

**Thames hospice**

Quality of life, to the end of life

A photograph of a woman with short brown hair and glasses, smiling broadly and giving a thumbs-up gesture. She is wearing a dark, textured sweater and a silver necklace. The background shows a bright, modern interior with large windows and a wooden ceiling.

# Quality Account 2018/2019

[www.thameshospice.org.uk](http://www.thameshospice.org.uk)

Craig and Veronica,  
Inpatient Nursing Team



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**PART ONE:**

# 1a: Statement from the Chief Executive

On behalf of the Senior Management Team I'd like to welcome you to our annual Quality Account.

As you read this document, you will note the impressive achievements of our teams who have provided increased services whilst maintaining the quality of care that our community deserves. With an ever increasing population and demand for our services, I'm pleased to see our clinical teams step up to the challenge. I would also like to acknowledge that none of this would be possible without the support of our volunteers and support services such as housekeeping, maintenance, HR and many more.

We must also acknowledge that, as a charity, our fundraising and retail colleagues are critical to our services, raising over 50% of the funds we need every year to run our services. So too are our donors. Without them we simply wouldn't be able to support the thousands of people who urgently need our services every year.

This year has been momentous for Thames Hospice as construction started on the new hospice which will enable us to care for more people when it opens in 2020 for generations to come. This new state-of-the-art facility will enable us to expand services to our community in the new hospice, in peoples' own homes, as well as support others providing care at the end of life in the new education and conference centre.

I would also like to take this opportunity to thank our colleagues in other health care organisations for their support over the year. Together with our NHS commissioners, we have been able to develop much needed new services, including our 24/7 Advice Line and Rapid Response Service.

I feel extremely proud to be part of Thames Hospice. Our teams show unwavering compassion and care to those who need us and I am regularly humbled by the letters I receive from grateful patients and their loved ones.

There is, however, always opportunity to improve as you will note from our pledges on pages 21-23. These are designed to help prepare us as we move to a larger hospice and provide more services from next summer.

Thank you for your interest in Thames Hospice. I hope you find this report informative. If you have any questions or comments please don't hesitate to contact me on [debbie.raven@thameshospice.org.uk](mailto: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 am proud to support this Quality Account which covers the services provided by our clinical teams during 2018/2019. I am grateful to Jonathan Jones for handing over the Patient Care and Quality Committee with such a functional committee structure.

The Patient Care and Quality Committee (PCQC) meets quarterly with a wide variety of clinical staff and provides oversight of the clinical practices and governance of the Hospice by Trustees, with appropriate professional skills and training. We receive annual reports from the four main areas of patient care which allows us to acknowledge their achievements and to try and address the challenges to deliver a service that continues to improve. This report provides a true reflection of the quality of clinical services and how we will develop them further.

We are able to deliver excellent care due to the dedication of our clinical staff and the support of our commissioners, non-clinical staff, volunteers and supporters, for which we are extremely grateful.

The Thames Hospice Community Team (THCT), our Rapid Response Team (RRT) and Day Therapy Unit (DTU) have each made significant progress in delivering care to our patients in the outpatient setting and have avoided over 250 unscheduled admissions to hospital. The THCT has made significant improvements in responsiveness and there has been a remarkable improvement in patients achieving their preferred place of care. We are also developing our relationships with the other agencies involved in patient care.

The Inpatient Unit (IPU) has a significantly higher average bed occupancy compared to other hospices in our group and we have seen increasing levels of dependency in our patients with a concomitant increased length of stay. We recognise the rise in falls and are developing a robust strategy to address this.

The Hospice supports the open and honest reporting of incidents and near misses. We are pleased that the introduction of our new online reporting system has meant that we have had an increase in the number of reports.

This allows us to review and address these issues to develop systems and ways of working that improve safety and patient care. We have also developed a more robust way in sharing the learning from incidents with our staff. We regularly undertake audits to ensure that we are providing the best possible care and have a robust system of providing essential training to our staff.

We have few formal complaints but encourage constructive criticism to allow us to address issues. We have appointed a Freedom to Speak Up Guardian to encourage our staff to raise concerns confidentially. We are fortunate to receive high levels of positive feedback which we share with relevant staff.

We have successfully introduced an electronic patient record system which will improve safety and allows us to communicate more effectively with clinical partners (GPs and hospitals). This will be invaluable as patients are increasingly cared for in their own homes by a number of teams.

We have made excellent progress against last year's pledges and have written an ambitious programme for this year. I am sure that our dedicated and talented staff, with the continued support we received from so many sources, will enable us to achieve these. We certainly face an exciting year as we prepare to move to our new hospice in the summer of 2020.

**Bruce Montgomery**  
Chair – Patient Care and Quality Committee

**PART TWO:**

# Review of Quality Performance 2018/2019

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. The key lines of enquiry undertaken by the CQC and monitored by us as part of our compliance reviews are:

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

Within the Hospice, there are several functions, which report directly into the Governance and Assurance Team overseeing quality governance: Patient Relations; Patient Safety; Health and Safety; Patient Clinical Audit and Effectiveness, Incidents and Risk Monitoring, Policy, and Quality Improvement. Collectively our teams work together to ensure our patients receive safe, effective and caring treatment under the umbrella Quality.

## Our Services:

- A 17-bed Inpatient Unit

## Community Services:

- Thames Hospice Community Team, including 24/7 Advice Line and Rapid Response Service
- 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 30% of expenditure on our charitable activities. The balance is raised via our fundraising and retail activities as well as from our investments. We thank our local community for their generous support of Thames Hospice.

*“Just a letter of thanks for all the lovely support, time, tenderness and love you gave to my brother in his last 6 weeks. The family will never forget your care and compassion.”*

## Thames Hospice Facts and Figures

### 2a. Inpatient Unit

	2017/2018	2018/2019
Total Admissions	329	309
Average Occupancy	85%	85%
Discharges	142 (43%)	142 (46%)
Patient Deaths	190 (57%)	167 (54%)
Average Length of Stay (days)	16.11	17.36

### 2b. Community Services

#### 1 Thames Hospice Community Team

	2017/2018	2018/2019
No of Patients on caseload	374	327
No of Rapid Response Visits	1,242	1,886

#### 2 Day Therapy Unit

	2017/2018	2018/2019
No of Patients	121	242
No of Attendances	781	2,426

### 2c. Other Clinical Services

#### 1 Lymphoedema

	2017/2018	2018/2019
No of Patients	271	327
No of Treatments	1,001	1,209

#### 2 Complementary Therapy

	2017/2018	2018/2019
No of Patients	337	295
No of Treatments	1,191	1,082

#### 3 Patient and Family Support Services

##### a. Counselling

	2017/2018	2018/2019
No of Patients	255	266
No of Sessions	823	1,749

##### b. Pastoral Care

	2017/2018	2018/2019
No of Patients	1,309	1,555
No of Sessions	2,331	2402

#### 4 Medical Outpatients

	2017/2018	2018/2019
No of Patients	51	163
No of Appointments	143	330

## 2d. Alternative Quality Indicators

### 1 Complaints

During 2018 and 2019, we received only two clinical complaints about aspects of care given to patients. The complaints were quickly resolved to the satisfaction of the complainants. In each case our senior staff worked with the person making the complaint to 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 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 (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 across all our services. Some extracts from these accolades are found throughout this document.

One of the ways in which we gather feedback is that we ask visitors and patients to feedback on our services using tokens. 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. Any visitor or patient is encouraged to anonymously drop a token into our special token box. **Analysis of this feedback showed 99% Excellent or Good (97% excellent) in 2018/2019.**

All year round our visitors leave informal comments on the noticeboard in the Inpatient Unit corridor. Numerous people write lovely comments on the board and this allows us to monitor our services in real time whilst also reassuring those new to us.

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

### 3 Reporting and Review of Feedback Received

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



Catherine, Farhaan and Anita, doctors on the Inpatient Unit

## What our patients and their families say about our services

*“The nurses were wonderful and the care and attention they provided to dad and ourselves was second to none they treated him as if he were their own, calling him sweetheart, darling, always making sure he was clean and comfortable and when he was in distress they were there in an instant to stop the situation and ensure we were all ok when we were so upset. They also offered us counselling for up to two years, such a wonderful place for people facing life limiting illnesses.”*

*“Thank you so much for all the care and support you gave my Dad and us as a family. Seeing all your friendly faces made a tough time a little easier. We couldn't have wished for more lovely people to care for him in his last days. You really are wonderful people.”*

*“You have made the whole dying process less scary for me.”*

## 2e. Patient Safety Summary

### 1 Clinical Accidents and 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 Senior Management Team.

306 clinical incidents and accidents were reported and investigated during 2018/2019, with many of them reported for the record only or as near misses. The table below summarises those incidents that were investigated. Other incidents were reported to other organisations as they belonged to them, or were for the record only.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	2	2	Minor incidents only. All were investigated and where necessary we made changes to processes.
Drug Errors	69	Low	Each drug incident is investigated. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Information Governance	2	Low	Minor incidents; promptly resolved.
Patient Safety and Care	36	Various	In most incidents the patient was unharmed.
Patient Slips, Trips and Falls	65	Various	In most incidents the patient was unharmed. However, one patient fall was serious and required the patient to attend hospital. We reported this incident to the CQC.
Pressure Ulcer – Inherited	33	High	Due to the ongoing deteriorating nature of their condition, patients were admitted with often severe pressure ulcers. We have procedures that we implement to care for these individuals, including special mattresses and turning plans.
Pressure Ulcer – Acquired	17	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 due to the nature of their illness.

We use an online incident reporting system. This has streamlined our incident reporting process and enabled us to produce more in depth reports for governance monitoring.



## 2 Infection Control

We carried out quarterly Infection Control Audits in 2018/2019, 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 their quarterly and annual metrics with other similarly sized hospices. Below is the data comparing Thames Hospice with other similarly sized hospices for 2018/2019 and the past three years. In all four years, Thames Hospice is proud that our occupancy levels are above average, meaning that we have helped as many people as possible without compromising patient care. We are also proud that our results compare very favourably across all three measures with those of other hospices.

Category	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Overall 18/19	Overall 17/18	Overall 16/17	Overall 15/16	Overall 14/15
<b>Average Bed Occupancy</b>									
Thames Hospice	<b>85.2%</b>	<b>84.3%</b>	<b>78.8%</b>	<b>87.6%</b>	<b>84.6%</b>	84.6%	81.0%	83.5%	84%
Group	76.1%	75.7%	79.1%	<b>80.2%</b>	<b>80.2%</b>	79.5%	80.9%	79.9%	80%
All Hospices	78.0%	77.5%	78.9%	<b>79.4%</b>	<b>79.4%</b>	79.1%	79.4%	78.4%	79%
<b>Falls per 1,000 Occupied Bed Days</b>									
Thames Hospice	<b>20.0</b>	<b>9.4</b>	<b>8.8</b>	<b>11.0</b>	<b>12.4</b>	13.4	7.9	7.4	9.5
Group	10.3	10.7	9.8	<b>10.3</b>	<b>10.3</b>	10.4	10.7	10.6	10.8
All Hospices	10.0	10.3	9.9	<b>9.8</b>	<b>10.0</b>	10.4	10.3	10.4	11.2
<b>Medication Incidents per 1,000 Occupied Bed Days</b>									
Thames Hospice	<b>10.4</b>	<b>13.3</b>	<b>17.5</b>	<b>11.8</b>	<b>13.2</b>	6.0	6.1	3.4	2.7
Group	12.2	14.1	12.5	<b>12.8</b>	<b>12.9</b>	11.8	10.2	6.9	5.5
All Hospices	10.5	10.9	10.6	<b>10.0</b>	<b>10.5</b>	10.4	8.8	6.4	5.2
<b>Pressure Ulcer Incidents per 1,000 Occupied Bed Days</b>									
Thames Hospice	<b>8.8</b>	<b>2.3</b>	<b>21.9</b>	<b>3.4</b>	<b>8.9</b>				
Group	20.5	22.5	23.7	<b>23.1</b>	<b>22.6</b>	N/A	N/A	N/A	N/A
All Hospices	18.5	19.2	20.6	<b>18.9</b>	<b>19.2</b>				

## b. FAMCARE Audit Results

The 2018 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken between August and September 2018. 54 specialist palliative care services in the UK and Ireland took part in 2018: 26 hospice Inpatient Units, 22 home care teams and 6 hospital support teams.

This was our fourth year participating in the FAMCARE Audit and again we were very pleased with the results, especially in the areas where we received more 'very satisfied' responses compared to the average from the participating hospices.

We sent surveys to the next of kin of people who had died at Thames Hospice between 1 June and 31 August 2018. This year we also sent surveys to people who had experienced our Community Team as either a patient or next of kin.

## c. Internal Audit Results

As a provider of specialist palliative care Thames Hospice is not eligible to participate in national clinical audits and national confidential enquiries as they do not relate to specialist palliative care. However, to ensure that we are continually meeting standards and providing a consistently high quality of service, Thames Hospice has a Quality and Audit Plan in place.

The Thames Hospice Audit Plan 2018/2019 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 in the table below.

Topic Audited	Outcomes	Action Required
<b>Safe</b>	Following recommendations from our clinical audit programme, we undertook a whole systems review of medication processes within our Hospice.	Audit data identified and highlighted some key environmental recommendations, primarily related to interruptions nurses might experience when dispensing drugs. From this information, we have reinforced the use of 'do not disturb' tabards and introduced clinical safety huddles.
<b>Effective</b>	In response to an organisational review of our processes, we have implemented a new online incident reporting system.	This new system allows staff and volunteers to report incidents proactively. Organisational incident reporting and responding has been enhanced through this system. It has provided greater individual ownership for incidents within the organisation.
<b>Caring</b>	A national initiative concerning consent highlighted a need for us to review our policies and processes.	We formed a working group to examine any key documents concerning consent across all of the services we provide. Our consent policy was revised and updated. Key changes to the way in which we document consent are now established.
<b>Responsive</b>	Whilst undertaking a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) audit, we recognised that our process of completing DNACPR forms with patients and their families could be refined and improved.	We have already adopted the NHS South of England Commissioning Group DNACPR form. In collaboration with other healthcare providers in our region we now also recognise four other DNACPR forms as valid. This avoids patients and families having to reiterate what are often very sensitive discussions.
<b>Well-Led</b>	An audit of organisational information flow identified.	We are the first hospice within the UK to utilise DOCMAN to communicate with GPs electronically. This has increased the speed at which GPs receive patient information.

## 4 Other Audit Results

In 2018/2019 we completed 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 10 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.

We believe that we were the first hospice in the country to submit, and we are pleased that our submission was compliant with all NHS standards for information management, confidentiality, data protection assurance, information security and clinical information and records holding.

## 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/directory/1-120819354](http://www.cqc.org.uk/directory/1-120819354) or visit our website where there is a link to the report from our home page.

### 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 insure 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. <b>Action:</b> 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

Key Line of Enquiry	Rating	What the CQC Found at the 2016 Inspection
<b>Responsive</b>	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.
<b>Well-led</b>	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).



Heidi, Sonia and Anne, Children and Families Support Team



## 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
<b>To set up a Safeguarding Steering Group. This group will cover all directorates across the Hospice.</b>	There is new national guidance and staff at Thames Hospice have identified this as a priority for our patients, families, carers, staff and volunteers (including retail).	A cross-organisational Steering Group will meet four times a year with the purpose of embedding safeguarding into everyday work across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Governance and Health and Safety Committee.	We have set up our Safeguarding Panel which meets quarterly, chaired by the Head of Inpatient Services.
<b>To pilot virtual reality technology for our patients. This will be in the form of a head set, mobile phone and tablet and will allow patients to experience virtual environments.</b>	There is evidence that virtual reality systems can be of benefit for patients by providing relief from symptoms through distraction therapy.	We have approached a supplier and agreed a one month pilot of the equipment.  The pilot will then be evaluated.	Recorded and reported to the Medical Director.  Presented to the Patient Care and Quality Committee.	We have piloted two systems for virtual reality headsets.  We are waiting for grant funding to take this project forwards.
<b>To fully integrate the Community Team services (including Rapid Response).</b>	Thames Hospice has been commissioned by the East Berkshire CCG to deliver the Community Palliative Care Service.	There is a structured plan and recruitment is underway to improve the structure of the team.  All processes and ways of working will be reviewed.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality and HR Committees.	We have fully operationally integrated the Community Team.
<b>To review and develop the current Day Therapy Unit model.</b>	People are living longer with life-limiting illness and there is a need for patients to be closely monitored as their disease progresses. We want to provide that for them in an environment that remains social and supportive.	The Medical Consultant and nursing staff will review the current service provision and develop a plan for the service that will include preparation for the service in our new hospice.	Recorded and reported to the Medical Director.  Presented to the Patient Care and Quality Committee.	The Day Therapy Unit model has been reviewed. Due to our current location we cannot implement any changes; however they will be taken forwards when we move to our new hospice in 2020.
<b>To introduce an electronic incident reporting system.</b>	Thames Hospice takes all incidents seriously. The paper based process that we currently have is now not fit for purpose as we look to increase services in the future.	The electronic system has been purchased. We will develop an implementation plan to introduce the system into all directorates across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Governance and Health and Safety Committee.	We have introduced the Vantage system to allow all incidents and accidents to be recorded electronically. Staff have adapted to this system and we can evidence improved reporting.

### 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
<b>To be the first hospice in the country to introduce Docman; an electronic system that allows us to send documents to our external partners quickly and securely.</b>	We need to communicate effectively with our external partners to optimise patient care.	The electronic system has been purchased. We will develop an implementation plan to introduce the system into all directorates across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality Committee.	We have implemented the use of Docman across all Hospice services which has facilitated improved communication with our external partners.
<b>To explore the new role of Business and Data Manager for the clinical directorate.</b>	We have an ever-increasing demand for data to be produced to provide evidence of the quality of care we deliver and to how many people.	The role will be developed and taken to the Senior Management Team for approval.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality and HR Committees.	We have recruited a Clinical Business and Data Manager and they have been in post since August 2018.
<b>To improve the way in which our external partners can refer patients to Thames Hospice Services.</b>	We have received feedback that our partners prefer electronic ways of referring which will increase the speed and safety of referrals.	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.  Presented to the Patient Care and Quality Committee.	We have successfully uploaded our referral form onto the GP system to allow for ease of referral to ultimately improve patient experience.
<b>To introduce a 'one stop' clinic for our Lymphoedema patients.</b>	Thames Hospice staff have identified that our patients would benefit from this service.	We are working with our NHS partners to provide larger stocks of hosiery so that patients can be assessed and have their garments fitted at the same appointment.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality Committee.	We now store hosiery at the Hospice to allow patients to be assessed and have their hosiery fitted on the same day. Made to measure hosiery will require a second visit.

*“A huge thank you to all of you. You are Angels of Mercy and were all so kind and gentle to my husband, knowing you were always there when I rang helped me hugely.”*



### 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
<b>To deliver LGBTQ training across Thames Hospice.</b>	The HR Director and Head of Patient and Family Support have identified the need for this training.	We are sourcing subject matter experts to provide education and workshops for our staff.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality and HR Committees.	We have delivered LGBTQ training for all staff in the Hospice.  The training was delivered by experts in the field and was well evaluated.
<b>To develop the Thames Hospice education and research strategy.</b>	There is a large increase in the population, now and in the future, who will require palliative and end-of-life care. We know that education will be vital for patients and families, Thames Hospice staff and our external partners.	The Head of Education and Research has undertaken a full mapping of our current education team.  The strategy will be built and presented to the Senior management Team.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality Committee.	The education and research strategy has been written and approved by the Patient Care and Quality Committee.
<b>To fully review all of the mandatory training for Thames Hospice staff.</b>	Thames Hospice must meet all statutory and regulatory requirements for mandatory training and the Director of Patient and Family Services has requested a full review to ensure we comply.	We will review our current mandatory training and ensure that any changes that are required are made in a timely manner.	Recorded and reported to the Director of Patient and Family Services.  Presented to the Patient Care and Quality and HR Committees.	The Head of Education and Research has undertaken a full review of the mandatory training required to ensure that our staff have the required training.



## PART FOUR:

## Looking Forwards

## 4a. Pledges for 2019/2020

## 1 Patient Safety and Experience

Priority Action	How Identified as a Priority?	How Will Priority be Achieved?	How Will Progress be Monitored and Reported?
<b>To introduce an electronic holistic assessment tool that will be used across all services to allow patients to be assessed once, in the setting of their choice.</b>	Patients and families tell us that they have to answer the same questions multiple times across various services.	Multi-professional input into the development of the assessment tool that will then be accessed on the electronic patient database.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To establish a service for the homeless population of East Berkshire.</b>	We know that nationally people who are homeless do not have equitable access to healthcare. Thames Hospice is committed to providing services that can be accessed by all those that need us.	This will be a Medical Consultant led project that will see our services working closely with local authorities and other health care providers.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To gain the Louder than Words accreditation for Thames Hospice.</b>	We know that there are a significant number of people in our community that have some degree of hearing loss. Thames Hospice is committed to ensuring that people can communicate effectively within our buildings and at home.	We are developing an action plan, in collaboration with a hearing loss charity, and will implement the plan to ensure that we gain accreditation.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To further extend our education and training package for care homes.</b>	Care homes care for people who have palliative and end-of-life care needs. To do this effectively and with confidence their staff requires education and training.	We are working with care homes and the East Berkshire Clinical Commissioning Group to offer syringe driver training for care homes across East Berkshire.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To facilitate patients and families input into the new build.</b>	We are preparing for a new hospice to open in 2020. This new building will be used by people that use our services and it is vital that we gain the input from current patients as to what is important to them.	We will be using a variety of methods to gain the feedback from current users of our services including focus groups and surveys.	Recorded and reported to the Director of patient and family Services. Presented to the Project T5 Committee.

## 2 Clinical Effectiveness

Priority Action	How Identified as a Priority?	How Will Priority be Achieved?	How Will Progress be Monitored and Reported?
<b>To optimise the use of the electronic EMIS patient data system.</b>	We successfully introduced the EMIS database last year. This year we know that the database can be optimised to allow for the effective recording of patient records and to facilitate communication with our external partners.	The project leads will work closely with our clinical teams to improve the processes and templates on the EMIS system.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To introduce and embed the new corporate caseload for the Community Team.</b>	We know that we need to reduce the time from referral to our first visits for patients in their own homes.	We have introduced a new system of corporate working on 1 April 2019 that allows for a more responsive service. We are embedding this system and will regularly evaluate progress.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To establish a community faith forum.</b>	Thames Hospice monitors the ethnicity and religion of patients and families that access our services. We are proud of the equitable access to our services but we want to ensure that we continue and improve our reach to all people that need us.	Our Head of Patient and Family Support will lead on the forum to help us to engage with as many faith leaders as possible in East Berkshire.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To recruit and induct a Deputy Director of Clinical Services.</b>	We are committed to providing the best service we can whilst planning for the move to our new building in 2020. We know that we need more senior management support to achieve this.	We will recruit a high quality candidate to support our clinical teams.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.



Ray and Anita on our Day Therapy Unit



### 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?
<b>To introduce a training programme for the Assistant Practitioners; a new role being introduced this year.</b>	We have been providing Foundation Degree education for some of our Senior Health Care Assistants. We are now transitioning them into their new roles and they will need extra training to support their development.	We will provide a six month mentorship and training programme that will include extended clinical skills and decision-making.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To develop a training plan for a larger, new team of staff and volunteers in 2020.</b>	We will be recruiting staff and volunteers across all services in 2020 to ensure that we can effectively staff our new hospice. All new recruits will require training and support when they begin working with us.	Our Education Team will lead on developing a robust plan for new staff and volunteers that will be ready for implementation as we commence recruitment.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
<b>To review and develop the Clinical Supervision offering across staff in all services.</b>	We have various clinical supervision offerings available to staff across all services. This year we wish to improve and standardise this for our staff to ensure that we maximise the support and learning from practice that they need.	The Education Team will lead on the review and the subsequent changes in the clinical supervision provision for our staff.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.



Ian and David, Day Therapies patients

## 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 patients with an unstable palliative condition, respite care (planned and unplanned) and end-of-life care.

#### The service areas we offer are:

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

#### Thames Hospice Community Team

##### Specialist Nursing

We have a team made up of a Consultant in Palliative Medicine, Clinical Nurse Specialists, Senior Staff Nurses and Senior Health Care Assistants all of whom deliver a comprehensive proactive case management service for patients with complex needs in their own homes.

##### 24-hour Advice Line

Our 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 Team

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

#### Day Therapy Services

Our day therapy services help people stay independent by supporting them through individual programmes of care on a rolling six-week basis.

#### Complementary Therapy Team

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

#### Lymphoedema Service

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

#### Patient and Family Support Services

The Patient and Family Support 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 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 East Berkshire Clinical Commissioning Group (CCG) is pleased to provide a response to the Thames Hospice Quality Account 2018/2019.*

*“The Quality Account provides information and a review of the Quality Performance Indicators set for 2018/2019 and gives an overview of the quality of care provided by Thames Hospice during this period. The priorities for 2019/2020 are also detailed in the report.*

*“The CCG was pleased to see that there has been an increased uptake of the Thames Hospice service, particularly for the Day Therapy Unit. Knowing that this was a priority for the Hospice to develop over the previous year, it is very positive to see that patients are making more use of this facility. We also acknowledge the challenges that occur with not being able to adapt the current location but look forward to 2019/2020 when a change of location can lead to further development of the Day Therapy Unit.*

*“It is also very promising to see work that the lymphoedema service has been doing and being able to increase the number of people who have been treated since taking over the provision of this service. The Quality Account also highlights the positive work undertaken by the counselling service, the pastoral care service and the use of the medical outpatients department. It shows the holistic care provided by the Hospice to the patients of East Berkshire.*

*“The CCG would like to commend Thames Hospice on having a low number of complaints received across the year, and in comparison, the large number of accolades that are received. Reading some of them within the Quality Account shows how valuable the service is to not only patients but also to patients’ relatives and carers.*

*“It was extremely positive to see that Thames Hospice has a lower rate of pressure ulcers when compared to all hospices. However, we would like to see a similar picture for the forthcoming year with the rate of medication incidents and falls which are currently higher when compared with all hospices.*

*“The CCG would like to commend the Hospice on all the progress on the pledges for last year and look forward to seeing the positive outcomes from the pledges for 2019/2020.*

*The pledges that have been made for 2019/2020 are categorised in to:*

- 1. Patient Safety and Experience*
- 2. Clinical Effectiveness*
- 3. Supporting our Staff and Volunteers to Deliver High Quality Care to Patients*

*“The CCG would like to see the progress and outcomes from the pledges during the year from Thames Hospice and look forward to seeing the service move to its new location in 2020.”*

Jenna and Vic on our Inpatient Unit



# 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 relationship 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

## Thames Hospice

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

Registered charity number 1108298