

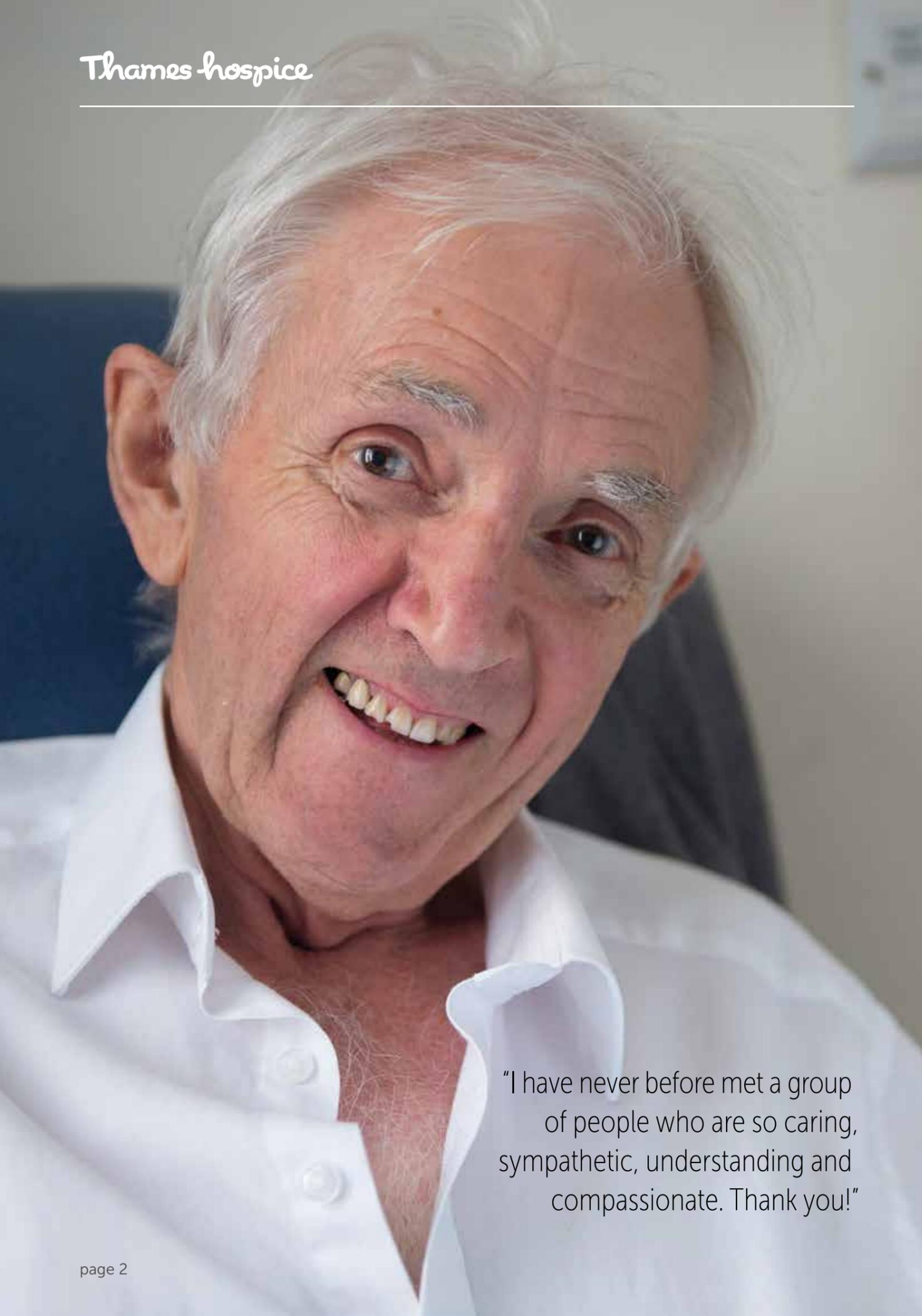


Thames Hospice Quality Account 2014/2015

Thames hospice

Expert care, everyday kindness

thameshospice.org.uk



"I have never before met a group of people who are so caring, sympathetic, understanding and compassionate. Thank you!"

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Part 1



1a. Statement by the Chief Executive

Welcome to our third Quality Account and my first as Chief Executive of Thames Hospice; having previously been the Director of Patient and Family Services. I am incredibly proud of the outstanding care and compassion shown to patients, their families and loved ones. I am humbled by the work our staff and volunteers do, not only in providing clinical services but also in ensuring we are able to provide this care, supported by numerous people behind the scenes in our shops and support services teams. Without this help we simply couldn't function, especially as we receive just 20% of our funding from the NHS. I would like to formally thank each and every one of our staff and volunteers for their ongoing support and commitment to Thames Hospice.

It therefore gives me great pleasure to present this Quality Account to you on behalf of the Senior Management Team and everyone working and volunteering here at Thames Hospice. I hope you will agree that this account clearly demonstrates the quality and effectiveness of the services that we have provided to patients and their loved ones over the last 12 months. With this year's occupancy levels at 83.5% in our Inpatient Unit, we are officially the busiest independent hospice in the country and we know demand is going to grow. Each and every day we have a waiting list for our beds, which means there are people in the community who need our help but who we don't have enough resources to support. We do have plans to address this, and are working closely with the NHS to try to meet the gaps in service provision whilst never compromising on the quality of care we give.

Our focus for this year must and will be ensuring we work closely with our partners in hospitals and the community to make sure we are using the resources we have to maximum benefit, whilst also planning for the future. The coming years will see these plans come to fruition as we embark on a programme to ensure we can continue to provide much-needed services to our community now and in the future.

One of the biggest challenges we will face in any expansion programme is maintaining the quality of and passion for the highest standards of palliative care for increasing numbers of people; but this is a challenge we are willing and able to face.

Thank you for your interest in Thames Hospice; I hope you find this report informative.

Best regards,

Debbie Raven
Chief Executive

1b. Statement by the Chair of the Patient Care and Quality Committee



It is with a considerable sense of pride that I write my forward to this, our third Quality Account, on behalf of the Board of Trustees. This account provides clear evidence of the commitment of all our staff to providing exemplary care for our patients and their loved ones.

I believe this account confirms that Governance, in its widest sense, is now embedded within the charity and very much part of normal care. Whilst regulatory compliance is essential, it is the quality of care that really defines an organisation. There are a few areas that I feel are worthy of specific mention. This year, the teams have maintained an above average occupancy rate, combined with an increasingly complex and demanding patient mix without any reduction in the quality of care. We have contributed data to Hospice UK's benchmarking project for more than a year and the results show that we are above or well above average in all parameters in comparison with our peer group of similar sized units, and indeed with all 108 hospices – quite an achievement! You may question the zero pressure ulcer statistic, as indeed my committee did, but a detailed audit confirmed this to be correct.

Last year we identified that we were lagging behind in the area of diversity. The instigation of a working party to investigate this, together with the opening of The Sanctuary providing an opportunity for us to welcome a wide group of faith leaders, has made a huge difference. The use of our services by individuals from ethnic groups increased from 1.5% to more than 10.8% in six months, so much more in line with the local community we serve and well above the national hospice average of 3.4%.

Reviewing the pledges we made last year, I believe that we have fulfilled the majority completely. The management, investigation and learning from incidents, accidents and complaints is a particularly important area and the renewed focus by the Governance and Health and Safety Committees has really made a difference.

There are two areas where we have made good progress but where there is still a way to go. We are now part of a much more integrated service with our partner organisations, but the goal of a completely streamlined patient and family-focused service, without care gaps, remains a key goal but requires further work. The success of our inpatient service has brought with it the problem of an increased admissions waiting list, such that we do not have the facilities to provide the care we would wish for all patients in the local community. This has led to an increasing focus on our plans for refurbishment and expansion, (Project 25), and I am confident that we will have firm plans in place within the next six months that we will be able to share with all our stakeholders.

Kind regards,

Jonathan Jones, Trustee
Chair of Patient Care and Quality Committee

Review of Quality Performance 2014/2015

Our services include:

A 17-bed Inpatient Unit at our Hospice in Windsor

Community Services:

- Hospice at Home
- A Community Therapy Unit in Ascot

Other Clinical Services:

- Lymphoedema
- Complementary Therapy
- Patient and Family Support Services
- Medical Outpatient Appointments



Thames Hospice Facts and Figures from April 2015

2a Inpatient Service

	Number 2013/2014	Number 2014/2015
Total Admissions	410	404
% Occupancy	83%	84%
Discharges	218 (54%)	218 (54%)
Patients Died	189 (46%)	186 (46%)
Average Length of Stay (days)	12	13
Formal Accolades	N/A	260

2b Community Services

1. Hospice at Home

	Number 2013/2014	Number 2014/2015
No of Patients	142	103
No of Hours Provided	1,294	2,264

2. Community Therapy Unit

	Number 2013/2014	Number 2014/2015
No of Patients	139	80
No of Appointments	N/A	833

2c Other Clinical Services

1. Lymphoedema

	Number 2013/2014	Number 2014/2015
No of Patients	79	70
No of Treatments	781	829

2. Complementary Therapy

	Number 2013/2014	Number 2014/2015
No of Patients	318	318
No of Treatments	1,178	1,531

Part 2: Review of Quality Performance 2014/2015

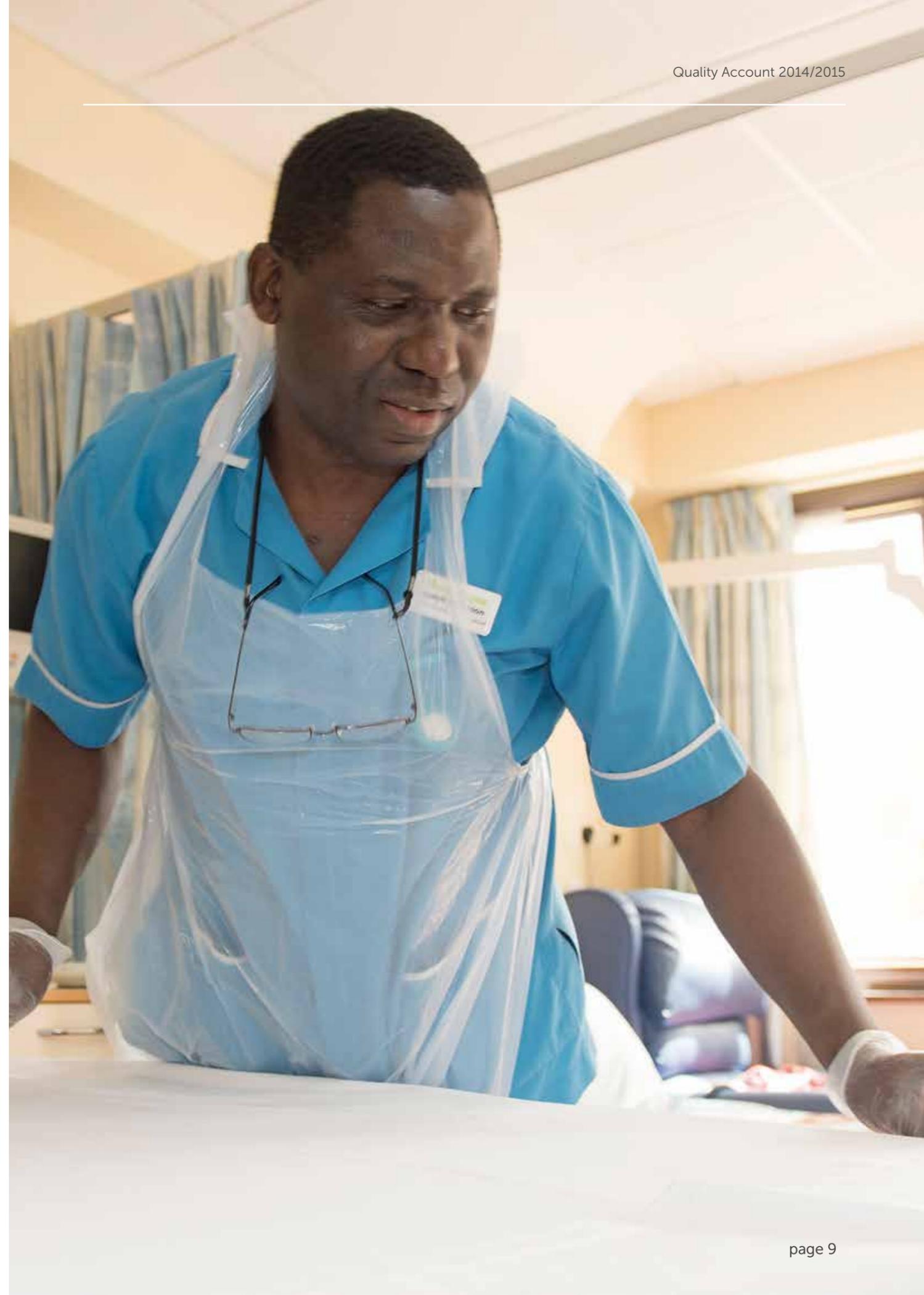
3. Patient and Family Support Services

	Number 2013/2014	Number 2014/2015
No of Patients	257	193
No of Sessions	2,142	1,427

4. Medical Outpatients

	Number 2013/2014	Number 2014/2015
No of Patients	N/A	36
No of Appointments	N/A	264

“All staff went above and beyond what was required of them and were always there to support my mum and all my family. I can never thank them enough for their care and kindness”



Part 2: Review of Quality Performance 2014/2015

2d Alternative Quality Indicators

1. Complaints

Complainants are always listened and responded to immediately. Following investigation, changes are made where required to working policies and processes. Staff are advised of any changes required.

Thames Hospice always uses the outcomes and learning gained from complaints received to improve its service provision. Complaints are routinely reported and discussed at our Governance Committee and our Patient Care & Quality Committee. Significant issues are reported to the Board, the Care Quality Commission (by exception if very high risk) and NHS Commissioners as part of our quality reporting processes.

Thames Hospice received three formal complaints this year. Our complaints centred mainly on communication with patients' family members:

Topic	Outcomes	Actions Required
A family member verbally complained that nurses had made upsetting comments	Our apologies were given, following a conversation between the individual and the Director of Patient and Family Services. Nursing staff were reminded of our ethos, to be kind and caring to all patients and their loved ones.	We must always ensure communication with patients and their loved ones is appropriate and professional. This is a core part of our training, team meetings and internal communications for all clinical teams.
An anonymous complaint was received regarding a specific incident of patient care	We investigated the issues raised.	All staff were made aware of the importance of ensuring we have clearly explained the reasons for decisions made over patient care, and patients and their loved ones understand our decisions.
A patient's family members raised issues they had noted whilst their parent was at Thames Hospice	We investigated the concerns. A letter was sent to the family to resolve the issues.	Nursing staff were reminded at team meetings about the importance of good communication with both patients and family members.

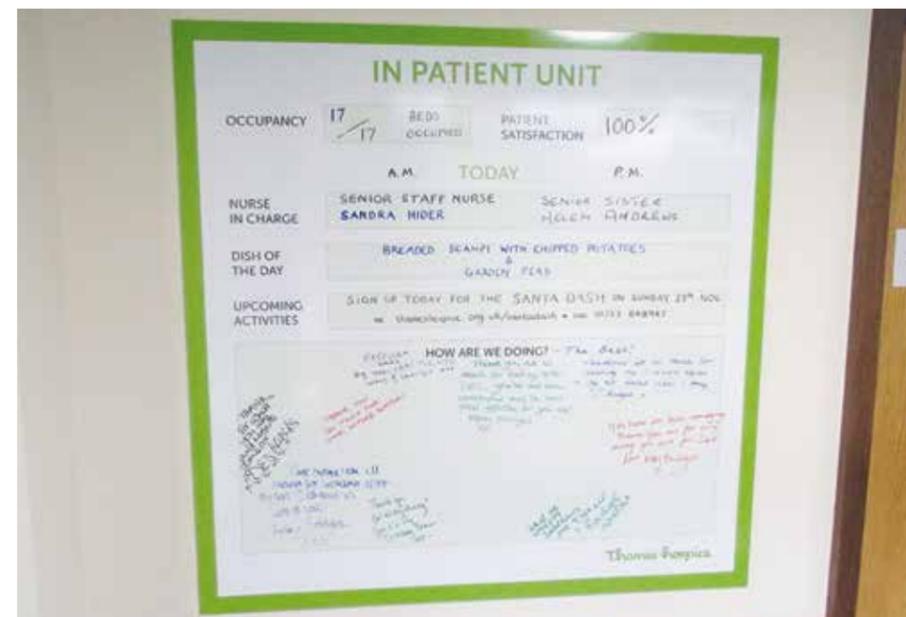
2. Accolades

We receive some incredibly positive feedback from our patients and their families, which we measure through our Satisfaction Surveys. The comments focus upon the wonderful care and concern shown by all members of staff for patients and their loved ones:

- People feel confident in the Hospice as soon as they come here
- The ambience and comfort of the Hospice
- The improvement in individual wellbeing
- A general feeling of safety and security
- Feeling at peace and relaxed

Of special note is the notice board in the Inpatient Unit Corridor (pictured below). It was introduced to give visitors information. However, an overnight visitor took it upon themselves to write a kind comment about the care their relative was receiving. Since then, visitors have continued to comment on the board, giving us real-time feedback and reassuring visitors of our expert and compassionate care.

Department	2012/2013	2013/2014	2014/2015
Inpatient Unit	92	99	165
Community Therapy Unit	32	30	2
Hospice at Home	24	73	22
Complementary Therapy	24	21	25
Lymphoedema	N/A	13	19
Psychological Support Services	N/A	44	27



What Families say about our Services

"You cared for my nan in the Windsor Hospice. Your staff are fantastic – amazingly caring, truly lovely people. My nan really enjoyed talking to the nurses there. Thank you for making my nan's time with you very comfortable and for caring"

"Thank you to the staff from the Windsor team who are currently caring for my beloved grandfather and supporting my amazing grandmother and the rest of the family. Please know that you have made it so much easier for my grandfather as he knows that my grandmother who he loves dearly, has people there that have been trained well and have a passion to help and are there to support the rest of the family. I can't thank you enough"

"It is a place we will remember because of its respect, care and attention at a time of tremendous vulnerability for the patient and family. The way the ward was run and the tremendously kind and efficient team working there is of great comfort to us now as it was then"

"The staff are angels. The love and care shown to my husband, myself and my family was phenomenal. Thank you"



Part 2: Review of Quality Performance 2014/2015

2e Patient Safety Summary

1. Clinical Accidents and Incidents

84 clinical incidents and accidents were reported and investigated during 2014–2015.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	3	Low	Incidents investigated and changes to policy or training implemented.
Drug Error	17 2 drug administrative errors 11 controlled drug errors 4 drug omissions	Low	Staff are required to undertake reflective practice. Incidents are reflected in mandatory medicines training. Checking of medication procedures emphasised.
Information Governance	4	Low	Staff receive information governance training on an annual basis and any incidents are thoroughly investigated.
Needlestick Injury	2	Low	Staff follow policy guidance for Needlestick injuries.
Patient Safety and Care*	5	Low	Miscellaneous incidents. Policies, procedures and training reviewed. Mandatory training highlights risks to patients and stresses the requirement for risk assessments.
Staff/Volunteer Personal Injury	2	Low	Policies, procedures and training reviewed.
Slips, Trips and Falls	50	Low	Mandatory training highlights risks to patients and stresses the requirement for risk assessments.
Staff Safety	1	Low	Policy and training reviewed. All staff are aware of policy and attend training.

*Two of these incidents were patient falls and both were reported to the Care Quality Commission, in line with reporting criteria.

2. Infection Control

No infection control incidents were reported during 2014–2015.

Thames Hospice takes part in a benchmarking project managed by Hospice UK, which collates data from 108 hospices. We are benchmarked against 29 other hospices of our size (16–20 beds). This report presents both the highlights of Quarter Four and the overall results for 2014–2015.

	Quarter 4 Jan–Mar 2015	Overall 2014–2015
Average Bed Occupancy		
Thames Hospice	83	84
Group	80	80
All Hospices	80	79
Falls per 1,000 Occupied Bed Days		
Thames Hospice	10.4	9.5
Group	10.0	10.8
All Hospices	10.9	11.2
Pressure Ulcers per 1,000 Occupied Bed Days		
Thames Hospice	0	0
Group	3.6	3.3
All Hospices	3.7	3.4
Medication Incidents per 1,000 Occupied Bed Days		
Thames Hospice	0.8	2.7
Group	5	5.5
All Hospices	6.1	5.2

Summary

Our performance compares favourably against our benchmarking partners and is a good indication of the quality of the services we provide against higher than average levels of occupancy.

Part 2: Review of Quality Performance 2014/2015

3. Significant Audits

Topic Audited	Outcomes	Actions Required
Safe	<p>Service users are supported to make choices and take risks and are protected from physical, psychological and emotional harm.</p> <p>A staff questionnaire was produced to identify any potential areas where training may be required.</p> <p>Thames Hospice offers various courses to equip staff with the knowledge and confidence to deal with any type of situation that may arise in the workplace.</p> <p>In September 2014 there was a 'Dealing with Difficult Behaviour' course for anyone who manages people, to learn how to deal with conflict and difficult behaviour. The course offered an understanding of what is meant by difficult behaviour and how to manage it.</p>	None.
Effective	<p>All risk assessments must be performed for mobility, pressures, falls and/or mouth care. High risk patients must have care plans. Clinical assessments and care documentation within nursing and medical notes were completed with the needs and wishes of patients including allergies, dietary restrictions and special needs.</p> <p>Patients are observed when being fed by staff in a warm and compassionate manner; patients and relatives enjoy the fresh meals cooked on site daily. Meal choices are carefully monitored through senior management tasting sessions.</p>	All care plans are completed accurately and high risk areas are documented appropriately.

Topic Audited	Outcomes	Actions Required
Caring	Staff raised concerns regarding quality of care following the 'Staff Perception of the Quality of Care Organisational Audit.'	Overall the audit produced interesting results. Nine out of 10 questionnaires were returned and, of those, 100% of staff felt confident to report their concerns about the quality of care, with 88% feeling safe and confident in raising a concern that Thames Hospice would address. All errors, near misses or incidents were reported.
Responsive	The 'Out-of-Hours Communication Audit' highlighted how information about the Out-of-Hours Service, nursing communication skills and inter-professional communication may have an impact on care, and where improvements could be made to enhance the service.	An Out-of-Hours Folder has been implemented to identify contact numbers and made available to all staff.
Well-led	<p>The 'Inter-Organisational Communication Audit' was designed to demonstrate the commitment to improving communication throughout the organisation and engage staff in maintaining open communication. Thames Hospice provides various communication methods in which staff and volunteers hear about various organisational activities such as staff surveys and newsletters.</p> <p>The Thames Hospice Human Resources Team keeps an induction spreadsheet on each employee file, to provide an overview of the responsibilities of the line manager for the new employee. Understanding how staff view the organisation can aid service improvement work, through identifying issues that need to be addressed and monitoring staff views on the implementation of change.</p>	<p>A regular forum for staff to raise concerns/queries and make suggestions has been established.</p> <p>None.</p>

4. Regulatory Inspection

Thames Hospice was not inspected by the Care Quality Commission (CQC) in 2014–2015. The last inspection was in July 2013, when the CQC found that we were meeting all national standards. To access a copy of this and past reports, click on the CQC icon in the footer of the Thames Hospice homepage at www.thameshospice.org.uk

Part 3

Update on Last Year's Pledges (2013/2014)

3a. Patient Safety and Experience

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2014/2015 Update
Embed team nursing within the Inpatient Unit, developing leadership further within the teams	Need identified as part of staffing review to provide structure and continuity of care to patients.	Two Sisters on the Inpatient Unit will each lead a team of nurses.	Patient feedback reports are presented to the Patient Care and Quality Committee quarterly as well as audit results. These cover user experience. Staff will also give feedback via structured team meetings.	Two Sisters in post and team nursing now embedded on the Inpatient Unit.
Review and improve incident and accident reporting processes, clarifying escalation points to the Senior Management Team/Board Integrate health and safety and governance across the organisation, to ensure a streamlined process which prevents duplication and ensures effective management of both	Integration points between Health and Safety and Governance are often unclear in clinical organisations. The review will focus on this crossover and develop processes which prevent duplication and protect users.	Health and Safety and Governance to come under the remit of the Head of Governance. Review to be conducted in Quarter Two, with recommendations implemented thereafter.	Monthly Governance meetings will review all incidents and a newly formed Health and Safety Committee will be an integral part of Governance.	Monthly meetings in place to review all incidents. Quarterly Governance meetings in place.
Develop Welcome Packs across the Inpatient Unit and Community Therapy Unit to be given to patients before admission, available in patients' and clinic rooms	Patient feedback highlighted the need for pre-admission information.	Welcome Pack to be developed by staff and displayed in all areas as well as being sent to people pre service use.	Welcome Pack to be produced and implemented by end of Quarter Two. Impact will be monitored through patient feedback and reported to the Governance Committee.	Welcome Packs have been completed and are in all patient areas.
Operationalise The Sanctuary, ensuring it meets its original objectives (to enhance the wellbeing of our patients and their families by providing a safe, reflective space)	The Sanctuary is scheduled for completion at the end of June, and will need to be embedded in the organisation to ensure it is utilised appropriately.	Operational policy clearly identifies processes for use.	Usage of The Sanctuary to be audited after six months of operation to ensure it is being utilised effectively and is fulfilling its purpose. Result to be presented to Governance Committee.	The Sanctuary is well used by patients and families for a range of uses, including quiet, reflective space and family get-togethers.

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2014/2015 Update
Progress plans for future expansion (Project 25), incorporating user feedback and ensuring we meet the needs of our patients both now and into the future	Project 25 already underway and will need focus on design in 2014/2015.	Maintain project work plan and timescales. Involve staff, volunteers and users in design plans and ideas.	Project 25 will be on schedule at the end of March 2015 and reported to the Project Board/Trustee Board. Views of staff, volunteers and patients/relatives will be incorporated into designs.	Project 25 is now progressing well with the size and purpose of the Hospice agreed.

3b. Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2014/2015 Update
Continue to train Clinical Team in increasingly key complex palliative care competencies, such as ultrasound guided paracentesis by doctors so that we will not need to transfer further patients for ultrasound post September 2015	As patients' conditions are becoming increasingly complex, so are their treatments. Consequently, the need to transfer people to hospital for treatment is increasing, specifically for paracentesis.	The Hospice will purchase an ultrasound machine and train members of the medical team in the use of it for paracentesis, to avoid hospital transfer.	Ultrasound machine will be purchased in Quarter Two and medical staff trained.	The Ultrasound machine has been purchased and all core staff have been trained in its use.
Having successfully co-located the teams, develop an Integrated Community Model which ensures effective and timely responses to patient care	The need for an Integrated Community Palliative Care Team was identified as part of a service review in 2013.	Agreement on a community model of provision across palliative care. Implementation of integrated model. Workshops to implement model to commence in June 2014.	Impact on patient numbers, accessibility and outcomes related to symptom control advice, nursing care at home and achievement of preferred place of care/death (at home) – reporting processes via the Patient Care & Quality Committee. Integrated service will be in place by January 2015.	Co-location achieved – further work required to achieve full Community Model. This project was delayed but has commenced in September 2015.
Review the discharge planning model within the Inpatient Unit to ensure we meet people's preferred place of care wherever possible	Increasing complexity of patients' conditions has led to an increase in issues around discharge planning requiring increased resource.	Recruitment of a full time Discharge Co-ordinator, supported by social care.	Discharge in place and timely discharges occurring. Delays in the discharge process discussed at weekly Multi Disciplinary Team Meetings.	Successful recruitment of a Discharge Co-ordinator and a Social Worker. Delayed Discharge Audit underway.

Part 3: Update on Last Year's Pledges (2013/2014) *cont'd*

3c. Supporting our Staff and Volunteers to Deliver High Quality Care to Patients

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2014/2015 Update
Embed Schwartz reflective sessions within the Hospice	A review of psychological support for staff and volunteers highlighted a gap in provision.	Schwartz rounds commenced 2014/2015.	Formal evaluation at four and 12 months to establish effectiveness which will be reported to the Board.	Schwartz rounds fully embedded and have been evaluated well by staff attending.
Implement formal supervision forums, utilising our Pastoral Care Team and an external provider for the Medical Team	The implementation of Schwartz enabled us to consider group supervision and identify the need for formal supervision.	Formal supervision sessions, led by the Pastoral Care Team to commence in September 2014. External supervision for Medical Team to commence in July 2014.	Evaluation of sessions after six months, reported to HR Committee and Patient Care and Quality Committee.	Clinical Supervision is in place for staff. The format has changed, taking into account staff feedback.
Implement 'Valuing our Volunteers Awards' to reward years of service	The need to formally recognise volunteers is widely acknowledged and we recognised a lack of formal recognition in the Hospice.	Implement a 'Valuing our Volunteers' programme (HR led).	Numbers of awards given and impact monitored at HR Committee.	'Valuing our Volunteers' programme is being delivered with formal recognition of the services delivered by our volunteers.
Implement 'Making a Difference Awards' to recognise staff contribution to the effective running of the Hospice	Valuing our staff and volunteers is an organisational objective, falling out of our three-year strategy, ending 2015.	Implement a staff recognition scheme (HR led).	Numbers of awards given and impact monitored at HR Committee.	The first 'Making a Difference Awards' were in November 2014.
Develop communication forums to share future vision and strategy	Staff survey at the beginning of 2014 identified the need for increased communication between the Senior Management Team, Board and staff.	Implement regular communication forums between the Senior Management Team/ Board.	Evaluation of effectiveness after 12 months – reported via HR Committee.	There is now regular communication between the Board and the Senior Management Team (SMT) 'Tea with SMT or Trustees' is now well embedded and attended by staff across the organisation.



Part 4

Looking Forwards

4a Pledges for 2015/2016

1. Patient Safety and Experience

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?
To further support the Inpatient Unit with a Senior Nurse Manager to ensure the Clinical Teams are able to meet the increasing numbers and complexity of patients' conditions	Need identified as part of staffing review to provide structure and continuity of care to patients.	Two Sisters on the Inpatient Unit will lead a team each. Nurses will be allocated to teams. Senior Sister will be recruited to support the Inpatient Unit.	Patient feedback reports are presented to the Patient Care and Quality Committee quarterly as well as audit results. These cover user experience. Staff will also give feedback via structured team meetings.
Review and improve the process for gaining patient and family satisfaction feedback	Feedback forms are sent to patients and/or families after discharge from Thames Hospice. The response rate is low.	Two new processes for giving feedback that are easier for patients and families to complete.	Communication of new processes. Monitoring of new processes and of response rate. Reporting via the Patient Care and Quality Commission.
Develop a range of patient leaflets that explain the care and processes they may experience whilst in our care or when being discharged, or when having their care transferred to another service provider	Patient feedback highlighted the need for more service information. Review of literature for some services has also highlighted the need for updating the content.	Leaflets to be reviewed, updated or developed by staff and displayed in all areas.	Impact will be monitored through patient feedback.
To refresh the Inpatient Unit environment to improve the experience for patients and families	The Inpatient Unit is looking 'tired' and needs a fresh look. Patient feedback has expressed the need for new televisions as they are too small for some patients.	To decorate the Inpatient Unit whilst maintaining bed availability. To purchase new televisions for the nine side rooms.	Visual look of the Inpatient Unit will improve. Patient feedback.
Progress plans for future expansion (Project 25), incorporating user feedback and ensuring we meet the needs of our patients, now and in the future	Project 25 already underway and will need focus on design and planning permission in 2015/16.	Maintain project work plan and timescales. Involve staff, volunteers and users in design plans and ideas.	Project 25 will be on schedule at the end of March 2016 and reported to the Project Board/Board. Views of staff, volunteers and patients/relatives will be incorporated into designs.

2. Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?
Continue to train clinical team in increasingly key complex palliative domains, such as dementia care	The Hospice is now receiving more referrals for patients with non malignant diseases. Dementia care has been highlighted as a key priority in national policy.	The Hospice has purchased bespoke training from Buckinghamshire New University. All clinical staff will attend this training.	Identifying key staff to attend training. Monitoring of attendance at training. Reported via training metrics.
Develop and deliver an integrated Community Model, which ensures effective and timely responses to patient care	The need for an integrated Community Palliative Care Team was identified as part of a service review in 2013.	The integrated Community Model project will commence in September 2015.	Fully integrated service will be in place by January 2016. Reported to the Board.
To share Hospice staff's expert knowledge and experience in palliative care with external clinical staff, to improve the clinical workforce of external agencies providing palliative care	Request for palliative care training for care homes across East Berkshire.	Access to the Hospice's training programme for external staff. The Hospice will offer bespoke training courses.	Training programme in place. Monitoring of attendance. Reported to the Patient Care and Quality Committee quarterly.

3. Supporting our Staff and Volunteers to Deliver High Quality Care to Patients

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?
Develop a communication forum to share information across all of the Hospice departments	Staff survey at the beginning of 2014 identified the need for increased communication between the Senior Management Team, Board and staff.	Implement a Staff Forum with representatives from all departments.	Evaluation of effectiveness after 12 months – reported via HR Committee.
Implement a forum for Trustees to actively engage with staff across the Hospice	The 2014 staff survey showed that not all staff are aware of the role of Hospice Trustees.	Implement a 'Tea with Trustees' session every six months for staff to meet with Trustees.	Monitor attendance at the session. Reported to Patient Care and Quality Commission and the Board.
Increase the attendance at Clinical Supervision sessions provided for staff support	Review of Clinical Supervision provision.	Review supervision groups and the timings of sessions to enable more staff to attend.	Monitor attendance at sessions. Reported to the Patient Care and Quality Commission.
Develop opportunities for all staff to gain an understanding of the services the Hospice provides	Through team meetings it has been identified that not all non-clinical staff have a thorough understanding of our services.	Implement a range of opportunities for non-clinical staff to engage with Patient and Family Services.	Monitor staff numbers. Report to the Senior Management Team.

Part 4: Looking Forwards *cont'd*

4b Statements of Assurance from the Board

The following are statements all providers are required to include in their Quality Account. By way of being an independent charity providing palliative care, not all of these are directly applicable to Thames Hospice.

1. Review of Services

This year we have reviewed our service criteria and have simplified and clarified the format to enable our referrers to easily identify the services they can access to help their patients. We remain proud of all our teams that continue to provide high quality services to the increased numbers of patients and families.

To recap, the service areas we offer are:

- Adults (age 18 or over)
- End-of-life care; prognosis of less than two weeks
- Symptom management for patients with complex palliative physical, psychological, social or spiritual symptoms which cannot be managed by generalist services or specialist community services; with an expected length of stay of less than two weeks
- Respite care for one week; only for patients who fulfil ALL of the following criteria:
 - Patients with advanced progressive disease who are clinically stable
 - Patients who have been identified as requiring nursing and therapy care for emotional, physical or social support
 - Patients who are highly dependent on their carer
 - Patients who can be supported in remaining in their own home by respite admissions (single or regular)
 - Patients for whom an appropriate care alternative is not appropriate
- Live within a 15 mile radius of Windsor



Inpatient Unit

We offer a 17-bed Inpatient Unit at our Hospice in Windsor, providing symptom management for patients with complex needs, care for specialist patients with an unstable palliative condition, respite care (planned and unplanned) and end-of-life care.

Hospice at Home

This community-based service provides symptom management for patients with complex needs, respite care to support carers and end-of-life care in their own homes.

Community Therapy Unit

Our Community Therapy Unit in Ascot helps people stay at home by supporting them through a four-week Wellbeing Group (covering management of breathlessness, fatigue and anxiety) and six-to-12 week individual day support programmes.

Complementary Therapy Team

The Complementary Therapy Team provides therapies for patients and carers in our Outpatient Clinics, in the Inpatient Unit and in the Community Therapy Unit. Treatments include massage, reflexology, reiki, aromatherapy, visualisation techniques, therapeutic touch and clinical hypnotherapy.

Lymphoedema Service

This is a nurse-led service for people with lymphoedema as a result of cancer and its treatments.

Psychological Support Services

The Psychological Support Services Team provides emotional support for patients and families up to and following bereavement. The service is delivered by qualified counsellors, trained bereavement support volunteers and social workers, and is further supported by the Pastoral Care Team.



Medical Outpatients

We offer medical outpatient appointments for patients to discuss specialist or complex symptom management. This service is delivered by a Palliative Care Consultant or Senior Speciality Doctor.

2. Participation in National Clinical Audits

Thames Hospice is not part of the NHS and currently has not participated in national clinical audits or national confidential enquiries.

3. Research

Thames hospice does not currently instigate research projects itself and has not participated in any research.

4. Completeness of Data Submitted to the Secondary Uses Service

As Thames hospice is not part of the NHS, it does not submit data.

5. Use of CQUIN Payment Framework

Thames Hospice currently reports under the Data Improvement Plan to Understand Community Activity. We are required to record the number of patients seen in the community setting.

Statement from Commissioners

(Slough, Bracknell and Ascot, Windsor and Maidenhead Clinical Commissioning Groups)

"We have been commissioning services from Thames Hospice for many years and the level of service provision, both in terms of the number of patients cared for and the quality of care delivered, is exceptionally high.

"We welcome their willingness to work with us to improve support for patients with palliative care needs across our local communities, wherever the patient is being cared for. We remain grateful that they provide over 80% of the funding for care from their charitable contributions.

"We are looking forward to the next year of our relationship with Thames Hospice as they continue to provide excellent care and strive to ensure they respond to the changing needs of the locality."



Thames hospice

Expert care, everyday kindness

Thames Hospice

Pine Lodge, Hatch Lane
Windsor, Berkshire SL4 3RW

Call us **01753 842 121**

Visit us **[thameshospice.org.uk](https://www.thameshospice.org.uk)**

Email us **info@thameshospice.org.uk**

Registered charity number 1108298