

Thames hospice

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



Quality Account

2021/2022

www.thameshospice.org.uk



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PART ONE: Statement from the Chief Executive

I am delighted to introduce the Thames Hospice Quality Account for 2021/2022.



Debbie Raven
Chief Executive Officer

Although there has been more of a return to normal this year compared to 2020/2021, we have continued to feel the impact of the COVID-19 pandemic throughout the year. Despite this, I'm extremely proud of how well our teams have responded and continued to provide the highest quality of care in these challenging times. This is evident in our FAMCARE Audit results (page 16) which are better this year than they've ever been and represent higher satisfaction compared to other organisations.

We also have much to celebrate after receiving an 'Outstanding' rating from the Care Quality Commission (CQC) in October 2021 – an incredible achievement!

2022 got off to a very busy start with the launch of two new services: Thames Hospice Co-Connect and Thames Care @ Home. Co-Connect is a bereavement counselling service providing compassionate support to people whose bereavement has been impacted during the pandemic. This has been incredibly well received and it is evident that many people in our community have really suffered throughout this period, especially if they've lost

a loved one. I'm so pleased that we're able to support them through this excellent service.

Thames Care @ Home offers personal care to people in their own homes who are in the last six weeks of their lives. We identified that these people often have limited choice in accessing the care they need. In partnership with the NHS, we have funded a service which provides high quality domiciliary care when people need it. It has been phenomenally successful and has helped people to remain at home with their loved ones.

Our values, Care, Ambition, Respect and Excellence, underpin everything we do and I see them in action every single day through the work of our incredible staff and volunteers. However, none of this would be possible without the unwavering support of our supporters who fund over 50% of the services we provide. We are very much a part of our community and we pledge to be there when they need us as they are there to support us, our patients and their loved ones.

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

Statement from the Chair of the Patient Care and Quality Committee and Director of Clinical Services

On behalf of the Board of Trustees we are proud to commend this Quality Account which covers the services provided by our Clinical Teams during 2021/2022.

The Patient Care and Quality Committee (PCQC) continues to meet quarterly with a wide variety of clinical staff to provide oversight of the clinical practices and governance of the Hospice. This report is an accurate reflection of the scope and quality of clinical services we deliver and how we plan to develop them further.

The COVID-19 pandemic has challenged us, and we are very grateful to our staff, volunteers, commissioners and donors for their continued support. In August 2021 we were inspected by the CQC and were delighted to be rated 'Outstanding' in October 2021, which recognises the dedication and hard work of everyone. We will strive to maintain this level of care and have ambitious plans to widen our reach.

We feel very at home in our facility and it is wonderful that life is returning towards normal, as the threat of COVID-19 continues to reduce. Last year our Palliative Care Response Team (PCRT) and Day Therapy Services combined to form Living Well & Therapy Services. This provides a single point of access to our services, enabling us to deliver more timely and flexible care to patients, in the most appropriate setting.

Two Clinical Nurse Specialists in PCRT have been trained as non-medical prescribers and this, together with the established patient group directives, mean prompt symptom control for our patients.

Occupancy on the Inpatient Unit (IPU) remains high despite increasing from 17-28 beds. We continue to care for NHS Continuing Healthcare patients and now provide our services to young adults (16-18 years old). We have increased staffing levels during the mornings to reduce the risk of drug errors and ensure our staff are able to access personal and professional support and development. We have trained 13 Nursing Assistants, who provide excellent support to our Registered Nurses, with funding

for a further five later this year. We have successfully introduced an e-prescribing system which is helping to reduce medication incidents. Our mandatory and statutory training figures continue to approach 100% across staff, trustees, and volunteers thanks to our robust monitoring system.

The Medicines Management Group, the Patient Safety Group and the Governance and Health and Safety Committee continue to work well. Falls remain an issue with our increasingly frail patients. We have undertaken a 'deep dive' review and all patients now have a robust risk assessment on admission. We continue to have a low incidence of acquired pressure ulcers. Our procurement register successfully monitors servicing and manages repairs and replacement for all medical equipment.

We continue to have few formal complaints and work hard to address issues at the time. We are fortunate to receive remarkably high levels of positive feedback and in-memoriam giving and feed this back to our staff. At the beginning of 2022 we introduced a questionnaire for bereaved relatives, providing invaluable feedback about our services.

Our ambitious Education and Research Strategy (2020/2023) has been interrupted by COVID-19. However, we introduced an improved induction programme for new starters, broadened in-house training and delivered a number of advanced communication skills courses. The ReSPECT project is successfully nearing completion.

We are working on exciting new service developments, including a 'Virtual Ward' to deliver 'inpatient' levels of care to people in their own homes.

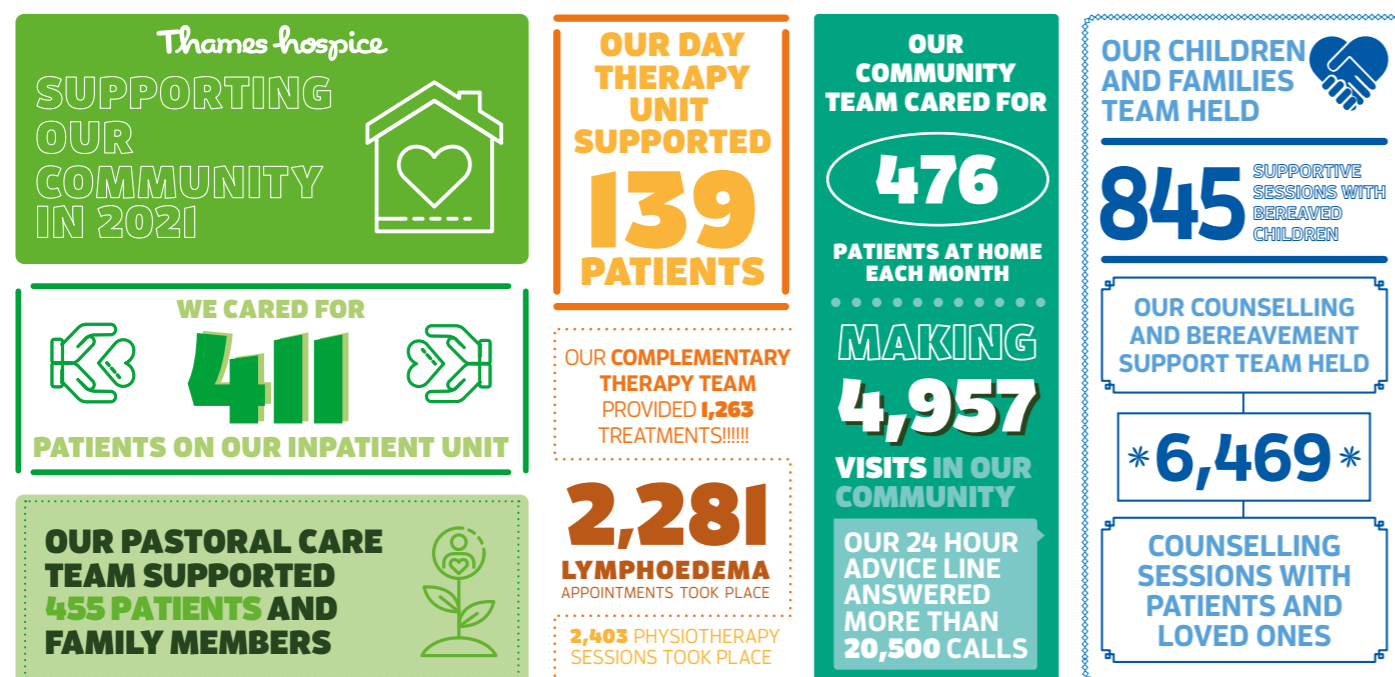
We are incredibly proud of everything that our people have been able to achieve and will continue to support everyone to deliver the outstanding care they aspire to. We remain extremely grateful to them.



Bruce Montgomery
Chair, Patient Care and Quality Committee



Lisa Church
Director of Clinical Services



PART TWO:

Review of quality performance 2021/2022

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.

About Thames Hospice

Proudly serving our community for 35 years, we provide inpatient and community palliative and end-of-life care to people aged 16 years and over across East Berkshire and South Buckinghamshire. In October 2020 we were thrilled to move to our larger 28-bed, state-of-the-art Hospice near Maidenhead, enabling us to provide compassionate care to even more families across the community we serve.

Our facilities are set in eight acres of stunning landscaped gardens, with many rooms overlooking Bray Lake. Our inpatient bedrooms each have an en-suite bathroom, smart television, space for families to stay over and a private terrace.

We employ more than 250 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 condition. 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 750+ incredible volunteers who give their time to support the best possible end-of-life care for local people. It costs more than £13 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.

Thames Hospice is regulated by the 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 services

Inpatient services

- 28-bed Inpatient Unit

Community services

- Living well & therapy services
- Thames Care @ Home (launched January 2022)

Counselling support services

- Counselling & pastoral care
- Counselling for children and young people
- Thames Hospice Co-Connect (bereavement support for people affected by COVID-19 –launched January 2022)

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 people

We are committed to the support and development of all our colleagues 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, ‘People’s Voice’, aims to further improve engagement and wellbeing through enhancing the two-way relationship between managers and staff. A staff survey is undertaken annually to gain views and feedback 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 and 2021/2022 were impacted by COVID-19 from March 2020, as some services were forced to close during periods of national lockdown. Our 28-bed Inpatient Unit (IPU) admitted COVID-19 positive patients from March 2020 (prior to October 2020 we were located at our former 18-bed facility).

2a Inpatient Unit

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Total admissions	329	284	315	354	411
Average occupancy	85%	85%	85%	85%	89%
Discharges	142 (43%)	142 (41%)	144 (36%)	100 (28%)	106 (26%)
Patient deaths	190 (57%)	167 (59%)	203 (64%)	258 (72%)	302 (74%)
Average length of stay (days)	16.11	17.36	16.46	15.12	21.52

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

Living well & therapy services

i Palliative Care Response Team

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients on caseload	374	327	1,023	1,326	1,110
No of visited or telephone consultations	-	-	995	1,291	1,097

The Palliative Care Response Team includes Clinical Nurse Specialists, Paramedics, Nurses, Health Care Assistants and Doctors, who work collaboratively with our Counselling Support Team and Wellbeing Therapists.

ii Day Therapy Suite

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients	121	242	155	49	139
No of attendances	781	2,426	2,179	146	1,590

Our Day Therapy Suite offers an excellent way of providing support for many patients who are not currently accessing end-of-life care services. However, for some of 2020/2021 and 2021/2022 we were unable to offer these face-to-face sessions due to the COVID-19 pandemic.

iii Medical outpatients

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients	51	164	200	172	99
No of appointments	143	330	408	220	143

iv Lymphoedema services

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients	271	327	407	328	412
No of treatments	1,001	1,209	1,716	1,072	2,281

v Complementary therapy

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients	337	295	396	232	394
No of treatments	1,191	1,082	1,143	870	1,263

vi Physiotherapy

	2020/2021	2021/2022
No of patients	194	311
No of treatments	1,263	2,403

Thames Care @ Home

Launched in January 2022, Thames Care @ Home offers personal care to people in their own homes.

	2021/2022
No of visits (from Jan 2022)	1,525

2c Counselling and bereavement support services

i Counselling

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients	255	266	299	555	613
No of sessions	823	1,749	2,185	3,435	6,469

ii Pastoral care

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of patients/family members	1,309	1,555	1,118	408	455
No of sessions/interventions	2,331	2,402	1,956	2,850	1,355

iii Counselling for bereaved children

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
No of clients	-	-	226	319	391
No of family visits	-	-	484	683	845

iv Thames Hospice Co-Connect

Launched in January 2022, Thames Hospice Co-Connect offers bereavement counselling support to people whose bereavement has been affected by COVID-19.

	2021/2022
No of visits	68



Colleagues from our Training and Development Team



Training and development at Thames Hospice

The training and development of local health care professionals continues to be a strong focus of our work, with teaching content tailored to local professional needs and clinical practice. 2021/2022 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.





Our physiotherapists and occupational therapist



Patient Doris benefiting from Complementary Therapy with Michelle

2d Alternative quality indicators

1. Complaints

In 2021-2022, we received six 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, volunteers, patients, clients, family, friends, carers or visitors is responded to immediately and in person, and that the observations made are listened to. Our policy is that following investigation, immediate changes are made where required to working policies and processes. Furthermore, our staff are immediately advised of any changes needed. Our view is that communication can always be improved and we will continually strive for this.

We continue to use the outcomes and learnings 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 CQC (by exception if very high risk) and our NHS Commissioners, as part of our quality reporting processes.

2. Accolades

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

In 2021-2022 we also gathered feedback using iPads at our reception desks. This system enables everyone using any of our services to give immediate feedback about our services.

Analysis of this feedback showed an overall score of 100% Excellent or Good in 2021/2022

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

You cared for our Mum in her final stage of life and we will be eternally grateful to you all. Your support made Mum's journey as comfortable as possible, right up to her passing. We feel blessed to have had you by our side. Thank you.

We will never forget the kindness, care and devotion that was shown by all staff. It means a lot to us knowing that our loved one was so well looked after and was at peace and comfortable at the end.

Thank you beyond words for the outstanding, compassionate care that everyone gave to our hugely loved brother and to us as a family. You all treated him with so much compassion and respect, giving him dignity in his final days and last hours. You found time to check on us all and supply us with tea and cake. As a family we will be forever grateful. Long may your work continue.

Every single member of your team that came to our house were full of empathy, kindness and were so caring towards our loved one, ensuring she was as comfortable as possible as well as supportive to us.

No words can truly express how thankful my children and I are for the empathy, compassion and care you gave to my husband. The traumatic experience of his passing was made easier to bear by the support you all gave us.

Thank you so much for caring and looking after my brother. We couldn't have wished for a better room with a view for his final days. Best wishes to the staff for the future.

I love coming to the gym for physiotherapy, it helps to maintain my strength and keeps me positive.

2e 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 Officer and other members of the SMT.

305 clinical incidents and accidents were reported and investigated during 2021/2022, 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	3	Low	Minor incidents only. All were investigated and where necessary we made changes to processes.
Drug errors	63	Various	Each drug incident was investigated. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Information governance	1	Low	Minor incident; promptly resolved.
Patient safety and care	9	Various	In most incidents the patient was unharmed.
Patient slips, trips and falls	64	Various	In most incidents the patient was unharmed.
Pressure ulcer – Inherited	93	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	36	Medium	The progression of disease in some of our patients meant that low-grade pressure ulcers formed. Often these patients understood that pressure ulcers had formed, or were developing, but preferred not to be turned.

2. Infection control

In 2021/2022 there were no cases of patients with a new diagnosis of Clostridium Difficile infection or a blood stream MRSA infection. No vomiting and diarrhoea outbreaks took place at the Hospice over this period. We carried out Infection Control Audits in 2021/2022 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.



Lymphoedema Nurse Kristina with patient Maura



Colleagues from our Palliative Care Medical Team

2f Significant audits

I. 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 2021/2022 and for the past four 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 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Overall 21/22	Overall 20/21	Overall 19/20	Overall 18/19	Overall 17/18
Average bed occupancy (%)									
Thames Hospice	87.8	87.8	88.8	91.4	88.9	83.5	84.4	84.0	84.0
Group	69.3	65.7	66.2	65.6	65.6	64.9	75.8	80.2	79.0
All hospices	72.3	70.6	70.6	69.6	69.9	65.6	74.6	79.4	79.0
Average length of stay									
Thames Hospice	22.3	22.5	22.3	22.3	22.4	16.3	16.2	15.3	10.1
Group	15.2	15.7	16.3	16.8	15.9	14.2	13.1	14.3	13.1
All hospices	14.0	14.3	14.0	14.3	14.1	13.1	13.3	14.8	14.8
Falls per 1,000 occupied bed days									
Thames Hospice	5.0	8.5	4.4	10.2	7.1	12.5	14.4	12.4	13.4
Group	10.6	11.1	10.1	9.5	10.4	11.4	10.7	10.3	10.4
All hospices	10.1	10.4	10.1	8.9	9.9	11.2	10.4	10.0	10.4
Medication incidents per 1,000 occupied bed days									
Thames Hospice	5.5	5.4	11.1	2.2	6.1	5.0	6.3	13.2	6.0
Group	8.4	7.7	10.5	8.9	8.9	9.9	12.7	12.9	11.8
All hospices	11.1	10.3	11.8	12.0	11.3	10.8	10.8	10.5	10.4
Inherited pressure ulcer incidents per 1,000 occupied bed days									
Thames Hospice	8.2	4.0	12.0	10.2	8.6	6.3	3.8		
Group	17.0	16.1	16.4	17.2	16.6	18.5	8.1	N/A	N/A
All hospices	17.5	15.9	18.1	18.2	17.4	17.4	7.6		
Acquired pressure ulcer incidents per 1,000 occupied bed days									
Thames Hospice	5.5	3.1	5.3	3.6	4.4	2.1	4.7		
Group	7.8	7.3	8.8	7.2	7.8	8.7	14.5	N/A	N/A
All hospices	8.8	8.7	9.5	9.6	9.1	8.8	14.6		

2. FAMCARE Audit results

The 2021 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken during summer 2021. This year 51 specialist palliative care services in the UK and Ireland took part: 22 hospice Inpatient Units, 22 home care teams and 7 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 2021. It was our sixth year participating in the FAMCARE Audit. Our results from the survey were returned after review by the FAMCARE team. For 2021/2022 we were very pleased that in 15 out of the 17 areas we received more 'very satisfied' responses compared to the average from the participating hospices. The other two areas matched the average. No responses to any areas of the audit rated us lower than good.

3. Internal audit results

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

The Quality and Audit Programme allows us to monitor our services in a systematic way, identifying areas for audit and evaluation in the coming year. Our focus is on quality and benchmarking of services, patient safety, good record-keeping, infection control standards and legislation compliance. Our audits create a framework where we can review information and identify where we can make improvements.

Regular governance meetings and the Patient Care and Quality Committee monitor quality of care and to discuss quality and audit evaluation results.

The Thames Hospice Audit Plan 2021/2022 identified audits against the five key lines of enquiry as set by the CQC, some examples from which are detailed opposite.



Colleagues from our Multi-Disciplinary Clinical Teams

Detail of audits	Outcome of audits
SAFE	
<p>Patient mobility and falls We examined data around our patients' mobility and how well they are assessed on admission to IPU and then how staff can continue to support patients to be mobile for as long as possible. Thames Hospice also participated in the Hospice UK Deep Dive Falls Audit this year from which we have continued to gather the same data so that we can monitor falls on an ongoing basis.</p>	<p>The audit provided evidence that patients are assessed well on admission to the IPU and highlighted the importance of patients being regularly reviewed, particularly if there is a deterioration in their physical wellbeing. The report also identified what measures are put in place to encourage safe mobility for as long as possible. Our deep dive falls analysis helps us to identify what improvements we can make to try and prevent further falls. We are also improving the way falls incidents are reported so that we have consistent data to analyse.</p>
<p>Safeguarding This audit checked that Thames Hospice has a good safeguarding culture, if staff are fully trained and informed about how to raise any safeguarding concerns.</p>	<p>This audit provided reassurance that Thames Hospice considers safeguarding as a key priority, has a good leadership structure in place and impresses on staff that everyone is responsible for safeguarding.</p>
EFFECTIVE	
<p>Metrics benchmarking All areas of the service are closely monitored and each department has to report monthly monitoring data which forms stringent clinical performance metrics.</p>	<p>Metric benchmarking standards are reviewed on an annual basis to ensure that all aspects of the services we provide meet the demands and expectations of our patients, their families and our service stakeholders.</p>
<p>HR audits Audits are carried out regularly throughout the year to spot-check different samples of staff to ensure that Thames Hospice is fully compliant in DBS checks, appraisals, clinical revalidation and vaccination status.</p>	<p>Our process for recruitment meets all legislative requirements.</p>
CARING	
<p>Consent to care and treatment Consent to care and treatment is a fundamental cornerstone upon which any care is delivered. Our sample audit was to determine whether patients' consent is being sought and documented in accordance with policy and legislative guidelines.</p>	<p>The auditor checked each patient record in detail to ensure that, whenever treatment or care was given, patient consent was sought before commencing. Evidence showed that the clinical staff are seeking consent from patients appropriately when required and documenting this information accordingly within the patients' records.</p>
<p>Feedback Feedback is gathered across all services on an ongoing basis through different sources.</p>	<p>We are monitoring our new service, Thames Care @ Home. Feedback to date is very positive. We learn from all feedback gathered with the aim of maintaining a high standard of patient-centred care at all times.</p>
RESPONSIVE	
<p>Mental capacity This audit is in reference to the Mental Capacity Act 2005 and to examine if Thames Hospice records the mental health status of every patient in their care, and subsequently records any changes relating to mental health capacity. This ensures that our patients and their families are at the centre of decisions about their care, which is central to our values.</p>	<p>This audit gave reassurance that mental capacity is being recorded regularly and appropriately in all patient records and there is good record keeping across services. This audit also shows that communication about a patient's mental capacity is covered in various ways and that staff are kept fully informed.</p>
WELL LED	
<p>Ethnicity A quarterly audit is carried out to ensure that we are capturing the ethnicity of every patient using our services, thereby ensuring we can tailor our services to individual needs.</p>	<p>The audits provided evidence that we are compliant in capturing patients' ethnicity. Our aim is to meet the needs of the surrounding population and the communities we serve. Thames Hospice has been proactive this year in engaging with local minority groups to create awareness of the Hospice and explain how communities can access our services.</p>

4. Other audit results

In 2021/2022 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 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 we were, again, 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.

5. Regulatory inspection

Thames Hospice was inspected by the CQC in August 2021. Staff and volunteers at Thames Hospice had much to celebrate after receiving an 'Outstanding' rating following the inspection. The inspection outlined how we were meeting the CQC national standards.

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

To access a full copy of this and past reports, please go to www.cqc.org.uk/location/1-9676860611 or visit our website at www.thameshospice.org.uk where there is a link to the report at the bottom of our homepage.



Our outstanding staff and volunteers

2g Duty of candour

Thames Hospice promotes a culture that encourages candour, openness and honesty at all levels of the organisation. We have a culture of safety and a commitment to transparency that permeates everything we do.

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

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

Patient Bernadette with Nurse David accessing our living well and therapy services



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 up an Ambulatory Day Care Unit at the Hospice.	Patients are often unable to access outpatient treatments in the NHS in time and therefore we are working with our community healthcare colleagues to help.	We have run some trial sessions that have proved successful.	Recorded and reported to the Director of Clinical Services. Presented to the Patient Care and Quality Committee.	As clinical areas in hospitals reopened following COVID-19, an Ambulatory Day Care Unit was no longer needed.
To offer our services to young people (16 years and over).	Working with Oxford Health NHS Foundation Trust to care for young adults who need palliative care and support.	We cared for our first young adult and are currently discussing learnings and needs going forward.	Recorded and reported to the Director of Clinical Services. Presented to the Patient Care and Quality Committee.	We have admitted young adults from the age of 16 to our IPU, and will continue to do so.
To merge day therapy services and the Palliative Care Response Team.	Patient feedback identified that community patients and those receiving care on our IPU were not aware of our day therapy services.	All people referred to us will have an assessment and be offered appropriate hospice services and therapies.	Recorded and reported to the Director of Clinical Services. Presented to the Patient Care and Quality Committee.	The services have been combined under one team to form living well & therapy services.
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 Clinical Services. Presented to the Patient Care and Quality Committee.	Thames Care @ Home commenced in January 2022 and is proving to be very well received.



Patient Diane with Pastoral Care Worker Catherine

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 embed establishment of a community faith forum.	Thames Hospice monitors the ethnicity and religion of patients and families who 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.	Associate Director of Non-Clinical Services is overseeing, supporting and advising our Outreach Coordinator to engage with faith leaders across East Berkshire.	Recorded and reported to the Director of Clinical Services. Presented to the Patient Care and Quality Committee.	This service has started well, raising awareness of our services in areas where communities are less likely to contact us for hospice care and support. This pledge will continue into next year.
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 a Patient Safety Manager who will focus on this area.	Monthly Patient Safety Committee. Outcomes are monitored by our Governance and Quality Team.	This has been a successful addition to our quality monitoring. Colleagues attend from across all our services and actions from discussions have been implemented.

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 2021.	We know that we need to recruit more staff to work on the IPU and in the Community Team. The support from 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. Numbers of staff and the delivery of the competency programmes are monitored by the Director of Clinical Services and People Committee.	Our training now includes a structured induction programme for all new joiners. We have revised and refreshed our training for new and existing staff and volunteers. As COVID-19 restrictions eased we have been delighted to welcome many new volunteers to the Hospice.

PART FOUR:

Looking forwards – pledges for 2022/2023

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.	This is a continuation of last year's pledge. Thames Hospice monitors the ethnicity and religion of patients and families who 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 who need us.	Our Associate Director of Non-Clinical Services will continue to oversee, support and advise our Outreach Coordinator to engage with faith leaders and raise awareness of our services across the community we serve.	We will continue to monitor people accessing our services. Recorded and reported monthly by Associate Director Non-Clinical Services to Director of Clinical Services. Presented to the Patient Care and Quality Committee.
To introduce and establish a virtual ward.	Every day we are full and unable to offer a bed on our Inpatient Unit to many people who urgently need our specialist hospice care and support.	Taking patients who are referred into the priority waiting list and prioritising those who need urgent care and symptom control.	Our IPU waiting list will be monitored, recorded and reported monthly to Director of Clinical Services and presented to the Patient Care and Quality Committee.
To commercialise Thames Care @ Home to generate income for the Hospice.	High demand for social care is causing longer hospital and hospice stays.	We will appoint a new service lead to drive Thames Care @ Home commercially and market the service to our local community.	Income generation from this service will be monitored monthly. Figures will be reported to the Finance Committee and to the Patient Care and Quality Committee.
We will wrap the delivery of care and support around the patient and those dear to them in their preferred place of care.	This is a strategic ambition for the Hospice.	We will develop our services, caring for patients in their preferred place of care.	Monitoring and reporting across the Hospice, with reporting and review at our Patient Care and Quality Committee and our Board.
We will support and develop our clinical workforce in a learning environment.	This is a strategic ambition for the Hospice.	We will support and nurture our own employees, offering training and enhancement to their daily work supporting our patients.	Monitoring and reporting across the Hospice, with reporting and review at our Patient Care and Quality Committee and our Board.
We will use evidence to reach people earlier in their disease trajectory and those in overlooked groups.	This is a strategic ambition for the Hospice.	We will monitor the local and national positions. Using data to improve our service offering.	Monitoring and reporting across the Hospice, with reporting and review at our Patient Care and Quality Committee and our Board.
We will develop excellence through partnerships with other healthcare providers and the community, using our influence in educating others and sharing learning.	This is a strategic ambition for the Hospice.	We aim to be a centre of excellence in our community, and for our peers in healthcare.	Monitoring and reporting across the Hospice, with reporting and review at our Patient Care and Quality Committee and our Board.



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 2021/2022 we supported local NHS commissioning priorities by providing palliative and end-of-life care across key services:

- Inpatient services
- Community services
- Counselling support services

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. Activity data for these areas is provided below. The income provided by the NHS represented under 50% of the total income generated by Thames Hospice in the reporting period 2021/2022. The balance of our expenditure on charitable activities is raised through legacies, fundraising, dedicated shop units, investments and the generous support of our communities.



Colleagues from our Palliative Care Response Team

Inpatient services

We provide symptom management for patients with complex needs, care for patients with an unstable palliative condition, and end-of-life care on our 28-bed Inpatient Unit.

The inpatient service areas we offer are:

- People aged 16 or over, registered with a GP in East Berkshire and South Buckinghamshire
- 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

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. Made up of Registered Nurses, Clinical Paramedics and Health Care Assistants, the team helps people manage their condition at home.

24-hour telephone 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.

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.

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.

Thames Care @ Home

Launched in January 2022, Thames Care @ Home offers personal care to people in their own homes who are in the last six weeks of life.

Counselling support services

The Counselling 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.

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. Developing research is a Hospice ambition for 2022/2023.

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 2021-2022 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**

Over the course of 2021/2022, Thames Hospice has continued to work closely with Frimley Clinical Commissioning Group (FCCG), providing an excellent range of care to those with a life-limiting illness. The COVID-19 pandemic has continued to put a strain on all health care systems in the region. Thames Hospice has been admirable in supporting the wider health population in helping to support as many suitable patients as possible, relieving pressure on other NHS health providers. This is reflected in the high rates of occupancy of the Hospice.

The Hospice is making the most of its new facilities, which it has now occupied for well over a year. Service developments and quality improvements have been supported by the superb environment and gardens. This includes enabling the consolidation of Day Therapy Services with the Palliative Care Response Team, forming Living Well & Therapy Services. New patients and relatives are introduced to the service when attending as outpatients, where they can be invited to see other services that may be of benefit, such as physiotherapy and counselling. This opens up care opportunities for patients and is high on the quality agenda.

FCCG has been working with the Hospice on a more sustainable model of financial support moving from a grant to a contract. We are very pleased to be able to increase our funding. The benefits of this include help to support potential new developments and quality improvement for patients in the FCCG area.

In terms of meeting the pledges for last year, the Hospice has made good progress. It is particularly heartening to see that the Hospice is now welcoming young adults over 16 years. The Hospice continues to monitor and learn from incidents and complaints, which are lower than average. Steps have been made in tackling issues around inequality and diversity although further work is required in this area. The Hospice pledges for next year are typically aspirational and will further benefit local residents. The virtual ward model has worked well in other areas and should further enhance hospice services.

The Care Quality Commission (CQC) has rated the hospice Outstanding, which we view as very well deserved. We look forward to continuing to work together to consolidate and extend on the high quality services that the Hospice provides.



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



Compassion

Compassion for everyone in a safe and caring environment



Ambition

The desire and determination to serve everyone in our community



Respect

Respect for everyone's dignity



Excellence

Committed to excellence in everything we do

Thames hospice

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Registered charity number 1108298