

Quality Account

2018/2019



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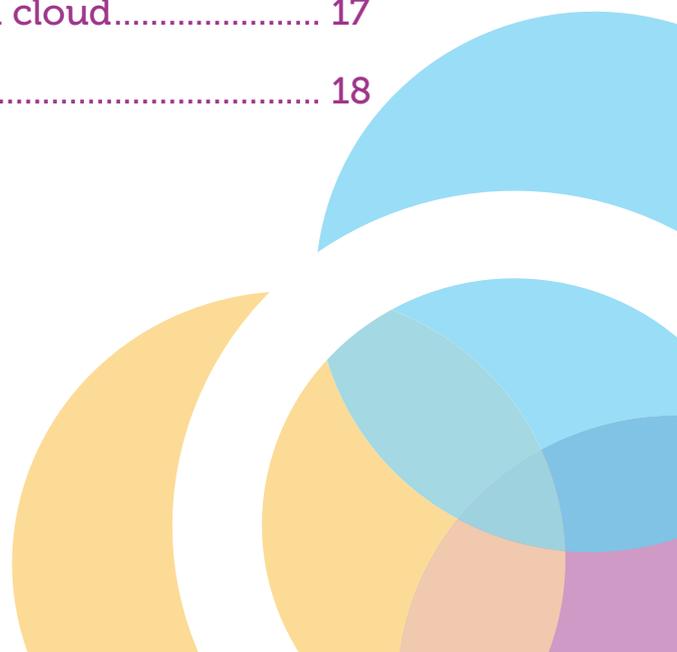
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Rowcroft Hospice Quality Account 2018/2019

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Chief Executive's Introduction

Last year we mapped out a Strategic Plan to increase care to more patients, maintain the highest standards of patient care and deliver on our vision to make every day the best it can be for all patients, and their families, living with life limiting illnesses in South Devon.

Although we are only twelve months into our new strategic plan I am pleased to report that we are progressing well.

In particular we:

- Have provided care to more patients and families than in the previous year – a 4% increase meaning we supported 2082 individuals across South Devon, whilst maintaining exceptionally high standards of care and consistently excellent feedback (4.91 out of 5 overall for all our services, patients and families feedback), with 99.6% of people using our service who would recommend us. Last year our Community and Hospice at Home Teams conducted a total of 9,526 visits and 12,117 telephone calls in relation to patients referred to our service.
- Managed to deliver a strong financial surplus, which was no mean feat given the tough trading conditions our Fundraising and Retail Teams faced. Financial stability is a key objective of the strategic plan and we are definitely moving in the right direction.
- Launched our Non-Cancer Plus project in association with Torbay and South Devon NHS Foundation Trust, which has seen a significant increase in referrals of non-cancer patients.
- Increased the level of communication across the organisation with a range of new initiatives.
- Developed a new model of spiritual care following a cross-organisation working party.
- Launched our End of Life Ambassador programme, which has been an amazing success.
- Responded quickly to the challenging fundraising and retail markets with new and updated initiatives, including a really successful new event, The Male Trail; new goods and lottery in the shops; bolstered our clinical leadership with the appointment of a new Professional Lead / Deputy Director of Patient Care and a new full time Hospice at Home manager; a revamped Sleep Walk; more face to face community and corporate events; and put a greater focus on generating income through trusts and grants.
- Successfully enhanced all mandatory training with the support of South Devon and Torbay NHS Foundation trust's online platform; dramatically enhanced our digital marketing; started to re-invest in our IT infrastructure; and relaunched our Bright Ideas scheme.



Chief Executive's introduction continued...

I am incredibly proud of the way our Clinical and Commercial Teams have embraced these changes and come together. We have achieved so much. We do have an amazing team of staff and volunteers, and healthcare partners. It is also so rewarding to see this recognised by winning the Gold award for Community Support, and Bronze for our Medical Director for Excellence in End of Life Care, in the Devon and Cornwall Outstanding Care Awards.

We cannot be complacent though and there are many challenges facing us today and over the next twelve months; for example, the increased demand for our care, the economy, the complexity of managing a diverse workforce and the fierce competition for every charitable pound.

Our future plans will help us address these challenges head on. Within the next year we will have:

- Prepared a plan to expand our Hospice at Home service to care for more patients – we estimate another 290 patients per annum by 2023/24.
- Provided the Community and Hospice at Home Teams with access to tablets to enable them to access patient records in real time whilst with a patient.
- Implemented the recommendations of a review of staffing at our Inpatient Unit in order to manage the increased complexity we are experiencing and forecast to continue.
- Implemented SystmOne as our new patient care system to enable us to connect with our health care providers such as GPs and district nurses, enhancing connectivity and coordination of care for our patients.



- Continued to invest in income generation through new events and new shops.
- Embedded new Human Resources activities to support our people.
- Launched a new revamped intranet to improve communication even further.

There is no doubt that this is going to be another year of change and I am sure there will be challenges to overcome, but I know that by working together with our community we can deliver another fantastic year for our patients, our staff and volunteers and also continue to build the solid foundations for generations to come.

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

Mark Hawkins
Chief Executive of Rowcroft Hospice



What our organisation is doing well

Operating safely

We continue to fulfil our five Sign up to Safety pledges, putting safety first, continually learning from incidents, being honest with our patients and families, collaborating with others to improve safety and supporting patients and staff when things do go wrong.

Safety improvements in our Inpatient Unit this past year includes purchasing 12 recliner chairs with 8 dynamic air cushions and a new lateral-tilt mattress to further support the prevention of pressure ulcers. Over this past year we have worked with other hospices across the South West region to develop a set of quality metrics and begin benchmarking against these. We will use these quality metrics to explore differences in quality outcomes and learn from colleagues in quality improvements made. We continue to submit data nationally to benchmark Rowcroft's performance with over 100 other hospices across the UK via Hospice UK.

Our incidents of falls for the past year increased from 8 per 1000 bed days to 9.2 per 1000 bed days, however this remains below the national hospice average of 10 per 1000 bed days. Our

medication incident rate has decreased from 7.2 per 1000 bed days to 6.9 per 1000 bed days; this remains below the national average of 10.5 incidents per 1,000 bed days. Medication incidents were related to issues such as: several documentation errors or omissions in the Controlled Drugs book, a mechanical error with a Subcutaneous syringe pump, which resulted in leaking infusion of medications. Registered nurses receive annual updates on Medication management and controlled drugs.

Guidance on the submission of benchmarking data relating to Pressure Ulcers (PUs) has recently been reviewed by HospiceUK against the new guidance from NHS Improvement. Pressure Ulcers categorised as 1 (very early signs of an ulcer) and above will be captured and Deep Tissue Injuries (DTI's) will not be included unless they are reassessed at any point and found to have become a PU and categorised accordingly. Data for 2019/20 will be submitted accordingly under the new guidance.

In this ninth quality account we can report that for the ninth year running no patient has suffered a hospice acquired infection. Torbay and South Devon NHS Foundation Trust continue to support us with infection prevention advice and our new Professional lead now leads on infection prevention with support from two infection prevention link nurses. We continue to audit our environment regularly and hand hygiene audits are conducted monthly. We have planned to undertake PLACE (Patient-Led Assessments of the Care Environment – lite version) in June 2019.



Response to the Gosport Inquiry

We reviewed our clinical governance following the publication of the Gosport War Memorial Hospital Independent Panel Report. We were able to offer our Board of Trustees assurances of effective governance in place to prevent premature deaths at Rowcroft. We already have a Whistleblowing policy in place and are signed up to 'SpeakoutSafely' campaign. In addition, we have appointed our Head of Human Resources and Organisational Development as our Whistleblowing and Freedom to Speak Up Guardian.

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). Two patients suffered moderate harm, which following investigation was found to be unavoidable.

Learning from deaths

Following the introduction of 'Learning from deaths' report in 2017, the hospice Inpatient Unit review all deaths of patients dying on the ward at twice weekly MDT meetings. All staff have the opportunity to 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. If a formal review of the death is thought to be required, this is recorded. The outcomes of these reviews are captured in an Excel spreadsheet and will be reported to the quality and patient safety committee on a six-monthly basis.

Caring

"They were the light at the end of a long, dark tunnel, the help and reassurance they offered made it possible to carry on."

(Hospice at Home family feedback)

Following a substantial review of our Spiritual Care provision following the retirement of our chaplain during the past year, a new Spiritual Care model has been developed by an across-organisational task and finish group. This will see the introduction of an all-inclusive model of spiritual care to be led by our newly appointed Spiritual Care Specialist, and the adoption of a set of competencies in Spiritual Care for all staff.

We have undertaken some work this year to better understand the needs of people with protected characteristics. We are now collating information from patients about their characteristics to help inform care planning.

We have also undertaken an internal training project to explore the training needs of staff in relation to hard-to-reach people groups (for e.g. LGBT, autism, travellers). This project resulted in a paper and recommendations for staff training to senior management board – including an information hub, which is to be piloted by an initial small group of staff.

In 2018, we were nominated and won the Gold award for Community Support in the Devon and Cornwall Outstanding Care Awards. In addition, our Medical director was awarded Bronze in the same awards for Excellence in End of Life Care.



Effectiveness

We continue to use iWantGreatCare to invite patients and families to feedback about their experience. Our overall score for all our services for the Friends and Family test was 4.91 out of 5. 99.6% people using our services would recommend the hospice to family and friends if they required hospices services. We also received more than 190 thank you cards and letters. Patients feedback is represented in the Word Cloud (Appendix A).

Evaluation of our Hospice at Home service demonstrates that of the 398 individuals who received care from Hospice at Home in the last year only 2 were admitted and died in hospital. 88% of patients who received care died in their preferred place of care. 39% patients receiving care had a non-cancer diagnosis. In addition, one of our Hospice at Home sisters was nominated and awarded 'Carer of the Year' by a local radio station.

We have completed 26 clinical audits this past year on the following topics: infection prevention, consent, documentation, duty of candour, oxygen, prevention and management of pressure ulcers, medicines management, referrals, VTE prophylaxis etc. Several

improvements across areas were made because of these audits, for example:

- Infection Prevention: It was identified that a Standard Operating Procedure for temperature control in Cedar (our Chapel of Rest) was found to be required and this is in progress.
- Checking of Lifeline Equipment: Robust processes have been put in place to ensure checks are completed when designated staff are on annual leave.
- Skin Assessment and Documentation of Pressure Ulcers: Changes were identified in line with recommendations from NHS Improvement to ensure consistency in reporting across all healthcare settings.
- Development and implementation of a target operating model for standardising clinicians' documentation in patients' electronic records.

Several new clinical audits have been identified and agreed for the Audit Programme 2019/20 to benchmark with other hospices regionally.

"Nothing was too much trouble so my husband was able to pass away in a dignified and peaceful manner in his own home with family around him. The nurses were so caring with every consideration given for my husband's well-being and comfort together with great support for the feelings and concerns of myself and family. I do not think my husband could have received better care and compassion anywhere else"

(family member feedback)

Research

This year clinical team members took part in a national survey of community palliative care and a national survey of carer assessment and support. In addition, the hospice was involved in inviting patients to take part in a post-graduate dentist research project on oral care.



Well-led

We appointed a new Hospice at Home Manager this past year whose redesigned role includes 30% of her time dedicated to clinical support, enabling additional clinical cover for sickness at short notice and when the caseload is high.

A new post of Professional Lead/Deputy Director of Patient Care and three new trustees were recruited in early 2019. This has added additional senior leadership to our organisation, securing our organisation for the future. One of our senior managers is undertaking a digital leadership course to ensure we look at the digital landscape for now and the next five to ten years.

We continue to offer strategic leadership in palliative and end of life care via Torbay and South Devon End of Life Care Board, across Devon via the STP/Devon NHS CCG and across the South West hospices. Our director of patient care has also been a member of Torbay Council's Creative Leadership Steering Group, supporting the successful implementation of a project enhancing the leaderships skills of local Care Home managers.



Responsive

"Took the pressure off during the last hours. Comfort in knowing someone else caring, not only for my partner but also for me. Made everything easy by taking over procedures at the end."

Our 2018–2023 strategy includes making use of technology to enhance our effectiveness and responsiveness. We have trialled mobile technology in patients' homes with a view to all our Community Team having mobile technology in future. Mobile technology will support us with compliance to GDPR and help us become more responsive by enabling real-time input into patients records, the use of mobile apps for reference and information for patients and their families, and connectivity with patients GPs and others involved in the patients care.

As part of implementing our non-cancer plus strategy this year we have had the privilege of hosting Torbay's Purple Angel Day Care, which meets every Friday at Rowcroft in Rainbow House and provides a safe and pleasant space for people with dementia to enjoy a variety of social activities.

In response to bereaved family feedback and in collaboration with community nursing services we have developed a shared diary, where families can record their assessment of a patient's symptom's for use in the Hospice at Home service.

Education

Rowcroft education service continues to be the main lead and provider of end of life education in the locality and has an enduring reputation for high quality, free, relevant face to face education.

In 2018/19 1,345 health and social care staff including some volunteers received training on an array of end-of-life care topics including: advance care planning, symptom management, spiritual care, decision-making and communication skills. We were also able to offer work placements within clinical teams. At least 46 health professionals joined us; our medical team alone enabled 128 days of placement time with them to share expertise and improve care for patients and families beyond Rowcroft's direct services.

The Peninsula Medical School rated the clinical teaching at the hospice "as an excellent placement". In addition, for core medical training Rowcroft received excellent across all quality categories.



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
- Injury and 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 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 1/04/2018 and 31/03/2019 were:

- Community: 1,598
- Hospice at Home: 439
- IPU: 329
- Bereavement and Listening and Support Service: 186

Our Community and Hospice at Home Teams conducted a total of 9,526 visits and 12,117 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 ; 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'.

Progress on last year's priorities

Safety

Completed Benchmarking Data

We are now benchmarking our incidents, patient feedback and other quality improvements against our agreed quality metrics with the other hospices in the SW. This has provided a forum for debate, sharing of learning and peer support.

Report on staff continuing professional development

We are thrilled to report that we have been able to support 5 of our staff to undertake a module in palliative care at Degree or master's level this past year and one member of staff is undertaking training in Cognitive Behavioural Therapy. In addition, a community nurse

specialist completed a non-medical prescribing course and is now an active prescriber. A Health care assistant has undertaken an apprenticeship at level 3 and an occupational therapy technician is working towards a foundation degree. In addition, we have reviewed our internal staff training needs in relation to supporting people from hard to reach groups. Following a project to review available materials for training we now have a plan for implementing these.

Updated Medicines Management Module for RN's

This e-learning module has been reviewed and updated.

Effective

Project plan to implement iPoS

A multidisciplinary project steering group led by our specialist registrar have been working towards implementing the iPOS (palliative care outcome scale) which is one of the key tools in a suite of measures to report on patients' outcomes of care and treatment. The project team are now in pilot phase on our Inpatient Unit. It is already having positive effects in helping patients identify the needs that are most important to them or give them greatest concern, which supports the Inpatient Team to effectively plan their care and management.

Progress report on the workforce plan and publication of Hospice career framework

A hospice clinical career framework (adapted from SkillsforHealth) was developed and included in our revised education policy. It fits with our revised pay structure and

provides guidance to staff on how they can progress their hospice career and the types of qualifications or training they could seek to engage in.

Plan for implementing the use of technology to enhance Community Team referrals

We have agreed a plan to implement SystemOne in 2019–20, an electronic record system that will allow us to connect with other health care providers such as GPs and district nurses, enhancing connectivity and coordination of care for patients. Therefore, we will be providing our Community Team with appropriate electronic devices that enable them to connect to each patient's electronic record in the patient's home. The technology will also enable use of apps, digital signing of forms, information sharing and other useful tools to enhance and provide more streamlined documentation.

Well-led

SCRUM

Our middle managers have benefited from short 'standup' meetings to share information across the organisation about new initiatives and progress on these. These are continuing on a rolling week-day programme.

Education Plan

Following development of our 5-year strategy we have developed an education plan that will support us in growing our offer of education to health and social care professionals across the Torbay and South Devon area. We are now able to offer on-line bookings for our courses, new programmes and education projects bespoke to the needs of those who require training. One of these new initiatives was a project in collaboration with Torbay and South Devon NHS Foundation to train 29 ambassadors in end of life care. This successful programme of 4 training and network days and a quality improvement project of the ambassador's choice in their care setting enabled us to skill up

staff from different care settings across South Devon (care homes, hospital wards, community nursing teams).

Report on quality improvement training opportunities

The senior patient care team undertook webinar-based quality improvement training via HOSPICE UK and used this to support our heart failure project. We have explored opportunities for staff to include quality improvement projects when they undertake our education programmes. We will be working with local quality improvement leads to provide further opportunities for staff training.

Head of Nursing post

We reviewed our needs for additional nurse leadership and created a new post of Professional lead – Deputy Director of Patient Care. We successfully recruited to this post and the postholder commenced in Jan 2019.

Caring

Patient and family experience of mindfulness

Rowcroft's Complementary Therapists have been offering mindfulness training on a one to one basis to patients with heart failure, and for some this was also with their spouse. Although only small numbers of people engaging in this therapy so far, feedback includes bringing a patient/spouse closer together, and discussions about its use in pain management.

Patient/family feedback and number of people accessing Listening and Support Service (LaSS)

Over the past year the LaSS service is run by trained volunteers alongside the psychological support provided by our Community social workers, has supported 59 people, mostly

patients and some family members. Feedback has been positive with comments such as:

"Companionship, a little break in the week, someone non-medical, looked forward to someone coming in to talk to - nice to be able to reflect on the conversations between sessions."

"Just being able to chat to someone - it took my time off my illness and medication. It was nice to think about something else for an hour."

Responsive

Evaluation report on heart failure

The project aimed to increase access to hospice and supportive care services for people with end-stage heart failure. The final evaluation of the project will be available from June 2019. The project has already increased the number of people who have been able to access hospice and supportive care services. A new Supportive Care Multidisciplinary Team meeting was established as part of the project, which means people with end-stage heart failure are discussed jointly by their cardiologists, heart failure nurses, Rowcroft Hospice community nurse specialists and other professionals, and members of the Hospital Palliative Care Team. The discussion often leads to these patients getting the support they need and care planning to anticipate their future needs. A patient information leaflet is also signposting patients appropriately.

Progress report on Advance Care Planning (ACP)

We successfully applied for funding from Macmillan Cancer Support to undertake a project to test a Rowcroft designed Brief Intervention in Advance care planning with a group of 24 nurses from across Torbay and South Devon. Early signs are demonstrating that the training provided and the intervention itself are supporting nurses to have the confidence to initiate conversations with patients about planning ahead. This project continues into next year and we will report on final outcomes in our next quality account.



Proposal for informal carers training

This year we have added a suite of 400 health and care training videos for carers to our website (<https://videos.rowcrofthospice.org.uk/>). These videos provide information on different topics to support carers in caring for their loved ones at home.

In addition, in 2019 we will be providing hospice Community Team nursing input into an Alzheimer's Society pilot of a training course designed specifically for carers of people with later stages of dementia.



Our priorities for 2019–2020

Our focus for future developments as we move into 2019–2020 will be:

Safe

- We will review IPU nurse staffing due to a recognition of increased complexity and dependency of patients and our high bed occupancy, which averaged 90% for this past year.
- We will review IPU taped handovers between shifts based on staff feedback.
- We will review how we monitor and budget for replacement of IPU equipment.

Outcome Measures

- Review of IPU nurse staffing paper to Board and implementation of an enhanced staffing model for our Inpatient Unit.
- Audit of nurse handovers with recommendations for best practice.
- IPU equipment replacement programme submitted annually as part of the budgeting process.



Effective

- We will pilot the use of the iPOS (integrated patient outcome score) which is part of a suite of measures recognized nationally.
- We will stop using our current electronic record system and implement SystemOne, an electronic patient record system that will allow us to connect with over 60% of local GP practices and some community nursing services.
- We will invest in mobile technology for our community workforce.

Outcome Measures

- Results of the pilot of iPOS.
- Implementation of SystemOne by all clinical teams.
- Mobile technology in use by community team members.



Responsive

- Future enhancement of Hospice at Home service will be planned to respond to increasing demand.
- We will continue to participate actively in the Supportive Care MDT for patients with heart failure.
- We will pilot the use of music therapy to enhance the quality of care for patients in the hospital setting.

Outcome Measures

- A business plan with recommendations for enhancing the Hospice at Home service.
- Attendance record at the Supportive Care MDT for patients with heart failure.
- Report on the pilot of music therapy in-reach into the hospital.

Well-led

- We will further develop clinical competencies for registered nurses.
- We will write a strategy for expanding non-medical prescribing.
- We will evaluate our new temporary deputy IPU manager posts and agree a future leadership model for our Inpatient Unit.

Outcome Measures

- An agreed set of clinical competencies and progress towards implementing these.
- A published strategy for NMP presented to senior management board.
- An agreed new model of Inpatient Unit nurse leadership.



Caring

- We will implement the new Spiritual care model.
- We will rename and refurbish the old chapel into a spiritual space that is inclusive for all faiths and none.
- We will invite bereaved families to participate in an adapted version of FAMCARE (a national survey) twice a year to gather their views about Rowcroft's care of their loved ones and themselves.

Outcome Measures

- Progress report on implementation of spiritual care model.
- New name and refurbished spiritual space.
- Results of 2 FAMCARE surveys and any recommendations for improvement.

Chair of the Board of Trustees' statement



I applaud both the rigour and candour within this Quality Account, it captures the finite balance always needed in our patient care and management of the busy hospice environment.

It is this environment which fosters continuous learning and quality improvement at all levels, within our Inpatient Unit and our outreach teams of community and Hospice at Home.

As an organisation we are acknowledged for our clinical expertise and we compare favourably with the quality benchmarks across the national hospice communities.

Patient safety

We continue to maintain high standards of patient care which is evidenced not just by our own internal clinical measurements but by the national benchmarking metrics.

Operating effectively

The team continues to demonstrate its ability to listen and respond effectively, gathering feedback from our patients and their families to ensure we are providing the appropriate levels of care with respect and dignity. It is this feedback which enables the continuous development of both the services and training and development we provide.

Research

Baroness Julia Neuberger – Chair of the Consortium for Hospice and Community Research

"There is a clear need for more evidence to underpin and develop palliative and community-based clinical practice. It is encouraging to see that the number of research active hospices across the UK is growing year on year. The consortium aims to make the UK a global leader in hospice and community research by 2022."

Rowcroft is an active contributor to the valuable, rigorous research needed to improve patient care into the future

Well-led

In line with our strategic aims, the leadership team have evaluated the skill levels required within the hospice to take us into the future and I have been delighted by the calibre of a number of key appointments made within the diverse teams this year. The strategic leadership in palliative and end of life care is immensely gratifying for the Rowcroft community and the board recognises this achievement.

The staff and volunteers within the Rowcroft family work seamlessly as a team across our services and it is this great team who embody our vision of "making every day the best day possible for patients and their families in South Devon"

I am proud of the organisation for its continued commitment to high quality patient care and advocate this report on behalf of the Board of Trustees.

Sally Bryant
Chair of the Board of Trustees

Appendix A

Rowcroft patient feedback word cloud

Listening
 What a team
 Professional
 Wonderful support
 Keeping us informed
 Excellent coordination
 Couldn't wish for better
 Gentleness and understanding
 The nurses were fantastic
 Treatment helped my pain
 Over and above
 Nothing is too much trouble
 I could not praise you all enough
 They were amazing, they looked after me
 Loving care by everyone
 Allowed me to talk freely
 Like best friends
 Kindness

Wonderful
 Excellent Care
 We felt supported
 Made to feel special
 Can never be forgotten
 Caring and discreet
 Attentive and considerate
 Helpful and kind
 First class care
 Thank you
 We never felt on our own

Love
 Patience

Caring



Annex

Healthwatch Torbay response to Rowcroft Hospice Quality Account 2018/2019

Healthwatch Torbay is the independent local champion for people who use health and social care services within the localities of Brixham, Paignton and Torquay. Our role as a critical friend gives the opportunity for our representatives to contribute to service development by bringing our independent knowledge of local people's experience of their health and care service.

As the content of the Quality Account clearly shows, Rowcroft Hospice is passionate about sharing their knowledge and experience to ensure excellent palliative and end of life care. The report shows optimism about the future growth of the organisation supported by good leadership, quality research and education and knowledge of how the landscape of care is changing. There is recognition that care at home is as challenging as inpatient care and needs the right resources in place, so we are pleased to note the proposal for informal carers training, which is a significant development with the documented growth of our ageing population supported by family members.

This Quality Account gives a strong message that Rowcroft Hospice is integrated within local statutory health and care system with a valued role in professional training and service improvement for the whole system. Healthwatch Torbay has had the privilege of contributing to Rowcroft Hospice pilot studies, which give a unique insight into what matters to patients and the knowledge that can improve the confidence of the caring professions to address this.

We have no recent patient or public feedback to report from our own experience gathering methods, which probably indicates a future area of further co-operation. The "word cloud" and comments in the Account showed a positive public response which is encouraging and confirms the effectiveness of the organisational strategies.

Overall we consider that the Quality Account presents a realistic overview of the organisation's performance and identifies appropriate internal controls and assurances.

Healthwatch Torbay 2019

Annex

Rowcroft Hospice Quality Report Commentary 2018/19

NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) & South Devon and Torbay Clinical Commissioning Group, (SDT CCG) (as of 1st April 2019 known as 'NHS Devon CCG') would like to thank Rowcroft Hospice for the opportunity to comment on its quality account for 2018/19. Rowcroft work with the local Health and Social Care System to provide a range of integrated community, out-patient and in-patient services across South Devon and Torbay. 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 2018/19 period.

During 2018/19 we recognise that there have been some challenges for Rowcroft, many of which are being addressed through their Strategic Plan. These include: continuing to meet the demands of the local population for both community and inpatients' services, facilitating their staff to receive the appropriate mandatory training, ensuring they continue to maintain the high standards reported by patients, families and their monthly data.

We recognise the work undertaken by Rowcroft with regard to learning from deaths following national guidance released in 2017. The inpatient team now review all deaths at their multidisciplinary meeting that occurs twice a week. This involves open and honest discussion in the team about what went well and what could have been potentially better. This ensures standards are maintained and highlights areas for potential improvement.

We also recognise the increased drive nationally to support more patients in the community and give them the best opportunity to die in

the place of their choice. Rowcroft continue to work with patients and their families to best achieve their wishes and last year 88% of patients receiving support from Rowcroft Hospice at Home died in their chosen place of care with only 2 out of 398 individuals being admitted and dying in hospital. This demonstrates patients and families having greater control over their circumstance leading to a more positive experience for those involved.

It is also noted the work that Rowcroft has undertaken and will be continuing over the coming year regarding their new Spiritual Health model. This involves renaming and refurbishing the old chapel into a spiritual space which is inclusive, and for, all faiths and none. This work will also include continuing the training available on spiritual care.

The Quality Account highlights a number of positive results against key objectives for 2018/19. These include:

- **Continued Development of Training Structure:** Rowcroft continues to develop and provide training, expertise and insights on best practice in palliative and end of life care. This training is not just on offer to its staff but also other local providers and residents. This is evident in the fact that their care home facilitator delivered bespoke training to 207 carers and care home staff in the last year. Rowcroft continue to work with Torbay and South Devon End of Life Care education Group to develop and provide training across the area.
- **Investment in Technology:** With the continued increase in demand for palliative care services in the community, Rowcroft are investing in technology to support both their service users and staff. The provision of hand-held tablets, the integration of SystemOne (electronic notes) and the development of online facilities all increase the efficiency and accessibility of the service. SystemOne is used by approximately 60% of local GP Practices so will allow for more effective communication. The development of online services will also give patients and their families further options in terms of support and easy access to support information.

- The use of patient and staff feedback: Rowcroft continue to encourage and receive feedback from patients, carers and staff. Rowcroft continue to receive very positive friends and family results with 99.6% saying they would recommend the service and an average score of 4.91 out of 5 overall. This demonstrates excellent work by all those involved at Rowcroft in providing care to those going through likely challenging times in their lives. Staff are also given regular opportunities to reflect, debrief and feedback on how services are running or if they feel there are any areas for particular improvement.

- Safety Programme: Other improvements to Quality stated in the report are noted, with reference to the ongoing development of a number of safety initiatives including the provision of specialist chairs with in built pressure relieving equipment and changes in the way skin assessments and pressure ulcers are documented. Rowcroft were involved in 26 clinical audits last year and have demonstrated learning and action from these. They have an agreed clinical audit programme for the coming year demonstrating a continued desire to review, learn and improve.

Rowcroft aspire to continuous improvement with quality being one of the foundations of the organisation which is clearly evidenced within this quality account. We can confirm it reflects our experience as commissioner.

The NHS Devon CCG looks forward to working with Rowcroft Hospice in the coming year, in continuing to make improvements to the quality of the services provided to the people of Torbay and South Devon.

Lorna Collingwood-Burke

Interim Deputy Chief Officer/Chief Nursing Officer/Caldicott Guardian

NHS Devon Clinical Commissioning Group. Chair of the Nurse Forum and nurse representative on the national board, NHS Clinical Commissioners.

Commentary provided by Healthwatch Devon in response to the quality account 2018/19 produced by Rowcroft Hospice

Healthwatch Devon welcomes the opportunity to provide a statement in response to the quality account produced by the Rowcroft Hospice for the year 2018/19. Our statement is based on our knowledge of the Trust and its services and on the feedback we have received about the quality of the services Rowcroft Hospice provides.

Over the past year Healthwatch Devon has not recorded any concerns or complaints from the public about the quality of the services provided by Rowcroft Hospice.

Healthwatch Devon supports initiatives that promote an organisation's desire for a consistently high-quality approach to patient safety, clinical effectiveness and patient experience. I recognises the progress Rowcroft Hospice has made in the areas of collaborative working, quality metric development, staff development, medicines management and extending the services provided by Rowcroft's Hospice at Home service.

Healthwatch Devon is looking forward to reviewing the improvements in the chosen priorities that will reflect in the delivery of Rowcroft's services for 2019/20.