Thames hospice

Quality Account

2023/2024

www.thameshospice.org.uk

James, Wellbeing Services Manager, pictured with Dee, Inpatient Services Manager

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PART ONE

Statement from the Chief Executive

Welcome to the Thames Hospice Quality Account 2023/2024. This publication is an important part of our accountability to the many individuals and groups with a stake in the work of Thames Hospice.

Catherine McLaughlin
Chief Executive Officer

We are delighted to provide you with this summary of the quality initiatives that we have undertaken throughout the financial year, and to give you a high-level overview of some of our plans for 2024/2025. You are important to us, and we know you want to be assured of our attention to the quality of our services and our efforts to continuously improve wherever we can.

Our concept of 'Care with agility' was introduced last year, and has significantly improved the co-ordination and integration of our Hospice services together with our wider healthcare partners. There have been significant reductions in waiting times for admission to our services, and our patients have a far clearer expectation of what we can do to support them and their families.

We have focussed our efforts on increasing support for people being cared for in the wider health and social care system. Our Inpatient Services ran at just under 90% occupancy over the year, and our Hospice at Home provision has seen increased activity too, with our Virtual Ward enabling us to care for more acutely unwell people in their own homes, rather than them being admitted to hospital or the Hospice. Again, our patient satisfaction results for 2023/2024 have been exceptional, and you will find some examples of the many accolades we received this year on page 12.

A top priority for the Clinical Team is always patient safety. We have continued to focus on identifying and earlier reporting of pressure ulcer changes in a patient's pathway, as well as mitigating the risk of patient falls. We report and learn from any medications error across all our services. This year we have also reviewed and updated our safeguarding reporting structures.

We continue to engage in constructive dialogue with our Commissioners to help to shape and fund our direct clinical care, including negotiating new contractual arrangements with our NHS partners to secure a fair deal for future years. We continue working ever more closely with Phyllis Tuckwell Hospice and many other colleagues across the local health and adult social care sector, to support the delivery of Frimley ICB's palliative and end–of-life care priorities.

To the best of my knowledge this Quality Account for 2023/2024 is an accurate and fair representation of the quality of services that Thames Hospice provides.

I would like to thank the following for their involvement in our Quality Account for 2023 /2024: Loren Broughton (Director of Nursing), Nick Dando (Medical Director), James Goodwin (Head of Performance and Compliance), Juliana Luxton (Associate Director of Governance) and Stephanie Peters (Head of Marketing and Communications).

We welcome your feedback

Your views on how we are doing are very important to us. If you would like to pass on a message to any of our teams or suggest ways that we can improve our services, please use our online form at **www.thameshospice.org.uk/contact-us** or email **contact@thameshospice.org.uk**

If you would prefer to speak to someone in person, please contact Loren Broughton on **01753 842121**

Statement from the Chair of the Patient Care and Quality Committee and our Clinical Leads, Dr Nick Dando and Loren Broughton

It has been an exciting year since our previous Quality Account and we are delighted to share significant progress with you in this latest edition. In June 2023, we undertook a root and branch review of our entire services model to create three distinct clinical divisions: Inpatient Services, Hospice at Home and Hospice Outpatient Services, which interlink by a common commitment to keep the needs of patients and families at the heart of our care. The three services are underpinned by our Counselling, Pastoral and Bereavement Services and Medical Team.

The expansion of our community services has been a key priority this year and we have reconfigured our Hospice at Home model of care to increase proactive specialist clinical assessment to complement our well-established acute response service. Early assessment and care planning in the community allows more timely identification of those with an increasing symptom burden or progression to the end of life, thereby reducing the risk of these patients reaching an acute crisis. However, it is reassuring to know that our 24/7 response service is there to support patients who do experience a sudden change in their clinical condition.

In July 2023, we expanded our Virtual Ward from three to five beds and appointed a Consultant to provide dedicated medical leadership to the team alongside our established Clinical Nurse Specialist Team Lead and Specialty Doctors. In November 2023, we appointed an additional Consultant to the team, working in collaboration with Wexham Park Hospital, to provide enhanced medical support for the community. This innovative new role focuses on identifying patients with specialist palliative and end-of-life care needs in the hospital's emergency department, to facilitate access to urgent symptom control and rapid discharge back to the community or to our Inpatient Services at the Hospice.

Clinical compliance and quality are now monitored with monthly trends analysis of drug incidents, pressure ulcer area management, falls and complaints, as well as our established case-by-case incident analysis. We have also established a morbidity and mortality meeting, held every two months, to review our care and identify learnings where we could improve for future patients.

We hope you enjoy reading this account which outlines our ongoing service transformation at Thames Hospice and our continuing commitment to deliver excellent and compassionate care.

Bruce Montgomery
Trustee and Chair of Patient Care and Quality Committee

Dr Nick Dando
Medical Director

Loren Broughton
Director of Nursing

PART TWO

Review of quality performance 2023/2024

About Thames Hospice

Proudly serving the community of East Berkshire and South Buckinghamshire since 1987, we provide complex, specialist palliative and end-of-life care for people with a life-limiting condition, aged 16 years and over, as well as vital support for their families. We employ more than 330 dedicated and highly experienced staff who, with the support of over 940 volunteers, provided outstanding care to 2,938 people last year.

Treating everyone with kindness, compassion and respect, we provide a safe and caring environment for those facing a life-limiting diagnosis. We are committed to delivering care that is agile and responsive so that we give patients and their loved ones choices about the care they receive, providing the best clinical and therapeutic support in their homes and at the Hospice.

Our services are free of charge to all those in our community who need access to our vital services, but this is only made possible through the charitable support and generosity of the community we serve. We receive a 33% financial contribution towards our operating costs funded by NHS England and other statutory bodies, and we need to raise £34,000 each day to fund our services and support all those who need our care.

On 11 October 2021 Thames Hospice was rated as 'outstanding' by the Care Quality Commission, following an inspection of its services.

Training and development at Thames Hospice

Training is an essential part of our commitment to staff for professional development and safe clinical care for patients. In 2023/2024, we had a continued emphasis on end-of-life care training and we expanded our core training for our clinical professionals. All patient-facing staff received clinical refresher training to bring them up to date with evidence-based practice.

The training and development of local health care professionals also continues to be a strong focus of our work, with teaching content tailored to local professional needs and clinical practice.

Some of our clinical colleagues attending training in our education suite at the Hospice

Quality governance provides a framework for organisations and individuals to ensure the delivery of safe, effective and high quality healthcare. Its purpose is to help organisations, like hospices, and their staff, monitor and improve standards of care.

Thames Hospice is regulated by the Care Quality Commission (CQC) and we work closely with them to ensure our services provide people with safe, effective, compassionate and high-quality care, underpinned by continuous quality improvement. We continue to monitor ourselves against the five key questions asked of us by CQC:

- **Safe** – are patients protected from abuse and avoidable harm?
- **Effective** – does our care and treatment achieve good outcomes and promote good quality of life and is evidence based, where possible?
- **Caring** – are patients involved and treated with compassion, kindness, dignity and respect?
- **Responsive** – are services organised to meet patients' needs?
- **Well-led** – does the leadership, management and governance assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

Alongside the five key questions, we are also implementing initiatives to measure our performance within the quality statements outlined in the new CQC assessment framework. We are committed to seeking and acting upon feedback provided to us and are dedicated to ensuring our patients', and their loved ones', experiences and thoughts are heard.

At Thames Hospice there are several quality governance functions: Patient Relations; Patient Safety; Health and Safety; Patient Clinical Audit and Effectiveness, Incidents and Risk Monitoring, Policy and Quality Improvement. Collectively, these teams work together to ensure our patients receive safe, effective and caring treatment under the umbrella 'Quality'.

Our Services

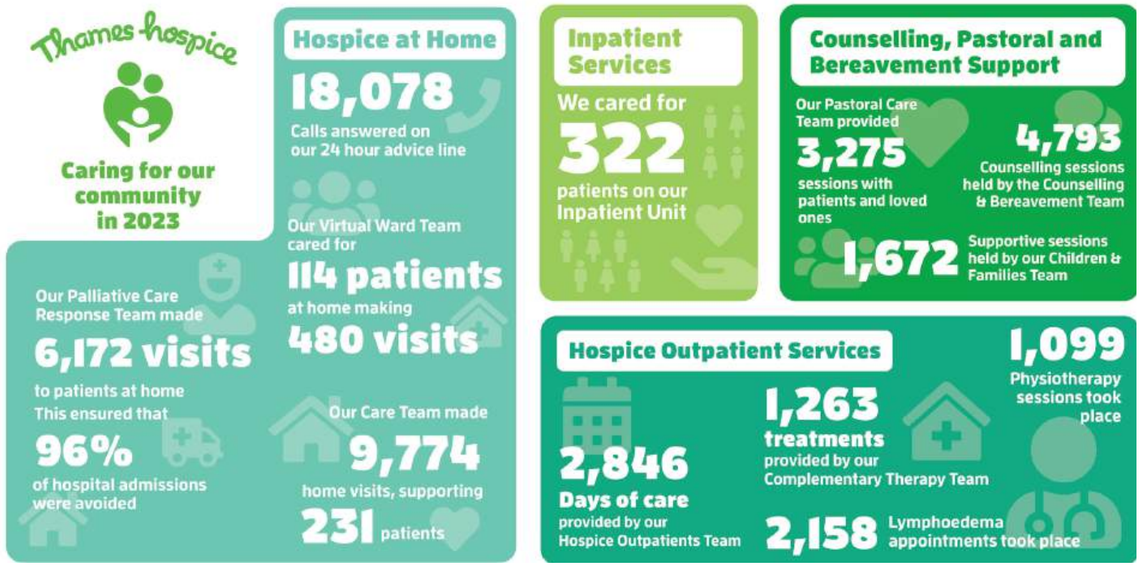
Inpatient Services
28-bed Inpatient Services Centre

Outpatient Services
Six-week Outpatients Programme
Complementary Therapy
Lymphoedema Services
Physiotherapy

Hospice at Home
Palliative Care Response Team
Care Team
Virtual Ward

Counselling, Pastoral and Bereavement Support
Counselling and Pastoral Care
Bereavement Counselling
Counselling for Children and Young People

Our care in numbers



Thames Hospice facts and figures from April 2019 onwards

Inpatient Services

The Multi-Disciplinary Team working on our Inpatient Services provide complex, specialist symptom control, palliative and end-of-life care to patients, together with support for their families.

Admissions to the Inpatient Unit peaked during Covid-19, and have subsequently reduced as the impact of the pandemic lessened and then in response to the closure of eight Inpatient Services beds in 2022/2023. Expansion of our community offer to include Virtual Ward beds means we are supporting more patients to remain at home which may have impacted on total inpatient admissions. Despite this shift, occupancy and inpatient death rate remains high at 90%, reflecting the increasing clinical complexity of patients who need specialist inpatient care at the end of life.

	2019/2020*	2020/2021	2021/2022	2022/2023	2023/2024
Total admissions	315	354	411	360	322
Average occupancy	85%	85%	89%	88%	90%
Discharges	144 (36%)	100 (28%)	106 (26%)	47 (13%)	32 (10%)
Patient deaths	203 (64%)	258 (72%)	302 (74%)	328 (87%)	291 (90%)
Average length of stay (in days)	16.46	15.12	21.52	20.72	18.85

**Prior to October 2020 we were located at our former facility, in Windsor.*

Hospice Outpatient Services

The range of Hospice Outpatient Services, delivered within the Paul Bevan Wellbeing Centre, are designed to support life-limited patients to remain independent whilst introducing the role for hospice support alongside other clinical services. This service is currently undergoing a review to ensure we continue to widen reach and improve access for more patients within our community.

Six-week Outpatients Programme

	2019/2020	2020/2021*	2021/2022*	2022/2023	2023/2024
No of patients	155	49	139	199	189
No of attendances	2,179	146	1,590	2,464	2,246

**For some of 2020/2021 and 2022/2023 we were unable to offer our six-week Outpatients Programme due to the COVID-19 pandemic.*

Complementary Therapy

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
No of patients	396	232	394	443	391
No of treatments	1,143	870	1,263	1,442	1,263

Physiotherapy

	2020/2021	2021/2022	2022/2023	2023/2024
No of patients	194	311	262	169
No of treatments	1,263	2,403	1,872	1,099

Lymphoedema Services

We were pleased that our contract to provide this essential support to patients living with lymphoedema has been renewed this year and that we continue to reach more patients.

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
No of patients	407	328	412	455	470
No of treatments	1,716	1,072	2,281	1,865	2,158

Hospice at Home Senior Health Care Assistant Steph with Barry

Hospice at Home

The majority of patients we supported in 2023/2024 were cared for at home, helping them to manage the impact of their illness and remain comfortable in their own surroundings.

Our Multi-Disciplinary Teams also cared for patients who were at the end of life and wished to die in the familiarity of their own home.

Our Hospice at Home Team works in partnership with patients' families and our local community healthcare partners, including GPs and District Nurses, to provide compassionate and timely support. This joined-up care includes skilled communication, assessment, symptom control, nursing interventions, tailored personal care, provision of information about the dying process, and dignified care and support before and after death.

Particular achievements in the last year include the expansion of our Care Team and an increase in our Virtual Ward Service from three to five beds. Both of these changes have helped us to support more patients in the community.

Palliative Care Response Team

The Palliative Care Response Team includes Clinical Nurse Specialists, Paramedic Specialists, Senior Staff Nurses, Health Care Assistants and Doctors.

	2020/2021	2021/2022	2022/2023	2023/2024
No of patients on caseload	1,478	1,259	1,225	1,185
No visited or telephone consultation	12,089 *(not including telephone calls)*	12,846	24,721	24,250

Care Team

Launched in January 2022, our Health Care Assistants offer compassionate support and personal care to people in their own homes who are in the last six weeks of life.

	2021/2022	2022/2023	2023/2024
No of visits made	1,525*	3,808	9,774

**From January 2022*

Virtual Ward

Launched on 1 December 2022, our Virtual Ward is a Consultant-led service developed in conjunction with the Frimley Integrated Care Board (ICB) and is available to patients within the Frimley ICB geographical area.

	2022/2023	2023/2024
No of admissions	38*	114
No of discharges	26	106

**Four months activity December 2022 – March 2023*

Medical Team

Following the closure of eight beds on our Inpatient Unit in 2022, our Doctors and Nurse Consultant started seeing patients in their own homes, in clinic and those accessing Hospice Outpatient Services at the Hospice. Medical activity is also reflected in the care of patients on the Virtual Ward.

	2022/2023	2023/2024
No of patients	76	81
No of visits	81	65

Counselling, Pastoral and Bereavement Support

This essential service, delivered by Counsellors, Pastoral Care Workers, Children's Social Workers and Children's Support Staff, underpins our three clinical areas in the provision of holistic, person-focussed care.

Counselling

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
No of clients	299	555	613	482	440
No of sessions	2,185	3,435	6,469	5,654	4,793

Co-Connect

	2021/2022	2022/2023	2023/2024
No of clients	68	267	140

This service provided bereavement counselling support to people whose bereavement has been affected by COVID-19. Launched in January 2022 supported by National Lottery funding, this service closed in early 2024.

Pastoral Care

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
No of patients/family members	1,118	408	455	1,508	1,163
No of sessions/interventions	1,956	2,850	1,355	3,479	3,275

Counselling for Children and Young People

	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
No of clients	226	319	391	340	238
No of family visits	484	683	845	727	1,672

Additional quality indicators

Complaints

In 2023/2024, we received four clinical complaints. Key themes included concerns about communication and time taken to achieve stable symptom control. In each case our senior staff worked with the person making the complaint to understand and resolve issues as quickly as possible.

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, immediate changes are made where required to working policies and processes. Furthermore, our staff are immediately advised of any changes needed. 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 Patient Safety Group and at 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.

Accolades

We receive some incredibly positive feedback from patients and their families. We also receive a large number of accolades across all our services. Some extracts from these accolades can be found on page 12.

In 2023/2024 we also gathered feedback using iPads at our reception desks. This system enables everyone using any of our services to give immediate feedback about our services.

Analysis of this feedback showed an overall score of 99.7% Excellent or Good in 2023/2024

We also record the many thank you cards and letters that we receive each month across all our services.

Reporting and review of feedback received

The views and experiences of patients and their families are very important to us and enable us to look at how we can learn, develop and improve the services we provide. Feedback is reported quarterly at the Patient Care and Quality Committee. 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.

The Hospice team were kind, friendly, honest, supportive, professional, patient, understanding and made us feel that nothing was too much trouble. A most welcome and essential service. I do not know how we would have coped without them. The entire team are amazing. Thank you.

I am so grateful to be surrounded by such knowledgeable and supportive staff. To have people on hand to answer questions and just to be there to support us all on our difficult journey. Incredible people & service.

Please pass on our grateful thanks for all the advice, visits, care and compassion given to my husband. His last week at home was made more bearable by wonderful care and attention from your doctors, nurses and carers. Thank you all so much.

As a family, we cannot thank you enough for the support you gave us in allowing us to provide X with the most peaceful death at home. In the months before, where you touched base with us and kept in touch, letting us know you weren't far away if we needed you... And when the day came that we did need you, your input was invaluable. It takes a special type of person to do the job that you all do so well. Thank you.

Thank you for the truly wonderful care given to my husband. His wish was to remain at home and we could not fault the dignified and compassionate care that all the nurses and carers who were involved gave to him. The empathy shown made an extremely difficult time more bearable. You brought a smile and a laugh to his face until the end.

What our patients and their families say about our services

I am going through a difficult time trying to cope with the loss of my lovely wife. Thanks for your support, encouragement, expertise and, above all, being a good listener. I am now moving on gradually and would like to seize this opportunity to thank you very much.

The counselling sessions have truly helped me so much in processing the difficult and traumatic experience I have been through. I feel the understanding I gained of how to adjust to a situation and the self-awareness it has given me has really helped.

X spent three weeks in your care where every need was attended to. Friends and family visited regularly and we were all treated with such attention and kindness. X felt confident and safe in her final days where you provided comfort and support. Our grieving and loss was made all the more bearable with your support. You were all without exception the most sensitive and caring community.

Words cannot express the magnitude of our family's appreciation of the outstanding care you gave to X in his last 12 days spent with you. You certainly went above, and beyond the call of duty, even allowing us to stay overnight.

We would like to express our gratitude to every person who cared for Dad. We really had time to create precious memories during our stay. The authentic kindness and compassion shown to our family during our most difficult days will stay in our hearts forever. You made our darkest days feel possible.

Patient safety summary

Clinical accidents and incidents

We use Vantage, an online incident reporting system. This gives us a streamlined incident reporting process and enables us to produce in depth reports for governance monitoring. Vantage is used throughout the organisation and is mandated as the standard reporting tool for all staff. The Executive Team and relevant Team Leaders are automatically notified of any incidents. All reported incidents are reviewed at a monthly Accident and Incident Review Panel that is chaired by our Chief Executive and attended by other members of the Executive Team. Our Patient Care and Quality Committee receives and reviews a quarterly report on all clinical incidents that are reported.

365 clinical incidents and accidents were reported and investigated during 2023/2024, with 161 of them reported 'for the record' only or as 'near misses'. Some incidents were reported by us to other organisations as they were incidents our staff had found and reported, but were not our incidents, or were for the record only. The table below summarises clinical incidents that we investigated.

Type	Number in years	Seriousness/impact	Actions
Pressure ulcer – inherited	84	Medium	Due to the ongoing deteriorating nature of their condition, patients were admitted with established pressure ulcers. We have procedures that we implement to care for these patients, including special mattresses and turning plans.
Pressure ulcer – acquired	60	Medium	The progression of disease in some of our patients meant that low-grade pressure ulcers formed. We implement a range of interventions to minimise this risk where at all possible and also learn from cases to improve future care.
Drug incidents	61	Various	Each drug incident was investigated. Clinical staff involved undertook reflective reviews, and learnings were shared with all clinical staff. Trend analysis also helps us identify any recurrent themes for targeted training.
Patient slips, trips and falls	39	Various	In most incidents our patient was unharmed.
Patient safety and care	13	Various	In most incidents our patient was unharmed.
Information governance	11	Low	Minor incidents; promptly resolved.

Infection control

In 2023/2024 there were no cases of patients with a new diagnosis of Clostridium Difficile infection or a blood stream MRSA infection. No vomiting and diarrhoea outbreaks took place at the Hospice over this period. We carried out regular infection control audits in 2023/2024 and no infection control incidents were reported.

Electronic patient records system – EMIS

We use EMIS, an electronic patient record system. This enables the sharing of patient data with our local GPs and some community partners, resulting in better co-ordinated care and treatment, and increased responsiveness as information is shared more quickly and efficiently.

Some of our Multi-Disciplinary Team

Significant audits

Hospice UK benchmarking results

Hospice UK has developed a benchmarking tool for hospices – the Inpatient Quality Metrics. These record benchmarking data on falls, pressure ulcers and medication incidents. The tool allows hospices to compare their quarterly and annual results with other similarly sized hospices. Below is the data comparing Thames Hospice with other similar sized (larger) hospices for 2023/2024 and previous years. Our bed occupancy levels are consistently well above average, meaning that we have helped as many people as possible without compromising patient care. We are also proud that overall our results compare very favourably with those of other hospices. Acquired pressure area reporting has increased in the last year in response to training on skin care and a culture of early identification to prevent further deterioration. We will continue to monitor this trend carefully to understand whether further intervention is needed.

		Overall 2023/2024	Overall 2022/2023	Overall 2021/2022	Overall 2020/2021	Overall 2019/2020
Average bed occupancy	**Thames Hospice**	**89.4**	**88.6**	**88.9**	**83.5**	**84.4**
	Larger hospices	77.6	77.5	65.6	64.9	75.8
	All adult hospices	77.4	76.8	69.9	65.6	74.6
Average length of stay	**Thames Hospice**	**19.7**	**19.6**	**22.4**	**16.3**	**16.2**
	Larger hospices	16.1	16.3	15.9	14.2	13.1
	All adult hospices	13.7	14.0	14.1	13.1	13.3
Falls	**Thames Hospice**	**5.3**	**6.5**	**7.1**	**12.5**	**14.4**
	Larger hospices	8.7	8.9	10.4	11.4	10.7
	All adult hospices	9.2	8.9	9.9	11.2	10.4
Medication incidents	**Thames Hospice**	**7.1**	**6.8**	**6.1**	**5.0**	**6.3**
	Larger hospices	9.0	9.2	8.9	9.9	12.7
	All adult hospices	12.0	11.5	11.3	10.8	10.8
Inherited pressure ulcers	**Thames Hospice**	**18.6**	**10.3**	**8.6**	**6.3**	**3.8**
	Larger hospices	20.9	18.7	16.6	18.5	8.1
	All adult hospices	17.6	18.6	17.4	17.4	7.6
Acquired pressure ulcers	**Thames Hospice**	**11.5**	**7.7**	**4.4**	**2.1**	**4.7**
	Larger hospices	9.9	7.4	7.8	8.7	14.5
	All adult hospices	10.1	9.7	9.1	8.8	14.6

FAMCARE audit results

The 2023 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken during summer 2023. This year, 27 specialist palliative care inpatient units, including Thames Hospice, took part in the survey.

We sent FAMCARE surveys to the next of kin of people who had died at Thames Hospice in our Inpatient Services between 1 June and 31 August 2023. It was our eighth year participating in the FAMCARE Audit. Our results from the survey were returned after review by the FAMCARE Team, and for 2023/2024 we were very pleased that for almost of the 17 areas surveyed we received more 'very satisfied' responses compared to the average from the participating hospices.

Thames Hospice from the skies

Internal audit results

To ensure that we are continually meeting standards and providing a consistently high quality of service, Thames Hospice has a Quality and Audit Programme in place. This enables us to monitor our services in a systematic way, identifying areas for audit and evaluation in the coming year. Our focus is on quality and benchmarking of services, patient safety, good record-keeping, infection control standards and legislation compliance. Our audits create a framework where we can review information and identify where we can make improvements.

Regular Patient Care and Quality Committee meetings provide a forum to monitor quality of care and to discuss quality and audit evaluation results.

The Thames Hospice Audit Plan 2023/2024 identified audits against the five key lines of enquiry as set by the Care Quality Commission. Some examples from our 2023/2024 clinical audit plan are detailed below.

	Detail of audits	Outcome of audits
Safe	**Quarterly controlled drugs audit** – To check the security, management and record-keeping of controlled drugs held on the premises.	This audit was completed by the Hospice Pharmacist and demonstrated that controlled drugs are well managed.
	Falls alarm audit – Inpatient falls alarms are checked every four hours to ensure they are on the correct setting for patient bed or chair. This is an additional spot check audit carried out by our Inpatient Services Falls Champion to check that staff are setting the alarms correctly and to ensure that the mats alarm at the time that the patient could be at risk of falling.	All the falls sensors were set correctly. The falls alarms continue to be checked every four hours. Both checks help to highlight to all staff the importance of falls sensors on the correct setting for the patient at the time.
	Safeguarding audit – To measure the effectiveness of the safeguarding processes and policies in place and to check that staff have a good understanding of how to raise any safeguarding concerns.	The outcome of the detailed audit shows that we have very good safeguarding measures in place with a clear safeguarding leadership structure. Safeguarding staff training attendance levels were also checked.
Effective	**DBS audit** – An audit to determine that DBS checks on staff are carried out and recorded as per policy.	All staff and volunteers had an up-to-date DBS check at the correct level for their role. DBS certificates were only retained for six months. The Hospice was fully compliant.
	Inpatient Services care plan audit – This was a new detailed spot check audit of admission details, care plans, risk assessments and falls/pressure ulcers preventative measures. It also reviewed any patient incidents related to this cohort and if ReSPECT forms were in place.	Our care records were reviewed of patients that had been in Inpatient Services for a while. The audit proved worthwhile and the Inpatient Ward Sisters worked closely with the auditors to address some outcomes.
Caring	**Patient food survey** – Ongoing gathering of feedback from patients, accessing Inpatient Services or visiting the Paul Bevan Wellbeing Centre, on the meals provided including questions on their appetite, food presentation, consistency, portion size, freshness and most importantly levels of enjoyment.	To date feedback has been helpful in making improvements to patient food. Some comments are fed back to the Café immediately so they can respond quickly.
	Length of stay on Inpatient Services audit – This audit focused on patients that were admitted and discharged (RIP) within 1–2 days to check source of referral, time from referral to admission, cause of death and any concerns raised considering the upheaval to the patient at their end of life.	In all cases, there was no delay from referral to admission and all patients deteriorated extremely quickly after admission. The Patient Safety Manager will continue to monitor this group of patients.
	Consent audit – To ensure that appropriate patient consent is being sought whenever treatment or care is given to the patient and it is being documented accordingly.	Ten random patient records were audited across services between January and November 2023. The audit detailed all the reasons when consent was sought. Evidence showed all records were compliant and consent was sought appropriately.

	Detail of audits	Outcome of audits
Responsive	**Clinical metrics monthly reporting** – To monitor admissions, discharges, length of stay, bed occupancy and ratio of nursing staff to patients. Metrics also record incidents such as pressure ulcers, falls and drug incidents.	Ongoing performance and delivery measurement.
	Pressure ulcer and patient repositioning audit – This new audit checks that patients are being repositioned regularly and to their individual schedules to help protect them from any pressure damage, or the further deterioration of existing pressure ulcers. Inpatients were audited. (Three patients were admitted with inherited pressure ulcers and three patients acquired a pressure ulcer during their stay). The auditor reviewed paper charts showing repositioning carried out over a 24 hour period.	Generally, record keeping was good. Some turns were delayed or done earlier than scheduled, usually impacted by patients' personal care, eating and sleeping patterns. The auditor recommended that the nursing staff be reminded of the importance of recording any repositioning in the electronic clinical record, as there were some gaps in the paper data.
	Pressure ulcer quality of repositioning audit – This new audit was carried out by one of our Pressure Ulcer Champions to check that patients were either being fully turned or tilted and that the procedure carried out was clinically appropriate for the patient. Twelve patients were audited.	**At the time of the audit:** • 10/12 were turned on schedule • 2/12 were overdue being turned • 3/12 patients were tilted, rather than fully turned, but this was deemed clinically appropriate and the reasons for this had been documented.
Well-led	**Environmental infection control audit** – Applying the Hospice UK templates, all areas across the Hospice were audited to ensure that there were adequate infection control measures in place.	**Only minor improvements identified:** • Alcohol gel dispensers to be fitted to walls of drug rooms and sluices • Bins needed replacing in drug rooms
	Data flow mapping audit – To ensure that the Hospice has good systems in place for processing any sensitive (financial, patient, staff) data, internally and externally.	All Thames Hospice departments were asked to explain how they processed any sensitive data. This audit provided very good evidence that sensitive data is managed well with secure IT systems in place.
	Caldicott review audit – This annual audit was carried out to provide reassurance that staff access to patient records meets both policy and guidance.	A deep dive audit of patient records was carried out. The patients had been under the care of Hospice services for approximately 18 months. Access to each record was analysed by service and by staff role, whilst in care and post death. Records were being accessed appropriately by clinical and non-clinical staff at the appropriate time during the patient journey.

Staff and volunteers supporting patients accessing our Hospice Outpatient Services

Other audit results

In 2023/2024, we completed a submission against the NHS Data Security and Protection Toolkit. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. As in previous years we were one of the first hospices to complete a submission in the country, and we are pleased that it was compliant with all NHS standards for information management, confidentiality, data protection assurance, information security, clinical information and records holding.

Regulatory inspection

Thames Hospice was inspected by the Care Quality Commission (CQC) in August 2021. Staff and volunteers at Thames Hospice had much to celebrate after receiving an 'outstanding' rating following the inspection. The inspection outlined how we were meeting the CQC national standards. The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008.

Under the new CQC inspection regime, hospices are subjected to the same level of scrutiny as hospitals, making this 'outstanding' rating incredibly special. The CQC found that Thames Hospice is outstanding in responding to people's needs, treating families with dignity, kindness and respect and being well-led.

To access a full copy of this and past reports, please go to **www.cqc.org.uk/location/1-967686061l** or visit our website at www.thameshospice.org.uk where there is a link to the report at the bottom of our homepage.

Throughout 2023/2024, we had regular meetings and dialogue with our assigned CQC inspector. These conversations maintain our excellent links with the CQC and we ensure that the CQC are informed of any significant clinical developments at the Hospice.

Inpatient Services Volunteers Richard and Sarah

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.

The duty of candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the regulator, the CQC. We recognise that the promotion of a culture of openness and transparency is essential to improving and maintaining patient safety.

Our Duty of Candour Policy provides guidance to clinical employees about the principles of being open and duty of candour, and sets out the processes to be followed to support openness with patients and their families following a serious safety incident. In addition the Accident and Incidents Reporting Policy provides a clear and transparent process for the management of clinical incidents, including reporting. All incidents are discussed at the monthly Accident and Incident Review Panel and are also reported to relevant trustee committees and Board.

Juliana is our Associate Director of Governance

Speaking up at Thames Hospice

Again, throughout 2023/2024, we encouraged speaking up across our Hospice. Staff are encouraged to confidentially raise any issue or concern through a number of routes. Our hope is that staff will always feel able to approach their managers should they have any concerns; and with our 'Peoples' Voice' sessions we have an active staff forum where issues are often raised.

We also have an independent Freedom to Speak Up Guardian, supported by Freedom to Speak Up Champions selected from across the organisation. One of our Trustees is also our Freedom to Speak Up Trustee, and all our Trustees have made their contact details freely available to staff should they wish to raise an issue and want to speak to a Trustee.

PART THREE

Update on last year's pledges

Update on our strategic pledges for 2023/2024

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year progress
We will wrap the delivery of care and support around the patient and those dear to them in their preferred place of care.	This is a strategic priority for the Hospice.	We will continue to embed the agility of the care we provide by further integrating Inpatient Services and Hospice at Home, including our established Palliative Care Response Team and our Virtual Ward.	Alongside real-time monitoring of activity and volume, we will start to develop outcome markers which demonstrate the impact of our patient care. This will be reported and reviewed at our Patient Care and Quality Committee and by our Board.	We have undertaken an extensive review of our clinical services to ensure that we are providing agile and individualised care for our patients and their loved ones. Meaningful outcome markers are evolving throughout the clinical services to ensure that we are capturing data which evidences the impact we can have in our local community.
We will support and develop our clinical workforce in a learning environment.	This is a strategic priority for the Hospice.	We will build on the foundations laid by our clinical refresher training to develop a culture which supports life-long learning through rolling training and focussed educational events.	We will monitor the number of staff who attend training and carefully evaluate the sessions to ensure we meet the needs of the learners. This will be reviewed alongside staff satisfaction surveys and retention data.	Through lessons learned and trends analysis we have evolved our clinical refresher offer. We have offered individual and group training for the clinical services and supported team members to seek external training opportunities. We continue to pursue evaluation and feedback after every training session provided and adapt our practice to encompass new ideas and thoughts.
We will use evidence to reach people earlier in their disease trajectory and those in overlooked groups.	This is a strategic priority for the Hospice.	We will work with our local Integrated Care Boards (ICB) to use data to shape clinical models of care which identify and support all patients needing palliative and end-of-life care in our community.	We will record the number of patients accessing Hospice Outpatient Services within the Paul Bevan Wellbeing Centre and review the advance care planning undertaken with this group of patients.	We continue to enhance the services provided to our patients within the Paul Bevan Wellbeing Centre. We aim to incorporate structured goals into our placement care plans. We also facilitate advance care planning discussions.
We will develop excellence through partnerships with other healthcare providers and the community, using our influence in educating others and sharing learning.	This is a strategic priority for the Hospice.	We will continue to work in partnership with healthcare providers across the Integrated Care System to provide seamless patient care whilst sharing our experience in specialist palliative and end-of-life care to support mutual learning.	Learning from our clinical senates and other community forums will be reviewed though the Patient Care and Quality Committee and used to shape ongoing service development and partnership working.	We have focussed significantly on working in partnership with the Integrated Care System and continue to attend clinical senate, gold standard framework and multi-disciplinary team meetings to share knowledge, experiences and learnings with other healthcare providers.

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year progress
We will support and develop our clinical workforce in a learning environment.	This is a strategic ambition for the Hospice.	We will support and nurture our own employees, offering training and enhancement to their daily work supporting our patients.	Monitoring and reporting across the Hospice, with reporting and review at our Patient Care and Quality Committee and by our Board.	We now have three Practice Educators and our training offers to staff have been effective in 2022/2023. All patient-facing staff had clinical refreshers to bring them up to date with evidence-based practice.

Update on our operational pledges for 2023/2024

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year progress
Improvement to our catering options.	Giving appropriate, nutritious and appealing meals is an important element of our holistic care offer, especially for our end-of-life inpatients. Patients may also have specific ethnic, cultural or ethical food requirements. Patients may have dysphasia and therefore require food that is puréed to a specific consistency.	We will offer a wider choice to our patients, ensuring they have access to the best quality and greatest nutritional value at every meal. Each patient's nutritional requirement is individual and we will ensure they are able to access appropriate meals.	Our dedicated Patient Nutrition Group will monitor catering standards, and will report progress to our Patient Care and Quality Committee and to our Board. We will also survey our patients and their families to seek their feedback on our food offerings.	The Patient Food Committee is well established and reports to the key committees. Direct feedback from patients, families and ward staff is shared in real time with the group to ensure any concerns are managed swiftly with the catering team. Ward and kitchen staff have received new training on the provision of safe textures and consistencies for patients with altered swallow function.
We will review our approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.	Patient safety is at the heart of excellent clinical care. Learning from incidents is integral to staff development and prevention of future patient harm.	We have robust incident reporting and investigation systems already in place. To further enhance learning, we need to ensure that feedback is not just on a case-by-case basis but translates into system-wide risk management.	We have established a working group which will monitor for any emerging themes in incidents which would identify additional training or development needs for staff or the whole organisation.	Our existing, robust incident reporting system which captures case-by-case incidents has been enhanced with monthly trends analysis. This is reported to the Executive Team and supports early identification of emerging themes for action. The next step is for outputs from our existing governance meetings to be reviewed at a new Clinical Compliance and Quality Committee to further enhance oversight and learning.

PART FOUR

Looking forwards – our pledges for 2024/2025

Priority action	How will priority be achieved?	How will progress be monitored & reported?
We will provide agile, responsive care and support for our patients and their loved ones in their preferred place of care.	Collaborative working with Hospice Teams and our healthcare partners across the community to deliver responsive care. Develop our data capture and reporting to evaluate and guide service delivery.	Feedback from Multi-Disciplinary Team meetings. Creation of patient-focused outcome measures which will be reviewed alongside patient and family feedback. Weekly and monthly trends analysis will be reviewed at quarterly clinical committee meetings and Board meetings.
We will provide excellent standards of care within financially sustainable models.	Clinical leaders will be trained and supported to develop detailed understanding of charitable funding and budget management.	Clinical budgets will be set within clear financial frameworks and monitored with monthly review and forecasting. Oversight will be provided at the Finance Committee.
We will ensure our clinical services offer choice and are delivered safely to achieve the optimum experience for our patients and their loved ones.	Empowerment of our clinical leaders to offer choice across safe clinical settings. Create a culture and system for learning which has patient experience at its core.	Review patient experience across our range of services including transparent review of incidents, lessons learned and trends analysis as part of robust compliance and quality monitoring.
We will facilitate choice by reaching patients earlier in their disease trajectory and support earlier care planning.	Advocate for palliative care services and tell our story to our local population. Use our Outpatient Services to introduce patients and families to the Hospice earlier.	Analysis of referral rates to our Hospice Outpatient Services and review of outcomes from outpatient care.

Colleagues from our Hospice at Home Team

PART FIVE

Statements of assurance from the Board

Our Trustees are committed to the Hospice's quality agenda. Our governance structure is extremely thorough, robust and well-established and all our Trustees play an active role in supporting the Hospice, and in ensuring that all our services are of the quality that we have promised to our stakeholders.

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

I. Review of services

We are a core provider of complex, specialist palliative and end-of-life care to adults over the age of 16 years. Our care is delivered at the Hospice and in patients' usual place of residence.

During 2023/2024, we supported local NHS commissioning priorities by providing palliative and end-of-life care across key services:

- Inpatient Services
- Hospice at Home
- Outpatient Services
- Lymphoedema Services
- Counselling, Pastoral and Bereavement Support

In addition, we provide a comprehensive range of education, training and support for external healthcare professionals such as care home staff, community nurses and GPs.

The income provided by the NHS represented approximately 33% of the total income generated by Thames Hospice in the reporting period 2023/2024. The balance of our expenditure on charitable activities was raised through the generous support of our community, including legacies and fundraising, as well as income generated from our retail activities and our investments.

Our Board of Trustees

Inpatient Services

Symptom management for patients with complex palliative physical, psychological, social or spiritual symptoms which cannot be managed by generalist services or specialist community services. This may include:

– Inpatient beds for complex palliative and end-of-life care usually for up to two weeks stay.

– Intermediate care beds for patients approaching the end of life with an estimated prognosis of six weeks.

Hospice at Home

Symptom management for patients with complex palliative physical, psychological, social or spiritual symptoms which cannot be managed by generalist services or specialist community services. Our services include:

- **Palliative Care Response Team**

  Our Multi-Disciplinary Team of Clinical Nurse and Paramedic Specialists, Senior Staff Nurses, Doctors and Health Care Assistants deliver 24/7 comprehensive palliative and end-of-life care services for patients with complex needs in their place of residence.

- **Virtual Ward**

  Our Virtual Ward is available to patients within the Frimley Integrated Care Board geographical area and provides medically-led care for acutely symptomatic and actively dying patients in their own homes. The Medical Team is supported by Clinical Nurse Specialists, Paramedic Specialists and Health Care Assistants in the delivery of this service.

- **Care Team**

  Health Care Assistant-led compassionate support and personal care to people with a palliative diagnosis in their own homes who are in the last six weeks of life.

- **24-hour Telephone Advice Line**

  We provide a 24-hour palliative and end-of-life care telephone service to give advice to people with palliative care needs and their families, as well as to healthcare professionals who need guidance and support on delivering palliative care. The team is available 24/7 365 days a year, to provide guidance on symptom control, practical advice and emotional support.

Matt accessed our Inpatient Services and is pictured with his wife Jess and son Elijah

Outpatient Services

(Delivered at our Paul Bevan Wellbeing Centre)

- **Six-week Outpatients Programme**

  We help patients diagnosed with a life-limiting condition remain independent by supporting them through tailored programmes of wellbeing and therapeutic care within our Paul Bevan Wellbeing Centre at the Hospice.

- **Complementary Therapy**

  The Complementary Therapy Team offers a variety of therapeutic treatments for patients and carers (also available for patients staying on our Inpatient Unit). Therapies include massage, reflexology, Reiki, aromatherapy, visualisation techniques and therapeutic touch.

- **Lymphoedema Service**

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

- **Physiotherapy**

  Our Specialist Palliative Physiotherapists play a key role in improving our patients' quality of life, helping to optimise their mobility and wellbeing, to live as independently and fully as possible.

Counselling and Bereavement Support Services

Our Counselling Team provides emotional support for patients and families up to and following bereavement. This includes counselling for children and young people. Our Counselling Support Services are delivered by qualified counsellors, trained bereavement support volunteers and is further supported by the Pastoral Care Team.

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 and has not participated in any research.

4. Completeness of Data Submitted to the Secondary Uses Service (SUS)

As a specialist palliative and end-of-life care provider that is not part of the NHS we do not submit data to SUS because we are not eligible to participate in this scheme.

5. Use of CQUIN payment framework

The Hospice's income during 2023/2024 was not conditional on achieving quality improvement through the Commissioning for Quality and Innovation (CQUIN) payment framework because it was not eligible to participate in this scheme as a third sector organisation. We are required to record the number of patients seen in the community setting.

Some of our Inpatient Services clinical colleagues

Complementary Therapist Caroline with Jess

Thames hospice

Our vision

Quality of life to the end of life, for everyone

Our purpose

To provide complex, specialist palliative and end-of-life care to local people facing a life-limiting diagnosis, giving them dignity, comfort and the best possible quality of life in their preferred place of care.

Our values

C **Compassion**
Compassion for everyone in a safe and caring environment

A **Ambition**
The desire and determination to serve everyone in our community

R **Respect**
Respect for everyone's dignity

E **Excellence**
Committed to excellence in everything we do

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Thames Hospice is a company limited by guarantee. Company No 5316964.
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Care Quality Commission
Thames Hospice
CQC overall rating
Outstanding ☆