



Thames hospice

Quality of life, to the end of life

QUALITY ACCOUNT

2019/2020

WWW.THAMESHOSPICE.ORG.UK

INDEX

PART ONE: STATEMENTS

- 1a Statement from the Chief Executive
- 1b Statement from the Chair of the Patient Care and Quality Committee

PART TWO: REVIEW OF QUALITY PERFORMANCE 2019/2020 6-16

- 2a Inpatient Unit
- 2b Community Services
- 2c Day Therapy Unit
- 2d Other Clinical Services
 - 1. Lymphoedema
 - 2. Complementary Therapy
 - 3. Patient and Family Support Services
 - a. Counselling
 - b. Pastoral Care
 - c. Counselling for Bereaved Children
 - 4. Medical Outpatients
- 2e Alternative Quality Indicators
 - 1. Complaints
 - 2. Accolades
 - 3. Reporting and Review of Feedback Received
- 2f Patient Safety Summary
 - 1. Clinical Accidents and Incidents
 - 2. Infection Control
 - 3. New Electronic Patient Records System – EMIS
 - 4. Patient and Carer Outcomes
 - 5. Significant Audits
 - a. Hospice UK Benchmarking Results
 - b. FAMCARE Audit Results
 - b. Internal Audit Results
 - 6. Other Audit Results
 - 7. Regulatory Inspection
 - 8. Duty of Candour

PART THREE: UPDATE ON LAST YEAR'S PLEDGES 17-20

- 3a Patient Safety and Experience
- 3b Clinical Effectiveness
- 3c Supporting our Staff and Volunteers

PART FOUR: LOOKING FORWARDS – PLEDGES FOR 2020/2021 21-23

- 4a Patient Safety and Experience
- 4b Clinical Effectiveness
- 4c Supporting our Staff and Volunteers

PART FIVE: STATEMENTS OF ASSURANCE FROM THE BOARD 24-25

PART SIX: STATEMENT FROM COMMISSIONERS 26



PART ONE:

1a: STATEMENT FROM THE CHIEF EXECUTIVE



On behalf of the Senior Management Team I'm delighted to introduce our Quality Account for 2019/2020.

As Chief Executive of this incredible organisation, I am extremely proud of our teams across all areas and their achievements. As you read this Quality Account, you will note how much our services to the community have increased over the year as we care for more people at home. We know this increase in demand is going to continue and I'm pleased to report that the plans we have in place in relation to our move to the new hospice will enable us to help even more people. We've also invested in education this year which will enable us to support others in providing the highest quality end-of-life and palliative care.

Quality is absolutely key and you will note from this report the emphasis we place on quality by our focus on feedback (page 9) and the low volume of complaints we receive (page 9). There is, however, always an opportunity to improve and, as you will note from our pledges on pages 21-23, we have plenty of plans in place to develop our services even further.

I would also like to acknowledge the hard work of our support services. Without our HR, Finance, Governance, Housekeeping, Maintenance and IT colleagues we wouldn't be able to function, and they are often the unsung heroes.

Our volunteers are also absolutely critical to the smooth running of the Hospice and, as I write this during the outbreak of COVID-19, when many of our volunteers are unable to be here, I really appreciate just how much they do for us and our patients.

In terms of funding, we are experiencing an extremely challenging time with all

22 of our shops currently closed due to the coronavirus pandemic. Not only is this a devastating loss of income, we are also missing our retail colleagues and volunteers who do such an amazing job in raising funds for the Hospice. Our Fundraising Team too have had to diversify of late and have been incredible in thinking innovatively about how we can continue to generate funds when everyone is stuck at home! This does of course mean that our normal calendar of summer events are unlikely to happen this year, but we look forward to future, happier times.

We've worked extremely hard with our NHS colleagues this year in developing our services and this has become even more important during the COVID-19 pandemic. As ever, we have fantastic support from our NHS Commissioners who work alongside us in ensuring that the care we provide is the best it can possibly be for those who need us. This has included developing our new hospice at Bray and we look forward to moving into this amazing facility later in 2020.

None of this would be possible without you, our community, and I'm so grateful for the amazing support we receive to provide the highest quality of care for patients and their loved ones. We rely on charitable donations for over 50% of our funding and I am continually humbled by the amount of support we receive – thank you.

I would like to thank you for your interest in Thames Hospice. If you have any questions or comments, please don't hesitate to contact me on 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 endorse this Quality Account which covers the services provided by our clinical teams during 2019/2020.

The Patient Care and Quality Committee (PCQC) continues to meet quarterly with a wide variety of clinical staff and provides oversight of the clinical practices and governance of the Hospice. This report provides a true reflection of the quality of clinical services and how we will develop them further.

We are extremely grateful for the dedication of our clinical staff and the support of our NHS Commissioners, non-clinical staff, volunteers, and supporters, which enable us to deliver such excellent care. We are very grateful to Lesley Rudd (Trustee), Cecily Wright (Medical Director) and Jacquie Batchford (Director of Patient and Family Services) who have all made very valued contributions to PCQC and, for personal reasons, stood down in the past year. We are delighted to welcome their replacements, Catherine McLaughlin, Jita Das and Lisa Church, who come with a great breadth of experience and enthusiasm.

The Hospice staff have responded marvellously as part of the wider health community in response to the COVID-19 pandemic and have adapted services to admit all patients that need our care. We have expanded the Palliative Care Team and Rapid Response Team which has enabled more people to stay in their own homes.

The Inpatient Unit (IPU) continues to have a significantly higher average bed occupancy than similar hospices, with increasing levels of complexity and dependency. We continue to address the issue of falls and have developed improved processes in relation to prescribing.

The Community Palliative Care Team (CPCT), Rapid Response Team (RRT) and Day Therapy Unit (DTU) continue to develop their services in the face of increasing demand. The services are more responsive, with a broadened skill mix and we have developed excellent

collaborative working with the local health community. The new electronic patient record helps to support improved communication.

The online reporting of incidents and near misses has allowed us to review and address issues and develop systems and ways of working that improve safety and patient care. We share the learning from incidents with our staff. We have a robust system of audit to ensure that we are providing the best possible care and we have made a significant improvement in delivering mandatory and statutory training.

We have few formal complaints but encourage constructive criticism to allow us to improve how we manage our patients and those close to them; the electronic holistic assessment tool we developed has helped this. We are fortunate to receive remarkably high levels of positive feedback and in-memoriam giving, and feed this back to our staff.

We have produced an ambitious Education and Research Strategy (2020-2023) and this will guide the exciting new education centre at the new hospice. We are delivering an increased training offering to our own staff and the local health community, including care homes.

We have made good progress against last year's pledges (page 17) and I am sure that our dedicated and talented staff, with the continued support we receive from so many sources, will enable us to achieve this year's. Preparations are well advanced to support the move to our new hospice later in 2020, and we are working hard to ensure the safe movement of our patients and the expansion in our staffing for the ongoing excellence of our clinical services.

Bruce Montgomery
Chair – Patient Care and Quality Committee

PART TWO

REVIEW OF QUALITY PERFORMANCE 2019/2020

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, supports learning and innovation and promotes an open and fair culture

At Thames 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.

In order to benefit from improved inter-operability and shared patient notes with many of our GPs, we introduced a new clinical database, EMIS, in April 2019. However, as reporting in EMIS is different from our previous database, year-on-year comparisons of some services cannot be made this year.

OUR SERVICES

Inpatient Services

- A 17-bed Inpatient Unit

Community Services

- Palliative Care Team
- Rapid Response Team

Day Therapy Unit

Other Clinical Services

- Lymphoedema
- Complementary Therapy
 - Patient and Family Support Services
 - Counselling
 - Pastoral Care
- Counselling for Children who are Bereaved
- Medical Outpatients Appointments

Funding provided by NHS Commissioners represents under half 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.

OUR STAFF

We are committed to the support and development of our staff and recognise the importance of every individual regardless of their role. We focus on developing our staff and volunteers and enabling them to be the best they can be. Our Staff Forum aims to further improve engagement and well-being through enhancing the two-way relationship between managers and staff. A staff survey is undertaken every two years to gain staff views so that we can continue to make the Hospice an even better place to work.

“I just wanted to say thank you so much to all of your team for the love, care and reassurance that you provided to me, my sister and my mum’s husband. Your staff were just so lovely, kind and reassuring. They helped make an unbearable and frightening situation less so. Mum died at home and at peace which is all we could have asked for. Please pass on our thanks.”

THAMES HOSPICE FACTS AND FIGURES

The figures shown for 2019/2020 were impacted in March 2020 by COVID-19 measures as some services, such as our Day Therapy Unit, were forced to close. Our Inpatient Unit started to take COVID-19 patients in March, and our Community Services saw very significant increases in demand.

2a Inpatient Unit

	2017/2018	2018/2019	2019/2020
Total Admissions	329	309	316
Average Occupancy	85%	85%	85%
Discharges	142 (43%)	142 (41%)	144 (36%)
Patient Deaths	190 (57%)	167 (59%)	203 (64%)
Average Length of Stay (days)	16.11	17.36	16.46

Our IPU continues to be used efficiently, demonstrated by high occupancy levels. The number of patients going home from the IPU has reduced compared with 2018/2019. The reasons for this are varied and individual, including level of complexity and distress, and nursing home availability.

2b Community Services

	2017/2018	2018/2019	2019/2020
No of Patients on caseload	374	327	1,023
No of Rapid Response visited or telephone consultation at least once	-	-	995

The Community Team (Palliative Care Team and Rapid Response Team) includes Clinical Nurse Specialists, Paramedics, Nurses and Health Care Assistants as well as support from our Doctors, Patient & Family Support Team and Therapists. The large increase in numbers of patients is encouraging as this is a specific service area we want to grow in order to support patients in their own homes.

2c Day Therapy Unit

	2017/2018	2018/2019	2019/2020
No of Patients	121	242	155
No of Attendees	781	2,426	2,179

Our Day Therapy Services are, we believe, an excellent way of providing support for many patients who are not currently accessing end-of-life care services.

2d Other Clinical Services

1. Lymphoedema

	2017/2018	2018/2019	2019/2020
No of Patients	271	327	407
No of Treatments	1,001	1,209	1,716

2. Complementary Therapy

	2017/2018	2018/2019	2019/2020
No of Patients	337	295	396
No of Treatments	1,191	1,082	1,143

3. Patient and Family Support Services

a Counselling

	2017/2018	2018/2019	2019/2020
No of Patients	255	266	299
No of Sessions	823	1,749	2,185

c Counselling for Bereaved Children (new service 2019/2020)

	2017/2018	2018/2019	2019/2020
No of clients	-	-	226
No of family visits	-	-	484

4. Medical Outpatients

	2017/2018	2018/2019	2019/2020
No of Patients	51	163	200
No of Appointments	143	330	408

b Pastoral Care

	2017/2018	2018/2019	2019/2020
No of Patients/family members	1,309	1,155	1,118
No of Sessions/interventions	2,331	2,402	1,956

EDUCATION

The teaching and support of local healthcare professionals continues to be a strong focus of our work, with training content tailored to local professional needs and clinical practice. 2019/2020 saw a continued emphasis on end-of-life care training for external professionals, along with an expansion in core training for our clinical professionals. We recognise this is an essential part of our commitment to staff for professional development and safe clinical care for patients. In total, there were over 300 education attendances from local external healthcare professionals during 2019/2020.



Inpatient Nursing Team



Shirley and Shelley, Health Care Assistants

2e Alternative Quality Indicators

1. Complaints

In 2019/2020, we received only three clinical complaints. Two of these were about aspects of care given to patients and communication with family members. In each case our senior staff worked with the person making the complaint to resolve issues as quickly as possible. The third was where we contributed to a wider NHS complaint, although were not ourselves at fault.

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 and 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 PCQC. Significant issues are reported to our Board, the CQC (by exception if very high risk) and our NHS Commissioners, as part of our quality reporting processes.

2. Accolades

We receive some incredibly positive feedback from patients and their families and we receive a large number of accolades 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. We monitor the tokens and respond to any issues indicated immediately. Any visitor or patient is encouraged to anonymously drop a token into our token box.

Analysis of token feedback showed a score of 99% Excellent or Good in 2019/2020.

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 each month across all our services.

3. Reporting and Review of Feedback Received

The views and experiences of patients and their families are 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 PCQC, and at the start of Board Meetings. We are often very privileged to relay a patient or family member's experiences of the Hospice. We find this very thought-provoking and supportive of core service decision-making throughout the organisation.

WHAT OUR PATIENTS AND THEIR FAMILIES SAY ABOUT OUR SERVICES

“The Thames Hospice Nurses are the next best thing to angels. Thank you from the bottom of my heart for looking after my partner and family for his final days.”

“Thames Hospice is an amazing place. They allowed me to become my mum’s daughter again and not her carer which was a beautiful gift to be given in her last weeks. The staff not only care for your loved ones superbly but look after you as a family. I didn’t know how much I would need their support during my mum’s end of life care. I would never have coped without them.”

“My two weeks at Thames Hospice (and ongoing support from the Day Therapy Unit, Community Team, Counsellors, Pastoral Care Team and so many more) has been utterly transformative. My life was metaphorically saved by my time at the Hospice – I’d given up and refused further treatment. Now fighting hard!”

“You looked after our brother with such respect and compassion. You truly are wonderful people and we thank you from the bottom of our hearts for making his final days comfortable and also for looking after us all.”

2f Patient Safety Summary

1. Clinical Accidents and Incidents

We use Sentinel, an online incident reporting system. This has streamlined our incident reporting process and enabled us to produce more in depth reports for governance monitoring. Sentinel is used throughout the organisation and is mandated as the standard reporting tool for all staff. The Senior Management Team (SMT) and 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 other members of the SMT.

227 clinical incidents and accidents were reported and investigated during 2019/2020, with many of them reported ‘for the record’ only or as ‘near misses’. The table below summarises those incidents that we investigated. 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.

Type	Number in Year	Seriousness/ Impact	Actions
Administrative	2	Low	Minor incidents only. All were investigated and where necessary we made changes to processes.
Drug Errors	35	Low	Each drug incident was investigated. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Information Governance	1	Low	A minor incident; promptly resolved.
Patient Safety and Care	14	Various	In most incidents the patient was unharmed.
Patient Slips, Trips and Falls	73	Various	In most incidents the patient was unharmed.
Pressure Ulcer – Inherited	21	Medium	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 patients, including special mattresses and turning plans.
Pressure Ulcer – Acquired	22	Medium	The progression of disease in some of our patients meant that low-grade pressure ulcers formed. Often these patients understood that pressure ulcers had formed, or were developing, but preferred not to be turned.

2. Infection Control

In 2019/2020 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 year.

We carried out quarterly Infection Control Audits in 2019/2020 and no infection control incidents were reported.

3. New Electronic Patient Records System – EMIS

In April 2019 we started using EMIS, an electronic patient record system, enabling the sharing of patient data with our local GPs and some community partners. This resulted in better co-ordinated care and treatment and increased responsiveness as information is shared more quickly and efficiently.

4. Patient and Carer Outcomes

We have embedded the Outcome Assessment and Complexity Collaborative (OACC) suite of measures, as well as the Carer Support Needs Assessment Tool (CSNAT). We have also implemented the Phase of Illness measure and the Australian Karnofsky Performance Status (AKPS). Not only have these measures helped to inform us about the impact of our services in relation to patients’ multi-dimensional needs, but they have also helped us to understand the impact on and the needs of their carers.



5. Significant Audits

a 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 metrics with other similarly sized hospices.

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 with those of other hospices across all three measures.

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 Programme in place.

The programme allows us to monitor the quality of service in a systematic way, identifying areas for audit and evaluation

b FAMCARE Audit Results

The 2019 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken between August and September 2019. This year 57 specialist palliative care services in the UK and Ireland took part: 29 hospice inpatient units, 23 home care teams and 5 hospital support teams.

We sent surveys to the next of kin of people who had died at Thames Hospice between 1 June and 31 August 2019. It was our fifth 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.

in the coming year. It creates a framework where we can review this information and make improvements where needed. Regular Governance and PCQC meetings provided a forum to monitor quality of care and discuss quality and audit evaluation results.

The Thames Hospice Audit Plan 2019/2020 included many audits covering the five key lines of enquiry as set by the CQC. Highlights from the audit plan are detailed below.

Topic Audited	Outcomes	Action Required
Safe	Following reported issues with the syringe drivers that we and other healthcare providers use, we undertook an audit of our syringe driver processes.	We initiated new checking procedures when using syringe drivers.
Effective	We have been monitoring our recording and care measures around pressure ulcers.	We have reviewed our pressure ulcer documentation. Expert training in wound and pressure ulcer care for clinical staff. We have standardised the specialist mattresses we use to reduce pressure.
Caring	We make an annual review of patient falls and reported ‘near-misses’.	All patients are assessed for their individual risk of falls on admittance to the Hospice. We continue to monitor all patients closely.
Responsive	Audits highlight areas where we can improve our practice or recording.	We make changes immediately to our processes and ensure that we train staff and communicate any changes immediately.
Well-Led	We have a monthly metrics programme to monitor activity and outcomes in all our teams.	Our metrics are reviewed by managers and at each quarterly PCQC. Where issues are highlighted they are rectified.

6. Other Audit Results

In 2019/2020 we completed and made a submission against the NHS Data Security and Protection Toolkit. This 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. We believe that we were the first hospice to submit in the country, 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.

7. Regulatory Inspection

Thames Hospice was inspected by the CQC in February 2016. The inspection outlined how we were meeting all the CQC national standards. Our overall rating was Good. We are currently in preparation for our next unannounced inspection using the updated CQC methodology, as hospices have moved from Adult and Social Care directorate to the Hospital directorate. The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008.

To access a full copy of this and other past reports, please go to www.cqc.oeg.uk/directory/1-120819354 or visit our website where there is a link to the report from our home page.



Adele, Day Therapies Volunteer, with Patient Rovin

“The staff here looked after my best and closest friend in her final hours, but not only did they care for her magnificently, they also took the greatest care of us, and made our situation seem a priority, despite having many other patients.”

CQC Rating 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. Action: We have installed air conditioning in the drug storage room on the Inpatient Unit. The temperature is maintained at below 25°C at all times and this is monitored daily. All orders for Controlled Drugs now fully comply with legislation. We have added a label to the drug order book that states that ‘Drugs are ordered for the purposes of palliative care’.
Effective	Good	Staff of all levels had access to ongoing training to meet the diverse individual needs of people they supported. Staff members were suitably trained to provide the specialist care people required.
		Staff encouraged and supported people to eat and drink sufficient amounts of appropriate food and fluids. Professional advice was sought if people experienced any problems with eating and drinking.
		The Hospice environment was suited to the individual needs of people using the service. People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
Caring	Good	People and their relatives told us that staff treated them with exceptional kindness, care, dignity and respect at all times.
		People were involved in the process of planning their end-of-life care and their wishes and expectations were recorded and acted upon.
		Positive, caring relationships had been developed between people who received care and staff. Staff interacted with people positively, with patience, understanding and respect. They always showed kindness to people when facing challenging situations.
Responsive	Good	People and their family members were involved in making decisions about their care and support.
		People said staff always responded to their suggestions and concerns.
		Staff at the Hospice liaised with other health and social care professionals in order to provide people with the care they needed and in response to people’s changing needs. The service used a range of tools to obtain feedback from people using the service, relatives and professionals. Such information was acted upon to ensure the care was person-centred and in response to people’s needs.
Well-Led	Good	There was an experienced registered manager in post who was considered approachable by people. The manager was aware of each individual’s care needs and preferences and shared this knowledge with staff.
		Staff and volunteers were motivated, valued and supported by their colleagues and management. There was a quality monitoring system in place which ensured care was delivered in a structured way. The system involved questionnaires, audits and analysis of incidents.

8. 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 the Board.



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 & reported?	End of year results
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.	Patients and families tell us that they have to answer the same questions multiple times across various services which is frustrating.	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 PCQC.	We now have patient assessment tools on our online systems.
To establish a service for the homeless population of East Berkshire.	We know that nationally people who are homeless do not have equitable access to healthcare and 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 PCQC.	We continue to work with colleagues across healthcare and the local authority to initiate this service. This service is also dependent on funding to initiate which we hope to obtain in 2020/2021.
To gain the Louder than Words accreditation for Thames Hospice.	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 and 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 PCQC.	We have made significant steps to gain this accreditation. However, this cannot be formalised at the time of writing due to the national lock down. We will gain the accreditation when we can be assessed.
To further extend our education and training package for care homes.	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 PCQC.	We have formed excellent links with local care homes and have provided training sessions. We see this provision as becoming increasingly important in future.
To facilitate patients and families input into the new build.	We are preparing for a new build hospice 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 PT5 Committee.	Our new build is progressing and will open later in 2020. The views of service users have been incorporated into the design of the hospice facilities.

3b Clinical Effectiveness

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year results
To optimise the use of electronic EMIS patient data system.	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 PCQC.	EMIS has been successfully deployed across the Hospice and has facilitated improved reporting.
To introduce and embed the new corporate caseload for the Community Team.	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 1st April 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 PCQC.	We reviewed the corporate caseload system and decided that, whilst it brought benefits, our patients preferred to have named staff working with them. Nevertheless, our response times and numbers of contacts with patients has increased over the year.
To establish a community faith forum.	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 PCQC.	We continue to work with faith leaders and our relations with faith groups is very good.
To recruit and induct a Deputy Director of Clinical Services	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 PCQC.	We recruited to this role in September 2019. This individual has since become our Director of Nursing and Family Services.

“I can never thank the Hospice enough for making us so welcome, for the support they gave us and for the care they gave my husband we are so grateful to you all.”



Patient Gina enjoying relaxing aromatherapy with Complementary Therapist Michelle

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 & reported?	End of year results
To introduce a training programme for the Assistant Practitioners; a new role being introduced in 2019/2020.	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 PCQC.	We have embedded the Assistant Practitioner role at the Hospice.
To introduce a training plan for a large cohort of staff and volunteers in 2020.	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 start 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 PCQC.	We continue to embed new training plans and explore further use of e-learning as we ramp up for the opening of the new hospice in 2020,
To review and develop the Clinical Supervision offering across staff in all services.	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 PCQC.	A revised Clinical Supervision programme is in place.



PART FOUR

LOOKING FORWARDS – PLEDGES FOR 2020/2021

4a Patient Safety and Experience

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?
To open our new hospice and transition services.	We know that we need to accommodate more patients. We need to improve our facility with modern state-of-the-art equipment.	We are building an incredible new hospice opening later in 2020. A larger Inpatient Unit will accommodate more patients for end-of-life care (EOLC) and symptom control. We will provide EOLC for patients with COVID-19 in a separate wing if necessary. We will be able to accommodate more patients in our Day Therapy Unit. We will be able to offer more Complementary Therapy to patients and a bathing service in a relaxing and safe environment. We have a new rehabilitation gym for patients to enjoy safe exercise with professional advice from a qualified physiotherapist. We will be able to provide more counselling and psychological support for our patients and their families.	Once we have moved to the new hospice we can re-evaluate bed requirement and how to support the community with our increased bed capacity. Inpatient Services will be run by the Head of IPU and report progress to Director of Nursing and Family Services. We will run an excellent variety of Day Therapy Services. These services will be run by the Head of Inpatient Services and report progress to the Director of Nursing and Family services. All initiatives will be assessed by an end of year report of progress to the Chief Executive and the PCQC.
To embed our new Education Strategy.	We have always recognised the need for good quality education for our own staff and volunteers and our external partners. This has now been formalised into the Education Strategy.	The Education Strategy will be underpinned by an operational policy that will allow us to achieve our key priorities in a staged way over the next three years.	Recorded and reported to the Chief Executive. Presented to the PCQC.
To establish a service for the homeless population of East Berkshire.	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 healthcare providers. It is dependent on successfully obtaining funding so we will work closely with our fundraising colleagues to achieve this.	Recorded and reported to the Director of Nursing and Family Services. Presented to the PCQC.
To further extend our education and training package for care homes.	Care homes support people who have palliative and end-of-life care needs. To do this effectively and with confidence their staff require 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 Nursing and Family Services. Presented to the PCQC.
To help support care homes through the COVID-19 crisis.	Care homes nationally have been struggling with lack of support and medical input.	We will offer our 24-hour Telephone Advice Line to Care Home Managers for advice and support. We have also offered to admit patients to the Hospice from care homes to alleviate being overwhelmed and short staffed. We have also offered our 24-hour Rapid Response Service to help to provide medical support if needed.	We will monitor our input weekly and see how this has helped the service.

4b Clinical Effectiveness

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?
To establish a community faith forum.	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 Nursing and Family Services. Presented to the PCQC.
To establish a formal patient safety agenda.	This would be monitored through a Patient Safety Committee. This would be for pressure ulcers and patient falls.	We have a wound care specialist nurse training programme and staff must all attend this. Mattresses have been ordered for new build (gold standard) for pressure area care. We are looking at ECHO dots for patients' rooms for patients to use to call a nurse without looking for a bell/not seeing it and trying to get out of bed on their own.	A monthly Patient Safety Committee will be set up to discuss pressure area care, use of new beds/mattresses. Outcomes will be monitored by our Governance team.



Colleagues from our Community Nursing and Patient and Family Support Teams



Colleagues raising awareness of Dignity Action Day in February 2020

4c 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 & reported?
To continue developing our training plan for a large new cohort of staff and volunteers in 2020.	We know that we need to recruit more staff on the IPU and in the Community Team, as well as increased support from volunteers and therefore need to encourage people to apply for roles at the Hospice.	To ensure our volunteers feel valued and part of our Hospice team. To take care of volunteers during the COVID-19 crisis and welcome them back when the situation is resolved. We are recruiting more staff and interviewing as we approach nearer to moving to the new hospice.	All new staff will go through a training programme and complete competencies. Volunteers will return when they feel safe to do so and we will continue to recruit more for the new hospice. Numbers of staff and the delivery of the competency programmes will be monitored by the Director of Nursing and Family Services and HR Committee.
To undertake a Training Needs Analysis for our existing staff so that we can support and develop them alongside our new starters.	We recognise that our existing staff continue to need quality education opportunities to support them in their own development and in delivering the high quality care that our patients and clients receive.	All existing staff will receive a Training Needs Analysis to complete. The results will be amalgamated and analysed. The Education Team will formulate a plan to deliver a range of educational opportunities.	Recorded and reported to the Chief Executive. Presented to the PCQC.
To implement a new learning system (includes e-learning) for staff and volunteer statutory and mandatory training.	We have always complied with the regulations for statutory and mandatory training. Following a robust appraisal of the systems available, we have chosen to change our delivery methods and system to ensure that our training remains fit for purpose as we grow in size.	We have chosen the electronic platform that we will use and this will be bespoke built for Thames Hospice staff. We will have a staged roll out of the system; ultimately all staff will have electronic access to their training records.	The system will be rolled out by the end of the year and reported to the Chief Executive. Presented to the PCQC.



Health Care Assistants,
Craig and Marisa

PART FIVE STATEMENTS OF ASSURANCE FROM THE BOARD

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.

1 Review of Services

During 2019/2020 we supported the commissioning priorities for NHS East Berkshire CCG and NHS Buckinghamshire CCG (and others) by providing the supportive and end-of-life care across key services:

- Inpatient Unit
- Community Services
- Therapy Services – incorporating the traditional day therapy model of care, outpatients and group support
- Medical Outpatients

Underpinning these core services is the extensive support we provide to carers and families, both pre- and post-bereavement. 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. Activity data for these areas is provided below. The income provided by the NHS represented under 50% of the total income generated by Thames Hospice in the reporting period 2019/2020. The balance of our expenditure on charitable activities is raised through legacies, fundraising, dedicated shop units, investments and the generous support of our communities.

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 inpatient 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

Community Services

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

Our Rapid Response Team makes urgent visits to patients who are on the End-of-life Care Register and their loved ones. Made up of Registered Nurses, Clinical Paramedics and Health Care Assistants, the team helps people manage their condition at home.

Therapy Services

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 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 2019/2020 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.

PART SIX

STATEMENT FROM COMMISSIONERS

During 2019/2020 NHS East Berkshire Clinical Commissioning Group (CCG) continued to build on its positive working relationship with Thames Hospice to achieve its ambition to deliver outstanding end-of-life care for our registered population. During the year there were no quality concerns identified by the CCG.

The Hospice team and the services they provide play a critical role in providing an extended range of palliative care services in peoples' own homes and at the Hospice itself. These services work closely with and alongside General Practice, social care, community services and hospital based care to ensure that individuals and their families' experience of end-of-life and palliative care is supportive and dignified. This is particularly evident in the support that the 24-hour Advice Line is providing, for example, to Primary Care.

With the Government funding for adults and children and young people of £25 million for hospices and palliative care services, we have agreed extra funding to increase the already established bereavement service and to support a number of training and education initiatives. One of these initiatives is to work across the Frimley Health and Care ICS in the implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). Thames Hospice already delivers training for health professionals across East Berkshire which is well received.

Thames Hospice has also been involved with other partners on the transformation work that we have been doing on improving end-of-life care in East Berkshire. We would like to thank them for their continued support on these new developments and look forward to working with them on this project in the future. We have also been interested to see the progress of the new hospice build in Bray.

Nurse Sandi with Patient Meredith



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 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.

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.

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
Pine Lodge, Hatch Lane
Windsor, Berkshire SL4 3RW

Call **01753 842121**
Visit **www.thameshospice.org.uk**

Registered charity number 1108298