Thames hospice

Quality Account 2025/2026

www.thameshospice.org.uk

Hospice at Home Clinical Team Leader Laura

Part one

Statement from the **Chief Executive**

Welcome to the Thames Hospice Quality Account 2025/2026. This publication is an important part of our accountability to the many individuals and groups with a stake in the work of Thames Hospice.

Dr Rachael de Caux
Chief Executive

We welcome your feedback

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

If you would prefer to speak to someone in person, please call us on **01753 842121 (Monday to Friday 0800 to 1700).**

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

I am now in my second year as Chief Executive of Thames Hospice having been appointed in December 2024, and I bring a range of clinical and strategic leadership experience to this incredible organisation. Before joining, I was Deputy Chief Executive and Chief Medical Officer of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board, and responsible for shaping healthcare services across the three counties. Alongside my role as Chief Executive, I continue to practice as a Consultant in Emergency Medicine at the Royal Berkshire NHS Foundation Trust.

My connection to hospice care is deeply personal. Having lost both my parents to cancer, I experienced first-hand the profound impact of hospice services. When I reflect on this time, I recognise that support from the local hospice allowed me to stop being a doctor and carer to my father, and instead 'just' be his daughter, making precious memories together.

Scan here to read our 2024-2027 strategy

Visit thameshospice.org.uk/strategy

Our vision is to 'Quality of life to the end of life, for everyone'.

At the moment, we are witnessing a period of significant growth, unprecedented change and increasing challenge. There is growing demand for our services, driven by an ageing population with more complex diagnoses, alongside an urgent need to reach parts of our community who have not traditionally had access to our care.

Our 2024-2027 strategy outlines ambitious plans and priorities to meet these challenges. Our priorities include delivering the highest quality care to patients and families and improving equity of access to our services. We are committed to ensuring that we are a place of hope and are dedicated to providing care and support to all those who need us today, and for generations to come.

We have continued to focus our efforts on increasing support for people being cared for in the wider health and social care system. Our Inpatient Services operated at 77% occupancy over the year, and our Hospice at Home service has again seen increased activity. Through our Enhanced Care Team and Virtual Ward, we have been able to care for more acutely unwell people in their own homes, helping to avoid admissions to hospital or the Hospice. Once again, our patient satisfaction results have been exceptional, and you will find examples of the many accolades we received this year on pages 20 and 21.

Our strategic priority 'Care with Agility' is significantly improving the co-ordination and integration of our Hospice services with those of our wider healthcare partners. Waiting times for admission to our services have reduced significantly, and patients and their families now have a much clearer understanding of what we can do to support them.

A top priority for our Clinical Team is always patient safety and learning from incidents. We work within clear clinical governance frameworks to analyse trends from our incident reporting, data collection and patient feedback. These insights are shared with our teams through our quarterly Patient Safety Bulletin to promote learning and continuous improvement. We have continued to focus on the earlier identification and reporting of pressure ulcer changes throughout a patient's care pathway, as well as reducing the risk of patient falls. We also ensure that any medication errors across our services are reported, reviewed and used as opportunities for learning and improvement.

We continue to engage in constructive dialogue with our commissioners to help shape and fund our direct clinical care, including negotiating new contractual arrangements with our NHS partners to secure sustainable funding for future years. We work closely with colleagues across the local health and adult social care sector, to support the delivery of palliative and end-of-life care priorities across Frimley and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Systems.

Thank you for taking the time to read our 2025/2026 Quality Account. We hope it provides greater insight into our work and ambitions. To the best of my knowledge, it is an accurate and fair representation of the quality of services provided by Thames Hospice.

I would like to thank the following colleagues for their contribution to the development of our Quality Account for 2025/2026: Loren Selby (Director of Nursing), Dr Nick Dando (Deputy Chief Executive and Medical Director), James Goodwin (Head of Performance and Compliance), Clare Doble (Director of Governance). Tracy Manzi (Compliance and Quality Manager) and Stephanie Peters (Head of Marketing and Communications).

Rachael de Caux

About Thames Hospice

We are immensely proud of all that we have achieved since we were founded in 1987, providing specialist palliative and end-of-life care and support to our community across East Berkshire and South Buckinghamshire.

Today, we serve a population of over 500,000 people and employ more than 385 colleagues who, with the support of over 1,000 volunteers, deliver care at the Hospice and in patients' homes to thousands of people each year.

Our services are provided free of charge. However, unlike the NHS, we are not fully government funded. We receive a contribution from NHS England and other statutory bodies but rely on the generosity of our local community through donations, fundraising, volunteering, and income from our charity retail stores.

Find out more about how you can get involved at

www.thameshospice.org.uk/supportus

We need to raise £44,000 every day to continue delivering our vital care.

Our services

Our care, delivered at the Hospice and in people's homes, supports the physical, emotional, spiritual and social needs of every patient and their loved ones.

Referrals to our four key services are centrally co-ordinated through our Single Point of Access team and delivered by our multi-disciplinary colleagues, who work closely together to give our patients dignity, comfort and the best possible quality of life in their preferred place of care.

Inpatient Services are delivered at the Hospice for patients who need specialist symptom management and control, including care for patients on their final days of life, while offering support and guidance to their loved ones during this time.

Hospice at Home Services are delivered to people in our local community in their preferred place of care, who require specialist symptom management and control, including care for patients in their final days of life. Services include proactive and responsive support from our clinical specialists, nurses, paramedics and carers, alongside a consultant-led Virtual Ward.

Hospice Outpatient Services support people diagnosed with a life-limiting condition to remain as independent as possible, through tailored programmes of wellbeing and therapeutic care delivered within our Paul Bevan Wellbeing Centre at the Hospice. We also offer early care planning to help anticipate and support patients' future care needs. Our provision includes structured outpatient programmes, lymphoedema services, physiotherapy and complementary therapy.

Counselling, Pastoral and Bereavement Services offer pre- and post-bereavement psychological, emotional and spiritual support for patients and families. This support is delivered through our Pastoral Services, Children and Families Support team, and our Counselling team.

Statement from the Chair of the Patient Care and Quality Committee and our clinical leads

Our Hospice at Home services have continued to evolve over 2025/2026. Thames Hospice is now fully established as the lead provider of specialist palliative care to the patient population in South Buckinghamshire Primary Care Network (PCN). Over the first full year of the new service, we have supported 133 patients, alongside our ongoing specialist palliative care provision to the population of East Berkshire, where we have seen an increase in the number of patients supported from 1,240 (2024/2025) to 1,373 in 2025/2026.

Over the year, we undertook a detailed review of our domiciliary care service, which has been providing proactive packages of care to patients in the last weeks of life in East Berkshire. We identified that the needs of patients are changing and that the team were predominantly providing support to patients in the last days of life. In conjunction with the Integrated Care Board (ICB) and local authorities, we undertook a restructuring of the team to more closely align our Health Care Assistant-delivered services with our acute response team. This enables more reactive care to patients in the last days of life, while local authorities and NHS Continuing Healthcare provide longer-term, structured packages of care in the last weeks of life. This change ensures we can remain agile and responsive to the needs of complex and imminently dying patients in our community.

The Thames Hospice five-bed Virtual Ward has now been embedded as part of our Hospice at Home service for over three years and offers further flexibility for patients to receive medically-led specialist care in the home environment. Over the last year, we have worked with system partners to further integrate the Virtual Ward into the wider concept of a virtual hospital. We were pleased to present the Thames Hospice model as an example of good practice at an NHS South England Virtual Ward Webinar in May 2025.

Inpatient Services have supported 334 patients living with complex symptoms or approaching the end of life with specialist, multi-disciplinary care. The trend towards inpatient care for acutely dying patients seen last year has continued in 2025/2026 with 317 patients dying under our care with an average length of stay of 14 days.

Delivery of direct patient care by our nursing, medical and allied health professionals is underpinned by the expert holistic support provided by the Counselling, Pastoral and Bereavement Support Team. They provide essential support to patients and their families, helping to improve emotional wellbeing, resilience, and quality of life at some of the most challenging times. We are seeking to expand this offer further in the coming year through a range of support options which will enable us to respond to differing needs, improve access to care, and ensure that individuals feel listened to, supported, and empowered throughout their journey. This flexible approach also enables us to connect with a broader cross-section of our community, reducing barriers to engagement and increasing awareness of the support available.

Over the past year, Hospice Outpatient Services have undergone a period of positive change, with a renewed focus on patient-centred outcomes and community reach. Service developments are being guided by feedback from patients, carers, and partners, ensuring that care is responsive, timely, and aligned with local needs. As a result, more patients and carers will be able to access advice, emotional support, and practical guidance earlier, which we hope will support better symptom management and greater confidence for both patients and those who care for them.

Looking ahead, we will continue to explore new and innovative ways to extend our reach and strengthen our presence within the local community. This includes developing new pathways for engagement, building partnerships, and enhancing our use of different care delivery methods to ensure that support is accessible, inclusive, and sustainable. Through this work, we aim to achieve improved outcomes for patients and carers, greater community awareness of hospice services, and a continued commitment to delivering the right care, support, and advice at the right time.

Part two

Review of quality performance 2025/2026

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

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

Safe Are patients protected from abuse and avoidable harm?

Effective Does our care and treatment achieve good outcomes and promote good quality of life and is evidence based, where possible?

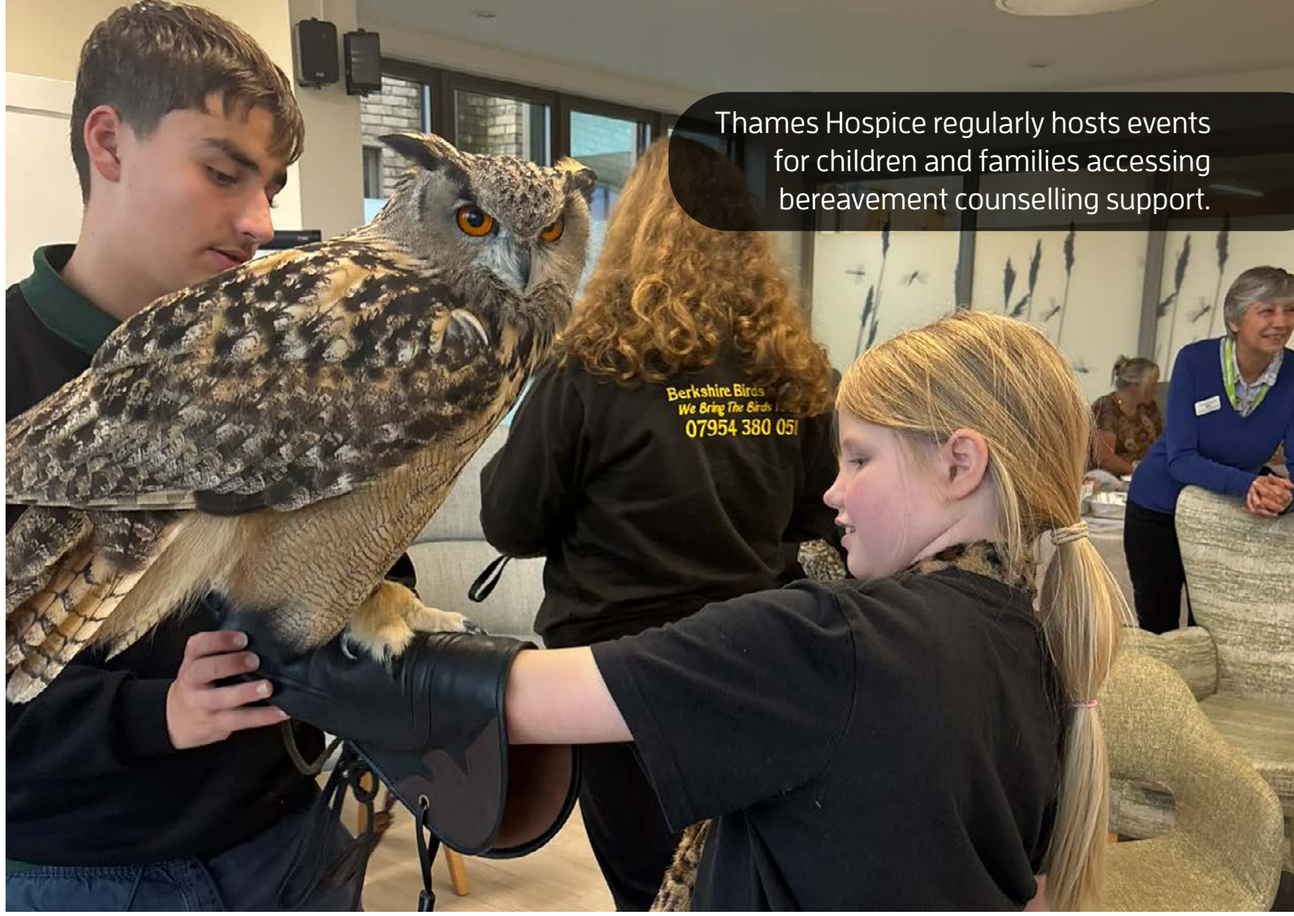
Caring Are patients involved and treated with compassion, kindness, dignity and respect?

Responsive Are services organised to meet patients' needs?

Well-led Does the leadership, management and governance assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

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

At Thames Hospice there are several quality governance functions led by our Compliance and Quality Team, including: patient experience, patient safety, health and safety, clinical audit and effectiveness, incident and risk monitoring, policy and quality improvement. Collectively, these functions work together to ensure our patients receive safe, effective and caring treatment under the umbrella of 'quality'.



Thames Hospice regularly hosts events for children and families accessing bereavement counselling support.

Caring for our community in 2025/2026

Thames hospice

Hospice at Home

26,891 **visits and calls** from our 24/7 Response Team to patients at home

99% referrals contacted within 24 hrs

Our Virtual Ward Team cared for **96** **patients** and made **382** **visits**

South Buckinghamshire we delivered care to **133** new patients and provided our **Rapid Response Service** to **84** patients

Inpatient Services

We cared for **334** **patients** on our Inpatient Unit

89% admitted within 3 days of referral

Counselling, Pastoral and Bereavement Support

Our Pastoral Care Team provided **2,537** sessions with patients and loved ones

2,842 **Counselling sessions** were held by the Counselling and Bereavement Team

1,388 **Supportive sessions** held by our Children and Families Team

Hospice Outpatient Services

1,435 **days of care** provided by our Hospice Outpatients Team

791 **Treatments** provided by our Complementary Therapy Team

1,649 **Lymphoedema** appointments took place

899 **Physiotherapy** sessions took place

Thames Hospice facts and figures

The review of quality performance provides a structured opportunity to reflect on how effectively the Hospice is delivering safe, compassionate, and person-centred care. In a setting where dignity, comfort, and emotional support are central to every interaction, understanding the quality of our services is essential to ensuring that patients and families receive the highest standard of care at every stage of their journey.

This review brings together evidence, feedback, and outcomes to help us understand what is working well, where risks or gaps may be emerging, and how we can continue to improve the experience of those we care for.

A robust quality governance framework underpins this work by offering a clear, systematic approach to monitoring, evaluating, and improving care. It provides the structure for accountability, risk management, learning, and continuous improvement across clinical, operational, and organisational domains. Through this framework, the Hospice can ensure that decisions are informed by reliable data and patient experience, that concerns are identified early, and that improvements are embedded in a consistent and sustainable way within a learning culture. Ultimately, it supports a culture where quality is not an occasional review, but an ongoing commitment shared by every member of the organisation.

The presentation of caseload, patient visits, and activity data within this Quality Account provides a transparent and meaningful overview of the Hospice's work and the scale of care delivered throughout the year. These metrics help illustrate not only how many patients we support, but also the intensity, complexity, and responsiveness of the services we provide across inpatient, community, and outpatient settings. This information offers valuable insight into demand, capacity, and the effectiveness of our clinical pathways. It strengthens accountability, supports informed planning, and ensures that the Hospice continues to align its resources with the needs of patients and families who access our care.

The data presented below is from 2022 onwards, as this is the most representative of our current models and services.

Hospice at Home

Following initial referral through our Single Point of Access, the Hospice at Home team provides specialist palliative care symptom management to patients with a life-limiting condition in the community. The service also supports end-of-life care for patients who wish to die at home, helping to ensure they can do so with dignity, comfort and peace.

Working closely with families and local healthcare partners, including GPs and district nurses, our multi-disciplinary team delivers compassionate, timely, and coordinated care, advice and support.

This joined-up approach includes skilled communication, holistic assessment, symptom management, clinical interventions and tailored personal care, alongside the provision of information and support before and after death.

An essential component of the Hospice at Home service is our 24/7 Advice Line and Response Service. Staffed by specialist palliative care professionals and supported by a multi-disciplinary Enhanced Care Team comprising Clinical Nurse Specialists, Paramedic Specialists, Senior Staff Nurses, Community Paramedics and Health Care Assistants, the service ensures that patients, families and carers can access specialist advice, support and care when they need it most.

East Berkshire patients 2025/2026

The Response Team is a multi-disciplinary team comprising Clinical Nurse Specialists, Paramedic Specialists, Senior Staff Nurses, Health Care Assistants and Doctors.

	2022/2023	2023/2024	2024/2025	2025/2026
Number of patients on caseload	1,225	1,185	1,240	1,373
Number visited or telephone consultation	24,721	24,250	26,525	26,891

South Buckinghamshire Primary Care Network patients 2025/2026

We became lead provider of community palliative care services for the South Buckinghamshire Primary Care Network (comprising Denham, Iver, Burnham, Southmead and Threeways GP practices) in January 2025. Following a period of caseload transition between January and March 2025, we have now completed our first full year service delivery to these patients.

The number of calls and visits for South Buckinghamshire patients is shown in the table below and includes care provided to 133 new patients who were discharged from the service or died following a period of support.

	2025/2026
Number of patients on caseload	198
Number of patients visited or receiving telephone consultations	1,491

Virtual Ward

Launched on 1 December 2022, our Virtual Ward is a consultant-led service developed in conjunction with our Integrated Care Board (ICB) and NHS partners. During 2025/2026, the Virtual Ward became more closely integrated with the responsive Enhanced Care Team. This change enabled us to prioritise Virtual Ward support for patients with the most complex clinical needs, in line with NHS guidance, while patients requiring less intensive support were cared for by the Response Team.

This change accounts for the reduction in the number of patients admitted to, and supported by, the Virtual Ward between 2024/2025 and 2025/2026.

	2022/2023*	2023/2024	2024/2025	2025/2026
Number of admissions	28	114	132	96
Number of discharges	26	108	122	89

**Four months activity December 2022 – March 2023*

Care Team

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

As outlined in the introduction, following a review of the domiciliary care model, we have reconfigured the HCA-delivered services and integrated them into the Enhanced Care Team to provide responsive care to patients in their final days of life. Proactive packages of care continue to be provided by local authorities and NHS Continuing Healthcare in line with existing service arrangements.

	2022/2023	2023/2024	2024/2025	2025/2026
Number of visits made	3,808	9,774	8,232	6,184

Inpatient Services

The multi-disciplinary team working within our Inpatient Services provides complex specialist symptom management, palliative and end-of-life care for patients, alongside support for their families.

	2022/2023*	2023/2024	2024/2025	2025/2026
Total admissions	360	322	336	334
Average occupancy	88%	90%	84%	75%
Discharges	47 (13%)	32 (10%)	26 (8%)	14 (4%)
Patient deaths	328 (87%)	291 (90%)	306 (92%)	317 (95%)
Average length of stay (in days)	20.72	18.85	15.26	14.40

**We closed 8 beds in September 2022.*

Although the total number of admissions to our Inpatient Services remained broadly stable between 2024/2025 and 2025/2026, the national trend towards an increasing proportion of patient deaths has continued. We have seen a significant shift towards patients being admitted in the final days of life, alongside a reduction in the number of patients requiring admission for symptom management and subsequently being discharged home.

Clinical Fellows and GP Trainees gaining valuable palliative care experience at Thames Hospice

Hospice Outpatient Services

Over the past year, Outpatient Services have undergone a review in response to a decrease in patient attendances. This review has led to a number of positive changes, with a renewed focus on patient-centred outcomes and community reach.

Service developments are being guided by feedback from patients, carers, and partners, ensuring that care is responsive, timely, and aligned with local needs. As these changes become embedded, we aim to enable more patients and carers to access advice, emotional support, and practical guidance earlier in their journey. We hope this will support improved symptom management and greater confidence for both patients and those who care for them.

Six-week Outpatients Programme

	2022/2023	2023/2024	2024/2025	2025/2026
No of Patients	199	189	147	98
No of attendances	2,464	2,846	2,382	1,435

Complementary Therapy

	2022/2023	2023/2024	2024/2025	2025/2026
Number of patients	443	391	324	288
Number of treatments	1,442	1,263	934	791

Physiotherapy

	2022/2023	2023/2024	2024/2025	2025/2026
Number of patients	262	169	170	152
Number of treatments	1,872	1,099	944	899

Lymphoedema Services

We were pleased that our contract to provide this essential service for patients living with lymphoedema was renewed during the year. We are also encouraged that we continue to reach and support an increasing number of patients through this specialist service.

	2022/2023	2023/2024	2024/2025*	2025/2026
Number of patients	455	470	466	484
Number of treatments	1,865	2,158	1,615	1,649

**In 2024/2025 our Lymphoedema Team stopped offering non-NHS appointments for complementary lymphatic drainage.*

Counselling, Pastoral and Bereavement Support

Our Counselling, Pastoral and Bereavement Support Services continue to provide essential support to patients and their families, helping to improve emotional and spiritual wellbeing, and quality of life during some of the most challenging times.

Activity dropped between 2024 and 2025 following the closure of the COVID bereavement service, Co-Connect. However, we are pleased to see the number of sessions provided begin to increase during 2025/2026.

We hope to expand this offer further in the coming year through a range of support options that will enable us to respond to differing needs, improve access to care, and ensure that individuals feel listened to, supported, and empowered throughout their journey.

Counselling

	2022/2023	2023/2024	2024/2025*	2025/2026
Number of clients	482	440	324	291
Number of sessions	5,654	4,793	2,487	2,842

** Lower numbers in 2024/2025 reflect the cessation of our post-covid Co-Connect programme in March 2024.*

Pastoral Care

	2022/2023	2023/2024	2024/2025	2025/2026
Number of patients/ family members	1,508	1,663	1,971	1,532
Number of sessions/ interventions	3,479	3,275	2,823	2,537

Counselling for Children and Young People

	2022/2023	2023/2024	2024/2025	2025/2026
Number of clients	340	238	264	232
Number of family visits	727	1,672	1,647	1,388

Thames Hospice colleagues taking part in training and development

Training and development at Thames Hospice

Training is an essential part of our commitment to supporting our employees' professional development and ensuring the delivery of safe, high-quality care for patients.

We deliver an annual education programme that includes both clinical and non-clinical training. Between 1 April 2025 and 31 March 2026, 270 face-to-face training sessions were provided for employees, including, but not limited to:

- Annual clinical refresher training, including medicines management, syringe pump use, clinical and non-clinical fire training, moving and handling, and basic life support
- Two clinical induction days each month for Registered Nurses (RNs) and Health Care Assistants (HCAs)
- Foundation training in a range of clinical skills, including venepuncture, digital rectal examination, catheterisation and RN verification of expected death
- A one-day symptom management course for RNs (new for 2025/2026)
- A one-day symptom management course for HCAs (new for 2025/2026)
- Monthly 'Tea and Talk' sessions led by the Nurse Consultant, covering topics relating to palliative and end-of-life care (new for 2025/2026)
- Advanced Communication Skills training
- An Intermediate Communication Skills programme for HCAs (new for 2025/2026)
- Level 3 ReSPECT training
- All training sessions received participant evaluations of either 'good' or 'excellent'

Learning for Work Week

Learning for Work Week was held for the third consecutive year and provided an exciting programme of learning opportunities to help colleagues develop their knowledge, skills and networks across the organisation.

A wide range of sessions was delivered, including Practical Ethical Decision Making, Hello Grief, All in for Inclusion, Pathway to CEO, Rags to Riches, Psychological Trauma, and An Understanding of Neurodiversity.

A total of 92 employees attended 268 learning sessions during the week. Feedback was exceptionally positive, with all sessions receiving ratings of either 9/10 or 10/10.

Colleagues from our Housekeeping Team

Additional Quality Indicators

Complaints and feedback

During 2025/2026, the Hospice continued to treat all complaints and feedback as valuable opportunities for learning and service improvement. Clinical complaints received during the year were responded to promptly, with senior staff engaging directly with those raising concerns to fully understand the issues and work collaboratively towards resolution. Key themes and learning were reviewed to inform improvements in care delivery and communication.

At Thames Hospice, we are committed to responding to concerns compassionately, promptly and transparently. Issues raised by patients, families, carers, visitors, volunteers or employees are addressed, wherever possible, at the earliest opportunity and in person. Where further investigation is required, this is undertaken in line with organisational policy, and any changes to practice, processes or policies are implemented without delay. Employees are informed of learning and actions arising from complaints and feedback, reinforcing a culture of openness, listening and continuous improvement.

Strengthening feedback systems and oversight

During the year, the Hospice worked in partnership with Vantage to develop an enhanced feedback and complaints module, enabling compliments, concerns and complaints to be recorded, monitored and reviewed within a single system. In addition, a web-based feedback form was introduced and is accessible via the Hospice website, linking directly to the Vantage feedback platform.

These developments have improved the visibility, monitoring and reporting of feedback across all services and provide assurance that appropriate processes are followed, including timely acknowledgement, thanks, apologies and duty of candour responses, in line with the Hospice's revised compassionate care and duty of candour policy. This strengthened approach supports consistency, accountability and improved oversight of both positive and negative feedback.

We ensure that all feedback received is shared with relevant teams to support learning, service improvement and recognition of the exceptional care provided to patients and their loved ones.

Accolades and positive feedback

The Hospice continues to receive a high volume of positive feedback from patients and families across all services. Compliments and accolades reflect the kindness, professionalism and compassion demonstrated by our employees and volunteers. Selected examples of this feedback are included on pages 20 and 21 of this publication.

Feedback continues to be gathered through multiple channels, including direct feedback, written correspondence and digital collection methods. Analysis of this feedback demonstrates consistently high levels of satisfaction with Hospice services. In addition, the many thank-you cards and letters received each month are recorded and shared with teams to celebrate good practice and recognise staff and volunteer contributions.

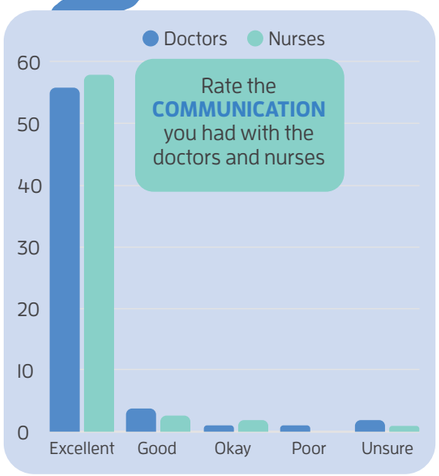
Reporting and review of feedback received

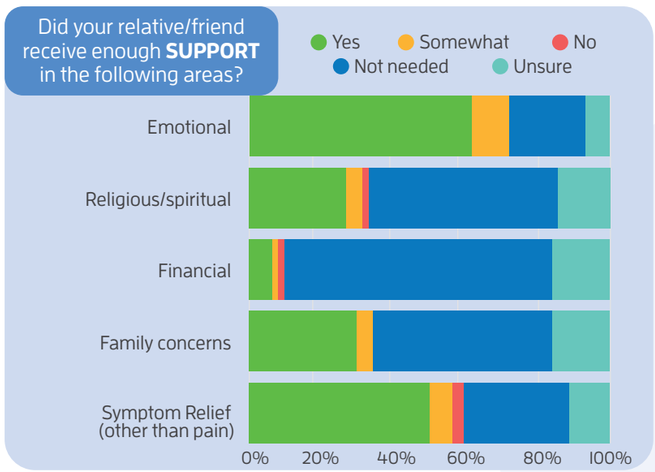
The views of patients and families remain central to service development at Thames Hospice. Feedback, complaints and emerging themes are reported quarterly to the Patient Care and Quality Committee, providing oversight, assurance and opportunities for learning. Where appropriate, significant issues are escalated to the Board, the Care Quality Commission (by exception) and NHS Commissioners through established quality reporting processes.

What our patients and their families say about our services

Sharing patient and family experiences is highly valued and routinely informs decision-making across the organisation, supporting ongoing development of safe, compassionate, and responsive palliative and end-of-life care

Inpatient Next-of-Kin Survey 2025





Rate the **COMFORT** and **PEACE** of the facilities

	Excellent	Good/Ok	Poor	Unknown
Bedroom	57	3	0	4
Bathroom	56	5	0	3
Common areas	52	8	0	4
Garden	47	7	1	9
Sanctuary	47	5	0	12

Did the Hospice explain your relative/friend's condition in an **easy to understand way?**

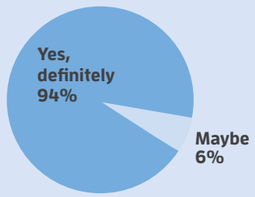
78% Very easily

19% Fairly easily

2% Fairly difficult

1% Unsure

Would you **recommend Thames Hospice** to others if they ever needed it?



Some of our Hospice at Home Community Paramedic Specialists

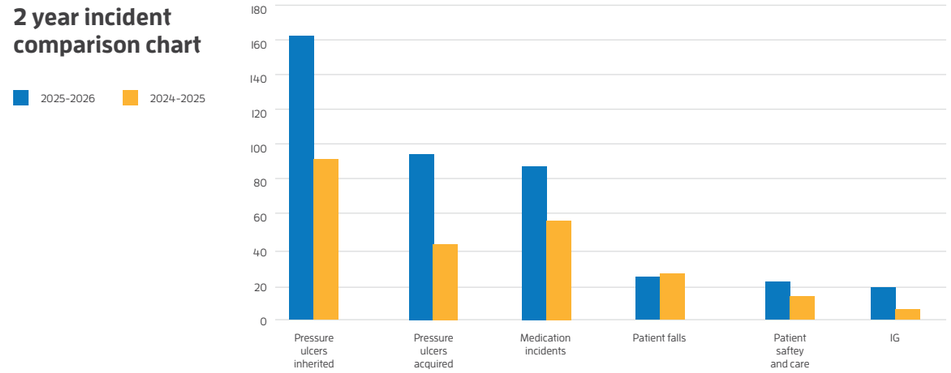
Caring
Understanding
Amazing

Kind Lovely
Comfortable

Comfort
Patient

Wonderful
Appreciated

2 year incident comparison chart



Patient safety summary

Clinical accidents and incidents

During 2025/2026, a total of 409 incidents (including the internal reporting of external incidents and concerns) were reported, compared with 335 incidents in 2024/2025. This increase reflects improvements in reporting culture, incident classification and the enhanced functionality of the Vantage incident reporting system.

Importantly, no clinical incidents (excluding pressure ulcers) resulted in serious harm or death during the reporting period, providing assurance that patient safety risks are being effectively identified, managed and mitigated.

Incident reporting, investigation and organisational learning continue to be overseen by the Compliance and Quality Team, with assurance provided through the Patient Care and Quality Committee. Learning from incidents is shared with teams through established governance processes, including the Patient Safety Bulletin, to support continuous improvement and the delivery of safe, high-quality care.

Pressure ulcers

The number of reported pressure ulcers increased during the year. This included both inherited pressure damage at the point of admission and pressure ulcers acquired during hospice care.

Inherited pressure ulcers

A total of 163 inherited pressure ulcers were recorded, compared with 93 in the previous year. This increase reflects the increasing acuity, frailty, and complexity of patients admitted to the hospice, many of whom present with advanced illness, significantly reduced mobility, and pre-existing skin integrity risks.

Acquired pressure ulcers

There were 95 pressure ulcers acquired during care, compared with 44 in 2024/2025. Of these, 76 were Grade I or Grade 2, indicating early-stage skin damage, and 19 were Grade 3. No Grade 4 pressure ulcers were reported.

All acquired pressure ulcers were reviewed in line with internal policy, with a focus on learning, prevention and timely intervention.

Whilst the number of acquired pressure ulcers increased, the majority were low grade and the overall pattern reflects increasing patient dependency and the complexity of end-of-life care, rather than avoidable harm. Ongoing mitigation measures include enhanced risk assessment, repositioning strategies, specialist equipment and staff education.

Medication incidents

A total of 89 medication-related incidents were reported, compared with 58 in 2024/2025. This increase is primarily attributable to the introduction of enhanced functionality within the Vantage incident reporting system and the implementation of the BESS (Behavioural, Error, System, Severity) classification framework. These developments have improved the accuracy, consistency and depth of medication incident reporting, supporting more meaningful analysis and learning.

All medication incidents were reviewed by the Medication Management Group, with themes and learning escalated through governance structures as appropriate.

No medication incidents resulted in serious harm or death, providing assurance that medication-related risks continue to be effectively managed.

Falls

A total of 25 falls were reported during the year, compared with 26 in 2024/2025, demonstrating relative stability year on year.

During the reporting period, the Hospice worked towards the implementation of the Patient Safety Incident Response Framework (PSIRF)-aligned falls huddles, promoting a systems-based, multi-disciplinary approach to understanding contributory factors and preventing recurrence. This has strengthened organisational learning and reflective practice while maintaining a just and non-blame culture.

Although harm resulting from falls remains low, falls continue to be recognised as a key patient safety risk, due to the frailty of the patient population, and remain a priority area for ongoing monitoring and improvement.

Patient safety, care and clinical incidents

Other patient safety and care-related incidents were reported at a low level, with no incidents resulting in serious harm. All incidents were reviewed proportionately, with learning shared where appropriate to support continuous quality improvement.

The Hospice maintains a strong commitment to transparency, learning and improvement, with incident trends reviewed regularly to ensure emerging risks are identified and addressed promptly.

Information governance

Information governance incidents remained low during 2025/26. All reported incidents were low level and addressed promptly and did not involve the loss of patient data. No incidents required external reporting, providing assurance that information governance controls remain effective.

During 2025/2026, 13 information governance incidents were reported, all of which were reviewed and closed. Thames Hospice sought advice from the Information Commissioner's Office (ICO) during the year and can confirm that there were no reportable data breaches.

Infection prevention and control

Infection prevention and control arrangements remained effective throughout 2025/2026, providing strong assurance regarding patient and staff safety. There were no cases of newly diagnosed Clostridioides difficile infection and no bloodstream Methicillin-resistant Staphylococcus aureus (MRSA) infections reported during the year. In addition, there were no outbreaks of vomiting and diarrhoea within the Hospice.

A new Infection Prevention and Control (IPC) Team was established during the reporting period. The team undertook both internal and external training to ensure practice remained aligned with current national guidance and best practice. Regular infection prevention and control audits were carried out throughout the year, and no infection control incidents or concerns were identified.

These outcomes demonstrate the effectiveness of the Hospice's infection prevention and control systems, supported by proactive leadership, education and robust monitoring processes.

EMIS

We use EMIS, an electronic patient record system that enables the secure sharing of patient information with local GPs and some community healthcare partners. This supports better coordinated care and treatment, improving responsiveness and ensuring that information can be shared more quickly and efficiently across services.

Significant audits

Hospice UK benchmarking results

Hospice UK provides benchmarking through its Patient Safety Dataset, enabling hospices to compare incident rates per patient care month (PCM) across key safety indicators. These include falls, medication-related incidents resulting in serious harm, and pressure damage.

The table below presents Thames Hospice's average incident rates for January to December 2025, compared with the all-hospice average.

Overall, Thames Hospice demonstrates strong performance across all reported patient safety indicators. Incident rates for falls and pressure damage are notably lower than the national hospice average, reflecting effective risk management, preventative care practices, and employee vigilance.

Falls remain one of the most commonly reported incidents within inpatient settings. Thames Hospice reported a significantly lower rate (6.82 per PCM) than the overall hospice average (10.05 per PCM), suggesting that local falls prevention measures are effective in reducing risk and harm.

Rates of pressure damage were also lower than the national averages. Thames Hospice reported fewer Grade 2 pressure ulcers (2.27 compared with 6.13 per PCM) and no Grade 3 or Grade 4 pressure damage, compared with small but present rates nationally. This reflects robust skin integrity assessment, early intervention, and ongoing monitoring of patients at risk.

There were no medication incidents resulting in serious harm reported at Thames Hospice during this period, consistent with the national position.

Taken together, these results provide strong assurance that Thames Hospice continues to deliver safe, high-quality care, with patient safety outcomes comparing very favourably against national hospice benchmarks.

January 2025 – December 2025		
Incident - (Per patient care month)	**All Hospice average**	**Thames Hospice average**
Falls	10.05	6.82
Medication - Serious harm	0	0
Pressure damage - Grade 2	6.13	2.27
Pressure damage - Grade 3	1.32	0
Pressure damage - Grade 4	0.24	0

Some of our Inpatient Services nursing colleagues

FAMCARE audit

Thames Hospice participates in the annual independent FAMCARE audit of bereaved relatives and carers, and 2025 marked our ninth year of participation. The audit measures satisfaction with hospice services, focusing on communication, support and symptom management. Participation in FAMCARE enables us to identify areas of strength, address concerns, and continuously improve the quality of our services. Importantly, it ensures that families feel heard and supports our commitment to delivering compassionate, responsive care.

The national audit received a total of 435 responses from 21 specialist palliative care units, of which 18 responses were from Thames Hospice. The survey explored experiences of care for patients who died between 1 June and 30 August 2025.

Thames Hospice achieved an average 'very satisfied' score of 76.46%, compared with the national average of 77.88% across all categories. The average 'satisfied' score was 16.67%, compared with 9.77% nationally.

Notably, Thames Hospice received no 'dissatisfied' or 'very dissatisfied' responses, compared with national averages of 0.79% and 3.00% respectively across all categories.

Beyond the quantitative data, there is particular richness in the written feedback received through the FAMCARE audit. We were pleased to read words and phrases such as 'wonderful', 'compassionate', 'comfortable', 'pain free', 'amazing', 'beautiful facility', 'serene and calm', 'exceptional', and 'kind' used to describe the experiences of patients, families and loved ones.

As part of our commitment to continuous improvement, the audit also identified opportunities for reflection and development. Feedback highlighted the importance of timely repositioning of patients to help reduce pressure damage at the end of life and noted occasions where families experienced an overnight wait for admission to Inpatient Services. However, respondents also recognised and valued the support provided by our community teams during these periods.

Internal audit and monitoring results

To ensure continued compliance with standards and the delivery of a consistently high-quality service, Thames Hospice operates a comprehensive audit and monitoring programme. This programme enables services to be reviewed systematically, supports forward planning for audit activity, and informs quality improvement priorities for the year ahead.

The audit programme focuses on quality and benchmarking of services, patient safety, clinical effectiveness, good record-keeping, infection prevention and control, and compliance with legislative and regulatory requirements. Audit activity provides a structured framework for reviewing performance, identifying learning, and implementing improvements where required.

Regular Compliance and Quality Leadership Group meetings provide oversight of audit activity, quality indicators, and learning outcomes, ensuring that findings are reviewed, actions are monitored, and assurance is maintained at organisational level.

The Thames Hospice Audit Plan 2025/2026 continues to be aligned to the Care Quality Commission's (CQC) quality domains of Safe, Effective, Caring, Responsive and Well-led. Examples of audits and monitoring activity undertaken during the year are outlined below.

	Audit/ monitoring	Detail and outcome of audits
Safe	Clinical Walk-round Audits	Monthly clinical walk-round audits are undertaken within Inpatient Services to provide direct oversight of patient safety, quality of care, and compliance with care plans. Walk-rounds are led by the Inpatient Services Manager or a member of the Compliance and Quality Team, ensuring independent observation and robust assurance. Clinical walk-rounds follow a structured approach and review multiple aspects of care delivery, including meal service provision, equipment safety, patient records, and verification that repositioning, fluid intake, and medications are delivered in line with individual care plans. They also include a review of risk assessments to ensure that all appropriate assessments are completed, current, and acted upon, including Waterlow, Mental Capacity Act (MCA), and Malnutrition Universal Screening Tool (MUST) assessments. Where learning or opportunities for improvement are identified, actions are taken promptly and shared with the clinical team to reinforce good practice and address any gaps. Themes and outcomes arising from walk-rounds contribute to wider quality monitoring and help inform ongoing service improvement.
	Controlled Drug Audit and CDAO Audit	Quarterly controlled drugs audits and the annual Controlled Drugs Accountable Officer (CDAO) audit are undertaken to ensure the safe, secure and lawful management of controlled drugs within the Hospice. During the reporting year, responsibility for the CDAO role transferred mid-year, with continuity of oversight maintained throughout. The audit process includes a review of controlled drugs registers, verification of stock levels, and observation of staff practice to ensure compliance with legislation, national guidance and organisational policy. Any discrepancies, risks or learning identified are addressed promptly through clearly defined actions, which may include staff training, process improvements, enhanced monitoring or policy review. Findings from controlled drugs audits are reviewed through appropriate governance forums, providing assurance that medicines used to support symptom control and patient comfort are managed safely and effectively. These audits continue to reinforce a culture of accountability, openness and continuous improvement in medicines management.
	Fire Risk Audit	The annual fire risk audit is undertaken to proactively identify and mitigate potential fire hazards. It supports compliance with the Regulatory Reform (Fire Safety) Order and helps ensure a proactive and preventative approach to fire safety across the Hospice. All actions arising from the audit are incorporated into an action plan and addressed in a timely manner, with collaboration across departments to ensure effective implementation and ongoing compliance.
Effective	Patient Demographic Audit	The patient demographic audit provides insight into the characteristics of the population served, including age, gender and ethnicity. This information helps the Hospice to understand who is accessing its services and supports efforts to ensure care is equitable, accessible and responsive to the needs of the local community. The findings from this audit inform service development, equality and diversity initiatives, and future planning to help ensure that all members of our community can access the care and support they need.
	Antimicrobial Audit	The antimicrobial audit monitors prescribing practices to ensure that antimicrobials are used appropriately and in line with best practice guidance. This supports effective medicines management, reduces the risk of antimicrobial resistance, enhances patient safety, and helps ensure compliance with regulatory and professional standards. Findings from the audit are used to identify opportunities for improvement, promote responsible prescribing, and provide assurance that antimicrobial use remains safe, effective and evidence-based.
Caring	Care After Death Audit	The care after death audit ensures that all procedures following a patient's death are carried out with dignity, sensitivity and in accordance with organisational policy. The audit reviews compliance with required processes and helps ensure that patients, families and those involved in their care are treated with respect and compassion. Findings from the audit are communicated with families, relevant Hospice teams and stakeholders, supporting learning and identifying opportunities for improvement. This contributes to the Hospice's commitment to continuous quality improvement and the delivery of high standards of care at the end of life.
	ReSPECT Audit	The ReSPECT audit assesses whether patients' wishes and clinical decisions relating to emergency care and treatment are clearly documented, up to date, and reviewed appropriately. This supports patient autonomy, shared decision-making, and care that is aligned with individual values, preferences and goals of care. Audit findings are reviewed at compliance meetings and shared with clinical teams to support learning, assurance and continuous improvement in practice.
	Morbidity and Mortality Review	The monthly morbidity and mortality review provides an opportunity for critical evaluation of patient safety and clinical outcomes, enabling the identification of what went well and where improvements can be made. Learning is shared across teams to promote a culture of openness, continuous improvement, and enhanced clinical practice.

Responsive	Call Bell Audit	Regular call bell audits are undertaken to ensure that call systems are functional, accessible and responded to in a timely manner. Any identified delays or system issues are investigated, addressed promptly, and escalated to leadership where required, helping to maintain patient safety, dignity and confidence in Hospice services.
	Patient Safety Bulletin	A quarterly Patient Safety Bulletin is circulated to all clinical staff, highlighting key patient safety issues, incident themes and shared learning. The bulletin supports awareness of potential risks, reinforces best practice, and promotes adherence to safety procedures and protocols across the organisation. By sharing learning from incidents, audits and patient feedback, the bulletin helps foster a culture of openness, continuous improvement and collective responsibility for delivering safe, high-quality care.
	Patient Bereavement Survey	The patient bereavement survey gathers feedback from families and loved ones to assess their experience of care provided within our Inpatient Services. This valuable feedback helps us to understand what we are doing well and identify opportunities to further improve the care and support we provide. The findings are shared with clinical teams to reinforce good practice, inform service development, and support ongoing quality improvement. By listening to the experiences of those closest to our patients, we can help ensure that our services continue to meet the needs and expectations of the people we care for and support.
Well-led	DBS Audit	The Disclosure and Barring Service (DBS) audit helps ensure that Thames Hospice maintains a safe environment by confirming that appropriate staff and volunteers have up-to-date background checks in place. The audit provides assurance that safer recruitment and ongoing compliance processes are being effectively maintained. This supports a culture of safety, accountability and trust for patients, families, staff, volunteers and stakeholders, and helps ensure compliance with regulatory and safeguarding requirements.
	Data Flow Mapping Audit	The annual data flow mapping audit reviews how operational information is collected, stored, processed and shared across the organisation in line with data protection legislation and information governance requirements. The audit helps identify potential risks and vulnerabilities, providing assurance that information is managed securely, transparently and appropriately. It supports the protection of privacy and confidentiality and helps ensure that robust controls are in place to safeguard sensitive information.
	Clinical Compliance and Quality Meeting	Clinical and non-clinical Compliance and Quality meetings provide a structured forum for reviewing audit findings, clinical practice, policies and regulatory requirements. These meetings support shared ownership of improvement actions, promote organisational learning, and contribute to improved patient outcomes, staff wellbeing and staff retention. During 2025/2026, the format of these meetings was reviewed and revised to strengthen organisational oversight and focus. The meetings now operate on a quarterly cycle, with each month dedicated to a specific theme: • **Month I:** Patient safety • **Month 2:** Health and safety • **Month 3:** Information governance This themed approach supports more detailed discussion, enhanced scrutiny, and effective monitoring of actions and improvements across key areas of compliance and quality.

Inpatient Services Reception Manager Sharon with Volunteers Judith and Irene

Other audit results

During 2025/2026, Thames Hospice completed its annual submission against the NHS Data Security and Protection Toolkit (DSPT).

The DSPT is an online self-assessment tool that enables organisations to measure their performance against the National Data Guardian's ten data security standards. All organisations with access to NHS patient data and systems are required to complete the Toolkit to provide assurance that they are practising good data security and handling personal information appropriately.

Completion of the Toolkit provides assurance that Thames Hospice continues to maintain robust information governance arrangements and is committed to protecting the confidentiality, integrity and availability of the information it holds.

Regulatory inspection

Thames Hospice was inspected by the Care Quality Commission (CQC) in January 2026. At the time of publication, we are awaiting the final report and rating.

Duty of candour

Thames Hospice promotes a culture that encourages candour, openness and honesty at all levels of the organisation. We are committed to patient safety and transparency, and these principles underpin everything we do.

The duty of candour is a legal requirement for health and social care providers to be open and honest with patients and their families when mistakes in care have resulted in significant harm. It applies to all health and social care organisations registered with the Care Quality Commission (CQC). We recognise that promoting a culture of openness and transparency is essential to maintaining and improving patient safety.

Our duty of candour policy provides guidance to clinical employees on the principles of openness and the duty of candour, and sets out the processes to be followed when supporting patients and their families following a serious safety incident. In addition, the accident and incident reporting policy provides a clear and transparent framework for the management and reporting of clinical incidents.

All incidents are reviewed through the monthly accident and incident review panel and are reported, as appropriate, through the Hospice's governance structure, including relevant trustee committees and the Board.

Speaking up at Thames Hospice

We encourage a culture of speaking up across the Hospice and want all employees to feel confident in raising concerns, suggestions, or issues that may affect patient care, safety, wellbeing, or the wider organisation.

Employees are encouraged to raise concerns through a number of routes. We hope that staff will always feel able to approach their manager in the first instance, and our monthly People's Voice sessions provide an active forum where ideas, concerns and feedback can be openly discussed.

In addition, we have an independent Freedom to Speak Up Guardian, supported by Freedom to Speak Up Champions from across the organisation. A member of our Board of Trustees also acts as the Freedom to Speak Up Trustee, and all Trustees have made their contact details available to employees should they wish to raise an issue directly or seek independent support.

We are committed to ensuring that concerns raised in good faith are listened to, treated seriously, and responded to appropriately, helping to foster a culture of openness, transparency and continuous improvement.

Part three

Update on last year's priorities

Strategic priority	What	Outcome
Care with Agility	Coordinate care across our clinical services and with our partners. **How** Review our use of the EMIS electronic patient record system to optimise recording of patient information, coordinate information sharing and improve data analysis.	The EMIS Transformation Project was launched in May 2025. Key achievements to date include the development of a network of EMIS superusers, a review of user governance processes, and improvements to patient digital pathways through the introduction of linked episodes within the electronic patient record. These developments have enhanced data quality, improved information sharing, and strengthened reporting and data analysis capabilities
	Support and develop a resilient clinical workforce. **How** Review the team structure and staffing for our Hospice at Home service to address the demands of increased activity. Clinical supervision training for Inpatient Services.	Alignment of the Response and Virtual Ward teams has improved continuity of care and ensured that the most appropriate healthcare professional attends patients based on need. Clinical supervision training within Inpatient Services has supported the embedding of clinical supervision as part of ongoing practice development for staff. This strengthens reflective practice, professional development, and the delivery of safe, high-quality care.
	Underpin clinical care with continuous quality monitoring and improvement. **How** Align our new compliance and quality structure proportionately with the patient safety incident response framework with a particular focus on human factors and learning from incidents. Clinical supervision training for Inpatient Services.	A multi-disciplinary PSIRF Steering Group was established and a PSIRF Plan, together with supporting documentation, has been developed. Initial implementation is underway, using patient falls as a focused learning area and introducing the Falls SWARM Huddle approach to support systems-based learning and continuous improvement.
Extending Reach	Improve multi-disciplinary team partnership working within the population we serve. **How** Develop close partnership working with paramedic and clinical specialist hospice teams to enhance shared decision making and support hospital avoidance.	We have continued to strengthen collaborative working across the health and care system. Multiple training sessions have been delivered with South Central Ambulance Service (SCAS), and Thames Hospice is now included within referral pathways and out-of-hours support systems. A care home clinical nurse specialist (CNS) pilot has been approved and will provide work-based learning and support to care home nurses and managers throughout the duration of the pilot. We have jointly undertaken an improvement project with district nursing and specialist nursing teams from Berkshire Healthcare NHS Foundation Trust (BHFT) to enhance collaborative working between BHFT and the Thames Hospice at Home team, improving the experience and coordination of care for patients in the community. Our Nurse Consultant has delivered six-monthly symptom management training to BHFT nursing teams as part of their mandatory training programme. Our Lead Medical Consultant continues to deliver ReSPECT training across the Integrated Care System (ICS), while both the Lead Medical Consultant and Specialty Doctor support GP Registrars through a structured symptom management training programme. In addition, our Medical Director delivered a series of webinars for GP colleagues across the ICS on symptom management, recognising dying, and clinical decision-making at the end of life.

Ryan with Senior Nurse Annie from our Outpatient Services Team

Part four

Priorities for 2026/ 2027


Lauren and Carmen from our Pastoral Care Team

In November 2024, we launched our refreshed strategy, setting out our ambitious plans and key priorities for the next three years. Underpinning this strategy is a suite of measures that will shape our clinical focus for 2026/2027 and form the foundation of an ambitious new clinical strategy, currently in development, which will further define our services from 2027 onwards.

These priorities will support our continued commitment to delivering safe, effective and compassionate care, improving equity of access, and ensuring that patients and their families receive the right care, in the right place, at the right time.

Key clinical priorities for the next year

Strategic priority	What	How
Care with Agility	Coordinate care across our clinical services and with our partners.	Work with care homes across the ICB to understand barriers to the development and implementation of advance care plans, with a view to making greater use of community hospice services, where appropriate, to reduce acute hospital attendance. Build on existing system partnerships between Thames Hospice and Wexham Park Hospital through the appointment of a second joint consultant post, with a focus on acute palliative medicine in the Emergency Department.
	Support and develop a resilient clinical workforce.	Develop an internal training and development programme to support education and career progression for our clinical teams, using national resources as a baseline to promote development and consistency.
	Underpin clinical care with continuous quality monitoring and improvement.	During the year, a new audit and action plan programme was developed to strengthen oversight of clinical quality and ensure improvements are systematically identified, monitored and embedded into practice. Work has also taken place to review digital platforms to support this programme, with implementation planned for 2026/2027. In parallel, focused planning and engagement have supported the development of the Thames Hospice PSIRF plan, enabling the organisation to move to initial implementation. A trial of PSIRF-informed learning is now underway, focusing on falls and supported by a huddle-based approach to promote learning and continuous improvement.
Extending Reach	Identify unmet need and promote equity in access through data analysis and consolidation.	Continued work with the EMIS Transformation Project to enhance data collection and improve understanding of patient demographics. Utilise the data available through Connected Care System Insights to better understand population data, unmet need and inequities across our local population.
	Influence palliative and end of life care by raising awareness through engagement and education.	Continue to work collaboratively with external stakeholders, including GPs, district nurses, ambulance services, and care and nursing homes, ensuring awareness of our services is increased and educational opportunities are maximised. Work with care homes through the one-year pilot project to increase the number and improve the quality of advance care plans and ReSPECT documents, helping to avoid hospital admissions and ensuring residents are cared for in their preferred place of care. We have appointed a new Outpatient and Engagement Manager to support the development of relationships within our local community. Our aim is to promote our services, demystify hospices, death and dying, and reach parts of our community that may not be aware of the support we can offer. In turn, we will learn from our community and further enhance our cultural competence and equity of access, ensuring that our services meet the needs of our diverse population.
	Underpin clinical care with an enhanced focus of faith and spirituality.	We will continue to maintain strong relationships with local faith leaders to provide religious and spiritual support for patients and their families. We will also work closely with faith leaders across our community to raise awareness of the Hospice and the services we can offer.

Part five

Statements of assurance from the Board of Trustees

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

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

Review of services

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

During 2025/2026, we supported local NHS commissioning priorities by providing palliative and end-of-life care across key services:

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

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

The income provided by the NHS represented approximately 30% of the total income generated by Thames Hospice in the reporting period 2025/2026. The balance of our expenditure on charitable activities was raised through the generous support of our community, including legacies and fundraising, as well as income generated from our retail activities and our investments.


Katharine Horler (Chair)


Frances Lawrence (Vice Chair)

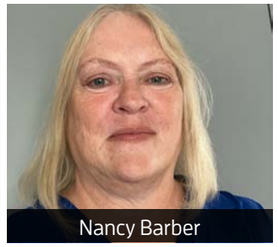

Jon Toohey


Andy Burgess


Alice Hunt


Dr Adrian Hayter


Dr Lalitha Iyer


Nancy Barber


Janet King


James Breckenridge

Our Board of Trustees


Gordon with 'Vino' who is a therapy pony with 'Happy Hooves'

Inpatient Services

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

1. Inpatient beds for complex palliative and end-of-life care usually for up to two weeks stay.
2. Intermediate care beds for patients approaching the end of life with an estimated prognosis of six weeks.

Hospice at Home

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

24-hour Telephone Advice Line
We provide a 24/7 palliative and end-of-life care telephone service, available 365 days a year, for patients and their families, as well as for healthcare professionals. This service offers guidance on symptom control, practical advice and emotional support and, where clinical intervention is required, may result in a member of the team carrying out a home visit.

Proactive and responsive clinical support
Our multi-disciplinary team delivers comprehensive palliative and end-of-life care for patients with complex needs in their place of residence. Support is provided through proactive caseload management and responsive interventions following referrals or urgent requests received through the 24/7 Telephone Advice Line.

Virtual Ward
Our Virtual Ward is available to patients within the Frimley Integrated Care System and provides consultant-led care for acutely symptomatic and actively dying patients in their own homes. The Medical Team is supported by the multi-disciplinary team in delivering this service.


Hospice at Home Community Response Paramedic Georgie

Outpatient Services (delivered in our Paul Bevan Wellbeing Centre and within Inpatient Services)

Outpatients Programme
We help patients diagnosed with a life-limiting condition remain independent by supporting them through tailored programmes of wellbeing and therapeutic care.

Complementary Therapy
The Complementary Therapy Team offers a range of therapeutic treatments for patients and carers, including those receiving care within Inpatient Service. Therapies include massage, reflexology, Reiki, aromatherapy, visualisation techniques and therapeutic touch.

Lymphoedema service
Our specialist service supports people living with primary lymphoedema as well as and those who develop lymphoedema as a result of cancer and its treatment.

Physiotherapy
Our specialist palliative physiotherapists play a key role in improving quality of life through palliative rehabilitation, helping patients to optimise their mobility and wellbeing, and to live as independently and fully as possible.

Anne having reflexology with Caroline

Counselling, Pastoral and Bereavement Support

Our Counselling Support Services are available to patients and their families.

Pastoral support
Our pastoral care team provides emotional and spiritual support for patients and their families during their stay in Inpatient Services. The team has strong links with local faith leaders and can readily access additional support, should patients and families not already have these relationships in place.

Counselling support
Our qualified counselling team can support patients through individual counselling sessions designed to enhance their emotional and psychological wellbeing. We also offer pre- and post- bereavement counselling for loved ones through 1-2-1 or group sessions.

Children and families support
Our children and families team provides specialist psychosocial and emotional support to children and families experiencing the death or anticipated death of a parent.

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.

Thames Hospice continues to work in partnership with the University of Cardiff to support colleagues undertaking evaluation and research as part of a Master's degree in Palliative Medicine. Research governance is led by the University of Cardiff and monitored locally through the Thames Hospice Patient Care and Quality Committee.

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.

Use of CQUIN Payment Framework
The Hospice's income during 2025/2026 was not conditional on achieving quality improvement through the Commissioning for Quality and Innovation (CQUIN) payment framework because it was not eligible to participate in this scheme as a third sector organisation. We are required to record the number of patients seen in the community setting.

Aerial view of Thames Hospice

Thames hospice

Our vision

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

Our purpose

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

Our values

C **Compassion**
Compassion for everyone in a safe, caring environment.

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

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

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

Call **01753 842121**
Visit **www.thameshospice.org.uk**
Windsor Road, Maidenhead, SL6 2DN
Registered charity number 1108298

ARMED FORCES COVENANT
EMPLOYER RECOGNITION SCHEME
BRONZE AWARD

Care Quality Commission
Thames Hospice
CQC overall rating
Outstanding ☆