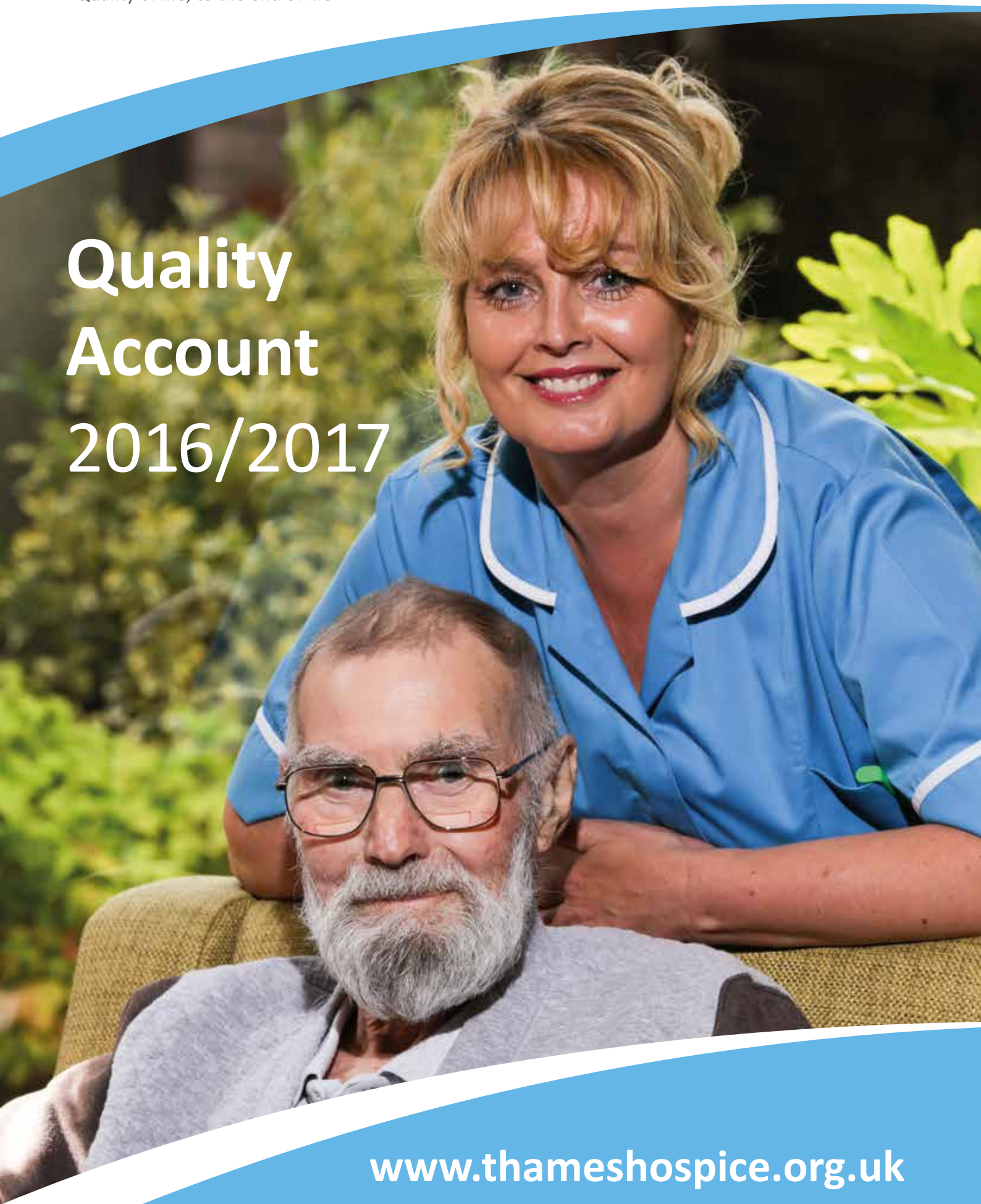
Thames hospice

Quality of life, to the end of life



Quality Account 2016/2017

www.thameshospice.org.uk

Index

PART ONE:

1a: Statement from the Chief Executive

On behalf of the Thames Hospice Senior Management Team, I'm delighted to introduce our fifth Quality Account. Although this Quality Account focuses on the care we have provided to our community, I would like to acknowledge the hard work and commitment of all our staff and volunteers across our services. Whether in fundraising, retail, reception or our support functions, without their hard work, we simply wouldn't be able to provide outstanding care to patients and their loved ones. I'd also like to thank our supporters. It costs over £7 million per annum to run Thames Hospice and we rely upon the generosity of our community for 80% of this every single year.

This year, we have seen expansion within our services, including Day Therapies; which we successfully moved from Paul Bevan House, in Ascot, to Windsor in December 2016. Our Vision is 'Quality of life, to the end of life, for everyone' and if we are to achieve this, we must accept that we cannot provide direct care for everyone on our Inpatient Unit. Through education and support, we must continue to expand the care we offer beyond our building. It is therefore pleasing to note the growth in community based palliative care services, which involves working alongside other health and social care professionals, to ensure more people receive high-quality care at the end of life. We have been able to achieve this by working with our partners across East Berkshire to provide a more joined up, integrated service.

Our audit results have, again, been exceptional. I'm pleased that we are performing well when benchmarked against our colleagues for both occupancy levels and quality markers, such as the number of falls. This is further enforced by our FAMCARE Audit results, which show us above our contemporaries in terms of satisfaction. I'm also pleased to report that we have had just two complaints, both of which were dealt with quickly and, most importantly, effectively. It is critical that we never become complacent and each audit and complaint is an opportunity to improve the services we offer.

2017/18 will see the launch of three new services, commissioned by the NHS. These are the 24-hour Advice Line, the Rapid Response Service and the integrated Lymphoedema service, all of which you can read about in this document.

I am delighted that we have been granted planning permission to build a new, purpose-built hospice. This will enable us to provide more inpatient facilities and continue expanding our services into the community. A key part of our strategy is to expand our education offering to colleagues in care homes, and the community, as well as patients and carers.

We have had a successful 2016/17 and it is a credit to all of our teams that we have achieved so much, while maintaining an excellent quality of care for our patients and their loved ones. 2017/18 will be a busy and exciting year with many new services, plans and developments ahead of us. I am confident that we have the right teams and people in place to ensure we sustain the quality of services we offer, whilst also looking to the future. We will never compromise on the quality of care we provide, and I'm proud and humbled to be part of an organisation which has this ethos so embedded into its core.

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

On behalf of the Board of Trustees, I believe that this Quality Account provides a true reflection of the excellent quality of our services and demonstrates the continued improvement and development of our clinical services.

As a Board, we continue to focus on improving the quality of all aspects of the care we provide, not only to our patients but also their families and carers. In this context, I consider that external benchmarking really does provide a true record of just how good our services are and how we compare to our peers in the healthcare sector. Last year the FAMCARE Audit reported outstanding performance in many areas, but despite being above average, the clinical teams still felt they could do better in terms of family involvement and symptom management. Extra focus in these two areas has produced significant improvement and demonstrates just how committed our clinical team is. We continue to report lower than average falls, pressure ulceration and medication incidents in comparison to our peers, and indeed the whole hospice sector. These excellent results have been achieved whilst managing the most complex clinical cases, as evidenced in the patient stories presented to the Board. The comments from our Commissioners provide further confirmation of the outstanding impact of our clinical teams.

Last year we brought together, with the help of Berkshire Healthcare NHS Foundation Trust (BHFT), our Hospice at Home service and their Specialist Community Palliative Care Team. This cooperation has, in the last year, evolved into the Community Palliative Care Team, providing much more seamless and responsive care to patients in their homes and other care settings. This team has also been significantly strengthened by the addition of a new Community Medical Consultant, as we seek to continue to expand appropriate care in the community. The huge increase in patients cared for, and hours of care provided, evidence the benefits of this combined team. The advent of the 24-hour Advice Line and Rapid Response Service, launched this year, further strengthen our ability to respond and help our patients and their carers whenever a crisis occurs. I look forward to sharing the results of this initiative next year, along with that of our new Lymphoedema Service.

Feedback from our users is of critical importance to the provision and development of our services and a fresh look at this area has produced three useful new initiatives. Firstly, the Users Forum, secondly, a card system to attempt to obtain much more detailed comments on the care provided, and, thirdly, a Community Panel. Overall, the satisfaction levels in regards to our services remain very high, with a credibly low number of complaints – but there is always room for improvement!

I have only picked out a few areas for comment but there is so much more in this Quality Account which I hope you will find interesting and informative. It is also really important to remember that our clinical care could not be provided without all the support of our behind-the-scenes staff and our army of volunteers. I trust that by this time next year we will be well advanced in our plans to build a new hospice for the benefit of our community.

Jonathan Jones, Trustee
Chair of Patient Care and Quality Committee

PART TWO:

Review of Quality Performance 2016/2017

Our Services:

- 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 (BHFT)
- Day Therapy Unit

Other Clinical Services:

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

Funding provided by NHS Commissioners represents 20% of expenditure on our charitable activities. The further 80% needed to keep Thames Hospice running is raised via our fundraising and retail activities, as well as our investments. We thank our local community for their generous support of Thames Hospice.

Thames Hospice Facts and Figures from April 2016

2a. Inpatient Unit

	Numbers 2015/2016	Numbers 2016/2017
Total Admissions	367	354
Average Occupancy	84%	81%
Discharges	159 (43%)	154 (44%)
Patient Deaths	208 (57%)	200 (56%)
Average Length of Stay (days)	13.75	13.84
Formal Accolades	175	161

"This Quality Account provides a true reflection of the excellent quality of our services and demonstrates the continued improvement and development of our clinical services"

2b. Community Services

1 Community Palliative Care Team

	Numbers 2015/2016 (Hospice at Home)	Numbers 2016/2017
No of Patients	103	571
No of Hours Provided	1,484	1,810

2 Day Therapy Unit

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	94	118
No of Attendances	318	548

2c. Other Clinical Services

1 Lymphoedema

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	72	81
No of Treatments	394	491

2 Complementary Therapy

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	300	315
No of Treatments	1,418	1,147

3 Patient and Family Support Services

a. Counselling

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	190	180
No of Sessions	954	766

b. Pastoral Care

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	Not presented	873
No of Sessions	Not presented	1506

4 Medical Outpatients

	Numbers 2015/2016	Numbers 2016/2017
No of Patients	38	68
No of Appointments	287	162

2d. Alternative Quality Indicators

1 Complaints

During 2016–2017, we received two clinical complaints. One was about medicines prescribed and one about a patient's room. In both cases, our senior staff worked with the person who made the complaint, to resolve issues as quickly as possible and to their satisfaction.

At Thames Hospice, we are 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 and, where required, immediate changes are made to working policies and processes. Furthermore, our 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 at our Patient Care and Quality Committee. Significant issues are reported to our Board, the Care Quality Commission (CQC) – 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. We also receive a large number of accolades across all our services.

One of the ways in which we gather feedback from visitors and patients is through measuring satisfaction, via tokens. Any visitor or patient is encouraged to anonymously drop a token into our special token box. This system enables anyone using any of our services to give immediate feedback on our services. We monitor the tokens and respond to any issues indicated immediately. Analysis of this feedback showed 96% Excellent, 3% Good, 1% Satisfactory.

All year round our visitors leave informal comments on the noticeboard in the Inpatient Unit corridor (see below). 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 talk about a patient or family member's experiences of the Hospice. We find this very thought-provoking and supportive of core service decision making.

What our patients and their families say about our services

"My sister and I were deeply touched by the level of care and dedication displayed by the whole team. You all do an amazing job"

"I changed my mind three times before coming to my first Day Therapies session at the Hospice as I was very worried. But now I am so glad I did come, it's fantastic; everyone is so kind. Thank you"

"I walk through the doors of the Hospice and my mask comes off. With my friends and family I'm the strong one, I'm always smiling. At the Hospice I can be me and they understand. I can't imagine my life without the Hospice"

"The Hospice provided a wonderful environment for our friend as well as exceptional palliative care… he felt safe and happy there"

2e. Patient Safety Summary

1 Clinical Accidents and Incidents

104 clinical incidents and accidents were reported and investigated during 2016–2017.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	7	Low	Incidents investigated and changes to policy or training implemented.
Drug Errors	30	Low	Each drug incident is investigated. No patients were harmed in any incident. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Equipment Failure	1	Low	An alternative process used whilst awaiting the equipment repair. It was repaired the same day.
Information Governance	1	Low	One incident of misfiled notes. The notes were located and filed correctly.
Patient Safety and Care	4	Various	Each incident was investigated and an appropriate response put in place. One safeguarding incident was reported to our partner organisations.
Patient Slips, Trips and Falls	39	Various	In most incidents the patient was unharmed. However, two patient falls were serious and required the patients to attend hospital. We reported these two incidents to the CQC.
Staff Safety	2	Low	Both were incidents where our staff dealt with aggression. Both cases were successfully resolved.
Pressure Ulcer – Inherited	13	High	Due to the ongoing deteriorating nature of their condition, patients were often admitted with severe pressure ulcers. We have procedures that we implement to care for these individuals, including special mattresses and turning plans.
Pressure Ulcer – Acquired	7	Medium	Again, the progression of disease in some of our patients meant that low grade pressure ulcers formed. Often these patients understood that pressure ulcers had formed, or were developing, but preferred not to be turned.

2 Infection Control

We carried out quarterly infection control audits this year and no infection control incidents were reported at Thames Hospice.

3 Significant Audits

a. Hospice UK Benchmarking Results

Hospice UK has developed a benchmarking tool for hospices – the Inpatient Quality Metrics; these record falls, pressure ulcers and medication incidents. The tool allows hospices to compare quarterly and annually with other similar sized hospices. Below is the data comparing Thames Hospice with other similar-sized hospices for 2014–2015, 2015–2016 and for 2016–2017. In all three years, we are proud that our occupancy levels are above average and our results compare very favourably across all three measures with those of other hospices in our group.

Category	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Overall 16–17	Overall 15–16	Overall 14–15
Average Bed Occupancy							
Thames Hospice	80.2%	79.3%	78.5%	85.8%	81.0%	83.5%	84%
Similar Group (16–24 beds)	80.6%	80.8%	79.7%	80.9%	80.9%	79.9%	80%
All Hospices	79.4%	79.5%	78.0%	79.4%	79.4%	78.4%	79%
Falls per 1,000 Occupied Bed Days							
Thames Hospice	5.8	7.4	6.5	11.6	7.9	7.4	9.5
Similar Group (16–24 beds)	10.0	10.7	10.9	11.3	10.7	10.6	10.8
All Hospices	9.7	11.0	9.6	10.8	10.3	10.4	11.2
Pressure Ulcers per 1,000 Bed Days							
Thames Hospice	1.7	0.8	2.4	0.8	1.2	0.4	0
Similar Group (16–24 beds)	4.5	4.1	5.5	4.8	4.7	4.1	3.3
All Hospices	4.4	4.9	5.2	4.7	4.8	3.8	3.4
Medication Incidents per 1,000 Occupied Bed Days							
Thames Hospice	7.4	10.7	2.4	3.9	6.1	3.4	2.7
Similar Group (16–24 beds)	10.4	10.4	10.8	8.9	10.2	6.9	5.5
All Hospices	8.9	8.7	8.4	9.5	8.8	6.4	5.2

b. FAMCARE Audit Results

The 2016 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken between August and September 2016. This was our second year participating in the FAMCARE Audit. We sent surveys to the next of kin of individuals who had died at Thames Hospice between June and August 2016. We are very pleased with the results, especially in the areas where we received more 'very satisfied' responses compared to the average from the participating hospices.

		2015 Results		2016 Results	
Aspect of Care	**Degree of Satisfaction**	**Thames Hospice Inpatient (%)**	**Overall UK Hospice Inpatient Findings (%)**	**Thames Hospice Inpatient (%)**	**Overall UK Hospice Inpatient Findings (%)**
The patient's comfort	Very satisfied	95	75.89	85.71	77.87
	Satisfied	5	19.39	9.52	16.47
	Neither satisfied or dissatisfied/ Not relevant	0	3.2	0	4
	Dissatisfied	0	1.52	4.76	1.67
How the patient's condition and likely progress has been explained by the Palliative Care Team	Very satisfied	85	66.1	66.67	68.55
	Satisfied	15	23.44	23.81	21.46
	Neither satisfied or dissatisfied/ Not relevant	0	7.59	9.52	5.99
Availability of the Palliative Care Team to the family	Very satisfied	85	69.65	66.67	68.72
	Satisfied	15	20.91	33.33	21.13
	Neither satisfied or dissatisfied/ Not relevant	0	6.91	0	7.15
Emotional support provided to family members by the Palliative Care Team	Very satisfied	90	71.84	71.43	70.88
	Satisfied	5	16.53	28.57	18.47
	Neither satisfied or dissatisfied/ Not relevant	5	8.60	0	7.82
The practical assistance provided by the Palliative Care Team (e.g. bathing, home care, respite)	Very satisfied	85	59.7	71.43	57.9
	Satisfied	0	16.36	19.05	15.97
	Neither satisfied or dissatisfied/ Not relevant	15	22.59	9.52	24.46
The doctors attention to the patients' symptoms	Very satisfied	85	70.66	80.95	70.22
	Satisfied	5	17.37	14.29	17.97
	Neither satisfied or dissatisfied/ Not relevant	10	8.26	4.76	9.65
The way the family was included in treatment and care decisions	Very satisfied	75	68.13	80.95	65.89
	Satisfied	20	18.36	14.29	20.13
	Neither satisfied or dissatisfied/ Not relevant	5	10.46	4.76	10.48
Information given about how to manage the patient's symptoms (e.g. pain, constipation)	Very satisfied	55	54.3	76.19	52.91
	Satisfied	30	19.06	9.52	20.31
	Neither satisfied or dissatisfied/ Not relevant	15	23.94	14.28	24.13
How effectively the Palliative Care Team managed the patients symptoms	Very satisfied	90	71.5	71.43	69.88
	Satisfied	10	20.24	19.05	20.8
	Neither satisfied or dissatisfied/ Not relevant	0	6.41	9.52	7.32

c. Internal Audit Results

As a provider of specialist palliative care, Thames Hospice was not eligible to participate in national clinical audits and national confidential enquiries as they did not relate to specialist palliative care.

To ensure that we are continually meeting standards and providing a consistently high quality of service, Thames Hospice has an in-house Quality and Audit Programme in place.

The Thames Hospice Audit Plan 2016–2017 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	We continually strive to make the clinical environment safe by embracing Clinical Champions. The falls audit for the care and welfare of service users looks at risk assessment of those users and identifies those most at risk of falls. Patients who are at high risk must have care issue plans and be reviewed regularly.	Senior clinical staff have been identified to be Clinical Champions for significant patient themes. A policy and documentation review is currently underway to streamline the assessment process and enable those at risk to be clearly monitored.
Effective	All areas of the service are closely monitored and each department has to report monthly monitoring data which forms stringent clinical performance metrics.	Any metrics that don't meet the rigorous thresholds set are discussed at Senior Management Team meetings, as well as staff meetings, to ensure a reflective and reflexive whole-service approach.
Caring	Our Commissioners identified a need for a Rapid Response Service and selected our organisation as providers of the service. We ensure that service users are treated with dignity and compassion and are fully involved in decisions about their care. This can be difficult if the patient has a language barrier.	The Rapid Response Service will commence in May 2017 and will be audited with a strict set of Key Service Indicators to ensure the service is achieving the aims of this important aspect of service provision to our local community. Following a case study with a patient, we now utilise a language line facility to enable rapid interpretation services for service users to fully engage in their care.
Responsive	A yearly Ethnicity Review identifies whether we are enabling patients from all ethnic groups to have equal access to our services given the diverse ethnic mix of its commissioning areas.	We have identified that the ethnic diversity of our patients is well above the national average for UK wide palliative care services. We have reviewed its ethnicity data collection processes, and several recommendations are now being put into place to capture ethnicity and religious preference data so we can ensure our services are tailored to individual needs.
Well-led	We have spent this year examining our audit processes and audit planning. Several audits have been merged or replaced as the service responds to change. We are incorporating the comprehensive Hospice UK Audit toolkits and have integrated them into our Audit Programme. We work with our partners in care to review our guidelines for various processes.	The auditing process was reviewed and we have specific targets for each individual audit. As part of this process, policies have been amended so that future audits measure specific areas of the policy. The Hospice UK Audit for the Controlled Drug Accountable Officer was completed. We have a Consultant Pharmacist who operates between the organisation and the Frimley Health Wexham site.

4 Other Audit Results

We submit an 'Information Governance Toolkit' annually to the NHS, in order to confirm that we meet required NHS standards for information management, confidentiality, data protection assurance, information security and clinical information and records holding.

All the elements of our submission for 2016–2017 met or were above the required standards.

5 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. Our overall rating was Good.

To access a full copy of this and past reports, please go to **www.cqc.org.uk/location/1-120819354** or visit our website at **www.thameshospice.org.uk** to access the report.

a. CQC Ratings Grid

Key Line of Enquiry	Rating	What the CQC found at the 2016 inspection
Safe	Good	Risks to people were assessed and appropriate steps taken to minimise any possible harm to people without restricting their independence. There was a sufficient number of staff on duty to meet people's assessed needs. Staff members were recruited in a way to ensure people's safety. All checks were carried out prior to prospective staff starting work. Staff knew how to protect people from the risk of harm and abuse. Medicines were safely stored. However, we were not assured that medicines were always stored within their recommended temperature ranges, or orders for controlled drugs were compliant with the legislation. Nonetheless, we did not see that people had experienced any negative outcomes as a result of these shortfalls. **Action:** We have installed air conditioning in the drug storage room on the Inpatient Unit. The temperature is maintained at below 25°C at all times and this is monitored daily. All orders for Controlled Drugs now fully comply with legislation. We have added a label to the drug order book that states that 'Drugs are ordered for the purposes of palliative care'.
Effective	Good	Staff of all levels had access to ongoing training to meet the diverse individual needs of people they supported. Staff members were suitably trained to provide the specialist care people required. Staff encouraged and supported people to eat and drink sufficient amounts of appropriate food and fluids. Professional advice was sought if people experienced any problems with eating and drinking. The Hospice environment was suited to the individual needs of people using the service. People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
Caring	Good	People and their relatives told us that staff treated them with exceptional kindness, care, dignity and respect at all times. People were involved in the process of planning their end-of-life care and their wishes and expectations were recorded and acted upon. Positive, caring relationships had been developed between people who received care and staff. Staff interacted with people positively, with patience, understanding and respect. They always showed kindness to people when facing challenging situations.
Responsive	Good	People and their family members were involved in making decisions about their care and support. People said staff always responded to their suggestions and concerns. Staff at the Hospice liaised with other health and social care professionals in order to provide people with the care they needed and in response to people's changing needs. The service used a range of tools to obtain feedback from people using the service, relatives and professionals. Such information was acted upon to ensure the care was person-centred and in response to people's needs.
Well-led	Good	There was an experienced registered manager in post who was considered approachable by people. The manager was aware of each individual's care needs and preferences and shared this knowledge with staff. Staff and volunteers were motivated, valued and supported by their colleagues and management. There was a quality monitoring system in place which ensured care was delivered in a structured way. The system involved questionnaires, audits and analysis of incidents.

6 Duty of Candour

Thames Hospice promotes a culture that encourages candour, openness and honesty at all levels of the organisation. We have a culture of safety and a commitment to transparency that permeates everything we do.

All members of staff are supported to work with integrity, compassion, accountability, respect and excellence (ICARE).

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?	End of Year Results
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.	Thames Hospice is actively recruiting for a Community Consultant.	Monitored by the Medical Director and Director of Patient and Family Services. Reported to the Patient Care and Quality Committee quarterly until complete.	We have recruited a Community Consultant who started at Thames Hospice on 13 February 2017. She is completing her induction period.
Review and improve the process for gaining patient and family satisfaction feedback.	We now have an excellent 'token' based system in place for all clinical services, but this does not allow Thames Hospice to capture any detailed feedback.	To maximise the use of the 'postcard' feedback that is available to patients and families.	Monitored by the Governance Department. Reported to the Patient Care and Quality Committee quarterly.	We now hand out postcards to patients and families on the Inpatient Unit. However, uptake has been slow. We are reviewing our feedback processes in light of this.
To develop a range of patient communications that meet the needs of the diverse population who access Thames Hospice's services.	Thames Hospice has worked on improving the diversity of patients accessing its 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 the people that live in our local community.	Monitored by the Equality and Diversity Group. Reported to the Patient Care and Quality Committee bi-annually.	We have researched what other hospices offer. Based on this knowledge we have resourced a 24-hour translation and interpreting call line which is advertised on our website.
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 Patient Care and Quality Committee in May 2017.	We have set up a Best Practice and Innovation Group. This is a forum that enables all senior staff to monitor national and professional policy to ensure that Thames Hospice care remains up-to-date and relevant.
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 already underway and 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 2016 and reported to the Project Board/Board. Views of staff, volunteers and patients/relatives will be incorporated into designs.	All staff and volunteers have had the opportunity to review the plans to date and planning permission has now been granted.

3b. Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	End of Year Results
To maximise patient uptake of the Day Therapy Unit services.	Discussions with CCGs and community partners and feedback from the people accessing our services.	Review of referral and assessment processes. Moving to a one-site model.	Monitored by metrics. Reported to the Patient Care and Quality Committee quarterly.	The Community Therapy Unit closed on 13 December 2016 and the new Day Therapy Unit opened at Pine Lodge on 4 January 2017. The average number of patients seen per week has risen from 9 in April 2016 to 24 in March 2017.
To develop and implement a common Initial Assessment for nursing, 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.	Monitored by the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee quarterly until complete.	We have developed a common Initial Assessment for the Community Palliative Care Team and the Day Therapy Unit. The Inpatient Assessment will remain separate because we are yet to have the bedside IT equipment that will be required.
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.	Monitored by the Director of Patient and Family Services and the Director of Finance. Reported to the Patient Care and Quality Committee quarterly until complete.	We have trialled the electronic access and this has been successful. We have all the equipment in place and ready for implementation. However, we are waiting for a licence to use the electronic access. This was applied for in early Q4.
To provide Thames Hospice 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. Electronic address book for all GP NHS email accounts. Internal processes will change to electronic communications.	Monitored by Medical Director. Reported to the Patient Care and Quality Committee quarterly.	We now have the ability to send discharge information to our community colleagues electronically.

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?	End of Year Results
To increase the level of one-to-one management support for clinical staff on the Inpatient Unit.	The Director of Patient and Family Services and the Director of HR identified the need following the Staff Survey.	Induction and development of the Senior Sister and three Sisters on the Inpatient Unit. Formal one-to-one management supervision fully implemented.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee in May 2017.	We have increased the number of Inpatient Unit Sisters from two to three. All clinical staff on the Inpatient Unit now have regular one-to-one support from their line manager.
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 formulated and checked by volunteers and 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. Reported to Patient Care and Quality Committee in May 2017.	We have designed and implemented a formal induction process for all new patient-facing volunteers.
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 ago.	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.	The Staff Survey was analysed and two working groups were set up to address the two main areas for improvement. As a result, the Home store retail team has increased by two staff and the Inpatient Unit staff now have a fixed rota for their days off.

"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"

PART FOUR:

Looking Forwards

4a. Pledges for 2017/2018

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 develop the User Feedback Forum after the initial pilot session. This will enable Thames Hospice to hear feedback directly from patients using any of our services.	We know that patient feedback is valuable and we are looking to get direct 'in the moment' feedback from patients accessing our services.	Quarterly User Feedback Forum meetings are booked for the next six months to enable us to assess the effectiveness of this Forum.	Recorded and reported to the Chief Executive and the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.
To commence the Champions Programme, by identifying key clinical areas and the staff that will lead on these.	We have identified key areas for development from national policy. We want to embed these key areas even further into everyday practice.	Identify key staff in each clinical area that will lead on best practice and innovation.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.
To introduce 'Make a Memory' project. This will enable patients to leave a lasting memory for their loved ones.	We know that our patients enjoy making things in our Day Therapy Unit and that they often give them to their loved ones. We are developing this idea.	We are developing a range of ideas such as memory boxes, films and letters that staff will be able to offer to patients in our Inpatient Unit and those accessing our Day Therapies.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.
To launch the 24-hour Advice Line and Rapid Response Service for patients on the End-of-Life Care Register. To build and monitor this new service.	National policy states that patients and families need access to palliative care advice and care outside of normal working hours.	Thames Hospice has been commissioned by the Clinical Commissioning Groups in East Berkshire to deliver this service. Recruitment and plans are underway.	Recorded and reported to the Chief Executive and the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.
To explore the possibility of setting up an Advice for Life Café in partnership with Citizen's Advice.	Research shows us that patients and families can face financial hardship when faced with a life-limiting illness. Research also tells us that people in general do not prepare for dying in terms of finances and telling their loved ones their wishes.	In conjunction with Citizen's Advice (Windsor and Maidenhead) we are seeking funding to set up an Advice for Life Café and a service that provides one-to-one advice.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.

2 Clinical Effectiveness

Priority Action	How Identified as a Priority?	How Will Priority be Achieved?	How Will Progress be Monitored and Reported?
To develop the Band 4 Associate Practitioner role and to provide the associated training for existing staff.	There is a national shortage of Registered Nurses and we are looking to develop our highly skilled Health Care Assistants.	We will provide the nationally accredited training and develop the new role specification.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality and HR Committees.
To develop the new role of Head of Education and Research and then to recruit and induct the new staff member.	We are preparing for a larger staffing quota as we get nearer to the building of the new hospice. There will be extra staff and roles to develop. We are also looking to expand our training and education to external organisations.	We will develop the job description and then recruit into the new role. There will be a formal three-month induction period.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality and HR Committees.
To develop a method of learning from what we do well.	Staff in clinical services are used to reflecting on the care they give and specifically look at areas where they can improve. We will continue to do this but it is recognised that we can also learn from what we do well.	We will be collecting all formal accolades and thematically analysing the content to see if we can identify areas of great practice as told to us by our patients and families.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.
To set up a Thames Hospice Community Panel; a group of local people to input into service development and delivery.	We have been involved with a CCG Patient Panel whilst setting up the new 24-hour Advice Line and Rapid Response Service. They have given valuable input and we would like to continue with our own initiative.	We will contact the people who have been involved recently and also reach out to other groups to capture information on the diverse population that we serve. We will then set up the Community Panel to run twice a year.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.

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 introduce an extra, innovative method of staff support; Compassion Fatigue training to add to our existing support measures.	We know staff in our clinical services face emotional situations on a daily basis. We want to support our patient-facing staff to the best of our ability.	We have organised Compassion Fatigue training for all clinical staff to attend.	Recorded and reported by the Education Department to the Director of Patient and Family Services.
To implement the new Novice to Expert Programme for our Registered Nurses and Health Care Assistants.	We know that our staff are keen to develop their skills and we know that we are caring for patients with a high level of complexity in their care needs.	We will formalise all development opportunities into a structure that staff will be able to work through.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR Committees.
To provide Intermediate Communication Skills training for all relevant clinical staff to support them in their care delivery.	The need for Communications Skills training is identified in national policy. We are building on our existing training offering.	We have piloted the Intermediate Communications Course with good evaluation. We will roll out this training to all existing and new staff.	Recorded and reported by the Education Department to the Director of Patient and Family Services.

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. We are available to adults (aged 18 and over) who live within a 15-mile radius of Windsor.

The service areas we offer are:

- 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 an 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

The Community Palliative Care Team

With the help of Berkshire Healthcare NHS Foundation Trust (BHFT), we have brought together our Hospice at Home service and their Specialist Community Palliative Care Team to form the Community Palliative Care Team, providing community care to 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.

24-hour Advice Line

Our new 24-hour palliative and end-of-life care telephone service gives advice to people on the End-of-Life Care Register and their families, as well as healthcare professionals who need guidance and support on delivering palliative care. The service is for people living in Berkshire. The specialist team is available 24/7, 365 days a year, to provide guidance on symptom control, practical advice and emotional support.

Rapid Response Service

Launching in spring 2017, the Rapid Response Team makes urgent visits to patients who are on the End-of-life Care Register and their loved ones. Made up of a Registered Nurse and Health Care Assistant, the team helps people manage their condition at home.

Day Therapy Unit

Our Day Therapy Unit helps people live as independently as possible by supporting them through individual programmes of care on a rolling six-week basis. We offer a range of services for inpatients and outpatients to help build confidence, so everyone we care for can maintain a good quality of life while managing their condition.

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, relaxation techniques and therapeutic touch.

Lymphoedema Service

This is a nurse-led service for people with primary and secondary lymphoedema and its treatments. Next year we will be expanding this service across East Berkshire.

Patient and Family Support Services

The Patient and Family 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 committed to improving end-of-life care for our population. Building on our strong working relationship with Thames Hospice, we have invested in the development of a 24-hour Advice Line and a Rapid Response Service for people who are on the End-of-Life Care Register, which we hope will make a significant difference to the lives of these patients and their families or carers.

"We are also delighted to have commissioned from Thames Hospice additional capacity for specialist Lymphoedema services for both cancer and non-cancer patients, enabling more people to have their treatment closer to home.

"The CCGs look forward to continuing to support Thames Hospice in their provision of high-quality care in East Berkshire"

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

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