

# Rowcroft Hospice Quality Account 2021-22



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# Chief Executive's introduction



As we continue to live with COVID I am so proud of the way our teams have continued to care for our community, irrespective of the challenges they face. Our care teams have persistently supported patients in making every day the best day possible and helping families to make the most of every precious last moment. The enduring compassion, strength and devotion shown to our patients never ceases to amaze me.

Our nurses, doctors, healthcare professionals and all our commercial and support staff have ensured we continue to deliver care through the toughest of times. They have shown unbelievable courage and bravery as we provide expert end-of-life care, comfort and support to families facing the hardest days imaginable.

**While maintaining the highest possible standards of care, patient and staff/volunteer safety continues to be our number one priority. In particular we continued to:**

- follow government guidance and provided our key frontline clinical teams with personal protective equipment (PPE) and detailed procedures, processes and training to protect themselves and their patients and families
- maintain COVID-secure workplaces for all staff, with hand sanitisation stations, signage and one-way systems
- test all patients for COVID prior to admission to our Inpatient Unit
- test all front-line clinical staff on a twice weekly basis
- increase the number of clinical audits which has led to immediate service improvements
- provide our education service free of charge to our community – with 54 events to 661 learners
- adapt our visitor policies to the changing landscape to ensure as many family and friends can visit as possible
- invest in the professional clinical leadership – including infection prevention lead
- implement patient bedside medicine PODS
- invest in new equipment including chairs and drug measurement tools

**We also strive to consistently improve our service, and in particular to:**

- enhance the learning environment with the creation of reflection and learning from incidents group
- continually review overall patient feedback

- benchmark ourselves against other South West Hospices to ensure we are aware of best practice
- following a successful fundraising campaign, and in line with our five-year strategic plan, invested in our Hospice at Home workforce enabling us to care for more patients at home
- work with NHS colleagues to review our training offer around frailty to support those staff caring for patients who are diagnosed as frail
- ensure we are more inclusive and representative of our community. As a caring organisation inclusivity is important to us and we have established an organisation-wide forum for staff, led by one of our trustees, and we will be providing training to all staff on equality, diversity and inclusivity this year
- undertake extensive research across our community to ensure the community strategy we are developing meets the needs of our community
- we have developed a future model of care for our Inpatient Unit which is being implemented
- we successfully developed and implemented a new 4th year medical students programme for Plymouth Medical School. This enables 30 students to spend a fortnight with our teams gaining valuable experience in palliative care in the hospice, local hospital and community
- build on our work around non-cancer plus and heart disease and respiratory referral pathways, and ensure we are accessible to anyone who needs us, when and where they need us – particularly around dementia
- continue to roll out restorative practice to our teams so that we are collectively and individually accountable and responsible for our actions

Our shared purpose, to ensure we continue to make every day the best day possible for our patients living with life-limiting illnesses and for their families, has continued to bring us together as a hospice and with our healthcare colleagues across the South West. This is also recognised in the NHS long-term plan which commits to improving personalised palliative and end-of-life care for people of all ages, and the government's white paper on integration and innovation signals support for an integrated approach to health and care based on local leadership, service delivery and accountability.

As a hospice we continue to ensure we build longer-term financial security by investing in our income generation teams; launching new social enterprises (for example Devon Farm Kitchen which has had a very successful first year and delivered over 21,000 frozen handmade nutritional meals across South Devon); and we are looking to enhance and extend our care even further by redeveloping our estate in Torquay to build a new 14 bed Inpatient Unit to provide even greater dignity and independence to our patients, and enable families to stay overnight close to their loved ones; and also include a specialist dementia and complex nursing home and assisted living accommodation to generate new vital income for the hospice.

As well as being immensely proud of the way everyone in Rowcroft stepped up to the plate and continued to care for our community, I am equally proud of the way our community continued to support us despite the enormous challenges they continue to face during the pandemic. Thank you.

We continue to look forward to working closely with the newly formed Integrated Care Systems/Clinical Commissioning Group and Local Care Partnership to build on this and ensure we provide individually focused end-of-life care that is locally led and delivered and supported by all across every community.

### **Mark Hawkins**

CEO, Rowcroft Hospice



# What our organisation is doing well

*"Myself and my family cannot praise the staff enough - from the doctors to cleaners. How wonderful they all were in the care and support not only for my loved one, but also myself and daughter. He passed away with dignity and without pain. As a family it was important that he did. I cannot ever thank them all enough."*

## Operating safely

As we reflect back on another year living through a pandemic, we can evidence our continued focus on safety for patients, their families, staff and volunteers. Despite two reports to Public Health England of possible COVID outbreaks, these did not result in any harm and services were minimally impacted with no requirement to close the service for more than a few days. Provision of Personal Protective Equipment (PPE) and the testing of staff, visitors and patients have followed national and local guidance, supported by the infection prevention team at Torbay and South Devon NHS Foundation Trust.

We continue to put patient safety first, reflecting on and learning from incidents and near misses and being open and honest with our patients and families. We have continued working pro-actively looking for opportunities to improve our services, collaborating with others to improve safety, and supporting patients and staff when things do go wrong.

## Some of the safety improvements in our services this past year include:

- New pressure-relieving chairs have been purchased for our Inpatient Unit (IPU).
- A liquid controlled drug measure ruler is in the process of being trialled on IPU and E-fit syringes are now in place to help to improve control drugs measurements and documentation.
- A medication error study day has taken place.
- A new medication induction/support workbook is being trialled for nurses on IPU.
- A new flowchart to support staff involved in medication errors is in place on IPU.
- Updated oxygen guidance has been developed and is being rolled out to staff - for patients requiring oxygen to be taken off site for visits outside of IPU.

We continue to benchmark with other South West hospices against an agreed set of quality metrics (which were updated by HospiceUK in May 2022). This gives us the opportunity to explore differences in quality outcomes, learn from colleagues in quality improvements made, and be involved in working groups with HospiceUK when these take place.

During 2021-22, just over 100 other hospices submitted their data for benchmarking. We have seen an increase in the numbers of incidents our staff have reported, and as a result we

are higher than average for our number of hospice-acquired pressure ulcers and medication incidents. Our incidences of falls for the past year were 9.5 per 1000 bed days; the average for adult hospices (at end of year) is 9.9 per 1000 bed days. One fall resulted in moderate harm: the neck of the femur was fractured (broken hip). This is under full investigation to ensure we reflect on this and take forward any potential learning as a result.

Rowcroft's medication incidents rate increased from 10 per 1000 bed days to 16.3 per 1000 bed days, which is above the average of 9.3 per 1000 bed days. These incidents resulted in no or low harm to patients. Anecdotal evidence from us and other hospices suggests the impact of COVID-19 on staffing may have contributed to this rise in incidents. We remain vigilant and continue to learn lessons from thorough investigations of each episode.



The number of pressure ulcers acquired at the hospice has decreased from 21.8 per 1000 bed days to 16.6, but this remains above the national average of 9.1 per 1000 bed days.

We continue to review our clinical incidents weekly and to improve the quality of our incident reports. Our incident forms have recently been updated to ensure we capture high levels of detail for each concern. We continue to promote a learning environment and to encourage our teams to report incidents and near misses when they occur. This enables us to monitor incidents closely as they occur and implement improvements as soon as possible where they are needed. All actions as a result of incidents are also reviewed at our weekly meetings until they are complete, and will be audited yearly. In addition, we are forming 'reflection and learning from incidents groups' for staff who can review our incidents, highlighting risks, reoccurring themes and improvement opportunities.

In this year's Quality Account, we can report that for the past year no patient has suffered a hospice-acquired infection. This year we appointed a professional lead nurse who also takes responsibility for infection prevention and works closely with the local NHS Trust Infection and Prevention Control team. We continue to audit our environment regularly and hand hygiene audits are conducted monthly. We undertook PLACE (Patient-Led Assessments of the Care Environment - lite version) in December 2021. PLACE looks at the patient environment, food offered to patients, communal areas, outpatient department and external environment. We successfully passed all categories and were compliant with the audit.

## Learning from deaths

The hospice Inpatient Unit continues to review all patient deaths at twice weekly MDT meetings since the introduction of the 'Learning from deaths report' in 2017. All staff can raise any concerns or ways we could have improved a patient's or family's experience of our care. It is also an opportunity to ensure the appropriate bereavement support has been requested. When further discussion or investigation is required, specific meetings bringing together the staff members involved are arranged. Staff have used this process to talk through some of their challenges in caring for people who are dying.

From April 2023 the local medical examiner/s in their statutory role will have full access to the patient electronic record system to review any community deaths. We have informed all GPs who have access to our records on SystmOne regarding this change and we are engaging with the local medical examiners team to implement this change well in advance of this date.



## Duty of candour

We continue to have an open policy of reporting all our near misses and clinical incidents, whether they cause any harm or not, including informing and apologising to patients and/or their families in keeping with the 'duty of candour' regulations when there is a notifiable incident (where there is moderate harm, even if this is unavoidable). A deep dive review was conducted in August 2021 for all pressure ulcers reported during a 3-month period (April to July) and of the 10 patients who developed pressure ulcers, 5 patients died within 7 days; these pressure ulcers related to skin changes in the final days of life so were unavoidable. All incidents result in a conversation from the nursing team with the patient and/or their family, where it is appropriate to do so, to let them know we report incidents, and a yearly audit is completed to check compliance with regulation 20. The audit carried out last year was fully compliant and will be repeated during the coming year.

One fall (by a patient wanting to remain independent) that occurred in the past year resulted in moderate harm. This incident required a formal letter of apology and an offer to share the findings of the full root cause analysis investigation that is being carried out.

*"My wife was only in Rowcroft Hospice for two days but although this was only a short time, I can say with honesty she was exceptionally well cared for and every effort was given to manage the pain that she was suffering."*



# Caring

We continue to receive overall positive feedback on care received.



*“Words cannot express our gratitude for everything you did for my loved one and myself over these last few months. I cannot fault the service. You are a bunch of angels! The world would be a better place if people were more like Rowcroft staff. Fantastic job all of you.”*

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*“Through both my parents being in your care, I cannot express the amount of amazing help, support and comfort you gave to us all. Even after their passing you still continue to support me. You have a great team that work at Rowcroft and I cannot thank you guys enough. I will continue to donate what I can to this incredible charity.”*

## FamCare

We ran two friends and family surveys (FamCare) during 2021-2022. We sent the surveys to a total number of 86 family members of patients who died while under the care of both the Hospice at Home and Inpatient Unit teams.

We received a total of 27 responses to the surveys, with an average response rate of 32%. The feedback we received was supportive and highly positive and has been shared with the teams.

**Some of the feedback is included in this report.**

*"Words are not enough! The care that was given was wonderful. Angels. Thank you so much."*

*"The Rowcroft team were absolutely brilliant. Nothing was too trivial or too much trouble. Even the Hospice at Home team were there, supporting but invisible. I can't praise the Rowcroft team enough."*

As a caring organisation, inclusivity is important to us. As part of our inclusion work, we have set up an organisation-wide forum of staff led by one of our trustees and will be providing training to all staff about inclusivity next year.

## Operating effectively

*"I can't fault the care and support your team extended to my loved one in his final hours. Thank you - you are very special people."*

We continue to use **iWantGreatCare** to invite patients and families to feed back about their experiences. We received 89 responses during the past year; our overall score for all our services for the friends and family test was 4.97 [out of 5]; 97.2% of people using our services said they would recommend the hospice to family and friends if they required hospice services. We also received more than 285 thank you cards and letters. Patient feedback is represented in the Word Cloud (Appendix A).

*"The care and treatment (and support to wife) during my last months - they have been at the end of the phone and have visited on a regular basis, all questions answered and acted on."*

During this past year we had one formal complaint. This related to a patient who died in 2020 and concerns that a nurse did not visit the patient at this time. This was at the time that the COVID-19 pandemic had just began and lockdown was in place; therefore, face-to-face visits were reduced at this time.

An apology was made that this information had not been fully communicated to the family member. Information relating to when a patient can be referred to the Hospice at Home service (final week/days of life) was also not clear to the family. Since this time a new Hospice at Home information leaflet for patients and their families has been developed. This leaflet ensures our families have the information they need to let them know what the Hospice at Home service offers and when referrals for their loved ones are likely to be made.

**In 2021/22 we had 536 referrals to the Hospice at Home service, an increase of 5% from 521 in the previous year.**

As part of our non-cancer strategic goal to be accessible to people with a specialist palliative care need no matter what their diagnosis, one group of patients we can report on is the number of patients who had a diagnosis of dementia. This may have been their main diagnosis or a co-morbidity. We cared for 49 patients with dementia, 28 of whom lived at home with the remaining patients being cared for in a residential home. We successfully kept these patients in the place that they felt comfortable and secure, assisting and supporting families and carers.

**The service continues to receive excellent feedback from families we have supported.**



## Audits

We have completed 32 clinical audits this past year on the following topics: infection prevention, equality and diversity, consent, care plans, documentation, duty of candour, medicines management, documentation of allergies, medical gases, continuing health care funding and discharges, venous thrombosis prophylaxis and documentation of resuscitation discussions. We have added new audits for the coming year, including a PPE audit, an incident reporting audit to review actions, and an audit of patients' own medications (POD).

Several quality improvements across patient care services were made because of these audits and from the learning taken from incidents, for example:

- the introduction of the NHS Standards of Cleanliness Audit (monthly)
- increased monitoring with our incident reporting system (Vantage) to check duty of candour requirements for each incident
- the addition of an equality and diversity template within SystemOne to be completed for all patients
- development of an organisational statement on equality and diversity and our intention towards inclusivity with whole organisation training planned for 2022/23
- new iWantGreatCare posters and forms introduced to reception areas to offer further opportunities for our patients and families to give feedback
- all team members within IPU to be trained in carrying out audits in clinical areas
- phase 2 of the Spiritual Care Model is underway.

## Research

Over the past year some of our staff took part in the ADJUST research study led by Marie Curie at University College London. The research explored how palliative care professionals 'used' advice from either a prognostic algorithm or another clinician when estimating two-week survival of advanced cancer patients. We also participated in an international study seeking a consensus for a definition of end-of-life care.

Earlier this year we were invited to contribute to a proposal to apply for funding to set up a South West Peninsula NIHR palliative care partnership. The NIHR funding application was successful, and this partnership is already benefitting staff, providing research training, sharing research evidence via a joint journal club and engaging staff and carers in looking at the research needs in the South West. This partnership hopes to work together to apply for a larger grant to fund new research in an aspect of end-of-life care benefitting communities across the South West.

In addition, we have been approached to be a study site for a research study being led by a post graduate student at Lancaster University in 2022/23.



# Responsiveness

*“Everybody involved in the life and death of my beloved husband was very professional but also caring. A very difficult time in my life was made easier with the help of the Rowcroft team. Thank you.”*

This past year has seen us needing to respond to the ongoing impact of the COVID-19 pandemic and the restrictions put in place for the safety of all. Despite our workforce (and their families) being affected by the pandemic, we are so proud of our teams’ tremendous hard work in enabling our services to stay open, continuing to provide much-needed hospice care to so many patients and families.

Over this past year, as part of implementing our five-year organisational strategy (which was developed in response to actual and predicted need for more end-of-life care at home), we have led a successful fundraising campaign to increase the Hospice at Home workforce enabling us to deliver care to a caseload of around 14 patients at a time. We are in the process of recruiting registered nurses to cover the day-time shifts seven days a week, which will enable us to respond more quickly to new referrals. Our aim is to be caring for around 700 patients per year by the end of 2023.

We are working with NHS colleagues to look at the hospice’s role in supporting people with frailty, having identified that further training in advance care planning may benefit those staff caring for people who are diagnosed as frail.

We now have 18 months of reserves, and other income streams such as Devon Farm Kitchen (a social enterprise delivering frozen meals to people in their own homes across South Devon) are supporting our future financial sustainability. Our proposal is to develop the estate (subject to planning permission) with: a redesigned Inpatient Unit, increasing our beds from 12 to 14; a 60-bedded nursing home for people with dementia and complex nursing needs; and 40 assisted living apartments. These developments will help secure our financial sustainability as well as enabling us to respond to the need for more community care in our locality. In response to climate change, our plans aim for these new buildings to be carbon neutral.



## Being an organisation that is well-led

We continue to roll out restorative practice training to our teams, with some team members having now achieved level 2. In addition, restorative practice is threaded through our people policies.

This past year we have been involved via the Devon end-of-life care steering group in the Clinical Commissioning Group's review of end-of-life care across Devon. We have provided data, supported staff surveys and benchmarked with NHS partners against the national ambitions for palliative and end-of-life care (2021).

Our Director of Care and Strategy has been a representative for Devon on the South West Palliative and End-of-Life Care Transformation and Strategy Group this past year and has recently taken on co-chair of the locality end-of-life care board with Rowcroft's Medical Director.

We have started to implement our new learning and development strategy for growth, 'The Rowcroft Way', which is designed to roadmap and embed personal growth that is service needs-led, high impact, cost effective, supports and delivers operational excellence and delivers equity across Rowcroft.

Next year we will report on our 40th anniversary celebrations with our teams as well as patients, carers and our community.



# Education

Our education service has continued to offer free access to education to our community throughout the pandemic. Over this last year we provided 54 events to 661 learners. The five 'Priorities for the Care of the Dying Person' remained a constant part of this offer with additional sessions on pain and symptom control, loss, bereavement and wellbeing. New sessions included 'End-of-life conversations over the telephone' in response to the needs of clinicians.

In addition, the Education Team secured joint funding from Health Education England to develop staff training in Devon on advanced communication skills across all four Devon hospices, enabling 7 new trainers to join the teaching programme. We were delighted to provide this two-day training for the bowel cancer screening module students from across the South West. The team were also deployed into our clinical services for two periods at the height of the pandemic.

We have supported 99 trainee doctors and aspiring doctors this past year. We successfully developed and implemented a new fourth-year medical student programme for Plymouth Medical School. This enables 30 students to each spend a fortnight with the service gaining valuable experience in palliative care in the hospice, community and hospital. Their learning is supported by an interactive set of online resources developed in-house and a series of lecture and seminar-based sessions. We have also continued to support our postgraduate trainees and have been rated excellent for all these placements in all 3 quality panels.





# Statutory information

Rowcroft Hospice is required to register with the Care Quality Commission (CQC). It is currently registered under the following categories: treatment of disease, disorder and injury and adults under and over 65 yrs.

Rowcroft has the following conditions on registration:



We provide overnight beds for a maximum of **13** patients at any one time



We may not treat patients under 18 years of age

Prior written approval of the CQC must be obtained at least one month before providing any treatment or service not detailed in our statement of purpose



We are subject to periodic review by the CQC

Our last CQC inspection was October 2021. We achieved 'good' in all categories and 'good' overall. This was the first time to be inspected under the new healthcare framework. The report is available at: <http://www.cqc.org.uk/location/1-106245011>



## Rowcroft provides the following services:

- Community service 7/7
- Hospice at Home 24/7
- Inpatient Unit – 12 beds (13 beds registered)
- Outpatient care
- Bereavement support
- Education and training for health and social care staff, volunteers and others in palliative and end-of-life care

## Accepted referrals between 1/04/2021 and 31/03/2022 were:

- Community = 2,523  
(Referrals to all multi-disciplinary team services)
- Hospice at Home = 536
- IPU = 300
- Bereavement & Listening and Support Service = 173

The Community Team referrals above relate to approximately 1,400 individual patients. Our Community and Hospice at Home teams together conducted a total of 10,765 face-to-face contacts and 26,928 telephone and advice contacts in relation to patients referred to our services.

No further national minimum data sets have been produced for hospice care; however, we respond to surveys from HospiceUK (a national membership body of hospices across the UK) in relation to services provided and activity undertaken.

<sup>1</sup>We have only been able to report on all new individual patients referred to community services on SystmOne since September 2022 (822 patients) and therefore the previous 5 months have been estimated.

# Progress on last year's priorities

## Safety

Last year we refined elements of our documentation and reporting in SystemOne (our electronic patient record system) to enhance completeness and make it easier for staff to report succinctly. The audit of electronic records and documentation on SystemOne demonstrates compliance to agreed standards. There is more work to do to simplify bedside care plans, potentially digitalising them for ease of access, but most other aspects of electronic documentation are now refined. We are pleased to report our engagement in the Devon and Cornwall Care Record when it launches this year, which will enable staff to access pertinent patient information from other providers of care for that person.

We agreed to review our medicine management induction for new staff and update our induction programme with competencies for medicines management. A new medication induction workbook has been developed and is being trialled for IPU. We are also asking all new registered nurses to complete a drug calculations test at interview. The induction booklet includes familiarity of the guidelines, policies, procedures and documentation used at Rowcroft regarding medications, conversion of medication, calculations, and a number of very specific end-of-life case studies. It requires competencies sign off by a trained and designated mentor during the induction period.

Having implemented bedside medicine PODs at patients' bedsides, we proposed to evaluate the safety and effectiveness of these. The audit demonstrated 100% compliance.

## Effective

Considering national guidance about the challenges of people with learning disabilities accessing palliative care services and following feedback from the relative of a lady cared for by one of our teams, we invited the relative to share her story in the form of a video to use for staff training. The video is being shared with teams and the education department is supporting the development of adjunct materials for use of the video in discussions and other educational uses.

Implementing the materials and protocols for supporting informal carers and family members to administer appropriate end-of-life care medications to the person they were caring for at home has not progressed. The Hospice at Home Team audited those situations where training a family member/lay carer to administer medication would make a difference to patient care and there was insufficient evidence of need in the last weeks of life. Instead, discussions with the community team to identify family/lay carers who could be trained to fulfil this function earlier in the person's illness are underway.

In 2020, we designed a pilot programme in the holistic self-management of breathlessness and fatigue for people with non-malignant respiratory disease, funded by St James Place Foundation. The aim was to test and establish a four-week self-management programme to support people to manage symptoms of breathlessness, fatigue and anxiety by providing them with information, support and coping strategies. We also planned to have a nurse-led advance care planning discussion. Carer education was also included. A multidisciplinary team comprising of a physiotherapist, occupational therapist, nurse, and complementary therapist developed and delivered the training and offered relevant support to participants (patients and

carers). As reported in our last Quality Account, we began the programme in September 2020 following revisions required due to the pandemic, and taking into consideration the demands and restrictions in place during this time, which included the need for virtual delivery. Since its inception, a total of 5 programs have run with 21 participants. The interim findings, ahead of the final report in August 2022, are that 50% of participants had improved hospital anxiety and depression scores, showing reduced levels of depressive feelings and 75% of participants had a stable MRC score (this measures their experience of breathlessness).



## Responsive

Over this past year, we have met and surveyed key stakeholders, referrers to the service and carers, to help develop a community strategy for the provision of community-based hospice services. We consulted carers, GPs and others in our community to gain feedback to inform the development of the strategy. Although the five-year strategy is not yet finalised, we will share the key strategic goals and actions via other means and report on progress in next year's Quality Account.

## Caring

Last year we prioritised a self-assessment and signed up to the Devon-wide Commitment to Carers with agreed actions to enhance our support of unpaid carers – those family and friends who support our patients. We signed the Commitment and provided update reports to Torbay Carers Association against our actions.

## Well-led

Last year through a series of workshops with staff, volunteers and bereaved carers, we developed a future model of care for our Inpatient Unit. This was shared with our Senior Management Team and supported. We have developed an implementation plan which will start to enable us to work together to make the agreed changes. Many of the environmental changes that support the care model will not be possible until we are able to build 14 new single rooms and more family friendly facilities.



# Our priorities for 2022-2023

## Safe

**To develop competencies in the use of medical and moving and handling equipment**

Outcome measure: implementation of competencies to all staff who use equipment to provide patient care

## Effective

**To implement the agreed new IPU Care Model**

Outcome measure: implementation group meets regularly to action the implementation plan over the next five years, reviewed quarterly by the Quality and Patient Safety Committee

**To implement electronic prescribing for community teams**

Outcome measure: electronic prescribing being used by our NMPs and community doctors

**Implement a new e-rostering system that links to payroll**

Outcome measure: e-rostering system being used effectively across clinical teams

## Responsive

**Develop a falls prevention strategy and management plan**

Outcome measures: reflection and learning group outcomes, completion of a deep dive audit and a published falls prevention strategy and associated policy

## Caring

**Review Inpatient Unit and Hospice at Home patient care plans and consider the use of digital access to these for staff**

Outcome measures: An agreed system and implementation of an electronic bedside care plan

**Further develop our network of spiritual care advisors as part of the phase 2 roll out of our Spiritual Care Strategy**

Outcome measure: comprehensive list of local advisors

## Well-led

**Continue to promote professionalism and support continued learning**

Outcome measures: 80% of clinical registered staff have accessed professional challenges educational sessions

**Roll out of medical examiner scrutiny**

Outcome measures: processes to enable scrutiny of all deaths by the local medical examiners will be in place, including how any learning is disseminated effectively within the organisation

**Implement new national guidance on care after death (in IPU) and Verification of Expected Death (VOED) by registered nurses**

Outcome measures: review of national guidance and plan for changes to be implemented in relation to care after death

**As lead and partner, we will reinstate the locality education committee to refresh the locality education plan**

Outcome measure: reviewed and updated locality education training plan in palliative and end-of-life care



# Chair of the Board of Trustees' statement

I am honoured and privileged to reflect upon the achievements of the hospice during the last year.

Our society has continued to face unprecedented and life-changing challenges as it has moved through the COVID pandemic. The structures of our daily lives and working protocols have been altered immeasurably. I am immensely proud of the way in which Rowcroft's staff and volunteers have continued to rise to the challenges, both from a professional and personal perspective.

Rowcroft's first priority has at all times been to keep our patients and their families safe. Advice from the government and NHS communities has become more granular as lessons were learnt and information was more readily shared across the world.

Rowcroft's senior team have continued to orchestrate open and honest communication channels throughout the year, which has again been pivotal in setting the scene to ensure that our teams felt confident that their personal safety was paramount as they continued their essential patient contact.

The clinical team's approach to 'getting on with the job' despite their personal fears has been a further testament to their consummate professionalism in order to fulfil our mission of making every day the best possible day for our patients and their families.

Particularly noteworthy is how the clinical 'mise en scène' continues to encourage and cultivate an open cycle of evaluation, followed by learning and quality improvement within the Inpatient Unit and within the outreach of our Community and Hospice at Home teams.





Our medical training program and clinical expertise are inspiring and have amplified the desire of the team to continue to drive an open and deep understanding of the benefits of great palliative care. I know they have been widely acknowledged for this.

We have once again continued to operate and deliver a high standard of care. This has been achieved in no small way by the conscientious nature of our staff and volunteers who have shown great resilience and fortitude alongside an admirable flexibility.

The high levels of safe working practices and protocols have evolved and developed throughout the year and the teams continue to aspire to a continuous cycle of review and learning.

It must be acknowledged that for individuals and their families being introduced to a hospice service is a stressful and difficult time made all the more difficult because of the pandemic and potentially late diagnosis of symptoms. Our teams have dug deep into their personal resources to help people through these complexities in order to make every day count for them.

The IT team have shown themselves to be great 'team players' working alongside their clinical colleagues to provide the technological advances for them to get the job done both face-to-face and online when they couldn't be there in person.

The continuous cycle of feedback is so important and we continue to gather this valuable information from a number of sources, helping us to celebrate the positive and alter our approaches if necessary.

I'm also thrilled that we have launched across the organisation a diversity and inclusion group and will be rolling out a training programme for all employees over the coming year.

It is remarkable that despite all of the challenges faced by the team they have still managed to participate in a number of



research initiatives that have provided continuous learning and development.

The continuing resilience of everyone is noteworthy and this has allowed the teams to meet the difficult and increased demands for their services in the community and in the Inpatient Unit.

I am heartened by the coming together of all health care professionals in the community which is leading to much stronger working relationships as a result.

Alongside this, much work has been completed by CEO Mark Hawkins and his team of experts to position our planning application as credible for the development of the estate, with a care home for individuals with dementia or complex nursing requirements and an assisted living complex both of which will help sustain the financial future of the hospice. These proposals have been well received by the supporters of the hospice and the local communities.

In line with our strategic aims, the leadership team has continued to ensure that the hospice has an agile, motivated, educated and skilled workforce to continue on our future journey. Our leadership in palliative and end-of-life care continues to be tremendously valued by the local community, notably the way they have come together to continue to raise funds in such difficult and trying times. It is an amazing achievement and so much very appreciated.

The education team have continued to offer a myriad of free training and development opportunities, alongside this securing funding for specialist programmes from a number of sources. All of this, despite the pandemic and being deployed to support their colleagues clinically, is a massive achievement and another great example of our values working in practice - particularly generosity of spirit, respect and teamwork.

Once again, I feel it is paramount to recognise that our teams have gone above and beyond to ensure that they deliver the highest quality of care to everyone who needs it, and the Board of Trustees acknowledges this exceptional performance and is extremely grateful to all concerned.

Rowcroft's staff and volunteers continue to illustrate shining examples of great teamwork. I am blown away by their tenacity, fortitude and determined selflessness.

I am immensely proud of this organisation and its people for the resilience and determination shown to continue the commitment to the highest quality of patient care in a challenging environment. The transparent and open nature of this report amplifies the hospice's main purpose in terms of our patient care, and I highly commend this report on behalf of the Board of Trustees.

### **Sally Scott-Bryant**

Chair of the Board of Trustees



**Care is excellent**

**Perfect place to come to**

**Everyone took great care of me**

**Amazing place, amazing people**

**Staff are all good, nice, and helpful, able to give confidence to people**

**All staff were there to help you and nothing was too much trouble**

**Myself and my family felt supported at all times, every member of staff were well informed about me and I felt comfortable to be here**

**I was extremely happy with all the people at Rowcroft Hospice. Kind caring and very respectful in every aspect of my husband's care**

**For my father to die at home comfortably when he was ready to go is something I shall be eternally grateful to you all**

**Gives me confidence that anything can be sorted**

**Best nursing staff ever - all of them are 10/10**

**Nothing was too trivial or too much trouble**

**I can't praise the team enough!**

**They are a very good team**

**Care has been amazing**

**First Class Support!**



Appendix A –  
Rowcroft patient  
feedback word  
cloud

# Annex – stakeholder statements

## NHS Devon Clinical Commissioning Group

NHS Devon Clinical Commissioning Group (CCG) would like to thank Rowcroft Hospice for the opportunity to comment on the Quality Account for 2021/22. Rowcroft Hospice is commissioned by NHS Devon CCG to provide palliative care through community services, Hospice at Home and an Inpatient Unit as well as support and education to the health and social care sector. We seek assurance that care provided is safe and of high quality, that care is effective and that the experience of that care is a positive one.

As Commissioners we have taken reasonable steps to review the accuracy of data provided within this Quality Account and consider it contains accurate information in relation to the services provided and reflects the information shared with the Commissioner over the 2021/22 period.

While managing the ongoing impact of COVID-19 and the challenges presented by the impact on emergency and planned care, Devon health services have worked closely together to share expertise and good practice, as well as providing mutual aid and testing new ways of working.

Rowcroft Hospice were responsive in supporting system wide escalation during the COVID response by enabling daily visibility of their hospice inpatient and Hospice at Home capacity to support hospital discharges. Rowcroft Hospice were an integral part of the system wide development of the Discharge Pathway Framework. Their continuous and valued involvement in the Devon wide End of Life Care Group helps to ensure that there is local involvement in strategic planning.

Despite the pressure on staff and services, this Quality Account has highlighted several positive results against key objectives for 2021/22. These include:

- Improvements within SystemOne, (electronic patient record system) – Audit of electronic records shows compliance to agreed standards and is compatible with the Devon and Cornwall Care Record due to launch this year. This will enable staff to access pertinent patient information from other providers of care.
- Holistic self-management of breathlessness and fatigue - Five programmes with twenty-one participants have undergone a four-week programme delivered by a multi-disciplinary team to manage and control symptoms for people with non-malignant respiratory disease. Results so far have shown improved anxiety and depression scores within these patients.
- Strategy for the provision of community-based hospice service - Although this is ongoing Rowcroft Hospice have made excellent progress and have met key stakeholders and consulted with carers, GPs and other providers to gain key insight into the strategy. We look forward to seeing further progress.
- Devon-wide Commitment to Carers - Rowcroft Hospice signed up to the commitment and produce a self-assessment against standards. Reports on actions are provided to the Torbay Carers Association.
- Future Model of Care for Inpatient Users - An implementation plan has been developed through a series of workshops with staff, volunteers and bereaved carers.

The CCG also notes and welcomes the 2022/23 priorities outlined by Rowcroft Hospice in their Quality Account, and will look forward to seeing achievements related to:

- developing competencies in the use of medical and moving and handling equipment
- implementing the agreed new IPU Care Model
- implementing electronic prescribing for community teams
- implementing a new e-rostering system that links to payroll
- developing a falls prevention strategy and management plan
- reviewing Inpatient Unit and Hospice at Home patient care plans to consider the use of digital access to these for staff
- further developing the network of spiritual care advisors as part of the phase 2 roll out of our Spiritual Care Strategy
- rolling out of medical examiner scrutiny, and implement new national guidance on care after death (in IPU) and Verification of Expected Death (VOED) by registered nurses
- reinstating the locality education committee to refresh the locality education plan

Each of these programmes will continue to evidence and improve quality and safety for the benefit of patients, families, carers and staff building on the lessons learned from 2021/22.

As a commissioner, we have worked closely with Rowcroft Hospice during 2021/22 and will continue to do so in respect to all current and future CQC reviews undertaken, in order to receive the necessary assurances that actions have been taken to support continued, high quality care.

In October 2021 Rowcroft Hospice were inspected by CQC and achieved 'good' in all categories and 'good' overall. Outstanding practice was highlighted within the report in the field of innovation and improvement within the service. Furthermore, CQC noted that Rowcroft Hospice took a lead role in developing training initiatives for other providers resulting in increased confidence for domiciliary care workers supporting end of life patients at home. This is commendable practice in working towards an integrated care service in the near future.

On review of this Quality Account, Rowcroft Hospice's commitment to continually improve quality of care is evident. The CCG looks forward to working with Rowcroft Hospice in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

**Darryn Allcorn**

Chief Nursing Officer

# Torbay Carers' Association

Rowcroft has always supported the family and friends caring for people who use their services, but we were really pleased in Carers Week 2021, when they signed up to the Devon-wide Commitment to Carers.

This Commitment has seven principles:

- 1: Identifying carers and supporting them**
- 2: Providing effective support to carers**
- 3: Enabling carers to make informed choices re their caring role**
- 4: Staff awareness**
- 5: Information-sharing**
- 6: Respecting carers as expert partners in care**
- 7: Supporting carers whose roles are changing or who are more vulnerable**

Rowcroft nominated a senior member of staff (Jo Anthony, Head of Community, Therapies and Support Services) to oversee the links to carers, and undertook a self-assessment to identify areas that they wanted to improve.

To give this commitment whilst still dealing with the impact of COVID has given a really clear message that their support to family and friend carers is central to their ethos. This can be seen in the results of their various surveys and the feedback word cloud.

If the plans for development outlined on page 14 are successful, Carers Services look forward to working closely with Rowcroft to ensure that their fantastic support to families continues in these new settings.

## Katy Heard

Carers Lead

## Signing the Commitment to Carers

From top to bottom:

Rowcroft's Chair  
Sally Scott-Bryant,

Rowcroft's CEO  
Mark Hawkins,

Rowcroft's Head of Community,  
Therapy and Support Services  
Jo Anthony



# Healthwatch

## Devon, Plymouth and Torbay

It is always a pleasure to read the Rowcroft Quality Account. Every year it demonstrates a forward vision to always do better. The account this year is both honest and challenging but tempered with the strong theme of caring for both patients and their families and of delivering services based on best evidence.

Healthwatch in Torbay represents the voice of local people. In this role our contribution to the work of Rowcroft is respected and encouraged. We only hear positive reports which confirm the illustrative feedback. That the feedback responses also include the resolution of a negative experience during COVID lock-down is to be commended. The pressure on staff to continue to maintain a good service during the pandemic must have been an extraordinary effort for all. Our involvement in the educational programmes confirms the sense that learning, applying and sharing that learning is at the heart of the Rowcroft philosophy.

This Quality Account represents a well-balanced and complete overview of the status of Rowcroft as we have experienced it.

**Pamela Prior**

Healthwatch