

*"Treated like a human,  
with respect, and involved  
in the processes about  
treatment now and in  
the future, that I felt was  
important for me."*

Community patient feedback



**rowcroft**  
hospice

## Quality Account 2017/2018



View from the Rowcroft Inpatient Unit

# Rowcroft Hospice Quality Account 2017/2018

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# Chief Executive's introduction

This last year has been a good year of stabilisation and preparation for the future.

We have come out of a difficult period where tough decisions had to be made for Rowcroft's survival. I am delighted to announce we are now in a more stable position financially. We are caring for a similar number of patients with continued very high levels of positive feedback from patients and families. This is a real credit to the amazing team at Rowcroft but also to all our donors, supporters, volunteers and partners who enable us to continue to deliver the highest standards of care possible.

The challenge now is to build the momentum needed to grow our financial reserves to care for an increasingly ageing population, many with multiple, complex health conditions; and to build long term sustainable income streams so that we can provide care for generations to come. This challenge is addressed in our new five-year strategic plan. A plan to ensure:

- We have the capacity to meet demand
- We have the right mix of talent and skills within our workforce
- We have the right environment for our patients and employees
- We build strong partnerships with health and social care colleagues
- We embrace technology
- We can fund the growth in services – raising an extra £1.5m per annum by 2023
- We have diversified our income to reduce the risk of reliance on a few income streams



The strategic plan outlines our clear vision:

*"To make every day the best it can be for all patients, and their families, living with life-limiting illnesses in South Devon"*

And sets five strategic goals:

- 1 To deliver outstanding personalised specialist palliative care when and where it is needed, 24/7, regardless of diagnosis or circumstance.
- 2 To be the community specialist palliative care provider of choice for patients across South Devon.
- 3 To extend the reach of our palliative care to one in two adults living with life-limiting illnesses across South Devon by 2023, and two in three by 2030.
- 4 To empower and educate the community by becoming a 'community beacon' in end of life care.
- 5 To build a sustainable future with new, diversified funding streams that will represent at least 10% of Rowcroft's funding by 2023, and to achieve reserves that equate to 50% of the hospice's annual running costs.



# Chief Executive's introduction continued...

With a strategy based around Building talented teams, Being the lead and partner and Being enterprising across our Clinical, Commercial and Community activities – we term this our 3Bs and 3Cs.

One of the key goals outlined is to ensure that care is available to all, irrespective of diagnosis or circumstance. To that end we have already started working on a Heart Failure Project with Torbay and South Devon NHS Foundation Trust to enhance patients' and their families experience of end of life care.

As well as the support we're able to provide ourselves, we also seek to promote community-wide excellence in palliative care through education, training and support for both carers and professional health and social care providers. We wish to develop a community-wide understanding of end of life care issues, including the appropriate influence on the services provided by others.

To support this we have launched our ambassador programme where 29 individuals are trained to be champions of End of Life in their workplaces; and our new listening and support service where specially trained volunteers offer emotional support to patients and their families during the end of life period.

We know we cannot deliver this bold strategy alone and need the ongoing support of everyone to help us deliver it.

I would like to personally thank everyone who is supporting us on this journey.

**Mark Hawkins**  
Chief Executive of Rowcroft Hospice



*"We know we cannot deliver this bold strategy alone and need the ongoing support of everyone to help us deliver it."*



# What our organisation is doing well

Sign up to  
.....  
**SAFETY**

*"From the very beginning we were informed of the treatment that was needed. The doctor was very patient in explaining in detail what was going to happen. All the staff are kind, caring and attentive. They answer any requests promptly but check very frequently to ensure that everything is okay. The next steps for care were explained well by the social worker. The care is exceptional"*

IPU patient feedback

## Operating safely

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

- We continue to be committed to 'Signuptosafety'. 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: purchasing six new recliner chairs with dynamic air cushions and a ToTo® lateral turning device, monitoring safe staffing levels, a review of the transport booking process to include more detail regarding special needs and maintaining and enhancing the volunteer ward attendant role.
- We are proud that our staff continue to openly report any incident or near miss and we continue to participate in the national hospice patient safety benchmarking project, which has recently been reviewed and updated.
- Our incidence of falls has reduced further this year to 8 per 1000 bed days (8.44 last year) and is again below the national hospice average of 10.4 per 1000 bed days. Our medication incident rate has increased to 7.2 per 1000 bed days compared to 5.44 per 1000 bed days last year; however, this is still well below the national average for hospices of our size (10.4 incidents per 1000 bed days). A number of medication incidents were related to equipment failures, some of which required reporting to the Medicines and Healthcare Products Regulatory Agency (MHRA). Initiatives we have put in place this year in response to incidents include: new syringe pump charts, a new procedure for management of patients own controlled drugs, working more closely with our pharmacist, feeding back to manufacturers regarding clearer packaging, and a review of all RNs competencies in syringe pump management.
- In this eighth quality account we can report that for the eighth year running no patient has suffered a hospice acquired infection. Torbay and South Devon NHS Foundation Trust have supported us with infection prevention advice and we have developed two infection prevention link nurses. We continue to audit our environment regularly and hand hygiene audits are conducted monthly.
- We benefited from a Dementia group (experts by experience) 'walk-about' in May 2017 to assess our environment for its dementia

## Operating safely continued...

friendliness, including cleanliness, so we did not undertake Patient Led Assessment of the Care Environment (PLACE) this year. The results showed that "toilets were available in many places. All were immaculate, well designed, disabled and dementia friendly" and "the wards were clearly marked and with good colour contrasted signs. Staffing levels were clearly good and it was evident assistance was readily available".

*It would be a fair assessment to say they were very impressed by the evident commitment to answering the needs of people living with dementia and a range of other disabilities which was evident during their tour of Rowcroft Hospice. Everyone found the visit fascinating and reassuring in equal measure. They were most impressed by the warmth and friendliness of the approach from all the staff they met".*

### Chair of the Dementia Leadership Group

- We proactively sought the support of the South West Academic Health Science network to ask if we could undertake a patient safety culture survey, which measures important dimensions of organisational culture. We scored highly in comparison to other establishments for learning environment, team working, safety climate and work-life balance. Some of the areas we could improve on were: leadership training for managers and team leaders and more personal development opportunities for our staff.



## Duty of Candour

We continue to have an open policy of reporting all our 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). One patient suffered moderate harm, which following investigation was found to be unavoidable.

*"Everyone I met was so kind, professional and reassuring. I felt very 'safe' in their care. However, when it came to difficult questions etc, they did not avoid the tricky answers but again told me what exactly I needed to know in a professional, but also supportive way for which I was extremely grateful. You have an amazing team of people working for you. I have been very fortunate to have been in their care".*

### Community patient feedback

# Operating effectively

## We continue to 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 228 responses from people using iwantgreatcare, which were overwhelmingly positive with an average score for the year of 4.9 out of 5. 98.9% 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.

Feedback results and opportunities to provide views can be found at [www.iwantgreatcare.org/hospitals/rowcroft-hospice](http://www.iwantgreatcare.org/hospitals/rowcroft-hospice).

We use bespoke satisfaction surveys for users of our Hospice at Home and Bereavement services. We received positive feedback from 57 users of our Bereavement and Listening and Support Service and 119 bereaved families who had experienced our Hospice at Home service.

Learning from five formal complaints resulted in for example: reminders to staff to include patients in risk assessing their patient's psychological state, four more staff being trained to deliver advanced communication skills education and we have now made it a mandatory requirement for all Rowcroft registered staff to undertake advance communication skills training. One complaint was multi-organisational and Rowcroft took the lead in responding; an After Action Review was used to enhance learning for all organisations involved.



## We test ourselves against agreed standards

Through our ongoing audit programme we monitor our performance against national and local standards. We completed 36 clinical audits this year covering topics such as: consent, duty of candour, infection prevention, accessibility, management of medications, attendance at GP discussions of end of life care patients, pressure ulcers etc.

Recommendations for improvements in practice, which we have implemented, include: revised consent forms and policy, better processes for storing medications, changes in induction information for junior doctors, addition of Toto mattresses for patients who find it uncomfortable to be manually repositioned and a review of patient information.



## Being responsive

**We responded to 2027 referrals across all our services for the year. Going forward we aim to respond to an anticipated greater demand for our services.**

In response to a national report about inequity of access to hospice and end of life care services for people with heart failure, we submitted and were successful in an application to the St James Foundation to fund an 18 month project. This project will enhance the opportunities for patients and families to benefit from hospice and supportive care services to help them plan and experience better end of life care. It brings together the integrated heart failure team, the hospital palliative care team and the hospice community team to develop a new model of care and traffic light system to identify people with end stage heart failure who may benefit from referral to hospice services. It will provide training for hospice nurses in the management of heart failure and training for the heart failure team in supporting patients to plan for end of life care.



## Research

Being 'research active' is important 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 supported the application of a local dental postgraduate student in developing her proposal for a qualitative research project on oral health which inpatients will be invited to participate in 2018/19.

We took part in a national hospice research survey which scoped ways to enhance the support that is provided to families in preparing children for parental death. We also led on a Devon-wide survey on advance care planning to help inform an ongoing programme of work to improve end of life care.

One member of staff took part in a Macmillan research impact case study to inform a Macmillan research framework and was also invited to present the findings from her PhD research at a national conference in November 2017.



## Well-led

We have appointed one new trustee in 2017/2018. New trustees are recruited to match the knowledge, skills and abilities required to support the future growth and sustainability of the hospice. A revised governance structure has strengthened the overall leadership of the organisation. In addition, 42 managers and team leaders have undertaken a range of leadership training over the course of the year.

We conducted a staff survey in 2017 with a 69% response rate. This survey showed that staff were proud of the quality of care we provide, the commitment, knowledge and passion from both staff and volunteers. They also commented on enjoying working for the hospice, understanding the charities aims, the great environment for patients and the supportive team working.

Areas for improvement included: better communication and integration across the organisation, sickness and performance management. In response, the sickness and appraisal policies have been reviewed and new processes implemented. New strategies are being developed for enhanced communication.

## Caring

This year we have had a beautiful Memory Tree designed and installed in our chapel for bereaved people to remember their loved ones. We continue to provide opportunities for bereaved families to remember and celebrate the lives of those they have lost through 'Meadow of Memories' and 'Light up a life' services.

Throughout the year various 'precious moments' were enabled for patients such as: cream tea parties, 'sleepovers' and a special visit from an opera singer. In addition, the patient and family room has become a welcoming place of relaxation for patients and their families.

*"Time to talk – the chance to have a conversation about normal things. Having someone listen to and care about what I said."*

**Our new Listening and Support Service feedback**

## Education 2017/2018

Our education service is part of our ethos to share our expertise with, and be accessible to others caring for people nearing the end of their lives. The focus of this training was the priorities for care of the dying, communication, advance care planning, treatment escalation plans and symptom management.

We delivered over 124 education and training events in 2017/2018 to a total of 1469 health and social care staff and volunteers. 57 of these events were attended by 904 staff external to Rowcroft, predominantly coming from care homes and the local NHS trust. Participants of our training programme continue to rate their learning as high (4.5/5). We continue to offer placements to medical, nursing and allied health care trainees in both the inpatient and community teams.



# 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:

We provide overnight beds for a maximum of **12** 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 in January 2016.  
The report is available at [www.cqc.org.uk location/1-106245011](http://www.cqc.org.uk/location/1-106245011)

Rowcroft Hospice provides the following services:

- Community team
- Hospice at Home 24/7
- Inpatient Unit (12 beds)
- 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 1/04/2017 and 31/03/2018 were:

- Community: **1095**
- Hospice at Home: **412**
- Inpatient Unit: **343**
- Bereavement and Listening and Support Service: **179**

Our Community and Hospice at Home teams conducted a total of 10,573 visits and 12,653 telephone calls in relation to patients referred to our services.

The most recent national minimum data set results are published at [www.ncpc.org.uk/mds-reports-20142015](http://www.ncpc.org.uk/mds-reports-20142015); however we also submitted data as part of a Hospice UK national survey and the results are contained within 'Hospice Care in the UK 2017'.

# Last year's priorities

We achieved the following outcomes from last years priorities:

## Safety

- We have worked with other hospices in the South West over the past year to develop and agree a set of quality metrics for hospice care.
- We explored the use of a novel approach to root cause analysis (SWARMs) used by some acute NHS trusts to promptly investigate incidents causing moderate harm. Although we found that this method would add a little value to our existing methods for investigating incidents, the recent experience of using an after action review was a more helpful tool, which we have now adapted for our use.



## Operating effectively

- One apprentice on our Inpatient Unit is currently completing a QCF level three. We have also facilitated placements for two associate nurse trainees.
- We implemented a night Health Care Assistant role to work alongside our night sister, which has reduced lone worker risks and enabled care that requires two members of staff. By using resources differently and creating this role, it has allowed the more experienced and skilled Senior HCA's to be placed in the home with patients overnight, equating to an additional five nights of Band 3 cover per week.

## Well-led

- We have developed and published a new five year strategy for patient care services that includes the following developments: a workforce plan, a plan for enhancing access to hospice and supportive care services for patients with non-cancer diseases, an education plan for our staff, volunteers and family carers and a human resources strategy.

Our five year strategic plan is available at [www.rowcrofthospice.org.uk/strategic-plan-2018](http://www.rowcrofthospice.org.uk/strategic-plan-2018)

- We have appointed one new Trustee who is a semi-retired local GP. We now have a Board of nine Trustees.
- Managers have undertaken refresher training in risk assessment. A new appraisal policy linked to our core values and strategic goals has recently been implemented for all staff and training provided for all staff.



# Last year's priorities continued...

## Responsive

40 patients and families have benefited from a new volunteer-led listening and support scheme (LaSS) funded by the Civil Service (CSiS) Hospice Grant Programme 2017. 27 volunteers have received specific training to enable them to provide emotional and social support to patients and their families at home, during a critical time of anticipating loss. Although the funded project has now concluded, we aim to maintain our existing trained volunteers to deliver the same level of service.

Two portable hearing loops are now available for use by patients on the Inpatient Unit and for staff and volunteers who are hard of hearing who attend our training programmes.

Rowcroft User Advisory Group have recruited new members and have renamed their group Your Voice – Inspiring Change. They have supported the hospice in the following: monitoring user feedback via [iwantgreatcare](#); reviewing a post graduate research study, reviewing an application for external funding for a new educational initiative, participating in the local end of life group. Rowcroft are currently supporting further recruitment to the group via a social media campaign. Patients can send their feedback direct to Your Voice.



## Caring

A trial of family focussed complementary therapy was offered. The trial offered 30 minute relaxation sessions every Tuesday afternoon for patients and families for a period of three months. Due to lack of interest this specific trial has ended; however families still regularly access a full range of complementary therapies whenever needed.

Following evaluation of the pilot volunteer 'ward attendant' role on the Inpatient Unit, we have trained some new Ward Attendants. They now volunteer for set shifts, but can also be called when we need them. They benefit from supervision by one of our social workers. In addition, we have developed a volunteer administrator role who provides invaluable support to the team at weekends.



# Our priorities for 2018/2019

Our focus for future developments as we move into 2018/2019 will be:

## Safe

- Collate and benchmark South West hospices quality metrics
- Review Registered Nurse (RN) medicines management training
- Increase access to learning opportunities for continuing professional development

### Outcome Measures

- Completed benchmarking data
- Updated RN medicines management training module
- Report on staff continuing professional development

## Effective

- We plan to start a project to implement iPOS, an outcome tool from the Outcome and Complexity Collaborative (OACC) Suite of Measures
- Implement the first year of our superfluid workforce plan
- Use technology to help us support more patients and their families

### Outcome Measures

- Project plan to implement iPoS
- Progress report on the workforce plan and publication of Hospice career framework
- Plan for implementing the use of technology to enhance community team referrals

## Well-Led

- Implement a weekly communication initiative aimed at all Rowcroft managers. All line managers will be invited to attend and to share with the group anything they're working on; current priorities, achievements, challenges, etc.
- Education plan to be agreed and progressing
- Explore opportunities for staff to engage in quality improvement training
- Recruit a Head of Nursing post to enhance the nursing leadership of the hospice nursing family

### Outcome Measures

- Feedback from managers on communication following SCRUM
- Progress report on implementation of the Education plan
- Report on quality improvement training opportunities
- Head of Nursing in post



# Our priorities for 2018/2019 continued...

## Responsive

- As part of our non-cancer plus plan we will complete the Heart Failure project funded by St James Foundation (Hospice UK) December 2017–June 2019
- Scope and explore the engagement of people with protected characteristics in the development of our services
- Commence a 15 month project supporting our colleagues to develop their skills in advance care planning
- In response to the following feedback “As a long term carer at times I felt I was letting him down through lack of knowledge and confidence. Carers training at Rowcroft would be very helpful, there seems to be little help out there” we have included in our a education plan the development of training for informal carers

## Outcome Measures

- Evaluation report on the heart failure project
- Progress report on ACP project
- Proposal for informal carers training



## Caring

- Implement a pilot project to offer training in mindfulness to people affected by end-stage heart failure
- Listening and Support service maintained

## Outcome Measures

- Patient and family experience of the mindfulness sessions
- Patient/family feedback and number of people accessing Listening and Support service



# Chairman of the Board of Trustees' statement

This report is commendable in that it addresses realistically the challenges of 'continuous improvement' for an organisation already noted for its clinical excellence and which compares favourably with the nationally available benchmarks of quality.

## Patient Safety

Building on our excellent record in this area but without complacency, Rowcroft can evidence patient safety reporting which exceeds the national benchmark, noting particularly our exceptional record in hospice acquired infection rates. Our policy "operating safely" speaks to the Nolan standard of integrity in our operational approach.

## Operating Effectively

This is evidenced by the hospice's ability to demonstrate a culture of listening and of effective response. No organisation is perfect, and those that claim this, fail to recognise the 'risk' of operational blind spots. The executive team have been active in looking for those blind spots, embedding processes and reforms to address identified weaknesses. This is evidenced by the 36 audit programmes undertaken within year.

## Research

The Royal College of Physicians' (RCP) report "Research for all" has highlighted several aspects of the importance of research in the modern-day NHS. The RCP have emphasised that patients in research-active institutions have better outcomes than those in other institutions and are more likely to benefit from earlier access to new treatments, technologies and approaches. Rowcroft has supported qualitative research into specialist areas of practice (oral health) and into the impact of research itself in the palliative setting.

## Well-Led

As Chair of the Board I have complete confidence in the Rowcroft Executive Team led by Mark Hawkins. The turnaround of the Hospice's financial position and the rigorous approach now taken to strategy, delivery plans and budgeting has reduced operational risk for the Charity whilst being mindful of our primary purpose: the provision of best clinical care for patients with life limiting illness.

There is cross organisational acknowledgement of the need to engage support for continued fund raising and awareness in the community and a focus on engaging with and expanding our voluntary workforce. Education initiatives building better understanding between staff, volunteers and trustees; emphasising the ethos of a 'one organisation' approach continue to be successful.

I am grateful to the organisation for its continued commitment to excellence in patient care and commend this report.

**Cathryn Edwards**  
Chairman of the Board of Trustees



Listening

Being friendly

Being helpful

Reassuring me

Showing empathy

Treating  
me at  
home

Being  
patient and  
understanding

Making me  
feel safe and  
supported

Improving my  
frame of mind

Being efficient

Helping  
my overall  
well-being

Helping  
me relax

Providing an  
interlinked  
service

Everything

Your good  
work

Being approachable

Being  
considerate

Caring

Giving me  
confidence  
in you

Nothing  
being too  
much trouble

Providing an  
interlinked  
service

My 'me' time

Being flexible

Showing love and affection

Not being  
judgemental

Being  
kind and  
thoughtful

Giving  
amazing  
care

Improving my  
frame of mind

Enabling  
humour and  
laughter

The continuity  
of care

Letting me  
know I'm  
not alone

Being professional

Always being  
at the end of  
the phone

Giving me  
visits to look  
forward to

Caring for my  
loved ones as  
well as me

Making me feel  
special

Helping me to  
keep going

Improving my  
symptoms

Being there

This 'word cloud' captures all the phrases which were used in all the feedback surveys, thank you letters and questionnaires we received last year. (The larger the statement, the more times the phrase was used).

# Annex

## NHS South Devon and Torbay Clinical Commissioning Group statement:

South Devon and Torbay Clinical Commissioning Group (SDT CCG) is lead commissioner for Rowcroft Hospice and is pleased to provide our commentary for the Trust's Quality Account for 2017/18.

SDTCCG has taken reasonable steps to corroborate the accuracy of data provided within this account. We have reviewed and can confirm that the information presented in the Quality Account appears to be accurate and fairly interpreted, from the data collected regarding the services provided.

### Looking Back

We were pleased to support the quality priorities selected by Rowcroft last year in particular the system wide approach to developing quality metrics for hospice care which will allow for a consistent approach to measurement and assurance.

Throughout 2017/18 we have seen much positive work around the five year strategy for patient care services including a workforce plan for staff and volunteers. We look forward to seeing the year one rollout in 2018/19. We have seen improvement as a result of workforce priorities last year including improved rate of appraisals.

The new volunteer led Listening and Support Scheme (LaSS) demonstrates a caring and compassionate approach to supporting families and we commend Rowcroft on taking this initiative forward into the future.

### Looking Forward

We are happy to support the quality improvement priorities Rowcroft has developed and are pleased to see collaborative working with Torbay and South Devon Foundation NHS Trust, (TSDFT) to pilot the Heart Failure Project. This integrated approach in identifying people with end stage heart failure who may benefit from hospice services will greatly improve patient experience for our population. This will be complemented by the care priority offering mindfulness to patients affected by end-stage heart failure.

We are pleased to see work to improve staff engagement with weekly communication and the opportunity for staff to come together to share best practice.

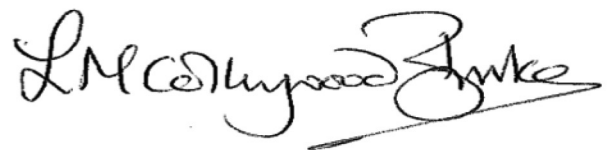
### General Comments

It is positive to note a reduction in falls incidents and an open culture of incident reporting. It is also pleasing to see that Rowcroft continue to report no hospital acquired infections. The work facilitated by the South West Academic Health Science Network (SWAHSN) is a great step to understanding the organisational culture which will in turn promote patient safety.

Quality Accounts are intended to help the general public understand how their local health services are performing and should therefore be clear and readable. Rowcroft has produced a comprehensive understandable Quality Account which is simple to understand and clearly set out.

Our requirements as a CCG are to gain continual assurance that providers are demonstrating safe, high quality care for all and by working in collaboration with Rowcroft we are able to gain these assurances and hope to maintain this collaborative relationship.

Overall we are happy to commend this Quality Account and Rowcroft for its continued focus on quality of care, patient safety and a positive patient experience.



Lorna Collingwood-Burke

Chief Nursing Officer/Caldicott Guardian

Northern, Eastern and Western Devon & South Devon and Torbay Clinical Commissioning Groups

# Annex

## Healthwatch Torbay statement:

Healthwatch Torbay is the local consumer champion for 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 the use of digital and social media. We use the knowledge we gain to report on the quality of the care people receive. We know that this is valued and used to improve future care.

Quality Accounts are intended to give the public a clear understanding of what the organisation considers should be done to be successful in providing the best care. This Account communicates these issues in an understandable and easily read way. It also shows how the views of patients, carers and volunteers are listened to and used to plan future developments. The response to the request for informal carer education is a perfect example of action taken by this approach as it reflects the only negative comment about Rowcroft Hospice received by Healthwatch Torbay this year. Overwhelmingly the public are appreciative of the staff and volunteers' knowledge, experience and caring. We, also have benefited from their willingness to share knowledge with other organisations. This has improved our insight into what good experience of care means in life-limiting illness and at the end of life.

This year the Quality Account reads as coming from a confident organisation that has understood and addressed the challenges and financial risks of last year. Overall we consider that the Quality Account presents a realistic overview of the performance and intentions for Rowcroft Hospice and identifies appropriate internal controls and assurances.



# Annex

## Torbay Carers Association:

It is great that after Rowcroft's difficult decisions of previous years, they have been able to maintain the high-quality services for which they are renowned. As the manager of services for unpaid Carers, and knowing that many family members do not see themselves as 'Carers', it is very encouraging for me to see that 'family' is at the centre of Rowcroft's five-year strategy, with their vision 'to make every day the best it can be for all the patients, and their families, living with life-limiting illnesses in South Devon'. We look forward to working with Rowcroft to enable their plans for Carer training to reach as many people as possible, and to support all Carers in planning ahead for end-of-life care.

