

Thames hospice

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



# Quality Account

2022/2023

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



Shirlie and Andrew,  
Health Care Assistants, Inpatient Services

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**PART ONE**

**Statement from the Chief Executive**

Welcome to our Quality Account 2022/2023. We consider it to be an important publication as it is part of our accountability to the many individuals and groups with a stake in the work of Thames Hospice.

We are delighted to provide you with this summary of the quality initiatives that we have undertaken throughout the financial year, and to give you a high-level overview of some of our plans for 2023/2024. You are important to us, and we know you want to be assured of our attention to the quality of our services and our efforts to continuously improve wherever we can.

Overall this year we've seen incredible performance across all areas of the organisation. We're extremely proud of our results, our People and our Volunteers. We are always delighted and also humbled by the positive feedback that we receive from patients and their families across all our services. We saw the impact of the Covid-19 pandemic receding, and are so proud that we never had to stop relatives from visiting our patients.

This year, we have introduced the concept of 'Care with Agility' and worked on increased coordination and integration of our hospice services, together with our wider healthcare partners. This has led to significant reductions in waiting times for admission, and our patients have a far clearer expectation of what we can offer.

We have also refocused our efforts on increasing support for people being cared for in the wider health and social care system. Our Inpatient Services ran at just under 90% occupancy over the year, and our Hospice at Home Team has seen increased activity too. In December 2022 we launched our Virtual Ward, enabling us to care for more acutely unwell people in their own homes rather than them going into hospital or to the Hospice. Our patient satisfaction results for 2022/2023 have been exceptional, and you will find some examples of the many accolades we received this year later in this publication.

This year has also been one of significant change. In August 2022 our new Chief of Clinical Services, Dr Nick Dando, joined Thames Hospice. Nick is an experienced Palliative Medicine Consultant bringing a wealth of skills and knowledge to his role. In January 2023, we appointed Loren Broughton as Chief Nurse, following the retirement of our former Director of Patient Services, Lisa Church. I am convinced that our new Clinical Leadership Team has the right balance of skills to deliver the best care for patients at Thames Hospice. I would also like to acknowledge and thank our former CEO, Debbie Raven, who stepped down in September 2022.

Like other healthcare providers, the recruitment of nurses has been challenging this year. However, we revised our nursing salaries in October 2022 and we are confident in our current staffing levels. We also made some essential changes to our nursing model for Inpatient Services, and, to ensure the continuity of safe patient care, we took the difficult decision to temporarily close eight beds. The introduction of the Virtual Ward has compensated for some of these bed closures.

The changes to our staffing models have meant we have been able to build on our already robust governance and incident reporting systems to further improve patient care. An essential focus for the Clinical Team has been patient safety. For example, we have undertaken work to identify developing pressure ulceration early and prevent progression to a more severe wound. To further enhance patient safety and experience we commenced a detailed review of our patient food and nutrition, and this is one of our key pledges for this year.

Following the launch of the new Integrated Care Boards (ICB), we continue to engage in constructive dialogue with our NHS Commissioners to help continue to shape and fund our essential care, working in partnership to meet the needs of those people for whom we have a shared responsibility.

In order to fund our care going forwards, we are focussing our efforts on continuing to build our charitable income generation activities and investment, to maintain a strong and sustainable position for years to come. This includes negotiating new contractual arrangements with our NHS partners to secure a fair deal for future years. We will continue to work ever more closely with Phyllis Tuckwell Hospice and our colleagues across the health and adult social care sector, to support the delivery of the Frimley ICB's palliative and end-of-life care priorities.

To the best of my knowledge this Quality Account for 2022/2023 is an accurate and fair representation of the quality of services that Thames Hospice provides.

I would like to thank the following for their involvement in developing our Quality Account for 2022 /2023: Loren Broughton (Chief Nurse), Nick Dando (Chief of Clinical Services), James Goodwin (Head of Performance and Compliance), Juliana Luxton (Company Secretary), Stephanie Peters (Head of Marketing and Communications), and Sarah Varley (Patient Safety Manager).



**Catherine McLaughlin**  
Chief Executive Officer

**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 2022/2023. The report is an accurate record of the work that we have undertaken at Thames Hospice to improve the quality of our services during the past year.

This year has been a year of significant change and key challenges. One of the Clinical Leadership Team's priorities, following feedback from our nursing colleagues, has been to make essential changes to our nursing model for Inpatient Services. This has resulted in a significant improvement in morale and retention of staff. Nurse recruitment remains challenging across all healthcare settings, including Thames Hospice and, to ensure safe patient care, we took the difficult decision to close eight beds temporarily. Additionally, the rise in salary costs is extremely challenging as there has been no matched increase in our NHS contract.

Some of the reduction in inpatient capacity has been compensated for by the introduction of the new Virtual Ward. Launched in December 2022, in response to increasing NHS winter pressures, the Virtual Ward delivers proactive medical and nursing care to acutely symptomatic and actively dying patients in their own homes. Care is coordinated by our Clinical Paramedic Specialist, James Hill, and is delivered collaboratively by our Hospice at Home Team, GPs and District Nursing Teams.

We recognise that our care needs to be increasingly responsive to the needs of our local population and have introduced the concept of 'Care with Agility'. Increased coordination and integration of our own hospice services and stronger collaboration with our wider healthcare partners across the Integrated Care System (ICS) has allowed us to achieve significant reductions in wait times for admission to our Inpatient Services. Our patients and their loved ones have a far clearer expectation of what we can offer and decisions are made objectively, based on need. These changes mean we now admit approximately 70% of patients referred for inpatient care within one day, and normalised length of stay from a peak of 34 days in September 2022 to 19 days by February 2023.

Patient safety has been another essential focus for the Clinical Leadership Team. The changes to our staffing model have meant we have been able to build on our already robust governance and incident reporting systems to further improve patient care. We are identifying and reporting more pressure area changes earlier in their development pathway, ensuring that early nursing intervention reduces the risk of progression to more severe ulceration.

Electronic prescribing is now well established and has helped to reduce the number of drug incidents. To further enhance patient safety and experience, we are also undertaking a detailed review of food for our patients. We need to ensure

that food is not only nutritious and tasty, but it also has to be of the right consistency for patients whose swallow function may be affected by their condition, ensuring they can still enjoy meals safely. Supporting patients to make informed choices about oral intake is also part of good holistic care. In addition, we are planning refresher training for our staff on the Mental Capacity Act to ensure they are helping patients make these important decisions.

Despite the complex challenges we have responded to in the last year, we are delighted that our patient satisfaction scores and feedback remain consistently high, and we will constantly focus on providing agile care to patients, wherever they need us.



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



**Dr Nick Dando**  
Chief of Clinical Services

**We welcome your feedback**

Your views on how we are doing are very important to us. If you would like to pass on a message to any of our Teams or suggest ways that we can improve our services, please use our online form at [www.thameshospice.org.uk/contact-us](http://www.thameshospice.org.uk/contact-us) or email [contact@thameshospice.org.uk](mailto:contact@thameshospice.org.uk)

If you would prefer to speak to someone in person, please contact Juliana Luxton, our Company Secretary and Quality and Governance Lead, on **01753 842121**

**PART TWO**

**Review of quality performance 2022/2023**

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 an 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 Services Centre

**Paul Bevan Wellbeing Centre**  
Hospice Day Services  
Lymphoedema Services  
Complementary Therapy  
Physiotherapy

**Hospice at Home**  
Palliative Care Response Team  
Thames Care at Home  
Virtual Ward  
(launched in December 2022)

**Counselling & Bereavement Support**  
Counselling & Pastoral Care  
Counselling for Children and Young People  
Co-Connect  
(bereavement support for people affected by COVID-19)

**About Thames Hospice**

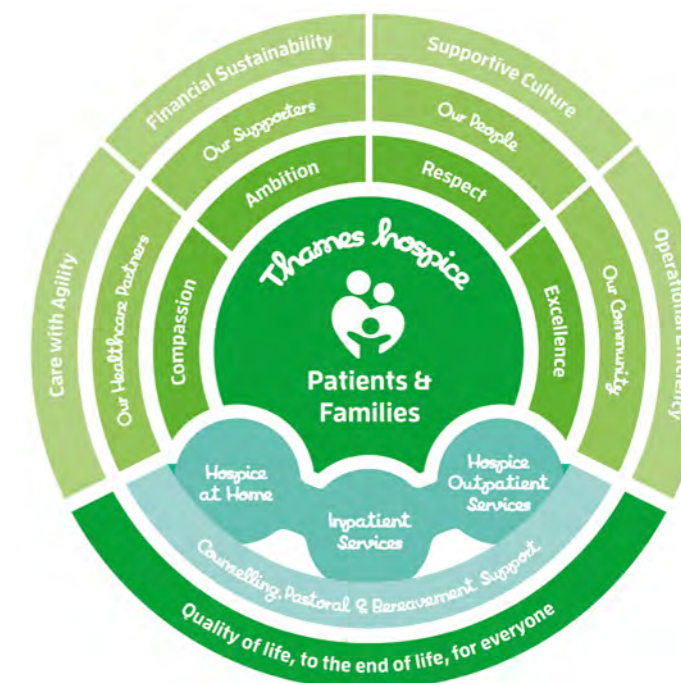
Proudly serving the community of East Berkshire and South Buckinghamshire for more than 36 years, we work in partnership with our local healthcare colleagues to provide specialist palliative and end-of-life care services to people aged 16 and over in their own homes and within the Hospice. A vital part of our work is also supporting patients' loved ones.

We employ more than 300 dedicated staff who are specialists in a variety of fields including palliative medicine, finance, admin and support, fundraising and retail, supported by more than 870 incredible volunteers.

Our services are free of charge to all those in our community who need vital hospice care, but this is only made possible through the charitable support and generosity of our community. We receive a 26% financial contribution towards our operating costs funded by NHS England, and need to raise £38,363 each day to fund our services and support all those who need our care.

On 11 October 2021 Thames Hospice was rated as 'outstanding' by the Care Quality Commission, following an inspection of its services.

**Circle of Support**



**Proud to serve our community**

**Thames hospice**  
Caring for our community in 2022/2023

**Hospice at Home**  
18,654 Calls answered on our 24 hour advice line  
Our Virtual Ward Team cared for 38 patients at home making 261 visits  
Our Palliative Care Response Team made 6,581 visits to patients at home. This ensured that 4,998 hospital admissions were avoided  
Our Thames Care at Home Team made 3,808 home visits, supporting 165 patients

**Inpatient Services**  
We cared for 360 patients on our Inpatient Unit

**Counselling, Pastoral and Bereavement Support**  
Our Pastoral Care Team provided 3,479 sessions with patients and loved ones  
4,960 Counselling sessions held by the Counselling & Bereavement Team  
727 Supportive sessions held by our Children & Families Team

**Hospice Outpatient Services**  
2,464 Days of care provided by our Hospice Outpatients Team  
1,442 treatments provided by our Complementary Therapy Team  
1,872 Physiotherapy sessions took place  
1,865 Lymphoedema appointments took place



Colleagues from our Inpatient Services Nursing Team

**Training and development at Thames Hospice**

Training is an essential part of our commitment to staff for professional development and safe clinical care for patients. 2022/2023 again saw a continued emphasis on end-of-life care training and further expansion in core training for our clinical professionals. All patient-facing staff received clinical refresher training to bring them up to date with evidence-based practice.

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

## Thames Hospice facts and figures from April 2019 onwards

From March 2020 many of the figures shown for 2020/2021 and 2022/2023 were impacted by COVID-19 as some services were forced to close during periods of national lockdown. Our Inpatient Services admitted COVID-19 positive patients from March 2020.

### Inpatient Services

Admissions peaked during Covid-19, then subsequently reduced as the impact of the pandemic lessened and in response to the closure of the eight beds. In contrast, the number of deaths has increased, reflecting our improved triage and assessment processes, ensuring more responsive access to our beds for dying people.

	2019/2020*	2020/2021	2021/2022	2022/2023
<b>Total admissions</b>	315	354	411	360
<b>Average occupancy</b>	85%	85%	89%	88%
<b>Discharges</b>	144 (36%)	100 (28%)	106 (26%)	47 (13%)
<b>Patient deaths</b>	203 (64%)	258 (72%)	302 (74%)	328 (87%)
<b>Average length of stay (in days)</b>	16.46	15.12	21.52	20.72

\*Prior to October 2020 we were located at our former facility, in Windsor.

### Paul Bevan Wellbeing Centre

#### Hospice Day Services

We are delighted to have welcomed patients back to our Hospice Day Services and that we have surpassed pre-pandemic levels of attendance during 2022/2023.

	2019/2020	2020/2021*	2021/2022*	2022/2023
<b>No of patients</b>	155	49	139	199
<b>No of attendances</b>	2,179	146	1,590	2,464

\*For some of 2020/2021 and 2022/2023 we were unable to offer Day Hospice Care due to the COVID-19 pandemic.

#### Lymphoedema Services

	2019/2020	2020/2021	2021/2022	2022/2023
<b>No of patients</b>	407	328	412	455
<b>No of attendances</b>	1,716	1,072	2,281	1,865

#### Complementary Therapy

	2019/2020	2020/2021	2021/2022	2022/2023
<b>No of patients</b>	396	232	394	443
<b>No of attendances</b>	1,143	870	1,263	1,442

#### Physiotherapy

	2020/2021	2021/2022	2022/2023
<b>No of patients</b>	194	311	262
<b>No of attendances</b>	1,263	2,403	1,872

Patient Barbara with Physiotherapist Iulian



### Hospice at Home

The majority of patients we supported in 2022/2023 were cared for at home, helping them to manage the impact of their illness and remain comfortable in their own surroundings. Our Multi-Disciplinary Team also cared for patients who were at the end of life and wished to die in the familiarity of their own home.

The Team works in partnership with patients' families and our local community healthcare partners, including GPs and District Nurses, to provide compassionate and timely support. This joined-up care includes skilled communication, assessment, symptom control, nursing interventions, tailored personal care, providing information about the dying process, and dignified care and support before and after death.

### Palliative Care Response Team

The Palliative Care Response Team is made up of Clinical Nurse Specialists, Paramedic Specialists, Senior Staff Nurses, Health Care Assistants and Doctors.

	2020/2021	2021/2022	2022/2023
<b>No of patients on caseload</b>	1,478	1,259	1,225
<b>Number visited or telephone consultation</b>	12,089 <i>(not including telephone calls)</i>	12,846	24,721

### Thames Care at Home

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

	2021/2022	2022/2023
<b>No of visits made</b>	1,525	3,808

### Virtual Ward

Launched on 1 December 2022, our Virtual Ward is a two-year pilot service developed in conjunction with the Frimley ICB and is available to patients within the Frimley ICB geographical area.

	2022/2023
<b>Number of admissions</b>	38

### Doctors' visits

Following the closure of eight beds within Inpatient Services, our Doctors changed how they worked and started seeing patients in their own homes.

	2022/2023
<b>No of patients</b>	76
<b>No of visits</b>	81

### Counselling and Bereavement Support

#### Counselling

	2019/2020	2020/2021	2021/2022	2022/2023
<b>No of clients</b>	299	555	613	482
<b>No of sessions</b>	2,185	3,435	6,469	5,654

#### Co-Connect

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

	2021/2022	2022/2023
<b>No of clients</b>	68	267

#### Pastoral Care

	2019/2020	2020/2021	2021/2022	2022/2023
<b>No of patients/family members</b>	1,118	408	455	1,508
<b>No of sessions/interventions</b>	1,956	2,850	1,355	3,479

#### Counselling for Children and Young People

	2019/2020	2020/2021	2021/2022	2022/2023
<b>No of clients</b>	226	319	391	340
<b>No of family visits</b>	484	683	845	727

### Additional quality indicators

#### Complaints

In 2022/2023, we received 13 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 needed. 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 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.

#### 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 2022/2023 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 99.4% Excellent or Good in 2022/2023**

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

#### 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 say about our services

“ Thank you to the Thames Care at Home Team that looked after X. Your culture and your work ethic are something you should all be very proud of and we will never ever forget everything you did.

“ Thanks to the wonderful Hospice at Home Team who were all so supportive in the care given to my husband leading up to his sudden death. We are so grateful for the professional, yet caring support we received.

“ To A's angels, thank you for the care you gave to our Dad. You treated him with kindness, dignity and respect. We miss your smiling faces and cheerful chats. Thank you from the bottom of our hearts.

“ This journey was not one we expected to be taking this year. It has been a rollercoaster, but, each and every one of you has helped us through it. We will miss seeing you each day as the next chapter begins. Words cannot express our heartfelt thanks enough.

“ The doctors and nurses provided X with the best possible care in difficult circumstances. The pain he was in was beyond awful and very difficult to control. Thankfully, his last few days were pain free and we were all so relieved that he was at peace. Thames Hospice answered our prayers, providing sanctuary and a haven of peace for X who had struggled for far too long.

“ We were so happy that X was transferred from hospital into your tender care. From the moment we arrived until the moment we left, we were all nurtured, cared for, respected, listened too and supported. The endless cups of tea, pieces of cake, jokes, drinks from the drinks trolley and your listening ears softened the almighty blow of X's swift deterioration and sudden death. We honestly could not have been in better, safer or kinder hands. Thank you.

“ You gave my son the utmost care and attention until he passed away. You not only respected his wishes, but made him comfortable at all times and had a kindly word and a smile. Thank you also for the welcome you gave us when we visited and for the meals, especially breakfast.

“ Thank you for looking after my Daddy so well and thank you for looking after me, my Sister and Mummy when we visited Daddy.

“ Well, who better than Sister Anne, a true nurse, high standards, empathy and has always delivered holistic care. She not only cares for patients and families, but also supports her staff.

“ Thank you for the wonderful care you gave to my father. Your kindness, compassion and humanity made a positive difference to all of us as a family and we will be forever grateful that he was peaceful and comfortable when he died. Thank you for putting up with the dog too.



Some of our multi-disciplinary clinical colleagues

Patient safety summary

Clinical accidents and incidents

We use Vantage, an online incident reporting system. This gives us a streamlined incident reporting process and enables us to produce in depth reports for governance monitoring. Vantage is used throughout the organisation and is mandated as the standard reporting tool for all staff. The Executive Team and relevant 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 attended by other members of the Executive Team.

Our Patient Care and Quality Committee receives and reviews a quarterly report on all clinical incidents that are reported.

304 clinical incidents and accidents were reported and investigated during 2022/2023, with many of them reported 'for the record' only or as 'near misses'. 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. The table below summarises those incidents that were ones that we investigated.

Type	Number in years	Seriousness/impact	Actions
Pressure ulcer – inherited	60	Medium	Due to the ongoing deteriorating nature of their condition, patients were admitted with some pressure ulcers. We have procedures that we implement to care for these patients, including special mattresses and turning plans.
Pressure ulcer – acquired	41	Medium	The progression of disease in some of our patients meant that low-grade pressure ulcers developed.
Drug incidents	56	Various	Each drug incident was investigated. Clinical staff involved undertook reflective reviews, and learnings were shared with all clinical staff.
Patient slips, trips and falls	53	Various	In most incidents our patient was unharmed.
Patient safety and care	9	Various	In most incidents our patient was unharmed.
Information governance	1	Low	Minor incident; promptly resolved.

Infection control

In 2022/2023 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 2022/2023 and no infection control incidents were reported.

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 quickly and efficiently.

**Significant audits**

**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 (larger) hospices for 2022/2023 and previous years. We are proud that our

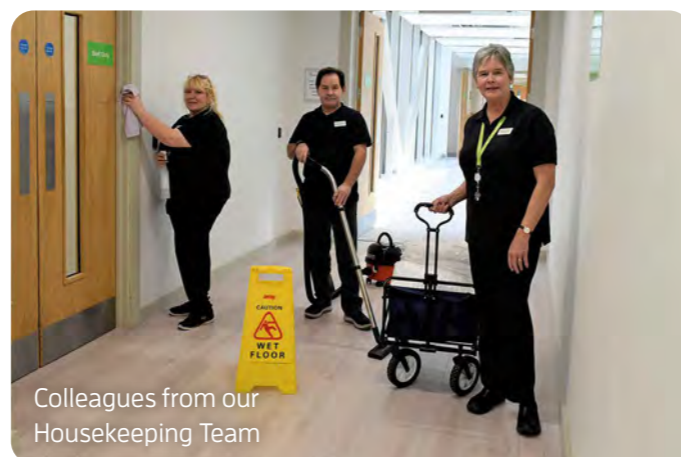
occupancy levels are consistently above average, meaning that we have helped as many people as possible without compromising patient care. We are also proud that our results compare very favourably with those of other hospices across all three patient safety measures (falls, medication incidents and pressure ulcers).

		Overall 2019/2020	Overall 2020/2021	Overall 2021/2022	Overall 2022/2023
<b>Average bed occupancy</b>	<b>Thames Hospice</b>	<b>84.4</b>	<b>83.5</b>	<b>88.9</b>	<b>88.6</b>
	Larger hospices	75.8	64.9	65.6	77.5
	All adult hospices	74.6	65.6	69.9	76.8
<b>Average length of stay</b>	<b>Thames Hospice</b>	<b>16.2</b>	<b>16.3</b>	<b>22.4</b>	<b>19.6</b>
	Larger hospices	13.1	14.2	15.9	16.3
	All adult hospices	13.3	13.1	14.1	14.0
<b>Falls</b>	<b>Thames Hospice</b>	<b>14.4</b>	<b>12.5</b>	<b>7.1</b>	<b>6.5</b>
	Larger hospices	10.7	11.4	10.4	8.9
	All adult hospices	10.4	11.2	9.9	8.9
<b>Medication incidents</b>	<b>Thames Hospice</b>	<b>6.3</b>	<b>5.0</b>	<b>6.1</b>	<b>6.8</b>
	Larger hospices	12.7	9.9	8.9	9.2
	All adult hospices	10.8	10.8	11.3	11.5
<b>Inherited pressure ulcers</b>	<b>Thames Hospice</b>	<b>3.8</b>	<b>6.3</b>	<b>8.6</b>	<b>10.3</b>
	Larger hospices	8.1	18.5	16.6	18.7
	All adult hospices	7.6	17.4	17.4	18.6
<b>Aquired pressure ulcers</b>	<b>Thames Hospice</b>	<b>4.7</b>	<b>2.1</b>	<b>4.4</b>	<b>7.7</b>
	Larger hospices	14.5	8.7	7.8	7.4
	All adult hospices	14.6	8.8	9.1	9.7

**FAMCARE audit results**

The 2022 independent FAMCARE Audit, measuring satisfaction with end-of-life care amongst bereaved relatives, was undertaken during summer 2022. This year, 32 specialist palliative care inpatient units, including Thames Hospice, took part in the survey.

We sent surveys to the next of kin of people who had died at Thames Hospice between 1 June and 31 August 2022. It was our seventh year participating in the FAMCARE Audit. Our results from the survey were returned after review by the FAMCARE Team, and for 2022/2023 we were very pleased that in eleven out of the seventeen areas we received more 'very satisfied' responses compared to the average from the participating hospices.



Colleagues from our Housekeeping Team

**Internal audit results**

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 enables 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 Patient Care and Quality Committee meetings provide a forum to monitor quality of care and to discuss quality and audit evaluation results.

The Thames Hospice Audit Plan 2022/2023 identified audits against the five key lines of enquiry as set by the Care Quality Commission, some examples from which are detailed below.

	Detail of audits	Outcome of audits
<b>Safe</b>	<b>Patient mobility and falls</b> Following on from participation in the Hospice UK Deep Dive Falls Audit in 2021, we now carry out an ongoing deep dive into every patient fall in Inpatient Services and follow-up individual management of each patient to prevent further falls. Patients' mobility is assessed on admission to Inpatient Services and we document how patients can be supported to be mobile for as long as possible.	This audit provided evidence that admissions staff are asking more targeted questions to identify earlier those patients at risk of fall, and staff are now taking a more proactive stance towards prevention of falls.  Some falls mats have been reprogrammed to ensure that they can respond to patients who weigh under seven stone.
	<b>Do not attempt cardiopulmonary Resuscitation (DNACPR) /ReSPECT audit</b> All DNACPR decisions should now be recorded on a ReSPECT form. Quarterly audits are carried out on patients accessing Inpatient Services to check that a DNACPR decision has been recorded on each patient's record. DNACPR status for Hospice at Home patients must also be recorded even if not yet discussed with patient.	This audit provided evidence that Doctors are compliant in either completing the ReSPECT form on the day of the patient's admission, or reviewing any existing ReSPECT forms to ensure that a patient's DNACPR status is always recorded.  For Hospice at Home patients, DNACPR is being discussed at the appropriate time.
	<b>Syringe driver audit</b> To audit record keeping to ensure that the correct procedures are being followed.	This audit concluded that storage, servicing and patient record keeping was satisfactory.
	<b>Environment infection control</b> The Hospice UK Audit tool was used to audit all areas across the Hospice to check compliance measures against infection control measures.	The Hospice scored 95% compliance, which was an improvement from the previous year (90%).  Steps were taken immediately to resolve any non-compliant concerns.
	<b>Safeguarding</b> This audit covered safeguarding leadership, accountability, policies and procedures, governance and staff training relating to adult and child safeguarding.	This audit provided reassurance that Thames Hospice has safeguarding as a key priority with a good leadership structure in place, evidence that policies are followed and staff are trained at appropriate levels.
<b>Effective</b>	<b>Metrics benchmarking</b> All areas of our services are closely monitored and each department has to report monthly monitoring data, which forms stringent clinical performance metrics.	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.
	<b>HR audits</b> 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.	Our process for recruitment and management of staff meets all legislative requirements.

	Detail of audits	Outcome of audits
<b>Caring</b>	<b>Pressure ulcer audit</b> This audit covered a twelve-month period and made a review into the care of patients accessing Inpatient Services who acquired pressure ulcers during their stay. The aim was to identify any learnings and improvements of pressure ulcer care that could be introduced.	This audit evidenced that 91% of patients were at 'very high risk' of acquiring a pressure ulcer and 50% were acquired within five days of death. Incident reporting of low grade pressure ulcers ensures improved early management and better documented evidence of regular repositioning of patients to try and prevent further deterioration.
	<b>Feedback</b> Feedback is gathered across all services on an ongoing basis in various forms through different sources.	We learn from feedback gathered with the aim of maintaining a high standard of patient care at all times.
<b>Responsive</b>	<b>Mental capacity</b> 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 record any changes relating to mental health capacity. Ensuring that our patients and their families are at the centre of decisions about their care is central to our values.	This audit gave reassurance that mental capacity is being recorded regularly and appropriately in all patient records across services. It was evidenced that communication about a patient's mental capacity is covered in various ways and that staff are kept fully informed. Additional mental capacity training is now being given to Doctors, Nurses and HCAs.
	<b>Ethnicity</b> 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.	The audits provided evidence that the Hospice is compliant in capturing patients' ethnicity. Our aim is to meet the needs of the surrounding population and the communities we serve. We engage with local minority groups to expand awareness of the Hospice and explain how to access our services.
<b>Well-led</b>	<b>Caldicott audit</b> To monitor the security of patient records to ensure that they are only being accessed by staff who are permitted to view them and limited to the information required.	The audit concluded that patient records were being accessed appropriately and no concerns were raised.
	<b>Data flow mapping audit</b> To identify the type of personal or sensitive information we are processing, transferring and storing across services to ensure security of data.	This audit gave full assurance that Thames Hospice data is being processed, managed and stored securely.

**Other audit results**

In 2022–2023 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. As in previous years 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.



Our colleagues and patients outside the Paul Bevan Wellbeing Centre

**Regulatory inspection**

Thames Hospice was inspected by the Care Quality Commission (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. The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008.

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](http://www.cqc.org.uk/location/1-9676860611) or visit our website at [www.thameshospice.org.uk](http://www.thameshospice.org.uk) where there is a link to the report at the bottom of our homepage.

During 2022/2023 we held regular meetings with our assigned CQC inspector; these conversations maintain our excellent links with the CQC and we ensure that the CQC are informed of any significant clinical developments at the Hospice.



Anne with her family in Inpatient Services

**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 Board.

**Speaking up at Thames Hospice**

During 2022/2023 we have focussed on encouraging speaking up across our Hospice. Staff are encouraged to confidentially raise any issue or concern through a number of routes. Our hope is that staff will always feel able to approach their managers should they have any concerns; and we have an active staff forum called 'Peoples' Voice', where issues are often raised.

We also have an independent Freedom to Speak Up Guardian, supported by Freedom to Speak Up Champions selected from across the organisation. One of our Trustees is also our Freedom to Speak Up Trustee, and all our Trustees have made their contact details freely available to staff should they wish to raise an issue and want to speak to a Trustee.

**PART THREE**  
**Update on last year's pledges**

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year result
<b>To embed establishment of a community faith forum.</b>	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 that 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 to our Clinical Director. Presented to the Patient Care and Quality Committee.	We have completed a detailed analysis of the ethnic diversity within our patient population and identified 22% of patients are from a non-white British background. Our dedicated Outreach Coordinator has established working relationships with faith centres representing communities from Asian and British Asian backgrounds.
<b>To introduce and establish a Virtual Ward.</b>	Every day our Inpatient Services are full and unable to offer a bed to many people who urgently need our specialist hospice care and support.	Taking patients that are referred into the priority waiting list and prioritising those who need urgent care and symptom control.	Our waiting list for Inpatient Services will be monitored, recorded and reported monthly to our Clinical Director and presented to the Patient Care and Quality Committee.	Our Virtual Ward launched on 1 December 2022 and we have cared for 38 patients with complex symptoms in their own homes, supporting them to die peacefully in their preferred place of care.
<b>To commercialise Thames Care at Home to generate income for the Hospice.</b>	High demand for social care is causing longer hospital and hospice stays.	We will appoint a new service lead to drive Thames Care at Home commercially and market the service to our local community.	Our waiting list for Inpatient Services will be monitored, recorded and reported monthly to our Clinical Director and presented to the Patient Care and Quality Committee.	We have now run the service for over a year with the support of the ICB and local authorities. We are reviewing what has gone well to determine how we can further develop and improve this service.
<b>We will wrap the delivery of care and support around the patient and those dear to them in their preferred place of care.</b>	This is a strategic ambition for the Hospice.	We will develop our services, caring for patients in their preferred place of care.	Our waiting list for Inpatient Services will be monitored, recorded and reported monthly to our Clinical Director and presented to the Patient Care and Quality Committee.	In addition to the flexibility provided by the new Virtual Ward, we have reviewed our inpatient triage processes to ensure we are more agile and responsive to patients who need us. Approximately 70% of patients referred to Inpatient Services are now admitted within one day.
<b>We will support and develop our clinical workforce in a learning environment.</b>	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 by our Board.	We now have three Practice Educators and our training offers to staff have been effective in 2022/2023. All patient-facing staff had clinical refreshers to bring them up to date with evidence-based practice.

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?	End of year result
<b>We will use evidence to reach people earlier in their disease trajectory and those in overlooked groups.</b>	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 by our Board.	We have employed a dedicated Senior Manager to support data analysis and reporting. We continue to work with our NHS Commissioners following the establishment of the Frimley ICB. We are working to identify and reach underrepresented groups as we develop our services based on the needs of our community.
<b>We will develop excellence through partnerships with other healthcare providers and the community, using our influence in educating others and sharing learning.</b>	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 by our Board.	We have established a weekly multi-professional team meeting and monthly clinical senate with our local District Nursing teams to enhance continuity of care for patients in our community. Together with local GP educators, we have developed an innovative three year teaching program to train the next generation of GPs.



## PART FOUR Looking forwards – pledges for 2023/2024

### Our strategic pledges

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?
<b>We will wrap the delivery of care and support around the patient and those dear to them in their preferred place of care.</b>	This is a strategic ambition for the Hospice.	We will continue to embed the agility of the care we provide by further integrating Inpatient Services and Hospice at Home, including our established Palliative Care Response Team and our evolving Virtual Ward.	Alongside real-time monitoring of activity and volume, we will start to develop outcome markers which demonstrate the impact of our patient care. This will be reported and reviewed at our Patient Care and Quality Committee and by our Board.
<b>We will support and develop our clinical workforce in a learning environment.</b>	This is a strategic ambition for the Hospice.	We will build on the foundation laid by our clinical refresher training to develop a culture which supports life-long learning through rolling training and focused educational events.	We will monitor the number of staff who attend training and carefully evaluate the sessions to ensure we meet the needs of the learners. This will be reviewed alongside staff satisfaction surveys and retention data.
<b>We will use evidence to reach people earlier in their disease trajectory and those in overlooked groups.</b>	This is a strategic ambition for the Hospice.	We will work with our local Integrated Care Boards to use data to shape clinical models of care which identify and support all patients needing palliative and end-of-life care in our community.	We will record the number of patients accessing services within the Paul Bevan Wellbeing Centre and review the advance care planning undertaken with this group of patients.
<b>We will develop excellence through partnerships with other healthcare providers and the community, using our influence in educating others and sharing learning.</b>	This is a strategic ambition for the Hospice	We will continue to work in partnership with healthcare providers across the Integrated Care System to provide seamless patient care whilst sharing our experience in specialist palliative and end-of-life care to support mutual learning.	Learning from our clinical senates and other community forums will be reviewed through the Patient Care and Quality Committee and used to shape ongoing service development and partnership working.

### Our operational pledges

Priority action	How identified as a priority?	How will priority be achieved?	How will progress be monitored & reported?
<b>Improvement to our catering options.</b>	Giving appropriate, nutritious and appealing meals is an important element of our holistic care offer, especially for our end-of-life patients.  Patients may have specific ethnic, cultural or ethical food requirements.  Patients may have dysphasia and therefore require food that is pureed to a specific consistency.	We will offer a wider choice to our patients, ensuring they have access to the best quality and greatest nutritional value at every meal. Each patient's nutritional requirement is individual and we will ensure they are able to access appropriate meals.	Our dedicated Patient Nutrition Group will monitor catering standards, and will report progress to our Patient Care and Quality Committee and to our Board.  We will also survey our patients and their families for their opinions on our food offering.
<b>Will review our approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</b>	Patient safety is at the heart of excellent clinical care. Learning from incidents is integral to staff development and prevention of future patient harm.	We have robust incident and reporting and investigation systems already in place. To further enhance learning, we need to ensure that feedback is not just on a case-by-case basis but translated into system wide risk management.	We have established a working group which will monitor for any emerging themes in incidents which would identify additional training or development needs for staff or the whole organisation.

## PART FIVE Statements of assurance from the Board

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

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

### I. Review of services

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

During 2022/2023 we supported local NHS commissioning priorities by providing palliative and end-of-life care across key services:

- Inpatient Services
- Hospice at Home
- Wellbeing and Therapy Services
- Lymphoedema Services
- Counselling and Bereavement Support

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

The income provided by the NHS represented approximately 26% of the total income generated by Thames Hospice in the reporting period 2022/2023. The balance of our expenditure on charitable activities was raised through the generous support of our community, such as legacies and fundraising, as well as income generated from our retail activities and our investments.



Our Board of Trustees

### Inpatient Services

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

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

### Hospice at Home

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

#### • Palliative Care Response Team

Our Multi-Disciplinary Team of Clinical Nurse and Paramedic Specialists, Senior Staff Nurses, Doctors and Health Care Assistants deliver 24/7 comprehensive palliative and end-of-life care services for patients with complex needs in their place of residence.

#### • Virtual Ward

Our Virtual Ward, launched in December 2022, is available to patients within the Frimley Integrated Care Board geographical area and provides medically-led care for acutely symptomatic and actively dying patients in their own homes. The Medical Team is supported by Clinical Nurse Specialists, Paramedic Specialists and Health Care Assistants in the delivery of this service.

#### • Thames Care at Home

Launched in January 2022, Thames Care at Home provides Health Care Assistant-led compassionate support and personal care to people with a palliative diagnosis in their own homes who are in the last six weeks of life.

#### • 24-hour Telephone Advice Line

We provide a 24-hour palliative and end-of-life care telephone service to give advice to people with palliative care needs and their families, as well as to healthcare professionals who need guidance and support on delivering palliative care. Our Team is available 24/7, 365 days a year, to provide guidance on symptom control, practical advice and emotional support.

## Wellbeing and Therapy Services

(delivered at the Paul Bevan Wellbeing Centre)

### • Hospice Day Services

We help patients diagnosed with a life-limiting condition remain independent by supporting them through tailored programmes of wellbeing and therapeutic care within our Paul Bevan Wellbeing Centre at the Hospice.

### • Complementary Therapy

The Complementary Therapy Team offers a variety of therapeutic treatments for patients and carers (also available for patients accessing Inpatient Services). Therapies include massage, reflexology, Reiki, aromatherapy, visualisation techniques and therapeutic touch.

### • 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 Physiotherapists play a key role in improving our patients' quality of life, helping to optimise their mobility and wellbeing, to live as independently and fully as possible.

## Counselling and Bereavement Support Services

Our Counselling Team provides emotional support for patients and families up to and following bereavement. This includes counselling for children and young people, and our Co-Connect service offering counselling support to people whose bereavement has been affected by COVID-19. Our Counselling Support Services are delivered by qualified counsellors, trained bereavement support volunteers and is further supported by the Pastoral Care Team.



Reiki practitioner Wendy with patient Stephen



Our Team of Consultants and Doctors

### 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 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 2022 – 2023 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.



Hospice at Home Clinical Nurse Specialist Julie with Maureen

**Thames hospice**  
Quality of life, to the end of life, for everyone



Windsor Road,  
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Call **01753 842121**

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

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