Thames hospice

Quality Account

2017/2018

www.thameshospice.org.uk

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PART ONE

1a. Statement from the Chief Executive

On behalf of the Senior Management Team, I would like to welcome you to our annual Quality Account. Whilst reading some of the impressive achievements in this account, you will note that it covers the care we provide at Thames Hospice. However, I would like to take this opportunity to recognise and thank our other teams, including volunteers, for their hard work and commitment. Without our colleagues, we quite simply could not provide the exceptional help and support to the people who so desperately need it.

The same is true of our donors and supporters who are incredibly generous in helping us to fund the invaluable services we provide. It costs nearly £8 million per year to run the Hospice and although we have excellent support from our NHS commissioners, we rely on our community for 70% of our funding. We have been part of our community for over 30 years and it is humbling to see the immense support we receive.

This year we've seen all of our services increase, markedly in the community. Although our Inpatient Unit has consistently run at 85% occupancy, compared to 81% last year, our community and outpatient teams have more than doubled in size. This has been predominantly due to three new services, all of which have been funded by the NHS. These are:

- Lymphoedema Services – we have seen this service expand by 235%.
- 24/7 Advice Line – launched in May 2018, this service offers invaluable support to patients and their carers at home.
- Rapid Response Team – launched alongside our 24/7 Advice Line, within 10 months this team made 1,242 visits to people in crisis at home in 10 months.

In addition, our counselling, pastoral care, complementary therapy and our day services have supported more people. All of this whilst maintaining the highest quality care for our community; an achievement which we are very proud of.

A lot of our work is done in partnership with colleagues in the NHS and I would like to thank them for their collaboration over the year. At the beginning of 2018/19 we will welcome a team of NHS community nurses into the organisation and we look forward to integrating with them to develop and improve services.

We have also appointed a Head of Education and Research, a key part of our strategy moving forwards. There are challenges ahead, in terms of a growing population with ever-increasing needs, and we know that this will cause higher demand across all health and social care. We believe passionately that a key part of our role is to work alongside others to provide high quality care and offer support wherever we can. We also have much to learn from our colleagues and anticipate sharing knowledge and education to be an integral part of this.

Our plans to build a new hospice have progressed well this year and 2018/19 will see the launch of a Public Appeal to raise funds to achieve this. Once again, we will be calling on the support of our community, who have already been so generous.

We have had an incredibly busy and successful 2017/18. Our teams have risen to the challenges whilst maintaining the high quality care we pride ourselves on and our community deserves. 2018/19 promises to be just as exciting as we progress our plans to expand and develop our services further. I have every confidence our staff, volunteers and supporters can deliver these plans, which will result in further exceptional inpatient and community care for those who need us most.

Thank you for your interest in Thames Hospice. I hope you find this report informative. If you have any questions or comments please do not hesitate to contact me on Debbie.raven@thameshospice.org.uk

1b. Statement from the Chair of the Patient Care and Quality Committee

On behalf of the Board of Trustees I am proud to endorse this Quality Account, covering the services provided by our clinical teams during 2017/18. The Patient Care and Quality Committee (PCQC) reviews all aspects of Thames Hospice's clinical services on a quarterly basis. Five years ago when we published our first Quality Account, I highlighted the importance of good governance and this has never been more true in light of a number of recent high profile charity sector governance failures. I believe the detail in this report provides a true reflection of the quality of our clinical services and their ongoing development.

It would not be possible for us to provide the services that are detailed here without the huge contribution that all of our non-clinical staff, volunteers, and supporters make, and I wholeheartedly endorse Debbie's thanks to them all.

I would like to specifically acknowledge the support and confidence that the predecessors of the new East Berks CCG have shown in our organisation. This time last year our Community Palliative Care Team (CPCT) was taking shape under our leadership, although composed of staff from two separate organisations, and the 24/7 Advice Line and Rapid Response Service (24/7 & RRT) had just commenced. A year on and the CPCT is fully integrated and the 24/7 & RRT have made over 1,200 visits. The fact that advice, and if necessary a visit from trained staff, is just a single phone call away, provides a huge step forwards in providing support at times of crisis for patients, relatives and carers. Not only does this have huge clinical and psychological benefits, but also it allows individuals to remain at home or in their chosen place of care, thus avoiding unnecessary and stressful acute hospital admissions. Whilst the benefits of these new service initiatives are tangible, they come with challenges in terms of maintaining quality and ensuring appropriate governance oversight. I consider that the Patient Care and Quality Committee has fulfilled its remit in this regard, with considerable time being devoted to in-depth discussion of detailed proposals for the provision of all new clinical services.

Another vital aspect of governance is that, following detailed analysis, there is robust discussion of any problematic areas. The problem of patient falls is one such area which is now the subject of even more detailed risk assessment and preventative measures, including the use of new technologies.

The appointment of our first Head of Education marks the start of an exciting initiative which has huge potential to benefit not only healthcare staff, but also to educate our local community as a whole. This programme will be greatly facilitated by the provision of a dedicated educational suite in our planned new hospice.

I am delighted that my fellow trustee, Bruce Montgomery, will be taking on the chairmanship of PCQC following my relinquishing the role. I am sure that oversight of our clinical services will be in safe hands as we develop transition plans for the new hospice.

Jonathan Jones
Chair - Patient Care and Quality Committee

PART TWO

Review of Quality Performance 2017/2018

Introduction - What is Quality Governance?

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

Thames Hospice is regulated by the Care Quality Commission (CQC) and we work closely with them to ensure our services provide people with safe, effective, compassionate and high-quality care, underpinned by continuous quality improvement. The key lines of enquiry undertaken by the CQC and monitored by us as part of our compliance reviews are:

- Safe – patients protected from abuse and avoidable harm
- Effective – care and treatment achieves good outcomes, 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, support learning and innovation and promote an open and fair culture

Within the Hospice, several functions report directly into the Governance and Assurance Team overseeing quality governance: Patient Relations; Patient Safety; Health and Safety; Patient Clinical Audit and Effectiveness, Incidents and Risk monitoring, Policy, and Quality Improvement. Collectively our teams work together to ensure our patients receive safe, effective and caring treatment under the umbrella of Quality.

Our Services:

Inpatient Services

- A 17-bed Inpatient Unit

Community Services

- Community Team, including the 24/7 Advice Line and Rapid Response Team
- Day Therapy Unit

Other Clinical Services

- Lymphoedema
- Complementary Therapy
- Patient and Family Support Services
  - Counselling
  - Pastoral Care
- Medical Outpatients Appointments

Funding provided by NHS Commissioners represents 30% 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.

Thames Hospice Facts and Figures from April 2016

2a. Inpatient Unit

	2016/2017	2017/2018
Total Admissions	353	329
Average Occupancy	81%	85%
Discharges	154 (44%)	142 (43%)
Patient Deaths	200 (56%)	190 (57%)
Average Length of Stay (days)	13.84	16.11

2b. Community Services

1. Community Palliative Care Team

	2016/2017	2017/2018
No of Patients on caseload	322	374
No of Hours Provided	1,810	2,131
No of Rapid Response Visits	N/A	1,242

2. Day Therapy Unit

	2016/2017	2017/2018
No of Patients	118	121
No of Attendances	548	781

2c. Other Clinical Services

1. Lymphoedema

	2016/2017	2017/2018
No of Patients	81	271
No of Treatments	491	1,001

2. Complementary Therapy

	2016/2017	2017/2018
No of Patients	315	337
No of Treatments	1,147	1,191

3. Patient and Family Support Services

a. Counselling

	2016/2017	2017/2018
No of Patients	180	255
No of Sessions	766	823

b. Pastoral Care

	2016/2017	2017/2018
No of Patients	873	1,309
No of Sessions	1,506	2,331

4. Medical Outpatients

	2016/2017	2017/2018
No of Patients	68	51
No of Appointments	162	143

2d. Alternative Quality Indicators

1. Complaints

In 2017 – 2018, we received three clinical complaints. These were all about aspects of care given to patients. The complaints were quickly resolved to the satisfaction of the complainants. In each case our senior staff worked with the person making the complaint to resolve issues as quickly as possible.

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

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

2. Accolades

We receive some incredibly positive feedback from patients and their families. We also receive a large number of accolades across all our services.

One of the ways we gather immediate feedback on our services from visitors and patients is by measuring satisfaction via a token system. We monitor the tokens and respond to any issues indicated immediately. Any visitor or patient is encouraged to anonymously drop a token into our special token box. Analysis of this feedback showed 94% Excellent, 5% Good, 1% Satisfactory.

All year round our visitors leave informal comments on the noticeboard in the Inpatient Unit corridor. Numerous people write lovely comments on the noticeboard and this allows us to monitor our services in real time, whilst also reassuring those new to us.

We also record cards and letters received each month.

3. Reporting and Review of Feedback Received

Feedback is reported quarterly at the Patient Care and Quality Committee and at the start of Board Meetings. We are often very privileged to relay a patient or family member's experiences of the Hospice, and we find this very thought-provoking and supportive of core service decision making throughout the organisation.

2e Patient Safety Summary

1. Clinical Accidents and Incidents

All reported incidents are reviewed at a monthly Accident and Incident Review panel, chaired by our CEO and other members of the Senior Management Team.

The table below summarises the 159 clinical incidents and accidents reported and investigated during 2017 – 2018. Other incidents were reported to other organisations as the 'belonged to them, or were for the record only.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	9	low	Minor incidents only. All were investigated and where necessary we made changes to processes.
Drug Errors	31	low	Each drug incident is investigated. Clinical staff involved undertook reflective review and learnings were shared with all clinical staff.
Information Governance	3	low	Minor incidents around sending information to the wrong email address – all promptly resolved.
Patient Safety and Care	16	various	Each incident was investigated and appropriate response put in place.
Patient Slips, Trips and Falls	69	various	In most incidents the patient was unharmed. However, two patient falls were serious and required the patients to attend hospital. We reported these two incidents to CQC.
Pressure Ulcer – Inherited	21	high	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 individuals, including special mattresses and turning plans.
Pressure Ulcer – Acquired	10	medium	Again, the progression of disease in some of our patients meant that low grade pressure ulcers formed. Often these patients understood that pressure ulcers had formed, or were developing, but preferred not to be turned.

During 2017 – 2018 we started to use a new online incident reporting system. This has streamlined our incident reporting process and enabled us to produce more in-depth reports for governance monitoring.

2. Infection Control

We carried out quarterly Infection Control Audits in 2017 – 2018 and there were no infection control incidents reported at Thames Hospice.

3. Significant Audits

a. Hospice UK Benchmarking Results

Hospice UK has developed a benchmarking tool for hospices – the Inpatient Quality Metrics. These record falls, pressure ulcers and medication incidents and the tool allows hospices to compare their opposition quarterly and annually with other similarly sized hospices. Below is the data comparing Thames Hospice with similarly sized hospices for 2017 – 2018 and the past three years. In all four years, Thames Hospice is proud that our occupancy levels are well 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 across all three measures with those of other hospices. We are pleased that our percentage of medication incidents is lower than for hospices in our group and the annual national average for all hospices. However, our falls per 1000 bed days results in 2017 – 2018 were above the amounts reported per 1000 bed days across the Hospice sector.

Thames Hospice staff already follow 14 risk management steps to mitigate against falls. A further 11 have been identified and an action plan is in place. The prevention of falls remains the aim of all patient assessments, care plans and care interventions. It is recognised that not all falls are preventable, but that every effort must be made to reduce risks and avoid preventable falls *(Hospice UK, 2016).* Our Director of Patient and Family Services is monitoring the progress of the action plan. Our staff actively analyse and improve practice to ensure that our patients are as safe as possible and that we are taking all reasonable actions to reduce the risk of falls, and associated harm, for our patients.

	Q1 17 - 18	Q2 17 - 18	Q3 17 - 18	Q4 17 - 18	Overall 17-18	Overall 16-17	Overall 15 – 16	Overall 14 -15
	Average Bed Occupancy							
Thames Hospice	**85.8%**	**85.6%**	**84.6%**	**82.5%**	**85%**	81.0%	83.5%	84%
Similar Group (16 – 24 beds)	76.2%	78.3%	77.7%	79.4%	**79.4%**	80.9%	79.9%	80%
All Hospices	76.7%	72.3%	77.0%	79.0%	**79%**	79.4%	78.4%	79%
	Falls per 1,000 Occupied Bed Days							
Thames Hospice	**13.8**	**12.3**	**14.7**	**12.8**	**13.4**	7.9	7.4	9.5
Similar Group (16 – 24 beds)	9.9	10.0	11.4	10.0	**10.4**	10.7	10.6	10.8
All Hospices	10.3	10.3	10.6	10.2	**10.4**	10.3	10.4	11.2
	Medication Incidents per 1,000 Occupied Bed Days							
Thames Hospice	**6.9**	**5.4**	**5.4**	**6.4**	**6.0**	6.1	3.4	2.7
Similar Group (16 – 24 beds)	11.2	11.3	11.8	10.8	**11.3**	10.2	6.9	5.5
All Hospices	10.3	10.3	10.2	10.7	**10.4**	8.8	6.4	5.2

b. Internal Audit Results

As a provider of specialist palliative care, Thames Hospice is not eligible to participate in national clinical audits or 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 Thames Hospice audit plan 2017 - 2018 included many audits covering the five key lines of enquiry as set by the Care Quality Commission (CQC). Highlights from the audit plan are detailed below.

Topic Audited	Outcomes	Action Required
Safe	We undertook a whole service approach and examined data around our patients and falls. Following recommendations from our clinical audit and clinical feedback concerning the changing nature of our patients and their increased need for a safe environment.	Data identified the days and times of day that patients are at a higher risk of a fall. From this information, we have been able to undertake some clinical task management to ensure that there are larger numbers of staff available for patients at those times.
Effective	All areas of the service are closely monitored and each department has to report monthly monitoring data which forms stringent clinical performance metrics.	Metric benchmarking standards are reviewed on a yearly basis to ensure that all aspects of the services we provide meet the demands and expectations of our patients and their families and our service stakeholders.
Caring	An out of hours audit has identified that our out of hours admissions have doubled from those in 16/17.	We are helping more patients and their families when other primary care services are not available. This is in addition to the well valued 24/7 Rapid Response Service that families can access.
Responsive	An audit of patient mental capacity identified that increasingly our patients are experiencing constantly changing clinical conditions, and this may affect their capacity. Ensuring that our patients and their families are at the centre of decisions about their care is central to our service values.	We have changed our review process for monitoring mental capacity. Patients are now formally reviewed weekly within our multi-disciplinary team meeting; enabling all members of our clinical team to have an input. This is integral for ensuring patients have as much capacity over the decisions regarding their care as they possibly can.
Well-Led	This year we undertook an audit on information flows both internally and externally. This involved an extensive mapping exercise to identify the type of data we send and receive and involved all of the departments within the Hospice.	Following the audit we have identified some good information governance practice.

4. Other Audit Results

We submit an 'Information Governance Toolkit' annually to the NHS, in order to confirm that we meet required NHS standards for information management, confidentiality, data protection assurance, Information Security and clinical information and records holding.

All the elements of our submission for 2017 – 2018 met or were above the required standards.

5. Regulatory Inspection

Thames Hospice was inspected by the Care Quality Commission (CQC) in February 2016. The inspection outlined how we were meeting all the CQC national standards. Our overall rating was Good.

To access a full copy of this and past reports, please go to www.cqc.oeg.uk/directory/1-120819354 or visit our website at www.thameshospice.org.uk to access the report.

a. CQC Ratings Grid

Key Line of Enquiry	Rating	What the CQC found at the 2016 inspection
Safe	Good	Risks to people were assessed and appropriate steps taken to minimise any possible harm to people without restricting their independence.
		There was a sufficient number of staff on duty to meet people's assessed needs. Staff members were recruited in a way to insure people's safety. All checks were carried out prior to prospective staff starting work. Staff knew how to protect people from the risk of harm and abuse.
		Medicines were safely stored. However, we were not assured that medicines were always stored within their recommended temperature ranges, or orders for controlled drugs were compliant with the legislation. Nonetheless, we did not see that people had experienced any negative outcomes as a result of these shortfalls. **Action:** We have installed air conditioning in the drug storage room on the Inpatient Unit. The temperature is maintained at below 25^{oC} at all times and this is monitored daily. All orders for Controlled Drugs now fully comply with legislation. We have added a label to the drug order book that states that 'Drugs are ordered for the purposes of palliative care'.
Effective	Good	Staff of all levels had access to ongoing training to meet the diverse individual needs of people they supported. Staff members were suitably trained to provide the specialist care people required.
		Staff encouraged and supported people to eat and drink sufficient amounts of appropriate food and fluids. Professional advice was sought if people experienced any problems with eating and drinking.
		The Hospice environment was suited to the individual needs of people using the service.
		People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
Caring	Good	People and their relatives told us that staff treated them with exceptional kindness, care, dignity and respect at all times.
		People were involved in the process of planning their end-of-life care and their wishes and expectations were recorded and acted upon.
		Positive, caring relationships had been developed between people who received care and staff. Staff interacted with people positively, with patience, understanding and respect. They always showed kindness to people when facing challenging situations.

Responsive	Good	People and their family members were involved in making decisions about their care and support.
		People said staff always responded to their suggestions and concerns.
		Staff at the Hospice liaised with other health and social care professionals in order to provide people with the care they needed and in response to people's changing needs.
		The service used a range of tools to obtain feedback from people using the service, relatives and professionals. Such information was acted upon to ensure the care was person-centred and in response to people's needs.
Well-led	Good	There was an experienced registered manager in post who was considered approachable by people. The manager was aware of each individual's care needs and preferences and shared this knowledge with staff.
		Staff and volunteers were motivated, valued and supported by their colleagues and management.
		There was a quality monitoring system in place which ensured care was delivered in a structured way. The system involved questionnaires, audits and analysis of incidents.

6. 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.

All members of staff are supported to work with integrity, compassion, accountability respect and excellence (ICARE).

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 further develop the User Feedback Forum after the initial pilot session. This will enable Thames Hospice to hear feedback directly from patients using any of our services.	We know that patient feedback is valuable and we are looking to get direct "in the moment" feedback from patients accessing our services.	Quarterly User Feedback Forum meetings are booked for the next six months to enable us to assess effectiveness of this forum.	Recorded and reported to the Chief Executive and the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.	We delivered the User Feedback Forum throughout 2017/18. It is now being reviewed and we are making plans to further develop user feedback.
To commence the Champions Programme, by identifying key clinical areas and the staff that will lead on these.	We have identified key areas for development from national policy. We want to embed these key areas even further into everyday practice.	Identify key staff in each clinical area that will lead on best practice and innovation.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.	The Champions Programme has been formulated and Champions identified across all clinical departments.
To introduce the Making a Memory project. This will enable patients to leave a lasting memory for their loved ones.	We know that our patients enjoy making keepsakes in our Day Therapy service and that they are often giving them to their loved ones. We are developing and extending this idea.	We are developing a range of ideas, such as memory boxes, films and letters, that staff will be able to offer to patients in our Inpatient Unit and to those accessing our Day Therapies.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.	The Making a Memory project has been approved and planned. We are actively resourcing funding for this project to be implemented. The Memory Box is in the design phase.
To launch the 24/7 Advice Line and Rapid Response Team for patients on the end of life register. To build and monitor this new service.	National policy is stating that patients and families need access to palliative care advice and care outside of normal working hours.	Thames Hospice has been commissioned by the Clinical Commissioning Groups in East Berkshire to deliver this service. Recruitment and plans are underway.	Recorded and reported to the Chief Executive and the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.	The 24/7 Advice Line and Rapid Response Team were successfully launched on 8th May 2017. The year end results for this service and very encouraging.
To explore the possibility of setting up an Advice for Life Café in partnership with Citizen's Advice.	Research shows us that patients and families can face financial hardship when faced with a life-limiting illness. Research also tells us that people in general do not prepare for dying in terms of finances and telling their loved ones what they want.	In conjunction with the Citizen's Advice (Windsor and Maidenhead) we are seeking funding to set up an Advice for Life Café and a service that provides one-to-one advice.	Recorded and reported to the Director of Patient and Family Services. Presentation to the Patient Care and Quality Committee.	The Advice for Life Café concept has been agreed and we are looking to secure funding for this service so that we are ready to implement it when we open our new hospice.

3b. Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored and Reported?	End of Year Results
To develop the Band 4 Associate Practitioner role and to provide the associated training for existing staff.	There is a national shortage of Registered Nurses and we are looking to develop our highly skilled Health Care Assistants.	We will provide the nationally accredited training and develop the new role specification.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality and HR Committees.	The training course commenced in September 2017 and we have four candidates undertaking the course. They will be ready to enter the new roles in September 2018.
To develop the new role of Head of Education and Research and then to recruit and induct the new staff member.	We are preparing for a larger staffing quota as we get nearer to the building of the new hospice. There will be extra staff and roles to develop.	We will develop the job description and then recruit into the new role. There will be a formal three-month induction period.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality and HR Committees.	We have successfully recruited a new Head of Education and Research and they have been in post for three months.
To develop a method of learning from what we do well.	Staff in clinical services are used to reflecting on the care they give and specifically look at areas that they can improve. We will continue to do this but it is recognised that we can also learn from what we do well.	We will be collecting all formal accolades and thematically analysing the content to see if we can identify areas of great practice as told to us by our patients and families.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.	The Inpatient Unit staff now participate in Staff Focus Groups where they discuss aspects of the care delivered that have gone well. They explore why and then use that in their ongoing practice.
To set up a Thames Hospice Community Panel; a group of local people to input into service development and delivery.	We have been involved with a CCG Patient Panel whilst setting up the new 24/7 Advice Line and Rapid Response Team. They have given valuable input and we would like to continue with our own initiative.	We will contact the people who have been involved recently and also reach out to other groups to capture the diverse population that we serve. We will then set up the Community panel to run twice a year.	Recorded and reported to the Director of Patient and Family Services. Reported to the Patient Care and Quality Committee.	We have worked closely with our Clinical Commissioning Group and we now attend their Patient Panel to explore strategy and service provision.

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 and Reported?	End of Year Results
To introduce an extra innovative method of staff support; Compassion Fatigue training to add to our existing support measures.	We know that staff in our clinical services face emotional situations on a daily basis. We want to support our entire patient facing staff to the best of our ability.	We have organised Compassion Fatigue Training for all clinical staff to attend.	Recorded and reported by the Education Department to the Director of Patient and Family Services.	We have added Compassion Fatigue Training to our suite of support measures. Staff attend for a whole day and the feedback has been overwhelmingly positive.
To implement the new Novice to Expert programme for our Registered Nurses and Health Care Assistants.	We know that our staff are keen to develop their skills and we know that we are caring for patients with a high level of complexity in their care needs.	We are going to formalise all of the development opportunities into a structure that staff will be able to work through.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR Committees.	The new Head of Education and Research is leading on this initiative and the first module has been written and dates have been set to deliver this to our Staff Nurses.
To provide Intermediate Communication Skills training for all relevant clinical staff to support them in their care delivery.	The need for Communication Skills training is identified in national policy. We are building on our existing training offering.	We have piloted the Intermediate Communication Courses with good evaluation. We are going to roll this training out to all existing and new staff.	Recorded and reported by the Education Department to the Director of Patient and Family Services.	We have delivered twelve Intermediate Communication Skills Training days for our own staff and for external healthcare professionals.

PART FOUR

Looking Forwards

4a. Pledges for 2018/2019

1. Patient Safety and Experience

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored & Reported?
To set up a Safeguarding Steering Group. This group will cover all directorates across the hospice.	There is new national guidance and staff at Thames Hospice have identified this as a priority for our patients, families, carers, staff and volunteers (including retail).	A cross-organisational Steering Group will meet four times a year with the purpose of embedding safeguarding into everyday work across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services. Presented to the Governance and Health and Safety Committee.
To pilot Virtual Reality technology for our patients. This will be in the form of a head set, mobile phone and tablet and will allow patients to experience virtual environments.	There is evidence that Virtual Reality systems can be of benefit for patients by providing relief from symptoms through distraction therapy.	We have approached a supplier and agreed a one month pilot of the equipment. The pilot will then be evaluated.	Recorded and reported to the Medical Director. Presented to the Patient Care and Quality Committee.
To fully integrate the Community Team services (including Rapid Response).	Thames Hospice have been commissioned by the East Berkshire CCG to deliver the Community Palliative Care service.	There is a structured plan and recruitment is underway to improve the structure of the team. All processes and ways of working will be reviewed.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR Committees.
To review and develop the current Day Therapy Unit model.	People are living longer with life-limiting illness and there is a need for patients to be closely monitored as their disease progresses. We want to provide that for them in an environment that remains social and supportive.	The Medical Consultant and Nursing staff will review the current service provision and develop a plan for the service that will include preparation for the service in our new build hospice.	Recorded and reported to the Medical Director. Presented to the Patient Care and Quality Committee.
To introduce an electronic incident reporting system.	Thames Hospice takes all incidents seriously. The paper based process that we currently have is now not fit for purpose as we look to increase services in the future.	The electronic system has been purchased. We will develop an implementation plan to introduce the system into all directorates across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services. Presented to the Governance and Health and Safety Committee.

2. Clinical Effectiveness

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored & Reported?
To be the first hospice in the country to introduce Docman; an electronic system that allows us to send documents to our external partners quickly and securely.	We need to communicate effectively with our external partners to optimise patient care.	The electronic system has been purchased. We will develop an implementation plan to introduce the system into all directorates across Thames Hospice.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
To explore the new role of Business and Data Manager for the clinical directorate.	We have an ever-increasing demand for data to be produced to provide evidence of the quality of care we deliver and to how many people.	The role will be developed and taken to the Senior Management Team for approval.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR Committees.
To improve the way in which our external partners can refer patients to Thames Hospice Services.	We have received feedback that our partners prefer electronic ways of referring which will increase the speed and safety of referrals.	We are working with the East Berkshire Clinical Commissioning Group to add the Thames Hospice referral forms into the GP electronic system.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
To introduce a "one stop" clinic for our Lymphoedema patients.	Thames Hospice staff have identified that our patients would benefit from this service.	We are working with our NHS partners to provide larger stocks of hosiery so that patients can be assessed and have their garments fitted at the same appointment.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.

3. Supporting our Staff and Volunteers to Deliver High Quality Care to Patients

Priority Action	How Identified as a Priority?	How will Priority be Achieved?	How will Progress be Monitored & Reported?
To deliver LGBTQ training across Thames Hospice.	The HR Director and Head of Patient and Family Support have identified the need for this training.	We are sourcing subject matter experts to provide education and workshops for our staff.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR Committees.
To develop the Thames Hospice Education and Research Strategy.	There is a large increase in the population, now and in the future, who will require palliative and end of life care. We know that education will be vital for patients and families, Thames Hospice staff and our external partners.	The Head of Education and Research has undertaken a full mapping of our current education team. The strategy will be built and presented to the Senior management Team.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality Committee.
To fully review all of the Mandatory Training for Thames Hospice staff.	Thames Hospice must meet all statuary and regulatory requirements for mandatory training and the Director of Patient and Family Services has	We will review our current mandatory training and ensure that any changes that are required are made in a timely manner.	Recorded and reported to the Director of Patient and Family Services. Presented to the Patient Care and Quality and HR

	requested a full review to ensure we comply.		Committees.

4b. Statements of Assurance from the Board

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

1 Review of Services

Inpatient Unit
We offer a 17-bed Inpatient Unit at our Hospice in Windsor, providing symptom management for patients with complex needs, care for patients with an unstable palliative condition, respite care (planned and unplanned) and end-of-life care.

The service areas we offer are:

- Adults (age 18 or over)
- End-of-life care; prognosis of less than two weeks
- Symptom management for patients with complex palliative physical, psychological, social or spiritual symptoms which cannot be managed by generalist services or specialist community services; with an expected length of stay of less than two weeks
- Respite care for one week; only for patients who fulfil ALL of the following criteria:
  - Patients with advanced progressive disease who are clinically stable
  - Patients who have been identified as requiring nursing and therapy care for emotional, physical or social support
  - Patients who are highly dependent on their carer
  - Patients who can be supported in remaining in their own home by respite admissions (single or regular)
  - Patients for whom an appropriate care alternative is not appropriate

• Live within a 15-mile radius of Windsor

The Community Team
Specialist Nursing
We have a team made up of a Consultant in Palliative Medicine, Clinical Nurse Specialists, Senior Staff Nurses and Senior Health Care Assistants all of whom deliver a comprehensive proactive case management service for patients with complex needs in their own homes.

24-hour Advice Line
Our 24-hour palliative and end-of-life care telephone service gives advice to people on the End-of-Life Care Register and their families, as well as healthcare professionals who need guidance and support on delivering palliative care. The service is for people living in Berkshire. The specialist team is available 24/7, 365 days a year, to provide guidance on symptom control, practical advice and emotional support.

Rapid Response Team
Launched in spring 2017, the Rapid Response Team makes urgent visits to patients who are on the End-of-life Care Register and their loved ones. Made up of a Registered Nurse and Health Care Assistant, the team helps people manage their condition at home.

Day Therapy Services
Our Day Therapy Services help people stay independent by supporting them through individual programmes of care on a rolling six-week basis.

Complementary Therapy Team

The Complementary Therapy Team provides therapies for patients and carers in our Outpatient Clinics and in the Inpatient Unit. Treatments include massage, reflexology, reiki, aromatherapy, visualisation techniques, therapeutic touch and clinical hypnotherapy.

Lymphoedema Service

This is a nurse-led service for people with primary lymphoedema or as a result of cancer and its treatments.

Patient and Family Support Services

The Patient and Family Support Team provides emotional support for patients and families up to and following bereavement. The service is delivered by qualified counsellors, trained bereavement support volunteers and social workers, and is further supported by the Pastoral Care Team.

Medical Outpatients

We offer medical outpatient appointments for patients to discuss specialist or complex symptom management. This service is delivered by a Palliative Care Consultant or Senior Speciality Doctor.

2 Participation in National Clinical Audits

Thames Hospice is not part of the NHS and currently has not participated in national clinical audits or national confidential enquiries.

3 Research

Thames Hospice does not currently instigate research projects itself and has not participated in any research.

4 Completeness of Data Submitted to the Secondary Uses Service (SUS)

As Thames hospice is not part of the NHS, it does not submit data to SUS.

5 Use of CQUIN Payment Framework

Thames Hospice currently reports under the Data Improvement Plan to Understand Community Activity. We are required to record the number of patients seen in the community setting as part of the CQUIN.

PART FIVE

Statement from Commissioners

"NHS East Berkshire Clinical Commissioning Group (CCG), which covers Slough, Windsor, Ascot, Maidenhead and Bracknell, is committed to improving end-of-life care for our population.

Building on its positive working relationship with Thames Hospice, the CCG has this year commissioned the delivery of an extended range of specialist palliative care services from the hospice. This allows for further integration of end-of-life community services which the CCG is confident will improve patient experience and quality of care.

The CCG is extremely pleased that it has been able to continue funding the hugely successful and innovative 24-hour Advice Line and Rapid Response Service. This service has had some wonderful feedback from families and carers and is ensuring that the end-of-life stage for patients and their families is calm, dignified and supported.

The CCG has also funded a specialist Lymphoedema service at Thames Hospice for both cancer and non-cancer patients, which enables more people to receive high quality treatment closer to home."

Our Vision, Mission and Values

These are the heart of Thames Hospice, who we are and what we strive to achieve.

Our Vision

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

Our 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
We treat everyone with kindness and compassion to provide a secure and caring environment.

Excellence
We are committed to delivering and demonstrating excellence and quality in everything we do.

Collaboration
We recognise the best quality of care is achieved when we work as a team, leveraging the skills and experience of individuals as well as our healthcare and community partners.

Integrity
We undertake to be open, honest and accountable in our relationship with everyone we serve and work with.

Respect
We believe in treating everyone with dignity and respect.

Ambition
Our desire and determination to succeed enables us to support the needs of our local community.

Commitment
We are dedicated to providing the best palliative and end-of-life care to all who need us, now and in the future.

Thames hospice

Thames Hospice
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Registered charity number 1108298