

*"The care was first class,
the staff were all so
considerate and helpful
no matter the problem
and what a wonderful
place."*

patient relative feedback



rowcroft
hospice

Quality Account 2016/2017



Rowcroft Hospice

CQC overall rating

Outstanding ☆

20 May 2016



Rowcroft Inpatient Unit

Rowcroft Hospice

Quality Account 2016/2017

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Chief Executive's introduction

This last year has demonstrated to me how strong and resilient our teams are at Rowcroft.

Over the last ten years the number of patients we care for has more than doubled, in response to a growth in demand. Combined with this, the needs of the hospice's patients have become increasingly complex, requiring increased staff levels. This expansion in services has been funded in the main by gifts in Wills, but in 2015-16 that income fell dramatically in a way that couldn't have been predicted. The impact was severe, and we faced the prospect of closure.

The months following were a really challenging time. Difficult decisions had to be made in order to realign Rowcroft's cost base to match income levels, and yet we continue to deliver outstanding care to a similar number of patients, and the feedback from patients and families continues to be excellent.

In order to secure Rowcroft's future, the following actions were taken:

- The number of Inpatient Unit beds was reduced from 17 to 12
- The Hospice at Home team was reconfigured and nursing levels reduced
- The breadth of services were reduced, whilst retaining a multi-disciplinary approach
- Torbay & South Devon NHS Foundation Trust agreed to take on our Chronic Oedema service

Overall we reduced costs by £1.1m per annum and launched an urgent fundraising appeal to raise an additional £585,000. Individuals, community groups and businesses rallied to Rowcroft's aid, raising a staggering £605,000.

The urgent fundraising appeal combined with the cost reductions has stabilised Rowcroft's financial position, and I am delighted to confirm the crisis is now over. We are now working from a stable and realistic position on income and costs throughout 2017, with a reduced reliance on income from gifts in Wills.

We are also developing plans to build a sustainable future to ensure we are able to cope with any additional and unexpected shocks and most importantly to be able to cope with future demand – driven by population increases, changing demographics and increasing complex diagnosed conditions. A key component of this includes the creation of new and sustainable income streams.

Our vision for the future is bold. We currently care for one in four of all patients needing end of life care in our community and we wish to extend that to one in three by 2023 and then one in two thereafter. We can't do this alone and look forward to working with everyone across the ecosystem of care professionals and the community to support us on this journey.

I would like to add a personal thank you to everyone who has helped and contributed during this challenging period and I look forward to building on this amazing support to create a strong and sustainable future together. A future that will enable Rowcroft to continue to deliver outstanding care to patients and their families for generations to come.



Mark Hawkins
Chief Executive of Rowcroft Hospice

What our organisation is doing well

Sign up to
.....
SAFETY

The Care Quality Commission (CQC) inspects Hospices based on the fundamental standards of being safe, effective, caring, responsive and well-led. In this section, we give examples of how we are meeting these standards.

Operating safely

We take the safety of our patients and staff very seriously.

- Last year we committed to a national initiative 'Sign up to Safety'. In our patient safety improvement plan we made 5 pledges, which included continually learning from any incidents and empowering staff to make changes in practice immediately. Safety improvements this past year have included the development of new documentation for the management of wounds, new care plans and a clearer process for reporting suspected pressure damage due to skin changes in the last days of life. Staff continue to openly report any incident or near miss and we continue to participate in the national hospice patient safety benchmarking project.
- We have reduced our incidence of medication errors and falls this past year from 7.04 to 5.44 per 1,000 bed days and from 9.17 to 8.44 per 1,000 bed days respectively. Initiatives such as reviewing our medication administration records, changing the times of drug rounds, reviewing our falls assessments, new falls mats, including 'risk of fall' on nurse handover sheets and ward information board, and being able to call on trained Volunteer Ward Attendants to sit with patients who may be confused have supported these improvements. We also implemented new documentation to demonstrate and ensure that we align patients' prescriptions with the medication they have been taking before admission to the hospice.

"From the palliative nurse, physios, complimentary therapist they all had that one quality sorely lacking in today's life and oh so priceless. Time. Never did I feel hurried and for that I thank you from the heart. You are a tremendous team, compassionate, funny and loving. Thank you thank you. Thank you."

community patient feedback



Operating safely continued...

- In this seventh Quality Account we can report that for the seventh year running no patient has suffered a hospice acquired infection. Following the redesign of our services this year we obtain our support for infection prevention through the team at Torbay and South Devon NHS Foundation Trust. We continue to audit our environment regularly and have adopted a hand hygiene tool this year as part of these audits.
- With the help of patients and volunteers we conducted a P.L.A.C.E (patient-led assessment of the care environment) last year. The results demonstrated a highly clean environment. Dignity, privacy, well-being and the external environment all scored highly. An area for improvement was the ambulance and accessible entrance next to the chapel. We plan to undertake P.L.A.C.E again in 2018. In addition, this coming year we have arranged for a Dementia group 'walk-about' to assess our environment for its dementia friendliness.



Duty of Candour

We have an open policy of reporting all our clinical incidents, whether they cause any harm or not. This includes 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).

In implementing this new regulation in the context of the last days of life, we offer the option of a formal letter of apology to the patient or their family; however a recent audit found that those offered have declined this.

"This is an extremely well run and well maintained environment with exemplary standards throughout."

service user assessor



Operating effectively

We aim to make every day the best day possible for our patients and families

We listen to those who use our services:

We continue to use iWantGreatCare as one way of gaining feedback from people who use our community and inpatient services. We had 198 responses from people using iWantGreatCare, which were overwhelmingly positive with an average score for the year of 4.93 out of 5.

99.08% of the people who fed back about our services this past year would recommend Rowcroft to their family and friends if they required hospice services. We use bespoke satisfaction surveys for users of our Hospice at Home and Bereavement services.

Feedback results and opportunities to provide views can be found at:

<https://www.iwantgreatcare.org/hospitals/rowcroft-hospice>

Learnings from five formal complaints resulted in for example: updating our Statement of Purpose and a new Discharge Policy, and pre-admission information for patients and families.

We test ourselves against agreed standards

Through our ongoing audit programme we monitor our performance against national and local standards. We completed 26 clinical audits this year covering topics such as infection prevention, management of medications and pressure ulcers.

Recommendations for improvements in practice which we have implemented include for example: enhanced documentation of medications, falls risk and skin assessments on admission and additional training components to our staff e-learning programme.

This past year we have also implemented an electronic system to more effectively administer our audit programme.

"The nurses are always considerate. Any questions I have are always answered and I've been supported to take advantage of all services available to me."

service user



Being responsive

We responded to 2,112 referrals across all our services for the year, despite the latter part of the year delivering a redesigned and reduced service.

Research

Being research active is important to us to enable us to share in the generation of new knowledge that enhances the care of people receiving hospice and palliative care. Members of the hospice team took part in the following research opportunities:

- NCPC (2017) National Care Home Survey – specialist palliative care support to care homes
- Queens University Belfast (2016) The UK Consensus project – Quality in palliative day care services (QualPalUK)
- Palliative Care Triage Project – a world-wide online experiment
- NIHR (2017) The OPEL Hospice at Home Project.

Well led

This past year has seen the appointment of a new Chair of the Board of Trustees, Dr Cathryn Edwards and a new CEO, Mark Hawkins. In addition, we have appointed two new trustees with further appointments for recruitment planned for 2017/18. New trustees were recruited to match the knowledge, skills and abilities required to support the future growth and sustainability of the hospice. A revised governance structure will further strengthen the overall leadership of the organisation.

Due to unprecedented changes in our services around the timing of our annual staff survey we took the decision not to conduct a staff survey. We have made plans for a staff survey for June 2017.

Education 2016/2017

The intention of our education programme is to improve the lives and the experiences of people facing any life-limiting illness that may not need the services of Rowcroft, but who do need great palliative and end of life care approaches in hospital and community settings. In addition to providing training for our own staff and volunteers,

we had 1,340 participants at our training events this year. Moreover, through our part-time Care Home Facilitator we provided 322 Care Home staff with bespoke training free of charge. We have continued to receive excellent feedback for the quality of medical student and junior doctor training we deliver.

Caring

Following the reduction in the number of inpatient beds in October, Beech ward was redesigned into a patient and family room using upcycled furniture. This is now a comfy, peaceful and welcoming room, which families have found:

"a lovely warm environment and kind, caring atmosphere."

(Beech room visitor)



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
- Personal Care

Rowcroft has the following conditions on registration:

<p>We provide overnight beds for a maximum of 12 patients at any one time</p> 	 <p>We may not treat patients under 18 years of age</p>	<p>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.</p>	 <p>We are subject to periodic review by the CQC.</p>
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Our last CQC inspection was in January 2016. The report is available at: <http://www.cqc.org.uk/location/1-106245011>

<p>Rowcroft Hospice provides the following services:</p> <ul style="list-style-type: none"> • Community specialist palliative care • Hospice at Home • Inpatient Unit • Outpatient care • Bereavement support • Education and training for health and social care staff, volunteers and others in palliative and end of life care 	<p>Numbers of people referred to our service from 1st April 2016 to 31st March 2017</p> <table> <tr> <td>Community</td><td>1,142</td></tr> <tr> <td>Hospice at Home</td><td>401</td></tr> <tr> <td>Inpatient Unit Admissions</td><td>334</td></tr> <tr> <td>Outpatient Appointments</td><td>1566</td></tr> <tr> <td>Bereavement</td><td>144</td></tr> <tr> <td>Chronic Oedema (for the first six months of the year)</td><td>91</td></tr> </table>	Community	1,142	Hospice at Home	401	Inpatient Unit Admissions	334	Outpatient Appointments	1566	Bereavement	144	Chronic Oedema (for the first six months of the year)	91
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Our Community and Hospice at Home teams conducted a total of 9,338 visits and 5,945 telephone calls to patients referred to our services.

We submit service activity data to the national minimum data set, which has now concluded its work. The most recent national results are published at: <http://www.ncpc.org.uk/mds-reports-20142015>

Last year's priorities

Safety

We achieved the outcomes outlined in the priorities for 2016/2017.

Ward Attendant role

Our volunteer Ward Attendants provided a total of 46 hours of care in their first three months. They provide the following:

- sitting with patients who are at risk of falling
- support with occupational therapy
- sitting with patients who are dying
- offering assistance with meals, having received specific training for this
- companionship

Further development of work with pressure ulcer and falls prevention

The audit using the HospiceUK national audit tool showed good compliance with detecting, reporting and acting on skin changes. Recommendations for further improvements including updating our skin and pressure ulcer assessments and care planning were implemented.

Further development of bedside care plans

Bedside care plans were reviewed and redesigned.

Progress the work for carers of the homeless population

The programme of community education was completed. Course participants feedback self-reported increases in knowledge and understanding about end of life care and of services locally. There was also an increase in their perceived ability to recognise possible signs and symptoms that a person was at the end of life, and in their confidence to engage in discussing end of life issues with them.

Continue to prioritise safety

We joined the 'Sign up to Safety' initiative and made 5 pledges to improve safety learning. We: continue to report patient safety events openly; have implemented the duty of candour regulation; attended local multi-agency learning events; proactively responded to patient feedback; provided risk assessment training for our line managers; and continued to benchmark patient safety metrics nationally with other hospices.



Our priorities for 2017/2018

Our focus for future developments as we move into 2017/2018 will be:

Safety

'Sign up to Safety' initiative – We will extend our commitment to being safe by working with other hospices in the south west to trial an enhanced method for investigating incidents as close to the time they occur as possible, with the aim of enhancing learning and reduce recurrence. We will also explore the development of an agreed set of metrics for quality in hospice care.

Outcome Measure

Implementation of an enhanced method for investigating incidents when they occur

Operating effectively

We plan to offer two apprenticeships in health and social care to existing staff through the new government apprenticeship levy. This will benefit patients in our Hospice at Home service and Inpatient Unit by further investing in our staff development.

We will continue to develop our skill mix in the Hospice at Home team using existing resources by appointing Health Care Assistants (level 2) to work with our night Sisters, enabling them to provide double-handed care at night.

Outcome Measure

- Apprentices complete their first year
- Evaluation report on the benefit of the night Health Care Assistant

Well-led

We will develop a new 5 year strategy for patient care services

We will further develop staff appraisals by providing training for appraisers and appraisees, which will include appraising behaviour against Rowcroft's values.

We will invest in risk assessment training for team leaders and all line managers

We plan to recruit three more new Trustees to further enhance and 'secure the future' of the organisation.

Outcome Measure

- A 5 year strategy for patient care services
- Completion of training in appraisals and risk assessment
- Appointment of three new trustees



Our priorities for 2017/2018 continued...

Responsive

A new volunteer led-support scheme called Rowcroft Listening & Support Service. This proposed new service will enable us to provide more emotional and social support to patients and their families at home during a critical time of anticipating loss.

We will purchase a portable hearing loop for our Inpatient Unit, Outpatients Centre and Education facility in response to the new national 'Accessible information' standard.

We will support the Rowcroft User Advisory Group in the development of its membership and work plan to enable them to advise us on future quality improvements.

Outcome Measure

Patients and families benefit from the Rowcroft Listening & Support Service.

Portable hearing loops in use by patients and training programme participants

Rowcroft User Advisory Group report new members and published workplan.

Caring

We plan to offer opportunities such as Complementary Therapy and other activities within the new Beech patient and family room.

Following evaluation of the pilot volunteer Ward Attendant role on the Inpatient Unit, we will proactively seek other caring roles for volunteers.

Outcome Measure

Complementary therapy sessions offered within Beech room

Increased numbers of volunteer Ward Attendants and other opportunities

"From our first contact with Rowcroft Hospice staff, my husband and I were helped in every possible way with kindness and efficiency. We could not have had better treatment."

patient and relative



Chairman of the Board of Trustees' statement

This report outlines the high standard of clinical care given to patients by Rowcroft in both the inpatient setting and in the community. This has been sustained over a period of time when services have undergone restructuring. The Outstanding CQC rating is proof of the dedication and resourcefulness of the Hospice staff during this period. In addition, throughout this time of change, feedback from patients and their families has been consistently good. All of these achievements make us proud to continue to serve the Community of South Devon and to continue to focus on the delivery of safe and high quality patient care over the next year.

Specific highlights include the development of a 5 year clinical strategy which will be at the heart of what Rowcroft does. This will cover all aspects of clinical care, delivery, risk assessment and education. The aim will be to expand our services to support more people with life limiting illnesses. To do so we are increasing our voluntary workforce, training and supporting them to deliver direct care to patients and families in need: for example, the Rowcroft Listening and Support Service.

All of these initiatives are aligned with the ambition of the Rowcroft Trustees to see the Charity go from strength to strength in the next year; building on our reputation for clinical excellence and developing our fundraising activities to support the clinical strategy.

We, as a Charity are looking to partner more effectively with local businesses to achieve our Charity's mission - the delivery of outstanding care to patients and families at a time in their lives when they are most vulnerable.

As incoming Chair of the Rowcroft Board of Trustees I am delighted to endorse this report.

Cathryn Edwards
Chairman of the Board of Trustees



Annex

NHS South Devon and Torbay Clinical Commissioning Group statement:

Quality Account 2016_17

South Devon and Torbay Clinical Commissioning Group (SDT CCG) is pleased to provide our commentary on the Quality Account for Rowcroft Hospice.

This Quality Account demonstrates a high level of commitment to quality in the broadest sense and we commend it. The information contained within this Quality Account accords with data received throughout the year during our regular contract review meetings.

SD&T CCG view Rowcroft as a key partner in the delivery of integrated end of life care, and we value the excellent open and regular communication we have with them about quality of care.

Looking Back:

Last year Rowcroft Hospice demonstrated a commitment to patient safety by signing up to the national "Sign up to Safety" campaign. This required production of a safety plan in which safety pledges are used to improve patient care and staff experience. Pledges from Rowcroft included attending multi-agency learning events hosted by SDTCCG. We have been pleased to see Rowcroft engaging with us and across the health community.

It is positive to see a recommendation rate of >99% using the iWantGreatCare tool which allows confidential patient and family feedback. We are pleased to see learning from complaints and feedback being used to improve care and experience. Furthermore it is beneficial to see the ward attendant role supporting patients and families to enhance experience.

We also note that for the seventh year running Rowcroft have not reported any hospice acquired infections and we commend Rowcroft for working collaboratively with the Infection Control Team at Torbay and South Devon Foundation Trust.

Looking Forward:

The CCG supports the priorities chosen for next year as set out in the Quality Account. The priorities reflect the organisations aim to continually improve and provide good quality effective care to its patient and the community. It is particularly pleasing to see outcome measures for each priority to enable evidencing of completion by end of 2017_18.

The CCG commends the priorities chosen and looks forward to seeing the development of the 5 year strategy for patient care services. It is pleasing that Rowcroft will further develop the role of the volunteer following the success of the ward attendants and we look forward to seeing the progress on this.

General comments:

Quality Accounts are intended to help the general public understand how their local health services are performing and with that in mind should be written in plain English. Rowcroft have produced a comprehensive, attractive and well written Quality Account which is easy to read and clearly set out.

Overall we are happy to commend this Quality Account and Rowcroft for its continuous focus on quality care.



Gill Gant
Director of Quality Assurance and Improvement

Annex

Healthwatch Torbay statement:

Healthwatch Torbay is the local consumer champion in health and social care. We ensure the voice of the consumer is strengthened and heard. We do this through a variety of methods, including direct contact and using digital and social media. We reported how the public commented on their current experiences and the quality of the care they received.

During the year we have not picked up any adverse trends or concerns from the public about the quality of care provided by the Rowcroft Hospice services. We do understand the challenges faced when a service is predominantly funded directly by the public, so reading this optimistic and forward looking report is reassuring. The value placed by the organisation on patient care and safety is clearly explained and is supported by prioritising education and the clinical strategy. To receive such a large number of appreciative comments from service users, in a relatively small organisation, is something to applaud. As Healthwatch is a consumer support organisation, we are pleased to see the intention to focus on incident reporting and quality standards and look forward to next year's reporting on their outcome.

The Account is written in a style that the public will find accessible, especially patient feedback. In our opinion, it presents a good overview of Rowcroft's performance and intention, is reliable and accurate and identifies appropriate internal controls and assurances.

