

Thames hospice

Quality of life, to the end of life



Quality Account

2020/2021

www.thameshospice.org.uk



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PART ONE:

Ia: Statement from the Chief Executive

I am delighted to introduce the Thames Hospice Quality Account for 2020/2021.



**Debbie Raven
Chief Executive**

It has been one of the most challenging years in our history and, as you will read, the impact of COVID-19 has been evident across all of our services. You will note that we were able to continue providing inpatient services during the pandemic, and our Community Teams quickly adapted the way they work so that we were able to care for more people at home. However, we had to close our Day Therapy Suite for most of the year in line with COVID-19 restrictions.

Despite the challenges of COVID-19, I'm very proud that in October 2020 we opened our brand new 28-bed Hospice by Bray Lake, near Maidenhead. Our specialist end-of-life and palliative care facility is surrounded by stunning landscaped gardens and many of our rooms have a view of the lake. Each inpatient bedroom has an en-suite bathroom, smart television, space for families to stay over and a private terrace. I am very pleased that the new Hospice, together with the gradual easing of COVID-19 restrictions, means we are also now able to welcome back increasing numbers of our day patients.

Treating everyone with kindness and compassion and providing a safe and caring environment is at the heart of everything we do to support families facing a life-limiting illness. We provide the highest quality nursing, medical and therapeutic care supporting the physical, social and emotional needs of our patients and their loved ones. Our services are free of charge to all who need us, thanks to the generosity of our amazing community and organisations, as well as our 700 incredible volunteers who give their time to support the best possible end-of-life care for local people.

Thank you for taking the time to read this report; if you have any questions please contact me on debbie.raven@thameshospice.org.uk

"You all made my husband comfortable, pain free and relaxed in the most amazing place. His room on the Kingfisher Wing had the best view of Bray Lake imaginable! The whole place was more like a 5 hotel than a hospice. We are so grateful that he was able to spend his last few weeks with you with your truly dedicated, passionate, caring family of staff."*

Ib: Statement from the Chair of the Patient Care and Quality Committee, Medical Director and Director of Nursing and Family Services

On behalf of the Board of Trustees we are proud to endorse this Quality Account which covers the services provided by our Clinical Teams during 2020/2021.



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

The Patient Care and Quality Committee (PCQC) continues to meet quarterly (via video conference or face-to-face) with a wide variety of clinical staff to provide oversight of the clinical practices and governance of the Hospice. This report truly reflects the quality of clinical services we deliver and how we will develop them further.

We are extremely grateful for the dedication of our clinical staff and the support of our commissioners, non-clinical staff, volunteers, and supporters, enabling us to deliver such excellent care. We embrace the new values of the Hospice: Compassion, Ambition, Respect and Excellence, which underpin all we do to support our patients and those close to them.



**Dr Jita Das
Medical Director**

The COVID-19 pandemic and our successful move to the new Hospice by Bray Lake have made us look at new ways of working. We amalgamated the Response Team and Community Teams to form the Palliative Care Response Team (PCRT) and have been able to deliver more timely and flexible care to patients at home. Our team continues to work effectively with our healthcare partners, allowing patients to remain at home if they wish.

Occupancy on the Inpatient Unit (IPU) remains high despite an additional eleven beds at the new Hospice. We have been commissioned to care for patients who are eligible for NHS Continuing Healthcare and have appointed a Nurse Consultant to support them.



**Lisa Church
Director of Nursing
and Family Services**

We are pleased to have successfully recruited to staff the new Hospice. To help our Registered Nurses manage the increased number of patients, we have introduced a new Nursing Assistant role. Six of our Senior Health Care Assistants have completed their training and we plan to train a further seven this year. The introduction of the RELIAS system and the hard

work of our Education & Development Team has meant that our mandatory and statutory training figures approach 100% across staff, trustees, and volunteers.

We have a Medicines Management Group to monitor drug incidents and a Governance and Health & Safety Committee to address our safety agenda. The Overlooked Minorities Working Group has been established and is starting to address issues around inequality and diversity, including good progress with the homeless.

To try and reduce further the risk of patient falls we are using pressure sensors and our volunteers also observe patients. We continue to have a low incidence of acquired pressure ulcers.

We have established a Procurement Register for all medical equipment to monitor servicing and manage repairs and replacement.

We have received few formal complaints and always try hard to learn from them. We are fortunate to receive remarkably high levels of positive feedback and in-memoriam giving and feed this back to our staff. The 'Blanket Therapy' pilot project and introduction of a 'drinks trolley' both deserve special mention due to high levels of appreciation from patients and loved ones.

Our ambitious Education and Research Strategy (2020-2023) has been interrupted by COVID-19, however, we have continued to provide ongoing support and education to our staff and to care homes through Project ECHO. The ReSPECT project is progressing well, with plans to increase the educational offering to outside stakeholders.

We are incredibly proud of everything that our staff have achieved in the face of the pandemic and moving premises, and will continue to support our staff and volunteers to deliver exceptional care and support to our local community.

PART TWO:

Review of quality performance 2020/2021

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 Quality 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 these teams work together to ensure our patients receive safe, effective and caring treatment under the umbrella 'Quality'.

Our new Hospice

Proudly serving our community for more than 30 years, we offer world-class palliative and end-of-life care and support to people aged 16 years and over across East Berkshire and South Buckinghamshire. In October 2020 we were thrilled to move to our new 28-bed, state-of-the-art Hospice by Bray Lake, near Maidenhead, enabling us to provide compassionate care and support to even more families across the community we serve.

We employ more than 200 staff, who are specialists in a variety of fields; including palliative medicine, social work, fundraising and retail.

Treating everyone with kindness and compassion and providing a safe and caring environment is at the heart of everything we do to support families facing a life-limiting illness. We provide the highest quality nursing, medical and therapeutic care supporting the physical, social and emotional needs of our patients and their loved ones.

Our services are free of charge to all who need us, thanks to the generosity of our amazing community and organisations, as well as our 700 incredible volunteers who give their time to support the best possible end-of-life care for local people. It costs £12 million every year to keep our Hospice running and we rely on charitable support for over 50% of the funds we need annually to provide our services free of charge, 365 days a year, to the people who need us most.

Our services

Inpatient services

- 28-bed Inpatient Unit

Community services

- Palliative Care Response Team

Therapy and wellbeing services

- Day Therapy Suite
- Physiotherapy
- Lymphoedema services
- Complementary therapy
- Patient and family support
 - Counselling & pastoral care
 - Counselling for children and young people
- Medical outpatient 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 wellbeing 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 Thames Hospice an even better place to work.

Thames Hospice facts and figures from April 2017 onwards

The figures shown for 2020/2021 were impacted by COVID-19 measures from March 2020, as some services, including our Day Therapy Suite, were forced to close during periods of lockdown. Our Inpatient Unit admitted COVID-19 positive patients from March 2020, and our Palliative Care Response Team saw very significant increases in demand during 2020/2021.

2a Inpatient Unit

	2017/2018	2018/2019	2019/2020	2020/2021
Total admissions	329	309	316	354
Average occupancy	85%	85%	85%	85%
Discharges	142 (43%)	142 (41%)	144 (36%)	100 (28%)
Patient deaths	190 (57%)	167 (59%)	203 (64%)	258 (72%)
Average length of stay (days)	16.11	17.36	16.46	15.12

Our IPU continues to be used efficiently, demonstrated by high occupancy levels. The number of patients going home following a stay on the IPU has reduced compared to previous years. The reasons for this are varied and individual, including level of complexity and distress and nursing home availability. COVID-19 has also meant admittance to nursing homes has been affected.

2b Community services

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients on caseload	374	327	1,023	1,326
No of visited or telephone consultation at least once	-	-	995	1,291

The Palliative Care Response Team includes Clinical Nurse Specialists, Paramedics, Nurses, and Health Care Assistants as well as Doctors, who work collaboratively with our Patient and Family Support Team and wellbeing therapists. The large increase in numbers of patients we cared for during 2020/2021 is encouraging and an area we want to continue to grow in order to support patients in their own homes.

2c Day Therapy Suite

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients	121	242	155	49
No of attendances	781	2,426	2,179	146

Our Day Therapy Suite, we believe, offers an excellent way of providing support for many patients who are not currently accessing end-of-life care services. However, for most of 2020/2021 we were unable to offer these face-to-face sessions due to the COVID-19 pandemic.

2d Other clinical services

The 2020/2021 numbers were also affected by the COVID-19 pandemic.

1. Lymphoedema services

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients	271	327	407	328
No of treatments	1,001	1,209	1,716	1,072

2. Complementary therapy

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients	337	295	396	232
No of treatments	1,191	1,082	1,143	870

3. Physiotherapy

	2020/2021
No of patients	194
No of treatments	1,263

4. Patient and family support services

a. Counselling

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients	255	266	299	555
No of sessions	823	1,749	2,185	3,435

b. Pastoral care

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients/family members	1,309	1,555	1,118	408
No of sessions/interventions	2,331	2,402	1,956	2,850

c. Counselling for children and young people

	2017/2018	2018/2019	2019/2020	2020/2021
No of clients	-	-	226	319
No of family visits	-	-	484	683

5. Medical outpatients

	2017/2018	2018/2019	2019/2020	2020/2021
No of patients	51	163	200	172
No of outpatients	143	330	408	220



Colleagues from our Multi-Disciplinary Clinical Teams

Education

The training and development of local healthcare professionals continues to be a strong focus of our work, with teaching content tailored to local professional needs and clinical practice. 2020/2021 saw a continued emphasis on end-of-life care training and further 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. However, in 2020/2021 we were unable to offer external training due to the COVID-19 pandemic.



Colleagues from our Palliative Care Response Team

2e Alternative quality indicators

1. Complaints

In 2020/2021, we received two clinical complaints. 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.

At Thames Hospice we are determined that any issue raised by staff, patients, clients, family, friends, carers or visitors is responded to immediately and in person, and that the observations made are listened to. Our policy is that following investigation, immediate changes are made where required to working policies and processes. Furthermore, our staff are immediately advised of any changes required. Our view is that communication can always be improved and we will continually strive for this.

We continue to use the outcomes and learning gained from any issues raised to improve service provision. Potential issues are routinely reported and discussed at our Governance and Health and Safety Committee, our Patient Safety Group and at our Patient Care and Quality Committee. Significant issues are reported to our Board, the Care Quality Commission (by exception if very high risk) and our NHS Commissioners, as part of our quality reporting processes.

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.

In 2020/2021 we introduced a new way to gather feedback using iPads at our reception desks. This system enables everyone using any of our services to give immediate feedback.

Analysis of this feedback showed an overall score of 100% Excellent or Good in 2020/ 2021.

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 very important to us and enable us to look at how we can learn, develop and improve the services we provide. Feedback is reported quarterly at the Patient Care and Quality Committee. We are often very privileged to relay a patient or family member's experiences of the Hospice. We find this very thought-provoking and supportive of core service decision-making throughout the organisation.

What our patients and their families say about our services

"We were very fortunate to have my brother stay with you during his last couple of weeks on earth in November. I can't tell you the peace and comfort this brought to us during what was an already incredibly sad and difficult time in ours and his life. You cared for him with the greatest respect whilst maintaining his dignity and without your support I honestly don't know what we would have done. I can't thank you enough for what you all did and in such testing times for yourselves and your own families. It's truly remarkable and heroic!"

"Although my mum never stayed here, she was looked after by the Thames Hospice Community Team during her last few weeks on this earth. Their caring attitude where nothing was too much bother and their comforting words for us during a harrowing time will never be forgotten. They are certainly angels."

"I really enjoyed my time at day therapies, can't wait to get back and see everyone. You all do a fab job, and appreciate everything you do for us patients!"

"The care for my aunt has been outstanding 24/7. The warm welcome from reception and the fabulous care from Nurses and Health Care Assistants has been mind-blowing. They are as wonderful with family as they are with patients. Doctors are patient and kind. It's like a home from home even with the COVID-19 issues. As a Nurse, I would be proud to work in a team with any of your staff."

"Never, ever will I forget the care, love and understanding my mother received when she went into this remarkable place. Without the wonderful guidance of the dedicated staff, I would have been totally lost; they helped me to sort out my mum's path for the future, to be able to place her in a caring home for her last few months. They helped me overcome the feeling of helplessness when I could not cope; they dried my tears when I could not speak or make a decision."

"I lost my Dad at Christmas. Thames Hospice were there for us all, and with their help and support Dad was able to pass away peacefully at home with all his family around him and that is a huge comfort to us."

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.

245 clinical incidents and accidents were reported and investigated during 2020/2021, 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	6	Low	Minor incidents only. All were investigated and where necessary we made changes to processes.
Drug errors	34	Low	Each drug incident was investigated. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Information governance	4	Low	Minor incidents; promptly resolved.
Patient safety and care	10	Various	In most incidents the patient was unharmed.
Patient slips, trips and falls	74	Various	In most incidents the patient was unharmed.
Pressure ulcer – inherited	32	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	16	Medium	Again, the progression of disease in some of our patients meant that low-grade pressure ulcers formed. Often these patients understood that pressure ulcers had formed, or were developing, but preferred not to be turned.

2. Infection control

In 2020/2021 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 during this period. We carried out infection control audits in 2020/2021, and no infection control incidents were reported.

3. Electronic patient records system – EMIS

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

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) and we have 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.



Our Palliative Care Medical Team

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 results with other similarly sized hospices. Below is the data comparing Thames Hospice with other similar sized hospices

for 2020/2021 and for the past five years. Thames Hospice is proud that its occupancy levels are consistently 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.

Comparative results table											
	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Overall 20/21	Overall 19/20	Overall 18/19	Overall 17/18	Overall 16/17	Overall 15/16	Overall 14/15
Average bed occupancy											
Thames Hospice	77.1	90.1	85.2	82.1	83.5	84.4	84.0%	84.0%	81.0%	83.5%	84.0%
Group	65.9	70.7	67.7	64.9	64.9	75.8	80.2%	79.0%	80.0%	79.9%	80.0%
All hospices	65.9	69.8	66.6	65.6	65.6	74.6	79.4%	79.0%	79.0%	78.4%	79.0%
Average length of stay											
Thames Hospice	13.5	18.0	17.3	16.4	16.3	16.2	15.3	10.1	-	-	-
Group	13.0	13.1	13.3	14.1	14.2	13.1	14.3	13.1	-	-	-
All hospices	13.3	13.0	13.2	13.0	13.1	13.3	14.8	14.8	-	-	-
Falls per 1,000 occupied bed days											
Thames Hospice	15.7	13.3	11.2	11.0	12.5	14.4	12.4	13.4	7.9	7.4	9.5
Group	12.9	10.9	10.9	11.0	11.4	10.7	10.3	10.4	10.7	10.6	10.8
All hospices	12.0	10.6	10.7	11.7	11.2	10.4	10.0	10.4	10.3	10.4	11.2
Medication incidents per 1,000 occupied bed days											
Thames Hospice	6.1	5.9	5.3	3.3	5.0	6.3	13.2	6.0	6.1	3.4	2.7
Group	11.9	11.9	13.0	8.7	9.9	12.7	12.9	11.8	10.2	6.9	5.5
All hospices	11.0	11.0	11.3	10.4	10.8	10.8	10.5	10.4	8.8	6.4	5.2
Inherited pressure ulcer incidents per 1,000 occupied bed days											
Thames Hospice	7.0	5.2	5.3	7.7	6.3	3.8					
Group	8.6	9.2	8.8	20.0	18.5	8.1	N/A	N/A	N/A	N/A	N/A
All hospices	8.8	9.9	9.1	18.5	17.4	7.6					
Acquired pressure ulcer incidents per 1,000 occupied bed days											
Thames Hospice	0.0	2.2	2.0	3.3	2.1	4.7					
Group	8.1	9.7	8.3	8.7	8.7	14.5	N/A	N/A	N/A	N/A	N/A
All hospices	8.3	9.5	8.9	8.7	8.8	14.6					

b. FAMCARE audit results

The 2020 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken during summer 2020. This year 51 specialist palliative care services in the UK and Ireland took part: 22 hospice inpatient units, 22 home care teams and seven 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 2020. It was our sixth 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.

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.

This Programme allows us to monitor the quality of service in a systematic way, identifying areas for audit and evaluation in the coming year. It creates a framework where we can review this information and make improvements where needed. Regular Governance and Patient Care and Quality Committee meetings provided a forum to monitor quality of care and discuss quality and audit evaluation results.

The Thames Hospice Audit Plan 2020/2021 included audits covering the five key lines of enquiry as set by the Care Quality Commission (CQC). Highlights from this Audit Plan are detailed below.

Topic audited	Outcomes	Action required
Safe	We undertake audits of our syringe driver processes.	We reviewed checking procedures when using syringe drivers.
Effective	We monitor 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 Patient Care and Quality Committee. Where issues are highlighted they are rectified.

"We as a family have over the last 7 days experienced the most amazing kindness, caring and understanding any family could face when losing someone to cancer. Thames Hospice, you have the most amazing staff. Mum, myself and my family could not have been cared for or provided for any better than you have done."



Inpatient Unit Volunteers, Meelan and Heather

6. Other audit results

In 2020/2021 we completed a submission against the NHS Data Security and Protection Toolkit. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. We believe that again we were one of the first hospices to complete a submission in the country, and we are pleased that it was compliant with all NHS standards for information management, confidentiality, data protection assurance, information security, clinical information and records holding.

7. Regulatory inspection

Thames Hospice was inspected by the Care Quality Commission (CQC) in February 2016. The inspection outlined how we were meeting all the CQC national standards. Our overall rating then was good. 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.org.uk/location/I-9676860611 or visit our website at www.thameshospice.org.uk where there is a link to the report at the bottom of our home page.

When we moved to our new site in October 2020 we worked with the CQC team and they have signed off our new site. An on-site inspection has been delayed due to COVID-19, but we are in regular contact with the CQC and anticipate our first inspection.

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.

2h 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 Care Quality Commission (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 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.	<p>We are building an incredible new Hospice opening later in 2020. A larger IPU 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.</p> <p>We will be able to accommodate more patients in our Day Therapy Suite. 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 Centre for patients to enjoy safe exercise with professional advice from qualified physiotherapists.</p> <p>We will be able to provide additional counselling and psychological support for our patients and their families.</p>	<p>Once we have moved to the new Hospice we can re-evaluate bed requirements and how to help the community with our increased bed capacity. Inpatient services will be run by the Head of Clinical Services and report progress to Director of Nursing and Family Services.</p> <p>We will run an excellent variety of day therapy services.</p> <p>These services will be managed by the Head of Therapy Services and report progress to the Director of Nursing and Family Services.</p> <p>All initiatives will be assessed by an end of year report of progress to the Chief Executive and the Patient Care and Quality Committee</p>	We opened our new 28-bed Hospice in October 2020.
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 an 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 Patient Care and Quality Committee.	This was agreed at our Patient Care and Quality Committee. The COVID-19 pandemic has delayed its implementation.
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 Patient Care and Quality Committee.	<p>This service has been established and a group are meeting regularly to discuss homeless needs.</p> <p>A member of staff will be appointed as our Outreach link.</p>

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year results
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 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 Nursing and Family Services. Presented to the Patient Care and Quality Committee.	This was agreed by our Patient Care and Quality Committee. COVID-19 has delayed its implementation.
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 offered our 24-hour Response Service help to provide medical support if needed.	We will monitor our input weekly to review how this has helped care homes.	Our Community Team contacted care homes to give advice and visits if they were needed.

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 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 Patient Care and Quality Committee.	We have been working with the East Berkshire Clinical Commissioning Group to develop a booklet that will be shared with all clinical staff to teach them about all cultural, spiritual and ethnic backgrounds to understand requirements and needs of those we care for.
To establish a formal patient safety agenda	This will be to monitor and reduce the risk of pressure ulcers and patient falls.	<p>We have a wound care specialist nurse training programme which all clinical staff must attend. Mattresses have been ordered for the new Hospice (gold standard) for pressure area care.</p> <p>We are investigating the use of ECHO dots in every IPU room for a patient to call a nurse if unable to use or see the bell and tries to get out of bed on their own.</p>	<p>A monthly Patient Safety Committee will be set up to discuss pressure area care, use of new beds/mattresses.</p> <p>Outcomes will be monitored by our Governance Team.</p>	<p>This has been completed and the Patient Safety Group is working well.</p> <p>A new position of Patient Safety Manager has been created and recruited to.</p>



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 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 come 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.	We have successfully deployed RELIAS training for Hospice staff and volunteers. COVID-19 meant that volunteering numbers have been affected in 2020.
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 Patient Care and Quality Committee.	This is in place, and has been rolled out by our Education Team.
To implement a new learning support system (including 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 Patient Care and Quality Committee.	The RELIAS e-learning platform is in place at Thames Hospice and is working well.



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 up our Ambulatory Day Care Unit	Patients are often unable to access outpatient treatments in the NHS in time and therefore we are working with GPs to help.	We have run some trial sessions that have proved successful.	Recorded and reported to the Director of Nursing and Family Services. Presented to the Patient Care and Quality Committee.
To offer our services to young people (16 years and over)	Working with Oxford Health NHS Foundation Trust to care for this group that need palliative care and support.	We have taken our first patient and we are currently discussing learnings and needs going forward.	Recorded and reported to the Director of Nursing and Family Services. Presented to the Patient Care and Quality Committee.
To merge our day therapy services and our Palliative Care Response Team	Patient feedback was given identifying that community patients and those receiving care on our IPU were not aware of our day therapy services.	All people referred to us will be asked to come in for an assessment and all services and therapies will be offered to them.	Recorded and reported to the Director of Nursing and Family Services. Presented to the Patient Care and Quality Committee.
To open a new domiciliary care service	The East Berkshire Clinical Commissioning Group identified the need and have commissioned us to set up a service.	Plans are currently in progress.	Recorded and reported to the Director of Nursing and Family Services. Presented to the Patient Care and Quality Committee.

4b Clinical effectiveness

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?
To embed establishment of 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 need to ensure that we continue and improve reach to all people that need us.	Our Head of Patient and Family Support and Outreach Link Nurse will lead a forum 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 Patient Care and Quality Committee.
To embed the formal patient safety agenda	Continue monthly Patient Safety Group meetings, involving staff from across the clinical teams at the Hospice.	We have appointed an individual as Patient Safety Manager and they will focus on this area.	Monthly Patient Safety Committee. Outcomes are monitored by our Governance Team.

4c Supporting our staff and volunteers

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 2021	We know that we need to recruit more staff to work on the IPU and in the Community Team. The help and work of volunteers is paramount.	To ensure our volunteers feel valued and part of our Hospice team. We are welcoming back volunteers and recruiting new volunteers to our Hospice, as COVID-19 restrictions ease.	All new staff complete a training programme and complete competencies. Volunteers return when they feel safe to do so as COVID-19 restrictions ease. We will continue to recruit more volunteers for our 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.

Our Counselling and Pastoral Care Team



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.

I. Review of services

During 2020/2021 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 services
- Community services
- Therapy and wellbeing 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 before and after a 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. The income provided by the NHS represented under 50% of the total income generated by Thames Hospice in the reporting period 2020/2021. The balance of our expenditure on charitable activities is raised through legacies, fundraising, dedicated shop units, investments and the generous support of our communities.



Our new Hospice

Inpatient services

We offered a 17-bed Inpatient Unit at our Hospice in Windsor until October 2020. We moved to our new, purpose-built, 28-bed Hospice by Bray Lake near Maidenhead in October 2020. We provide 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)
- Adults and young people aged 16 or over (from March 2021)
- End-of-life care; prognosis of less than six 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 Thames Hospice

Community services

Palliative Care Response Team

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. Our Response Team makes urgent visits to patients who are on the End-of-life Care Register and their loved ones.

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.

Therapy services and wellbeing 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 at Thames Hospice in the Day Therapy Suite.

Complementary therapy

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.

Physiotherapy

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

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 2020/2021 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.

PART SIX: Statement from Commissioners

During the last year NHS East Berkshire Clinical Commissioning Group (CCG) (now Frimley CCG as of April 2021) 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. This has been extremely important during the COVID-19 pandemic. The Hospice has worked with us to adapt and provide flexible services to ensure those in need at the end of their life still received the care they required.

The Hospice Team and the services they provide play a critical role in delivering an extended range of palliative care services to people in their own homes and at the Hospice itself, and we were pleased to announce the continuation of our support following a recommissioning of the Hospice services. The new Hospice building offers to our residents enhanced inpatient and day care facilities, which will continue to offer high quality care and experience. We commend the Hospice for making the transition to the new building successfully, as well as developing new services during the pandemic.

The CCG is pleased to see the Overlooked Minorities Working Group has been established and is starting to address issues around inequality and diversity, including good progress with the homeless. This is a key area of work for both the CCG and the Frimley Health and Care End of Life Steering Group. The Hospice also continues to support the delivery of ReSPECT, working with partners across Frimley Health and Care.

We note the Hospice has been reporting a number of clinical incidents during the year and that they are below the national figure for the majority of these. However, the number of falls is above the national figure per 1,000 occupied bed days for the last two years and the CCG would recommend this is an area for improvement in the forthcoming year.

The Hospice has made some progress on the 2020 pledges, however, due to the pandemic, some areas have not been implemented or progressed as much as the Hospice had hoped. The CCG looks forward to having regular updates on the progress of the pledges for this year and the continuation partnership working.



Your local Hospice

Our vision, mission and values are the heart of Thames Hospice, who we are and what we strive to achieve.

Our Vision

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

Our Mission

To provide and support the best palliative and end-of-life care to our community, giving dignity and comfort to those facing life-limiting illnesses.

Our Values

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

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

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

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

Thames hospice

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Registered charity number 1108298