



Thames Hospice Quality Account 2014/2015

Thames hospice

Expert care, everyday kindness

SAMPLE PAGES USED FOR REFERENCE ONLY

DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

thameshospice.org.uk

Part 1



1a. Statement by the Chief Executive

Welcome to our third Quality Account and my first as Chief Executive of Thames Hospice; having previously been the Director of Patient and Family Services. I am incredibly proud of the outstanding care and compassion shown to patients, their families and loved ones. I am humbled by the work our staff and volunteers do, not only in providing clinical services but also in ensuring we are able to provide this care, supported by numerous people behind the scenes in our shops and support services teams. Without this help we simply couldn't function, especially as we receive just 20% of our funding from the NHS. I would like to formally thank each and every one of our staff and volunteers for their ongoing support and commitment to Thames Hospice.

It therefore gives me great pleasure to present this Quality Account to you on behalf of the Senior Management Team and everyone working and volunteering here at Thames Hospice. I hope you will agree that this account clearly demonstrates the quality and effectiveness of the services that we have provided to patients and their loved ones over the last 12 months. With this year's occupancy levels at 83.5% in our Inpatient Unit, we are officially the busiest independent hospice in the country and we know demand is going to grow. Each and every day we have a waiting list for our beds, which means there are people in the community who need our help but who we don't have enough resources to support. We do have plans to address this, and are working closely with the NHS to try to meet the gaps in service provision whilst never compromising on the quality of care we give.

Our focus for this year must and will be ensuring we work closely with our partners in hospitals and the community to make sure we are using the resources we have to maximum benefit, whilst also planning for the future. The coming years will see these plans come to fruition as we embark on a programme to ensure we can continue to provide much-needed services to our community now and in the future.

One of the biggest challenges we will face in any expansion programme is maintaining the quality of and passion for the highest standards of palliative care for increasing numbers of people; but this is a challenge we are willing and able to face.

Thank you for your interest in Thames Hospice; I hope you find this report informative.

Best regards,

Debbie Raven
Chief Executive

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

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



It is with a considerable sense of pride that I write my forward to this, our third Quality Account, on behalf of the Board of Trustees. This account provides clear evidence of the commitment of all our staff to providing exemplary care for our patients and their loved ones.

I believe this account confirms that Governance, in its widest sense, is now embedded within the charity and very much part of normal care. Whilst regulatory compliance is essential, it is the quality of care that really defines an organisation. There are a few areas that I feel are worthy of specific mention. This year, the teams have maintained an above average occupancy rate, combined with an increasingly complex and demanding patient mix without any reduction in the quality of care. We have contributed data to Hospice UK's benchmarking project for more than a year and the results show that we are above or well above average in all parameters in comparison with our peer group of similar sized units, and indeed with all 108 hospices – quite an achievement! You may question the zero pressure ulcer statistic, as indeed my committee did, but a detailed audit confirmed this to be correct.

Last year we identified that we were lagging behind in the area of diversity. The instigation of a working party to investigate this, together with the opening of The Sanctuary providing an opportunity for us to welcome a wide group of faith leaders, has made a huge difference. The use of our services by individuals from ethnic groups increased from 1.5% to more than 10.8% in six months, so much more in line with the local community we serve and well above the national hospice average of 3.4%.

Reviewing the pledges we made last year, I believe that we have fulfilled the majority completely. The management, investigation and learning from incidents, accidents and complaints is a particularly important area and the renewed focus by the Governance and Health and Safety Committees has really made a difference.

There are two areas where we have made good progress but where there is still a way to go. We are now part of a much more integrated service with our partner organisations, but the goal of a completely streamlined patient and family-focused service, without care gaps, remains a key goal but requires further work. The success of our inpatient service has brought with it the problem of an increased admissions waiting list, such that we do not have the facilities to provide the care we would wish for all patients in the local community. This has led to an increasing focus on our plans for refurbishment and expansion, (Project 25), and I am confident that we will have firm plans in place within the

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

Chair of Patient Care and Quality Committee

Review of Quality Performance 2014/2015

Our services include:

A 17-bed Inpatient Unit at our Hospice in Windsor

Community Services:

- Hospice at Home
- A Community Therapy Unit in Ascot

Other Clinical Services:

- Lymphoedema
- Complementary Therapy
- Patient and Family Support Services
- Medical Outpatient Appointments



SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

Thames Hospice Facts and Figures from April 2015

2a Inpatient Service

	Number 2013/2014	Number 2014/2015
Total Admissions	410	404
% Occupancy	83%	84%
Discharges	218 (54%)	218 (54%)
Patients Died	189 (46%)	186 (46%)
Average Length of Stay (days)	12	13
Formal Accolades	N/A	260

2b Community Services

1. Hospice at Home

	Number 2013/2014	Number 2014/2015
No of Patients	142	103
No of Hours Provided	1,294	2,264

2. Community Therapy Unit

	Number 2013/2014	Number 2014/2015
No of Patients	139	80
No of Appointments	N/A	833

2c Other Clinical Services

1. Lymphoedema

	Number 2013/2014	Number 2014/2015
No of Patients	79	70
No of Treatments	781	829

2. Complementary Therapy

	Number 2013/2014	Number 2014/2015
No of Patients	318	318
No of Treatments	1,178	1,531

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

Part 2: Review of Quality Performance 2014/2015

3. Patient and Family Support Services

	Number 2013/2014	Number 2014/2015
No of Patients	257	193
No of Sessions	2,142	1,427

4. Medical Outpatients

	Number 2013/2014	Number 2014/2015
No of Patients	N/A	36
No of Appointments	N/A	264

“All staff went above and beyond what was required of them and were always there to support my mum and all my family. I can never thank them enough for their care and kindness”



SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

What Families say about our Services

"You cared for my nan in the Windsor Hospice. Your staff are fantastic – amazingly caring, truly lovely people. My nan really enjoyed talking to the nurses there. Thank you for making my nan's time with you very comfortable and for caring"

"Thank you to the staff from the Windsor team who are currently caring for my beloved grandfather and supporting my amazing grandmother and the rest of the family. Please know that you have made it so much easier for my grandfather as he knows that my grandmother who he loves dearly, has people there that have been trained well and have a passion to help and are there to support the rest of the family. I can't thank you enough"

"It is a place we will remember because of its respect, care and attention at a time of tremendous vulnerability for the patient and family. The way the ward was run and the tremendously kind and efficient team working there is of great comfort to us now as it was then"

"The staff are angels. The love and care shown to my husband, myself and my family was phenomenal.

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION



SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

Part 2: Review of Quality Performance 2014/2015

2e Patient Safety Summary

1. Clinical Accidents and Incidents

84 clinical incidents and accidents were reported and investigated during 2014–2015.

Type	Number in Year	Seriousness/Impact	Actions
Administrative	3	Low	Incidents investigated and changes to policy or training implemented.
Drug Error	17 2 drug administrative errors 11 controlled drug errors 4 drug omissions	Low	Staff are required to undertake reflective practice. Incidents are reflected in mandatory medicines training. Checking of medication procedures emphasised.
Information Governance	4	Low	Staff receive information governance training on an annual basis and any incidents are thoroughly investigated.
Needlestick Injury	2	Low	Staff follow policy guidance for Needlestick injuries.
Patient Safety and Care*	5	Low	Miscellaneous incidents. Policies, procedures and training reviewed. Mandatory training highlights risks to patients and stresses the requirement for risk assessments.
Staff/Volunteer Personal Injury	2	Low	Policies, procedures and training reviewed.
Slips, Trips and Falls	50	Low	Mandatory training highlights risks to patients and stresses the requirement for risk assessments.
Staff Safety	1	Low	Policy and training reviewed. All staff are aware of policy and attend training.

*Two of these incidents were patient falls and both were reported to the Care Quality Commission, in line with reporting criteria.

2. Infection Control

No infection control incidents were reported during 2014–2015.

Thames Hospice takes part in a benchmarking project managed by Hospice UK, which collates data from 108 hospices. We are benchmarked against 29 other hospices of our size (16–20 beds). This report presents both the highlights of Quarter Four and the overall results for 2014–2015.

	Quarter 4 Jan–Mar 2015	Overall 2014–2015
Average Bed Occupancy		
Thames Hospice	83	84
Group	80	80
All Hospices	80	79
Falls per 1,000 Occupied Bed Days		
Thames Hospice	10.4	9.5
Group	10.0	10.8
All Hospices	10.9	11.2
Pressure Ulcers per 1,000 Occupied Bed Days		
Thames Hospice	0	0
Group	3.6	3.3
All Hospices	3.7	3.4
Medication Incidents per 1,000 Occupied Bed Days		
Thames Hospice	0.8	2.7
Group	5	5.5
All Hospices	6.1	5.2

Summary

Our performance compares favourably against our benchmarking partners and is a good indication of the quality of the services we provide against higher than average levels of occupancy.

Part 4: Looking Forwards *cont'd*

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

This year we have reviewed our service criteria and have simplified and clarified the format to enable our referrers to easily identify the services they can access to help their patients. We remain proud of all our teams that continue to provide high quality services to the increased numbers of patients and families.

To recap, 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



SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION

Inpatient Unit

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

Hospice at Home

This community-based service provides symptom management for patients with complex needs, respite care to support carers and end-of-life care in their own homes.

Community Therapy Unit

Our Community Therapy Unit in Ascot helps people stay at home by supporting them through a four-week Wellbeing Group (covering management of breathlessness, fatigue and anxiety) and six-to-12 week individual day support programmes.

Complementary Therapy Team

The Complementary Therapy Team provides therapies for patients and carers in our Outpatient Clinics, in the Inpatient Unit and in the Community Therapy 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 lymphoedema as a result of cancer and its treatments.

Psychological Support Services

The Psychological Support Services Team provides emotional support for patients and families up to and following bereavement. The service is delivered by qualified counsellors

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

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

5. Use of CQUIN Payment Framework

Thames Hospice currently reports

community setting.

SAMPLE PAGES USED FOR REFERENCE ONLY
DO NOT COPY OR REPRODUCE WITHOUT PERMISSION