

Thames hospice

Expert care, everyday kindness



Quality Account 2015/2016

www.thameshospice.org.uk



“The staff and volunteers here are amazing. My mum was made very comfortable and at ease and nothing was ever too much trouble”

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PART ONE:

1a: Statement from the Chief Executive



On behalf of the Thames Hospice Senior Management Team, it gives me great pleasure to welcome you to our fourth Quality Account. This is a comprehensive report of the services we have provided to our community in 2015/16 and identifies our key areas of development for next year.

I am extremely proud of our staff and volunteers, who not only provide exceptional care and services to our patients and their loved ones, but also support us in raising the vital funds we need to keep our services running. Without our shops, Fundraising Team and you, we quite simply wouldn't be here to help our community. We receive just 20% of our funding from the NHS, and therefore depend on a huge number of exceptional people to ensure we are able to continue providing our care to people at probably the most stressful time in their lives.

Our vision is 'Quality of life, to the end of life, for everyone' and I hope you'll agree that this Quality Account demonstrates how we are playing a key part in achieving that vision.

We have made significant progress against our pledges in 2015/16. A couple of areas which stand out include:

- Using our new feedback token system, we learnt that 92% of our patients and families rate our service as excellent and 6.5% rate us as good. Overall, we received 1,728 tokens. This is fantastic, not only in the number of people engaging with the new tool, but also in the exceptional results recorded.
- Our FAMCARE national audit results revealed that we are above our contemporaries for quality of service, with 100% of people asked 'satisfied' with the comfort and symptom management we offer those we care for.

These results are especially important when balanced against our sustained, high occupancy levels and no complaints.

This year we have made good progress with our expansion plans and I am hopeful that 2016/17 will be fruitful in us gaining planning permission to build a new, purpose-built hospice within the Royal Borough of Windsor and Maidenhead. This will remain our focus for the forthcoming year whilst never compromising the quality of care we provide to our community. Our aim is to provide more care to more people and we will continue developing our plans to achieve this. It is testament to our Clinical, Support, Retail, Fundraising and Volunteering Teams, that we are able to deliver and sustain such high-quality services without becoming distracted by our developments. The quality of care we provide is and always will be our priority, and it is imperative we keep this at the forefront of any future plans. I am confident that the team at Thames Hospice is able to achieve this and will continue to excel in all areas.

Thank you for your interest in Thames Hospice, I hope you find this report informative. If you have questions or comments, please don't hesitate to email me at debbie.raven@thameshospice.org.uk

Debbie Raven
Chief Executive

1b: Statement from the Chair of the Patient Care and Quality Committee



As Chair of the Patient Care and Quality Committee, and on behalf of the Board of Trustees, I am delighted to share this year's Quality Account, which I believe demonstrates outstanding commitment and care by our Clinical Team.

Whilst the statistics say a huge amount about our service, they do not do justice to the highly individual patient experience that lies behind the numbers. At the start of Committee and Board meetings, members of the Clinical Team present patient stories. These are frequently heartbreaking and always provide insight and a profound sense of admiration for the response of our staff to highly complex medical, cultural and familial situations. These confirm our vision to provide 'Quality of life, to the end of life, for everyone'. Some aspects of these stories are available to view on our website at www.thameshospice.org.uk/videos which I would recommend to you.

I think the lack of complaints this year is a super example of focused audit and analysis leading to continuous improvement. Improved communication in situations of very acute family distress has clearly brought significant improvements in care. The lack of complaints correlates well with the fact that 92% of our patients and their carers rate our service as excellent.

Internal measures of quality are vital governance indicators, in terms of ongoing monitoring and improvement, but it is external benchmarking that truly allows an organisation to see how well it is performing in relation to its peers. The Hospice UK data you will find in section 3.1, shows that we are maintaining above average bed occupancy whilst

achieving key complication rates significantly below average for our sector. In a similar vein, the FAMCARE Audit also demonstrates outstanding performance against a suite of measures of patient and family satisfaction. Notwithstanding the positive nature of these results, there are still areas where we could do better. To this end, improving inclusion of families in care decisions and better information on symptom management are encompassed in our pledges for 2016/17.

Following inspection, the Care Quality Commission report included many very positive comments about our services, some of which are included in this report. Whilst a 'Good' rating is very pleasing, it merely sets us all a challenge to do even better in the future!

In conclusion, I would like to mention one new initiative, the formation of the new Community Palliative Care Team, combining our Hospice at Home and the Berkshire Healthcare NHS Foundation Trust Clinical Nurse Specialist Team. This is a massive step forward in providing truly seamless care in the community and I look forward to being able to share the results of this initiative next year.

I hope you find this report interesting and informative.

Jonathan Jones, Trustee
Chair of Patient Care and Quality Committee

PART TWO:

Review of Quality Performance 2015/2016

Our Services Include:

A 17-bed Inpatient Unit

Community Services:

- Community Palliative Care Team, incorporating Hospice at Home, delivered by Thames Hospice and Berkshire Healthcare NHS Foundation Trust
- Community Therapy Unit

Other Clinical Services:

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

Thames Hospice Facts and Figures from April 2015

2a: Inpatient Unit

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	404	367
Average Occupancy	84%	84%
Discharges	218 (54%)	159 (43%)
Patients Died	186 (46%)	208 (57%)
Average Length of Stay (days)	13	13.75
Formal Accolades	260	175

2b: Community Services

1 Hospice at Home

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	103	103
No of Hours Provided	2,264	1,484

2 Community Therapy Unit

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	80	94
No of Appointments	833	830

2c: Other Clinical Services

1 Lymphoedema

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	70	72
No of Treatments	829	394

2 Complementary Therapy

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	318	300
No of Appointments	1,531	1,418

3 Patient and Family Support Services

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	193	190
No of Sessions	1,427	954

4 Medical Outpatients

	Numbers 2014/2015	Numbers 2015/2016
No of Patients	36	38
No of Appointments	264	287



2d: Alternative Quality Indicators

1 Complaints

It is a credit to our staff that Thames Hospice received no formal clinical complaints between April 2015 and March 2016.

Although there had only been six clinical complaints in the past three years, when we analysed these complaints we found that there were two strong themes. The first was that each complaint came from a family in distress, and the second was that communication between staff and families had been perceived by family members as insufficient. This was compounded when there was the sudden deterioration or sudden death of a patient.

As a result of our analysis, we determined that any issue raised by staff, patients, clients, family, friends, carers or visitors is responded to immediately and in person, and that the observations made are listened to. Our policy is that following investigation, immediate changes are made where required to working policies and processes. Furthermore, staff are immediately advised of any changes required. Our view is that communication can always be improved and we will continually strive for this.

We continue to use the outcomes and learning gained from any issues raised to improve service provision. Potential issues are routinely reported and discussed at our Governance and Health and Safety Committee and our Patient Care and Quality Committee. Significant issues are reported to our Board, the Care Quality Commission (by exception if very high risk) and our NHS Commissioners, as part of our quality reporting processes.

2 Accolades

We receive some incredibly positive feedback from patients and their families. Since autumn 2015, we have used a new method of measuring satisfaction, via tokens. This system enables anyone using our Pine Lodge site to give immediate feedback on our services. We monitor the tokens and respond to any issues indicated immediately. It should be noted that formal accolades for the year dropped by 85 compared to 2014/15. We believe this is due to the implementation of our token system and below are the results from October 2015 – March 2016.

Token Feedback Results: October 2015 – March 2016

Rating	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Total	Overall
Excellent	263	290	234	250	323	218	1578	91.3%
Good	11	19	19	21	18	25	113	6.5%
Satisfactory	14	2	2	5	4	1	28	1.6%
Poor	2	0	0	0	7	0	9	0.5%
TOTAL	290	311	255	276	352	244	1728	100%

“Thames Hospice took such good care of my mum in the last 10 days of her life and I can never thank the staff and volunteers enough for their support for my family through the heartbreak and grief”

Visitors have also been leaving informal comments on the noticeboard in the Inpatient Unit corridor. Numerous people write lovely comments on the board and this allows us to monitor our services in real time whilst also reassuring those new to us.

We also record cards and letters received each month.

3 Reporting and Review of Feedback Received

Feedback is reported quarterly at the Patient Care and Quality Committee and at the start of Board Meetings we are often very privileged to relay a patient or family member’s experiences of the Hospice. We find this very thought-provoking and supportive of core service decision making throughout the organisation.



What families say about our services

“This amazing Hospice cared for my Mum whilst she battled with a brain tumour. My sisters and I will never be able to show you the level of our gratitude. Mum was cared for with total respect and the nursing and care staff could not do enough. Mum was paramount with them but they also were amazing with us four sisters”

“Thames Hospice was absolutely amazing in the way they looked after my auntie. They couldn’t do enough for her or the family; they are truly amazing staff and made the last week of my auntie’s life such a comfort. I wish I could give you all the money in the world, you totally deserve it”

“This place is absolutely fantastic – they have taken the greatest care of our sister in the last week of her life. The staff are amazing and this place is first class – I am so very grateful”

“You looked after my Dad so well. He was very lucky to have been in such a lovely place. Thank you for everything you did for us all”

2e: Patient Safety Summary

1 Clinical Accidents and Incidents

91 clinical incidents and accidents were reported and investigated during 2015 – 2016.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	4	Low	Incidents investigated and changes to policy or training implemented.
Drug Errors	15	Low	Staff are required to undertake reflective practice. Incidents are reflected in mandatory medicines training. Checking of medication procedures emphasised.
Equipment Failure	1	Low	The equipment was removed from use and replaced.
Information Governance	5	Low	100% of staff receive information governance training on an annual basis and any incidents are thoroughly investigated.
Staff Needlestick Injury	2	Low	Staff follow policy guidance for needlestick injuries.
Patient Safety and Care	8	Low	Policies, procedures and training reviewed. Mandatory training highlights potential risks to patients and stresses the requirement for risk assessments.
Staff/Volunteer Personal Injury	2	Low	Policies, procedures and training reviewed.
Patient Slips, Trips and Falls	38	Low	Mandatory training highlights potential risks to patients and stresses the requirement for risk assessments.
Staff Safety	1	Low	Staff follow policy and have training to deal with patients whose condition affects their behaviour.
Pressure Ulcer – Inherited	12	Low	Thames Hospice Pressure Ulcer Policy followed. Patients admitted with existing pressure ulcers.
Pressure Ulcer – Acquired	3	Low	Thames Hospice Pressure Ulcer Policy followed. These pressure ulcers were unavoidable due to the nature and progress of patients’ illnesses.

2: Infection Control

No infection control incidents were reported from 2015-2016

3: Significant Audits

3.1 Hospice UK Benchmarking Results

Each year Thames Hospice takes part in a benchmarking project managed by Hospice UK. We are benchmarked against 28 other hospices of our size (16–20 beds) and the below table presents the highlights reported in 2015 -2016 in our group. It is pleasing to note that, once again, Thames Hospice results compare favourably against the other hospices in our sector. Since quarter three, we have been reporting all grades of pressure ulcers and, again, it is good to note that our level of inherited and acquired pressure ulcers is lower than other hospices in our group.

Category	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Overall 14 – 15	Overall 15 – 16
Average Bed Occupancy						
Thames Hospice	85.1%	83.9%	78.5%	85.9%	84%	83.5%
Our Hospice UK Group	80.2%	80.6%	79.8%	79.8%	80%	79.9%
All Hospices in the Study	78.2%	77.6%	79.4%	77.8%	79%	78.4%
Falls per 1000 Occupied Bed Days						
Thames Hospice	9.3	6.2	6.3	7.5	9.5	7.4
Our Hospice UK Group	10.9	10.2	11.0	4.4	10.8	10.6
All Hospices in the Study	10.2	11.0	10.4	4.2	11.2	10.4
Pressure Ulcers per 1000 Occupied Bed Days						
Thames Hospice	0	0	0	1.5	0	0.04
Our Hospice UK Group	4.0	3.4	4.6	4.4	3.3	4.1
All Hospices in the Study	3.9	3.5	4.1	4.2	3.4	3.8
Medication Incidents per 1000 Occupied Bed Days						
Thames Hospice	2.3	2.3	4.5	4.5	2.7	3.4
Our Hospice UK Group	7.1	7.5	6.3	6.7	5.5	6.9
All Hospices in the Study	6.7	6.7	6.5	6.3	5.2	6.4

3.2 FAMCARE Audit Results

The independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken between August and September 2015. Thames Hospice took part in the Audit and sent surveys to the next of kin of individuals who had died at Thames Hospice between June and August 2015. This was our first year participating in the FAMCARE Audit and we are very pleased with the results, especially in the areas where we received more “very satisfied” responses compared to the average from the 27 participating hospices.

An extract from the analysis report follows:

Category	Very Satisfied (%)	Satisfied (%)	Neither Satisfied or Dissatisfied (%)	Not Relevant to my Situation (%)	Number of Responses
The patient’s comfort at Thames Hospice	95	5	–	–	20
Overall Hospice Inpatient findings	75.89	19.39	1.35	1.85	601
The way in which the patient’s condition and likely progress has been explained by the Palliative Care Team at Thames Hospice	85	15	–	–	20
Overall Hospice Inpatient findings	66.10	23.44	4.22	3.37	601
Availability of the Palliative Care Team to the family at Thames Hospice	85	15	–	–	20
Overall Hospice Inpatient findings	69.65	20.91	3.71	3.2	601
Emotional support provided to family members by the Palliative Care Team at Thames Hospice	90	5	5	–	20
Overall Hospice Inpatient findings	71.84	16.53	4.55	4.05	601
The practical assistance provided by the Palliative Care Team at Thames Hospice (e.g. bathing, home care, respite)	85	–	–	15	20
Overall Hospice Inpatient findings	59.70	16.36	4.55	18.04	601
The doctor’s attention to the patient’s symptoms at Thames Hospice	85	5	5	5	20
Overall Hospice Inpatient findings	70.66	17.37	4.38	3.88	601
The way the family was included in treatment and care decisions at Thames Hospice	75	20	–	5	20
Overall Hospice Inpatient findings	68.13	18.38	4.22	6.24	601
Information given about how to manage the patient’s symptoms at Thames Hospice (e.g. pain, constipation)	55	30	–	15	20
Overall Hospice Inpatient findings	54.30	19.06	4.72	19.22	601
How effectively the Palliative Care Team managed the patient’s symptoms at Thames Hospice	90	10	–	–	20
Overall Hospice Inpatient findings	71.50	20.24	3.71	2.7	601

3.3 Internal Audit Results

The Thames Hospice Audit Plan 2015/16 included many audits covering the five key lines of enquiry as set by the Care Quality Commission (CQC). Highlights from the Audit Plan are detailed below.

Topic Audited	Outcomes	Actions Required
Safe	<p>Service users are supported to make choices, and are protected from physical, psychological and emotional harm.</p> <p>The audit for the care and welfare of people who use our services reviewed patient care plans and risk assessments for mobility, pressure ulcer development, falls and/or mouth care. Care plans must be in place for patients at high risk.</p> <p>The management of medicines is carried out through regular drug chart reviews and audits of nursing documentation of drug administration.</p>	<p>Staff must ensure all care plans are completed accurately and high risk areas are documented appropriately.</p> <p>A documentation review is currently taking place to streamline processes and make recording patient information more efficient and effective.</p> <p>Nursing staff competencies are up-to-date and there is a policy in place.</p>
Effective	<p>All risk assessments must be performed for mobility, pressure ulcer development, falls and/or mouth care. Patients who are high risk must have care plans.</p> <p>The clinical assessments and care documentation, within the nursing and medical notes, were complete with the needs and wishes of the patients; including all allergies, dietary restrictions and special needs.</p>	<p>All care plans are completed accurately and high risk areas are documented appropriately.</p>
Caring	<p>The purpose of the Protected Mealtime Audit was to ensure patient mealtimes are protected from unavoidable and unnecessary interruptions, providing an environment conducive to eating. This includes ensuring staff provide patients with support and assistance with meals; placing food first at mealtimes whilst promoting and educating patients and their visitors on the benefits of protected mealtimes.</p>	<p>A hot/cold food trolley is going to be trialled to ensure patients receive their food all at the same time.</p>
Responsive	<p>The checking of patient records includes rewriting charts for accuracy in the information that has been transferred.</p>	<p>In all cases, the drug charts included all the required signatures, patient details and prescribed medication information.</p>
Well-led	<p>Thames Hospice has various communication methods for staff and volunteers to hear about various organisational activities, such as staff surveys, newsletters, job vacancies, notice boards, and Tea with SMT. A regular Staff Forum is now in place.</p> <p>Thames Hospice must comply with Information Governance (IG) regulations, including those relating to confidentiality and information security. Thames Hospice also recognises that best practice in the delivery of patient and family care demands strict adherence to IG regulations.</p>	<p>We sent out 20 questionnaires asking Inpatient staff about their knowledge relating to Information Governance and disclosure of information and 11 questionnaires were returned. The Head of Governance and Quality has revised the online training contents in light of the audit results.</p>

4: Regulatory Inspection

Thames Hospice was inspected by the Care Quality Commission (CQC) in February 2016. The inspection outlined how we were meeting all the CQC national standards with an overall rating of Good.

Opposite are some of the statements the CQC made about our services.

Safe Key Line of Inquiry

“All the people we spoke with told us they received their medicines regularly and they were observed whilst taking them. People told us they were involved in making decisions about their medicines and about pain control”

“There were enough staff to care in the way people needed and at times they preferred. We observed staff were available to help people at various times, depending on people’s needs and wishes. The staff team were supported by a range of additional staff, senior managers and the registered manager”

Effective Key Line of Inquiry

“People told us the staff had the skills to provide them with the support that they needed and expected. One person remarked, ‘The staff are really wonderful and know what they are doing’.”

“An annual education and training programme was developed in order to provide a comprehensive overview of all the training the organisation provided to staff at all levels”

“Staff felt supported to meet the needs of people and provide high-quality care. They were always able to contact their more experienced colleagues and managers if they had any concerns or doubts regarding the care and support delivery”

Caring Key Line of Inquiry

“People spoke very highly of the care and support they received at the Hospice. One person told us, ‘Staff are amazing, very caring to me and my mum. The level of care from every member of staff has been so high. Even though they are so busy, they are constantly checking that I am OK and telling me stories to help me get through. They are always giving me emotional support when I am down or having a tough time’.”

“Staff demonstrated a caring and compassionate approach. They talked to us about the care and support they provided to people, their relatives and friends, but also talked about caring for their colleagues. All staff understood the need to spend sufficient time with people and their loved ones, taking time to listen to them and respond to their needs without rushing”

Responsive Key Line of Inquiry

“People and their relatives told us the staff were responsive to their individual needs. One person told us, ‘The staff always listen to what I need’.”

“Care and support was responsive to the diverse needs of people. Spiritual support was available to all people and their relatives; there was a Sanctuary room in the Hospice that people of all beliefs could access”

To access a full copy of this and past reports, please go to www.cqc.org.uk/directory/1-120819354 or visit our website at www.thameshospice.org.uk and click the CQC icon at the bottom of the homepage.



Well Led Key Line of Inquiry

“Staff told us that they genuinely enjoyed working at the Hospice. One staff member said, ‘I feel very privileged working here’ and ‘When I first started here it was very different from my previous experience of care; staff all know what they are doing and there is no rank and file difference’.”

“Volunteers were also well motivated and well supported in their role. They stated that the registered manager and regular staff were ‘very appreciative’ of their work”

“We found evidence that the service had gone above and beyond their duty whilst supporting their local communities”

“The service went the extra mile to recognise and award the effort of their employees”

“The service also excelled in providing education and undertaking research to identify and share best practice”

PART THREE:

Update on Last Year's Pledges

3a: Patient Safety and Experience

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2015/2016 Update
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.	As part of a restructure following the appointment of a new Director of Patient and Family Services.	Recruit and induct a Senior Sister for the Inpatient Unit.	Patient feedback reports and audits are presented to the Patient Care and Quality Committee (PCQC) quarterly. Staff will also give feedback via structured team meetings.	A Senior Sister has been recruited and her induction is completed. We have also increased the number of Inpatient Unit Sisters (two increased to three) to support the Inpatient Unit staff to deliver exceptional quality care to patients and families.
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.	Introducing two new processes for giving feedback that are easier for patients and families.	Communication of new processes. Monitoring of new processes and of response rate. Reported to the PCQC.	We now have a token system in place that allows patients and families to give their feedback after every experience with our services.
Develop a range of patient leaflets that explain the care and processes they may experience whilst with us, when being discharged, or having their care transferred to another service provider.	Patient feedback highlighted the need for more information whilst in our care. Review of literature for some services has also highlighted the need for updating to improve the content.	Leaflets to be reviewed, updated or developed by staff and distributed effectively.	Patient and family feedback.	The Thames Hospice website has been refreshed, with new patient and family section, making it easier to navigate. All leaflets are in review or creation to reflect developments within each service.
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.	The Inpatient Unit has been redecorated. All rooms have new televisions as have all beds in the four-bedded bays. We have also redecorated a sitting room and added a shower room for patients in the bays to use.

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2015/2016 Update
Progress plans for future expansion (PT5), incorporating user feedback and ensuring we meet the needs of our patients, both now and into the future.	PT5 underway and will focus on design and planning permission in 2016/17.	Maintain project work plan and timescales. Involve staff, volunteers and users in design plans and ideas.	PT5 will be reported to the Board. Views of staff, volunteers and patients/relatives will be sought and incorporated into designs.	PT5 is on target. Clinical input has been given to the PT5 Committee and has been well received. Staff are feeling involved and listened to.

3b: Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	2015/2016 Update
Continue to train the Clinical Team in increasing 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 bought bespoke training from Buckinghamshire New University. All clinical staff to attend this training.	Monitoring attendance at training. Reported via training metrics.	Training has been provided and has been well attended by all core clinical staff.
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 commenced in September 2015.	Reported to the Board.	The integration continues with staff now working together to deliver care to patients referred to the service. Further development required to achieve full integration – carried over to next year.
To share our expert knowledge and experience in palliative care with external clinical staff, to improve the clinical workforce of external agencies providing palliative care in the area.	Request for training in palliative care from Care Homes in our area.	Access to the Hospice's training programme for external staff. We will offer bespoke training courses.	Monitoring attendance at the Training Programme. Reported to the Patient Care and Quality Committee quarterly.	Training programme in place. Sessions delivered on End-of-Life-Care, Verification of Expected Death and Syringe Drivers.

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?	2015/2016 Update
Develop a communication forum to share information across all 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.	The Staff Forum is now established and well embedded.
Implement a forum for Trustees to actively engage with staff across the Hospice.	The staff survey in 2014 showed that not all staff are aware of the role of the Hospice Trustees.	Implement a ‘Tea with Trustees’ session every six months, for staff to meet with the Trustees.	Monitoring of attendance at the session. Reported to the HR Committee and the Board.	‘Tea with Trustees’ has been implemented and has been well attended. Feedback has been positive from staff.
Increase attendance at Clinical Supervision sessions provided for staff support.	Review of the provision of Clinical Supervision.	Review of the Supervision Groups and the timings of sessions to enable more staff to attend.	Monitoring of attendance at the sessions. Reported to PCQC.	The format of Clinical Supervision has been changed and now staff are invited to attend a group reflective session. Attendance has improved and staff satisfaction has increased.
Develop opportunities for staff to gain an understanding of the services the Hospice provides for patients and families.	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.	The numbers of staff taking up opportunities. Reporting to the Senior Management Team (SMT).	A range of opportunities has been presented to staff within the Hospice. Non-clinical staff have taken the opportunity to attend multidisciplinary team meetings, hand out patient meals and shadow clinical staff.



PART FOUR:

Looking Forwards

4a: Pledges for 2016/2017

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 Community Palliative Care Team by the recruitment and induction of a Community Consultant.	Review of national policy and review of local staffing to local population numbers.	Actively recruiting for a Community Medical Consultant.	By the Medical Director and Director of Patient and Family Services. Reported to the Patient Care and Quality Committee quarterly.
Review and improve the process for gaining patient and family satisfaction feedback.	We now have a token-based system in place for all clinical services and a feedback postcard to capture any detailed, written feedback.	To maximise the use of the postcard feedback available to patients and families.	By the Governance Department. Reported to the Patient Care and Quality Committee quarterly.
To develop a range of patient communications that meets the needs of the diverse population accessing Thames Hospice.	Thames Hospice have improved the diversity of patients that access our services. Staff have identified a diverse range of communication needs for these patients.	A range of information to be delivered in different formats to enable a wider reach to our local community.	Monitored by the Equity and Diversity Group. Reported to the Patient Care and Quality Committee bi-annually.
To ensure that all new Senior Clinical Staff have knowledge of the national policies for palliative and end-of-life care and translate these into Thames Hospice Policy.	Review of national policy and new Care Quality Commission Key Lines of Enquiry.	Analysis and synthesis of national policy and guidelines. Setting up a working group of Senior Clinical and Governance staff.	Monitored and recorded by the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee in May 2017.
Progress plans for future expansion (PT5), incorporating user feedback and ensuring we meet the needs of our patients now and into the future.	PT5 underway and we will need focus on detailed design and planning permission in 2016/17.	Maintain project work plan and timescales. Involve staff, volunteers and users in design plans and ideas.	PT5 on schedule at the end of March 2017 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?
To maximise patient uptake of the Community Therapy Unit service by increasing the numbers of people attending Day Therapies.	Discussions with CCGs and community partners. Feedback from the people accessing our services.	Review of referral and assessment processes. Moving to one site.	By metrics. Reported to the Patient Care and Quality Committee quarterly.
To develop and implement a common initial nursing assessment that is used across all Thames Hospice services. Thereby aiding smooth transitions from service to service.	Identified in national policy and in national patient surveys.	Development of an Electronic Common Assessment Proforma that will be used across all Thames Hospice clinical nursing services.	By the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee quarterly until complete.
To have the ability for community staff to access electronic data and update records remotely to enable speed of recording and therefore enable more patient visits.	Identified in national policy and by Thames Hospice Community Management Team.	New providers of IT support to Thames Hospice will enable the new IT system to support this initiative. The Director of Patient and Family services will source the recommended hardware.	By the Director of Patient and Family Services and the Director of Finance. Reported to the Patient Care and Quality Committee quarterly until complete.
To provide staff with the ability to send electronic data to GPs and community staff when a patient is discharged from our services.	Identified by Thames Hospice staff and feedback from external clinical staff.	Activating a Thames Hospice NHS email. Having an Electronic Address Book for all GPs and NHS email accounts. Internal processes will change to electronic communications.	By the Medical Director. 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?
To increase the level of one-to-one management support for clinical staff on the Inpatient Unit (IPU).	The Director of Patient and Family Services and the Director of HR identified the need following the staff survey.	Induction and development of a Senior Sister and three Sisters on the IPU. Formal one-to-one management supervision fully implemented.	Recorded and reported to the Director of Patient and Family Services. Report to Patient Care and Quality Committee in May 2017.
To introduce a formal induction process for all patient-facing volunteer roles.	Identified at the Volunteer Team Meeting in February 2016 by the current volunteers.	Induction Booklet to be created and checked by volunteers and the Director of Patient and Family Services. Volunteer Trainers identified and trained to provide the approved induction.	Reported to the Senior Sister, Support Services Manager and Head of Volunteering. Report to Patient Care and Quality Committee in May 2017.
To analyse the results of the Staff Survey undertaken in April/May 2016 and take appropriate actions.	Identified by the previous Staff Survey, two years prior.	The Director of HR will analyse the results of the Staff Survey and identify actions based on the results.	Recorded and monitored by the Director of HR. Reported to the HR Committee.



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

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.

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 who continue to provide high quality services to the increasing numbers of patients and families.

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 fulfill 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

The Community Palliative Care Team

Thames Hospice and Berkshire Healthcare NHS Foundation Trust are integrating the Hospice at Home Team and the Specialist Community Palliative Care Team, to provide community care to our patients. This community based service provides symptom management for patients with complex needs, end-of-life care in their own homes and respite care to support carers.

Day Therapy Services

Our Day Therapy Services help people stay at home by supporting them through individual programmes of care on a rolling six-week basis.

Complementary Therapy Team

The Complementary Therapy Team provides therapies for patients and carers in our Outpatient Clinics and in the Inpatient 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 (SUS)

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

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 as part of the CQUIN.

PART FIVE:

Statement from Commissioners

“The three CCGs in East Berkshire – Slough CCG, Windsor Ascot & Maidenhead CCG, and Bracknell & Ascot CCG – are moving forward in the commissioning of end-of-life care and are delighted that Thames Hospice is our partner in delivering this vision for more and better care.”

“With Thames Hospice having such an excellent track record and commitment to providing the best possible service to local people, we are looking forward to achieving even more together in the coming year”



Our Vision, Mission and Values

These are the heart of Thames Hospice; who we are and what we strive to achieve.

Our Vision

Quality of life, to the end of life, for everyone.

Our Mission

To provide and support the best palliative and end-of-life care to our community, giving dignity and comfort to those facing life-limiting illnesses.

Our Values

Compassion

We treat everyone with kindness and compassion to provide a secure and caring environment.

Excellence

We are committed to delivering and demonstrating excellence and quality in everything we do.

Collaboration

We recognise the best quality of care is achieved when we work as a team, leveraging the skills and experience of individuals as well as our healthcare and community partners.

Integrity

We undertake to be open, honest and accountable in our relationships with everyone we serve and work with.

Respect

We believe in treating everyone with dignity and respect.

Ambition

Our desire and determination to succeed enables us to support the needs of our local community.

Commitment

We are dedicated to providing the best palliative and end-of-life care to all who need us, now and in the future.

Thames hospice

Expert care, everyday kindness

Thames Hospice

Pine Lodge, Hatch Lane
Windsor, Berkshire SL4 3RW

Call **01753 842121**

Visit **www.thameshospice.org.uk**

Registered charity number 1108298