term impact. Learning from the project is now being taken forward through the integration with the Derbyshire Alliance End of Life Care toolkit, champion network and wider training offer, ensuring that the knowledge, relationships and practice improvements established during the two-year project continue to influence care.

6. Clinical Quality and Education

This year, we have continued to evolve our education and development offer, enhancing internal staff development while extending training opportunities to partners across the wider healthcare system, along with embracing public education and awareness. This focus has been on essential to role clinical skill development and creating both a face to face and online offer with 89 courses delivered and 512 delegates trained over the year.

RealTalk – Growth, Engagement, and National Recognition

The RealTalk platform, co-licensed with Loughborough University, has continued to expand with a growing national profile. This has been supported through contributions to key national conferences, presenting at both Hospice UK in Liverpool and Strathcarron Hospice National Conference in Edinburgh, further strengthening our reputation and reach.

As part of our commitment to safe, high-quality implementation, a comprehensive review of all registered RealTalk facilitators has taken place over the past 12 months. Facilitators were contacted to confirm their continued engagement, willingness to retain access, and adherence to the required safeguards and standards. Where individuals did not respond to prompts, access has been appropriately removed. As a result, the current cohort represents a more accurate, actively engaged, and safely governed facilitator base. The year closed with 352 registered users.

To support implementation and shared learning, quarterly RealTalk Community of Practice sessions are now established. Co-designed with users and attended by facilitators nationally, these sessions offer a valuable forum for applied learning, reflective discussion, and peer support, with topics shaped directly by user need.

Importantly, Treetops has continued to play a central leadership role in the platform's development and spread, providing mentorship and implementation support to teams in Edinburgh and Northampton during 2025, further strengthening both regional and national impact.

Our three-tier communication skills framework remains a cornerstone of our education delivery; this tiered approach to communication skills is building confidence across the workforce:

Tier 1: Essential Communication Skills – Mandatory for all Treetops staff and volunteers, in line with the Derbyshire ICB "Informed Workforce" strategy.

Tier 2: Courageous Conversations – Supporting healthcare professionals with sensitive conversations around uncertainty, future care planning, and ReSPECT discussions.

Tier 3: Advanced Communication Skills Training (ACST) – Delivered in-person with expert facilitation and professional actor role-play, creating a psychologically safe space for applied, trauma-informed learning.

Across all tiers, delegate feedback has been consistently strong, with evaluations demonstrating marked increases in confidence, competence, and impact on practice.

We have been commissioning across the system for wide ReSPECT Authorship training online. We are also establishing the free webinars to social care and the public heath approach to future care planning, examples of Last Days Matter, No Barriers Here and Myth Busting online workshops.

We were also proud to be part of the new three ICB Cluster Education meetings across Derbyshire, Lincolnshire and Nottinghamshire, Treetops' leadership in this initiative has significantly enhanced our regional profile and influence. We are working across the three systems developing discussions around the Essential to Role Training passport, and more locally, our staff clinical competency guidance has been developed.

Part 2: Mandated Statements

Statements of Assurance from the Board

Within a submitted Quality Account, all providers must include the following statements, despite some of them not being applicable to hospice services.

Review of Services

From 1 April 2025 to 31 March 2026, Treetops Hospice was commissioned to provide the Wellbeing Service, Hospice at Home and Counselling and Emotional Support for those who have been bereaved and those facing, or supporting someone who has been diagnosed with, a life-limiting illness by the Derby and Derbyshire Integrated Care Board.

Treetops Hospice raises 70% of the funding for these services through retail outlets, lottery and fundraising. The remaining 30% comes from the NHS via the above ICB through a block grant contract.

Treetops Hospice also offers a Support and Information Service, Complementary Therapy and Befriending / Compassionate Communities Service, along with our Virtual Ward model supporting Residential Care Homes. We continue to host an outpatient clinic for the University Hospital Derby and Burton NHS Trust. The clinic is run by a Specialist Palliative Care Consultant, supported by host volunteers. The clinic supports patients with palliative care needs.

Our Clinical Services are governed by the Clinical Sub-committee of the Board of Trustees, who meet quarterly and receive individual service reports, which enables them to review the management and quality of care provided by the hospice. The reports are then submitted to the whole Board of Trustees at their meetings.

Participation in Clinical Audits

Although Treetops Hospice did not participate in any formal national or local clinical audits during 2025/26, internal audits and quality checks were completed in line with hospice policies and procedures to provide assurance on care quality, safety and compliance.

The regulations require providers to complete the following two statements:

1. The reports of **zero** national clinical audits were reviewed by the provider in **2025/26** reporting period and **Treetops Hospice** intends to take the following actions to improve the quality of healthcare provided [**none**]
2. The reports of **zero** local clinical audits were reviewed by the provider in **2025/26** reporting period and **Treetops Hospice** intends to take the following actions to improve the quality of healthcare provided [**none**]

Research

During 2025/26, the hospice was not involved in any research projects.

NHS Quality Improvement and Innovation Goals

Treetops Hospice has quality requirements set by the Derby and Derbyshire Integrated Care Board:

- All quality requirements for 2025/26 were met (Quality Schedule available)
- Treetops Hospice continued to be an active participant in the Joined Up Care Derbyshire (JUCD) End of Life Programme Board, with representation on the End-of-Life Operational Group, Informed Workforce, Demand and Capacity workstreams and The Derbyshire Alliance for End-of-Life Education clinical reference group.
- Treetops Hospice currently chair the End-of-Life Operational Group and the People Driving Change workstream for Derbyshire.
- Treetops Hospice continued to provide all technical support to the Derbyshire Alliance End of Life web-based toolkit.

Part 3: Quality Overview

Activity data across the year reveals the following trends.

Wellbeing Service

The Wellbeing Service supported **518 people overall** during the year, providing a broad range of advice, emotional wellbeing support, peer connection, practical information, enablement and care. The service continued to offer both hospice based and home-based support, with activity delivered through the Wellbeing Space, Wellbeing at Home and a range of condition-specific and bereavement-focused groups.

Wellbeing at Home data covers a six-month period only, as the service was reconfigured during the year and incorporated into the Hospice at Home service. This change supported a clearer focus on people with more intensive care needs while preserving the holistic principles of the wider Wellbeing offer.

Within the Wellbeing Space, **258 people/referrals** were supported during the year. This equated to **3,178 hours of care** and **3,089 support contacts**, demonstrating the continued value of hospice-based support for people living with life-limiting illness, those who are bereaved, and families seeking early advice and connection.

For the six months reported, Wellbeing at Home supported **314 people**, received **208 referrals** and completed **77 assessments**. The team delivered **2,502 hours of care** and recorded **7,277 contacts**, reflecting the intensity and personalised nature of support provided to people in their own homes.

- The Support and Information Café welcomed **1,434 visitors**, continuing to provide an accessible front door for information, advice and connection.
- Tears to Laughter supported **27 participants** and recorded **345 contacts**, maintaining an important peer-led bereavement pathway.
- Mollie's MND group supported **18 people** across **79 sessions**, providing **158 hours** of support.
- The Huntington's group supported **24 people** across **112 sessions**, providing **224 hours** of support.

The data below captures the range of activities provided across the year and the transition in service model, including the six-month reporting period for Wellbeing at Home.

Activity	2024-2025 Activity	2025–2026 Activity	Comments
Number of individual patients supported in the Wellbeing Space	**264**	**258**	The Wellbeing Space supported 258 people/referrals during the year as the service continued to focus on advice, enablement, peer support and group-based activity. This activity forms part of the overall Wellbeing Service total of 518 people supported.
Number of individual support contacts delivered across the year within the Wellbeing Space.	**5,220**	**3,089**	This is a drop of 2,131 contacts a 41% reduction in activity
Hours of care delivered across the programme Included activities: • SPRING programme • Mollie's MND Support group • Huntington's Disease Support Group • Support and Information Café • Tears to Laughter group	**4,560**	**3,178**	Hours of care delivered across the programme reduced from 4,560 to 3,178, a decrease of 1,382 hours, representing a 30% reduction on the previous year.

Number of Individuals supported at Home by the Wellbeing at Home Service care visits	**477**	**314**	Wellbeing at Home supported 314 people during a three-month reporting period only. During this three-month period, 208 referrals were received and 77 assessments were completed.
Number of hours of care delivered by the Wellbeing at Home Service	**4,391 hours of care**	**2,502 hours of care**	Wellbeing at Home delivered 2,502 hours of care during the six-month reporting period. The service also recorded 7,277 contacts, reflecting the level of coordination and direct support provided in the home environment.

Over the year, we continued to monitor activity levels and seek the views of attendees to our Wellbeing services. Feedback showed that, while people valued the support they received from Treetops, many preferred to access support directly within their own communities, reducing the need to travel and enabling them to engage in everyday activities closer to home.

This feedback has helped shape the ongoing review and remodelling of the service, ensuring that future provision remains responsive to local need, supports independence and reflects how people want to access wellbeing support.

Hospice at Home Service

The Hospice at Home service consists of the Roaming Nurse Service which provides a flexible response to care needs across the night shift alongside the provision of 1:1 nursing support for nine hours throughout the night.

The Hospice at Home service supported **1,161 people** during the year and received **1,222 referrals**. Across planned Hospice at Home care, the Roaming Nurse Service, and care planning and triage, combined reported Hospice at Home activity totalled **18,785 hours**.

Planned Hospice at Home delivered **13,321 hours of care** and **12,836 care contacts**, with an average of **3.03 full-night shifts per patient**. The service enabled **98%** of people to die in their preferred place of care, which was home.

The Roaming Nurse Service received **2,184 telephone calls**, **1,503 home visits** and **4,974 hours of care**. A further **490 hours** were delivered through care planning and triage, supporting safe coordination, prioritisation and timely response across the service.

The data below captures the range of activities provided across the year.

Activity	2024-2025 Activity	2025–2026 Activity	Comments
Patient Numbers All Hospice at Home Services	**1,122**	**1,161**	The Hospice at Home service supported 1,161 people during the year and received 1,222 referrals. This reflects sustained demand for end of life care at home and the continued need to prioritise people with the highest level of need.
Points of Contact All Hospice at Home Services	**25,700**	**27,553**	Points of contact increased from 25,700 to 27,553, an increase of 1,853 contacts, representing a 7.2% increase on the previous year.

Number of hours of care	**18,719**	**19,690**	Hours of care increased from 18,719 to 19,690, an increase of 971 hours, representing a 5.2% increase on the previous year.

The Hospice at Home team has sustained its exceptionally high standards of care this year, despite continual capacity pressures. Increasingly, patients are referred at a later, more acute stage of illness, so the service must focus on those in greatest need. As a result, only red- and amber-rated patients under our traffic-light criteria are now routinely scheduled.

Green-rated patients are only accepted when essential to protect a carer's health and wellbeing.

Because people are generally more poorly on admission, they move through the service more rapidly: support now typically lasts days rather than weeks, with an average commitment of 3.03 full-night shifts per patient.

Alongside this, demand for the Roaming Nurse Service has continued to grow, with many families now choosing it as their preferred model of care.

The Hospice at Home Service enabled **98%** of individuals to die in their preferred place of care, which was home.

Therapeutic Services

Our commissioned Bereavement Support Service in Derbyshire is open to referrals from anyone in the community, regardless of any prior connection to Treetops Hospice.

Our Life-Limiting Illness (LLI) Counselling support service is not only for people who are accessing end-of-life care at the hospice but is for anyone in our community facing a life-limiting illness or their family.

Due to increasing demand, the team now prioritises the most complex cases, signposting individuals with less complex needs to alternative support services when appropriate. For those who do not require one-to-one counselling, our Tears to Laughter and bereavement hub peer support groups offer an additional wellbeing pathway.

Over the past year, Complementary Therapy (CT) capacity has become more consistent, supporting more stable service delivery. Alongside this, the team has been

developing volunteer opportunities within the service to further strengthen the CT offer and support future capacity.

Over the course of the year, Therapeutic Services supported **702 people** through counselling, emotional support, non-talking therapy and Complementary Therapy pathways.

- **3,495** adult counselling sessions were delivered, supporting **432 adults**. There were **388 referrals** to the service and **304 assessments**.
- **1,450** counselling sessions were delivered for children and young people, supporting **203 under-18s**. There were **192 referrals** to the service and **141 assessments**.

5,122 counselling, emotional support and non-talking therapy sessions were delivered across adult counselling, children and young people's counselling and the Mollitiam non-talking therapy project (M Project).

Adult Bereavement and LLI Service Data

	2024 – 2025	2025 -2026	Percentage change
Total number of adult counselling sessions (including assessments)	3,421	3,495	Adult counselling sessions increased from 3,421 to 3,495, an increase of 74 sessions, representing a 2.2% increase on the previous year.

Children and Families Bereavement Service Data

	2024 – 2025	2025 - 2026	Percentage change
Total number of children and young people counselling sessions	1,581	1,450	Children and young people's counselling sessions reduced from 1,581 to 1,450, a decrease of 131 sessions, representing an 8.3% reduction on the previous year.

The wider therapeutic offer also included the Mollitiam non-talking therapy project, which supported **20 children**, completed **30 assessments**, delivered **24 group sessions** and provided **177 delivery hours**.

Treetops Counselling and Emotional Support Services continue to monitor care delivery against the Bereavement Care Service Standards national evaluation tool, endorsed by the National Bereavement Alliance, to which Treetops Hospice is affiliated. This sets three levels of achievement within seven separate standards. These are Planning, Awareness and Access, Assessment, Support and Supervision, Education and Training, Resources, and Monitoring and Evaluation.

Our team are dedicated to working to this standard and we are confident that we continue to achieve the highest level across all seven of the standards.

Complementary Therapy Service Data

This service is not a commissioned service. During the year, Complementary Therapy supported **58 adults** and **21 children and young people**. Adult activity included **95 referrals**, **76 assessments** and **286 sessions**. Children and young people's activity included **27 referrals**, **23 assessments** and **88 sessions**.

- **122 referrals** were received for Complementary Therapy across adults, children and young people.
- **374 sessions/hours** of Complementary Therapy were delivered across adults, children and young people.

Compassionate Community - Befriending Service

The year saw continued uptake of the Befriending Service supporting people in their own homes who are socially isolated due to their ill health or following a bereavement.

This is not a commissioned service and is now fully funded by the charity.

Over the year, the Befriending Service supported **20 people** through volunteer befriending. The service delivered **238 visits**, providing **451 hours** of befriending support.

The service received **five referrals** during the year.

What others say about us

Care Quality Commission

Treetops Hospice is registered with, and regulated by, the Care Quality Commission in accordance with the Health & Social Care Act 2008.

Our most recent inspection report dated 7 April 2016 is available on the CQC website and finds us meeting the standards and rating us "Good" in all five core areas inspected. The report can be found online here.

What our patients and carers say about us

Wellbeing Service

Wellbeing Service evaluations are gathered via comment cards completed at time of visit or via the feedback form on the hospice website.

Of those that commented on services (Monday and Thursday support Café, Tears to Laughter group, MND & HD support groups) 95% responses were positive with 5% negative or no comments. Negative comments were linked to service changes and the withdrawal of free food.

Comment themes included:

Safe place to talk, value of the emotional support, access to information about other community support available, support of staff and volunteers, enablement of peer support, and environment – peaceful, restful, wonderful grounds.

Direct quotes extracted include:-

"I came to visit with the lovely staff and forget all the worries in the world and forth coming hospital visits."

"After my husband died, I was very lonely. I was advised about the good work Treetops does. I came and they were right; this has helped me very much. Thank you."

"A peaceful place to just be - no judgement supportive and comfortable."

"After bereavement I was very lonely. Coming her has helped me to become myself again. I now have people to talk to".

Hospice at Home Service Family or Carer Evaluation

During the year, the Hospice at Home service supported **1,161 people** and received **154 completed feedback questionnaires**, representing a **13.3% return rate**. Feedback indicates a consistently compassionate, respectful and clinically confident service. Families reported very high levels of sensitive communication, feeling at ease with care, and support to remain in the preferred place of care. The clearest quantitative gap is information pack reach: 71.8% of valid respondents recalled receiving one, although every valid respondent who rated the information found it helpful. Capacity and access pressures, particularly overnight availability and call-back reliability, also appear in a small but important group of comments and should inform the 2026/27 improvement plan.

SURVEY RESPONSES	COMMENTS RECEIVED	PREFERRED PLACE OF CARE AND DEATH MET	FAMILIES TOTALLY AT EASE
153	**126**	**95.0%**	**100.0%**
Populated response rows	82.4% of responses	132 of 139 valid responses	141 of 141 valid responses

The consistently low number of completed returns makes service evaluation problematic as it is hard to gain a true picture of the impact of the service on families and carers. The late stage at which referrals are received by the service and the subsequent number of care episodes provided for each individual may also be impacting on the number of service evaluation forms being returned. As an orgainsation there is need to consider an altenative way of obtaining feedback data.

Quotes from Hospice at Home - Carer evaluations 2025/26

"During a difficult time, the Treetops nighttime service was invaluable, allowing family members to get much needed rest knowing someone was there."

"We are supremely grateful for the gently supportive care from Treetops — just the right amount, from the right people, at just the right time. It helped more than you will know."

"Knowing the roaming service was available during the night gave me immense peace of mind when I felt isolated, alone and frightened. The night sitter provided one-to-one care for my mum and gave my dad much needed respite."

"The nurses were professional at all times and wonderful with my mum and our family. Your service was excellent and exceeded all expectations."

"I honestly would not have coped mentally or physically without the amazing help from your staff. You helped me fulfil my husband's last wish — to be at home at the end of his life."

"The team cared for my mother in such a caring and understanding way. Their support was invaluable, and I would recommend Treetops to anyone going through a difficult time."

"I received excellent support which helped both me and my late partner. Everyone was professional and worked to high standards."

"The nurses were very kind and compassionate and provided a timely response for pain management and verification of death."

"From the first phone call, Treetops staff were sensitive, caring and professional. We had total trust in their care; they supported our family with respect and helped our mother remain comfortable and dignified at home."

"From the moment the nurses arrived, they showed kindness, compassion and care — not just for my husband, but for all of us. They made an unbearably sad time bearable and gave us the comfort and support we needed."

Counselling and Emotional Support Service

All clients who finish receiving support during the year from the Counselling and Emotional Support Services are asked to complete an evaluation of their experience.

Adult Bereavement

137 evaluation forms were sent out, and 68 forms were returned (41%). This is down on last year where 172 from were sent out and 68 forms returned.

- 100% said that the support they received had been helpful in their experience of bereavement.
- 100% said they were satisfied with how quickly the service was provided.
- 100% said that they had the right number of sessions.
- 100% said that they were happy with the service provided.
- 100% said they would recommend the service to other people.

Quotes from evaluations, 2025-2026 Bereaved Adults

"I felt supported, understood and listened to."

"I will admit it was difficult at first, but the people are so caring it became somewhere that felt safe."

"I am so grateful for the Treetops service. It's allowed me to feel listened to about my bereavement journey. I've also been able to use the resources provided to help me from a day-to-day perspective. The service has been invaluable for me."

"Having someone who actively listens and shows empathy clearly provided a safe and trusted environment to explore my feelings."

"I was initially unsure how the process was going to look and wasn't sure if it was for me. However, L was amazing and made me feel at ease straightaway."

"The support has been invaluable in respect of being able to talk about loss and family challenges. The sessions became my safe space in which I could talk without judgement and grieve my sister."

"I came to Treetops at what I would describe as the low part of my grief rollercoaster and was helped back to the highest point and feeling positive."

Parents/Carers of Bereaved Children

Demand for this service continues to be high and as a result we are operating a waiting list to manage capacity. Therefore, children can be waiting longer to access the service.

- 100% were happy or very happy with the speed of response to the referral. This is reassuring considering the demand for the service and the waiting list system.
- 90% reported a decrease in their level of concern about their child after the period of counselling support had finished.
- 96% were happy or very happy with the extent to which the support had addressed their child's bereavement needs.
- 96% were happy or very happy with the number of sessions / length of support their child received.
- 100% would recommend the service to other people.

Quotes from evaluations, 2025-2026, Parents/Carers of Bereaved Children

"Treetops & the counselling service has been amazing - I feel like I've got my son back! Having a safe space to talk about his worries, knowing it won't be shared with me or anyone else, has been so so helpful for him. Before the counselling he was really struggling with feelings of guilt around any kind of enjoyment but there has been a noticeable shift in this - he's recently started a new hobby that I'm sure he wouldn't have done without the counselling. It has been a huge weight off my mind knowing he has been supported, and he's actively looked forward to his sessions here. We are very lucky to have such an amazing service available to us, I have and will continue telling people how incredible you all are. Thank you so so much!"

"You can see the difference in L. Her anxiety and concerns are reduced. It does help speaking to someone different and has the knowledge of issues which have been raised. N has been excellent L has always got a smile at the end of the session and laughing. Will recommend treetops. You all do an amazing job."

"When L first come to treetops and met F, she was very withdrawn after losing her mum to alcohol and could not understand why her mum thought more of having a drink than her. Now L is a happy young lady that can talk about her feelings and this is all down to F thank you so much love and best wishes from a very grateful Nanner"

"M has been so wonderful to our daughter E. She has helped her immensely and we are very grateful. E looked forward to her sessions with M and talked about how they helped. The team were also lovely when I was in the waiting room and we always felt welcome".

"The support of Treetops has been outstanding, and we will always be grateful and encourage other young people to access".

"My child was very emotional at the start of the counselling sessions but by the end was much more relaxed and calmer, able to talk about her grandad and had learnt some great coping strategies. S was great with her and found something she enjoyed (craft) to help deliver the counselling. It's a great service and one that we wouldn't hesitate to use again or recommend. Thank you for everything"

"Thank you so much for helping my daughter through such a bad time and giving her a safe place to come too".

"Thanks to J, I feel I have my grandson back. He was really struggling before he came to Treetops. Thank you!"

Children/Young People

80 evaluation forms were sent out of which 17 were returned (21%). We ask children/young people to rate how they were feeling at the beginning and the end of the support.

- 90% were happy or very happy with the number of sessions they had.
- 10% felt they had not had enough sessions
- 100% said the sessions had been helpful or very helpful.
- 94% said they would recommend the service to other people.

Quotes from evaluations, 2025/26 Bereaved Children/Young People

"It's helped me speak to people more and when I first came, I didn't like to talk and now because of F I can talk a bit more to people about how I feel."

"Really friendly place that made me feel welcome as soon as I turned up for my first session. Every session I went to was really good."

"Very friendly and kind."

"It was a safe space for me to talk and helpful for learning some new ways of coping."

"I'm so grateful for the help and the peace I found within the sessions, from inhabiting the techniques and positive outlooks. I think Treetops is a great organisation."

"It made me feel more confident and comfortable with the passing of my best friend."

"Helped me be happier and feel less stress."

"J was great and she was calm, honest, very supportive and understanding. There was a lot to unpack within my sessions; there was more than just grief and she helped me do that. My life is so much better having had J there to help me. I will be forever grateful for the positive impact she has made to my life and the time and effort she has put in to support me."

Life-Limiting Illness Counselling

14 evaluation forms were sent out and three (21%) were returned.

The Life-Limiting Illness (LLI) work represents only a small part of our overall service delivery. The return rate could reflect the health needs of these clients.

- 100% said the support they had received was helpful.
- 100% were happy or very happy with the speed of response of the service.
- 100% said the number of sessions provided was just right.
- 100% said they would recommend the service to others.

Quotes from evaluations, 2025/26 Life-Limiting Illness Clients

"Feel able to cope better with my problems and thoughts".

"It helped me face the fact that the future was going to be different from the one we had hoped for. I am more accepting of facing changes and dealing with the unpredictability of my husband's illness."

"J's counselling sessions have given me the understanding (around windows of tolerance, anxiety & pain) and confidence (new techniques) to manage the uncertainties and challenges of my terminal cancer as it progresses. It means I can continue to go out, engage with others and work to improve my quality of life. It has helped me to be able to sleep at night - using some breathing/relaxation techniques that calm me and I can use Sleepscapes to help. I use the breathing techniques when my pain peaks - and it helps to lower/ reduce the time I'm in distress."

Complementary Therapy

53 evaluation forms were sent out and 21 (40%) were returned.

- 100% felt the information received about their therapy was helpful.

- 100% were satisfied with how quickly a service was provided.
- 100% were satisfied with the service provided.
- 100% said they would recommend the service to others.

Quotes from evaluations, 2025-26 Complementary Therapy

"It really helped me for relaxation and helping me sleep. talking through techniques that would help was a real benefit."

"A was professional at all times. I found the massage really beneficial as it enabled me to unwind, empty my mind of all the things going around in it. And generally, it enabled me to relax."

"She was brilliant, so kind and caring. The treatment made me feel so much better physically and emotionally."

"Helped me to completely relax which in turn helped me cope better each day."

"I really struggle to allow myself to slow down and feel my emotions. A was paramount in me beginning my journey of allowing this and taking time out for myself. I am very grateful to her, I have continued with some of the therapies that we did."

"Made me feel young again after the treatment very comfortable and relaxed after."

What our staff say about the organisation

The was a 63% response rate to this year's Birdsong Employee Engagement Survey.

Treetops Highest Ten Engagement Factors

- 98% agreed with the statement - If a friend or relative needed treatment I would be happy with the standard of care provided by this hospice.
- 96% are proud to work for this charity.
- 99% believe in the aims of this charity.
- 89% would like to be working for Treetops in a year's time
- 89% said that they enjoyed the work they do.
- 92% said they felt like they were making a difference.
- 77% felt appreciated in their role
- 88% are comfortable being themselves at work

- 84% felt that the Chief Executive and Senior Leadership Team were committed to making the charity a great place to work

- 78% felt they would recommend the charity as an employer

Factors that resulted in high Employee Engagement are pride in Treetops reputation for excellent care, believing in the values of the charity and feeling comfortable being themselves at work

Factors that require further development are communication particularly between different teams. Training and development opportunities for example, 49% of people agree they feel supported in developing their career (the benchmark is 57%). Work-related stress and pay and job security.

It has been a year of change at Treetops with the appointment of a new Chief Executive. Some colleagues have been unsettled by change but overall, the workforce is positive and looking forward to a new era.

Complaints and Compliments

Complaints

During 2025/26, Treetops received **four complaints** relating to Clinical Services and associated support functions. Each complaint or concern was reviewed, investigated and responded to in line with the hospice complaints process, with actions taken where learning was identified.

The underlying reasons for the complaints were:

- Concern about the conduct and communication approach of a healthcare assistant, which was investigated and followed up through reflective practice with the staff member.
- A poor welcome experience at the Support and Information Café, which was found to be linked to incorrect information being provided about the café.
- A concern about the attitude of an external provider's support worker towards a client attending Treetops services; this was escalated to and investigated by the external provider.
- A concern about communication between a staff member and a volunteer, where the interaction was perceived as disrespectful and rude; this was reviewed and actioned through the complaints process.

Learning from these complaints included the need to strengthen communication between teams, ensure clear information is provided to visitors and volunteers, and reinforce expectations about respectful communication and professional conduct. Where issues involved external providers, concerns were appropriately escalated for investigation and follow-up.

Compliments

In addition to the positive evaluations of our services, we continue to receive many emails, Facebook comments, individual cards and letters of thanks across the full

range of services during the year. These compliments are shared with relevant service leads and teams so that good practice can be recognised and celebrated.

We do not at present have a comprehensive way to capture and log all this feedback, and this position has not changed. However, where individual staff members are named in compliments, time is taken to personally thank them for their good practice. Staff who are recognised as having gone above and beyond are also issued with Star Cards, helping to reinforce positive practice and acknowledge the impact of compassionate care.

Patient Safety Indicators

Patient safety remains paramount across our services. All incidents are reported through the Vantage system, which has enabled more responsive and timely reporting and supported staff to record incidents in real time. Every incident is investigated, with actions identified, implemented and monitored. Robust reporting enables themes and trends to be identified, informing policy updates, changes to practice and risk management, action plans and activity where required.

Clinical incidents are overseen and monitored through the hospice governance structure, including the Health and Safety Committee and the Clinical Sub-committee, with Board oversight and escalation as required. Incident reporting also forms part of ICB contract monitoring for NHS commissioned services.

During 2025/26, there were 146 clinical incidents recorded on Vantage (including complaints).

Incident Type	Count of Sub Type
Equipment fault –(third party or hospice owned	6
Slips, trips and falls / Injuries (Staff)	12
Medication	13
IT connections (community)	32
IT connections (on campus)	26
Safeguarding	7
Data breach / near miss	12
Audit concern / deviation from policy	12
Moving, Handling & Falls (patient)	4
Health and Safety and Aggression	7
Miscommunication leading to delay in care	6
Weather related	1

Other	4

The incident profile for 2025/26 shows that the highest volume of reported incidents related to IT connectivity, with 32 community-based incidents and 26 on-campus incidents. This will inform a measurable 2026/27 priority to strengthen digital resilience, including reviewing connectivity issues, testing business continuity arrangements and monitoring the number and impact of IT-related incidents through governance reporting. Medication incidents, data breaches or near misses, audit concerns and staff falls each accounted for 12–13 incidents and will remain priority areas because of their potential impact on patient safety, confidentiality, regulatory compliance and workforce wellbeing. During 2026/27, actions will include continued medication safety audit and learning reviews, reinforcement of information governance practice, review of recurring audit or policy deviations, and targeted health and safety actions to reduce avoidable staff slips, trips and falls. Progress will be monitored through incident trend analysis, completion of agreed actions, audit outcomes, training compliance and escalation of any emerging risks through the Health and Safety Committee, Clinical Sub-committee and Board of Trustees.

Part 4: Priorities for 2026/27

Our priorities for 2026/27 are shaped by Treetops' new three-year strategy, *Crafting the Future of Hospice Care*, which has now moved from development into implementation and delivery. The strategy sets out a clear ambition for Treetops to be recognised as central and southern Derbyshire's modern community specialist hospice: delivering expert clinical care in the community, strengthening our role as a centre of excellence for trauma informed emotional and psychological support, and developing our position as a trusted provider of palliative and end of life care education. Operational development and delivery will be measured against the ambitions and priorities set out in the strategy so that progress, resource allocation and impact can be monitored consistently as we move forward.

The strategy recognises the changing context in which hospice care is delivered and aligns with the national direction of travel for palliative and end of life care. Demand and complexity are increasing, traditional hospice bed capacity is reducing nationally, and more people wish to receive care and die in the place they call home. At the same time, national policy and NHS priorities are increasingly focused on care closer to home, earlier identification of need, equitable access, personalised care, reduced avoidable hospital admission and stronger community-based support. Treetops will therefore continue to align its future developments with the emerging Modern Service Framework for Palliative and End of Life Care, consolidating its clinical offer, strengthening specialist skills, improving access and responsiveness, and demonstrating impact through outcomes as well as activity.

In 2026/27, we will focus on the following priorities, each of which reflects the opportunities and development areas identified within the strategy and is intended to support alignment with emerging national expectations.

To support delivery, each priority will be translated into measurable operational objectives, with clear ownership, milestones and reporting routes through the senior leadership team, Clinical Sub-committee and Board of Trustees. This will ensure that progress against the strategy is visible, that risks and dependencies are identified early, and that service development remains aligned with quality, workforce capacity and financial sustainability.

Establishing a clear community specialist hospice model

We will develop and embed a clear, evidence based clinical model that describes what Treetops provides as a progressive community hospice. This will bring together specialist home based palliative and end of life care, dynamic assessment of need, future care planning, emotional wellbeing and trauma informed therapeutic support.

The model will clarify target populations, referral pathways, access criteria, service standards and measurable outcomes so that patients, families, professionals, commissioners and the public understand what Treetops offers and where it can make the greatest impact. This work will be informed by the Modern Service Framework's emphasis on earlier identification, equitable access, integrated community models and outcomes that reflect what matters to people and those important to them.

Improving access, triage and care coordination

We are working to strengthen routes into our clinical services so that there is a clearer, more responsive and more consistent experience for people seeking support. This will include developing a single point of access approach delivered through a coordination hub. This will improve first contact conversations, strengthen triage and prioritisation, and ensure that people are either connected to the right Treetops service or signposted effectively to other appropriate support. The aim is to create a "no wrong door" approach while ensuring specialist clinical capacity is focused where need is greatest.

Care coordination will also be strengthened across Hospice at Home, the Roaming Nurse Service, therapeutic services and community-based support. This will help improve handover, reduce duplication, support timely decision making and ensure patients and families receive coordinated care during periods of deterioration, crisis or increasing complexity.

Developing specialist home based palliative and end of life care

A central priority for 2026/27 is to further develop specialist care delivered at home and in the community. This includes strengthening Hospice at Home and the Roaming Nurse Service, supporting people with complex symptom management, enabling rapid response during periods of crisis, and helping more people remain in their preferred place of care wherever possible. We will continue to use our data to evidence the value of home-based intervention, including its contribution to patient choice, carer reassurance, admission avoidance and wider system benefit.

- Review referral patterns, acuity, demand and response times across Hospice at Home and Roaming Nurse activity.
- Further develop care planning, triage and clinical coordination so that specialist resource is used safely and effectively.
- Strengthen links with out-of-hours providers, primary care, community services, acute partners and the Integrated Care Board.

Preparing for extended access and future 24/7 provision

The strategy sets a longer-term ambition for Treetops to move towards a 24-hour, seven-day community specialist hospice model, subject to workforce and funding capacity. During 2026/27, we will lay the foundations for this by reviewing demand, workforce requirements, skill mix, rotas, escalation pathways and affordability. We will explore phased extension of access where there is clear evidence of need and where provision can be delivered safely and sustainably within our available resources.

Embedding trauma-informed emotional and psychological support

Therapeutic Services will remain central to the Treetops offer. We will continue to strengthen our trauma informed counselling and emotional support for adults, children, young people and families affected by life-limiting illness, death and bereavement. This includes sustaining our centre of excellence approach, developing pathways for those with the greatest complexity, supporting student placement models and using evaluation and outcomes data to demonstrate impact.

During 2026/27, we will also work in collaboration with University Hospital of Derby and Burton to establish a counsellor position on the Nightingale Macmillan Unit, providing vital counselling and emotional support to patients and families on the unit.

In addition, we will further develop the Complementary Therapy service to support student placements and practice placement time for newly qualified therapists. This will help grow the service, strengthen future capacity and position Treetops as a trailblazer in developing supported practice opportunities within hospice based Complementary Therapy.

Positioning Treetops as a system education provider

Education is a core strategic opportunity. We will continue to develop Treetops' role as a trusted education partner within the Integrated Care System, providing high quality learning for our own workforce and for partners across care homes, primary care, community services, domiciliary care and wider health and social care settings. Priorities include advanced communication skills, future care planning, recognising deterioration, symptom management, verification and trauma informed practice. This will support system wide improvement while strengthening Treetops' profile, influence and commissioning credibility.

Building a skilled, flexible and supported workforce

Delivery of the strategy depends on the skills, resilience and commitment of our staff and volunteers. During 2026/27, we will align workforce planning with our future clinical model, strengthen specialist palliative care capability, ensure staff receive regular support and appraisal, and continue to develop training, supervision and reflective practice. We will also support the implementation of the revised clinical structure and use staff feedback to inform improvements in communication, wellbeing, development and culture.

Reviewing and developing volunteering opportunities

Volunteers remain at the heart of Treetops and continue to make a significant contribution across clinical services. In 2026/27, we will review how volunteering is managed and supported so that opportunities are clearly aligned to the future strategy, make best use of volunteer skills and continue to offer meaningful ways for volunteers to contribute to the clinical services of our hospice.

Strengthening partnerships, commissioning and system influence

We will continue to work closely with Derby and Derbyshire Integrated Care Board and the newly formed ICB cluster, acute trust, primary care, community providers, care homes and voluntary sector partners. Our aim is to co-design integrated pathways for home-based end of life care, crisis response, education and emotional support. This partnership work will be aligned with national expectations for strategic commissioning of hospice and palliative care services, including integrated needs assessment, sustainable contracting, reducing unwarranted variation and demonstrating the contribution Treetops can make to admission avoidance, discharge facilitation, patient choice, quality of care and system resilience.

Improving equity of access and community reach

We recognise from our own data that there remains more to do to improve equity of access across the communities we serve, particularly in areas of deprivation and among communities that have historically been underrepresented in hospice services. During 2026/27, we will strengthen community engagement, develop relationships with local networks, use data to understand gaps in reach, and ensure service development is informed by the experiences and preferences of patients, families, carers and communities.

A key priority for the coming year will be to deliver the homelessness project in Derby and use this to enhance awareness, access and engagement with people who may not traditionally access hospice support. The project will improve early identification of people experiencing homelessness who are living with serious ill-health and strengthen equitable access to palliative and end of life care.

Working in partnership with Derby City lead GPs, local homelessness services and using the No Barriers Here model, Treetops will in-reach to people facing financial hardship, identify unmet needs earlier and gather data to evaluate the project's impact on removing barriers to care. The project will pilot new collaborative approaches, train frontline professionals and hospice staff, and co-create patient-

centred care conversations that help prevent crisis presentations and trauma-related deaths.