

Rowcroft Hospice Quality Account 2022–23



rowcrofthospice.org.uk

Telephone
01803 210800



Registered Charity No: 282723

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Chief Executive's introduction



Our core purpose remains unwavering: to make every day the best day possible for our patients, and their families, living with life-limiting illnesses in South Devon. This purpose has become the unbreakable bond that unites us as a hospice, extending our reach to embrace healthcare colleagues throughout the South West.

In this post-COVID era, we have continued to encounter formidable challenges with the cost of living crisis, sickness, and staff shortages. Despite these hurdles, our care teams have stood resolute, steadfast in their commitment to deliver the highest levels of care to our cherished patients.

I am immensely proud of the unwavering compassion, strength, and profound devotion that permeate every corner of our hospice. Our nurses, doctors, healthcare professionals, and dedicated commercial and support staff and volunteers have displayed boundless empathy, not only towards our patients but also towards each other during these trying times.

Amidst our tireless pursuit of excellence in care, we remain pertinacious in our dedication to ensuring patient safety and the well-being of our invaluable staff and volunteers. This commitment takes precedence above all else. To this end, we have taken concrete steps:

- Our clinical teams have forged a cohesive unity, providing care across all areas, precisely when it is most needed.
- We have launched a recruitment campaign for registered nurses which entices talented individuals from distant corners by offering relocation opportunities to the South West.
- We have set up a ground-breaking bursary scheme in collaboration with the University of Plymouth, welcoming aspiring student nurses to join us. This September, the first registered nurse under this program will join our ranks.
- We are exploring international nurse recruitment, seeking to expand our horizons and strengthen our team.
- We have invested in new leadership for our Inpatient Unit and this has already resulted in a comprehensive cultural review empowering our teams to devise their own plans, fostering a harmonious, high-performing unit.
- We have proudly launched a new community strategy, uniting our community's multidisciplinary teams under a common purpose.
- We have introduced weekly reviews of patient safety incidents in order to instil a culture of learning from unexpected outcomes.
- We have rolled out our new Patient Safety Falls Prevention Policy, which has included improvements made to our risk assessments for falls and bed rails.
- We have introduced 'reflection and learning from incidents' groups to examine recurring themes in incidents and to seek opportunities for improvement and growth.
- We have introduced a new medication information board to highlight important guidance staff might need.
- We have implemented a new Nutrition and Hydration Policy and Standard Operating Procedure alongside new and improved personalised documentation within our care plans.
- Our doors stand open to all, regardless of diagnosis, ensuring that our compassionate care reaches every corner of our community, as evidenced by hosting the Motor Neurone Disease Support Group.
- We have conducted 61 clinical audits, a testament to our unwavering dedication to quality improvement, both on a monthly and annual basis.
- A Quality Manager role has been established, bolstering our commitment to patient safety, enhancing the overall experience, and elevating clinical quality.
- The unveiling of our Learning and Development Strategy signals our strong desire to nurture personal growth, thereby realising operational excellence.
- True to our ethos of community service, we continue to offer free educational services to our community, with an astonishing 124 learning events attended by 1134 eager learners.
- In our pursuit of inclusivity and representation, we have established an organisation-wide forum, led by one of our esteemed trustees, providing a platform for staff to shape our path. Furthermore, we will provide comprehensive training on equality, diversity, and inclusion. As we embark on this journey, we are thrilled to have received funding to ensure equitable access to our services for the homeless community, an embodiment of our caring spirit.
- Restorative practice is being seamlessly woven into the fabric of our teams, fostering a culture of collective and individual accountability for our actions.

It brings me immense pride to announce that, once again, no patient has suffered a hospice-related infection in the past year. Our commitment to improving our service remains unyielding as we tirelessly benchmark ourselves against other South West hospices, ensuring that we constantly deliver the best care possible. We are also preparing to implement the new NHS Patient Safety Framework to strengthen our commitment to patient safety even further.

Technology continues to encroach upon every aspect of our lives, and we have embarked on an endeavour to transition all paper bedside care plans to our electronic patient records system, SystmOne. This transformation will empower our teams to document care records in real time, right at the patient's bedside, fostering unparalleled efficiency and accuracy.

The outpouring of support from our community during these challenging times fills us with profound gratitude. We eagerly anticipate working hand-in-hand with the newly formed Integrated Care Board, forging a partnership that ensures individually tailored end-of-life care, guided and supported by every corner of our community.

In conclusion, I extend my sincerest gratitude to all who have stood beside us, enabling us to provide solace and compassion to those who need it most. Together, we forge a future that knows no bounds in the pursuit of dignified and compassionate care.

Thank you.

Mark Hawkins

CEO, Rowcroft Hospice



What our organisation is doing well

“Thank you sincerely to all staff that gave my loved one the love and care that was shown to him. I too received the best comfort anyone could wish for. It was my wish to have him at home; I felt everything and more was done to achieve this. Every one of you will always have a place in my heart.”

Operating safely

As we reflect back on the past year, we look at the unpredicted challenges we have faced post the COVID pandemic, centred around staffing shortages and the continued vigilance and personal protective equipment (PPE) requirements. Over the last year we have seen an overall decrease in patient safety incidents (PSIs), taken in the context of increased admissions to the Inpatient Unit (IPU). Our clinical teams have worked devotedly to ensure the services were maintained despite a lower number of staff, and their resilience and creativity has shone throughout this period. New leadership in the IPU was in place from January 2023, and a cultural review was commissioned to ensure it was in a strong position and future-proof. Positive actions came out of the review, supported by the teams, and these actions are now beginning to be implemented led by the IPU Manager.

Hospice at Home services have continued to grow, and a new six-year Community Strategy for our community multidisciplinary services was approved. We continue to see a rise in activity in both the Hospice at Home and Community Teams.

We continue to benchmark against other hospices and this shows that overall our medication incidents are just above the national average but levels of harm remain very low. We have a number of actions in place to help to reduce the numbers of incidents and we continue to put patient safety first, reviewing all patient safety incidents weekly, reflecting on and learning when something has a different outcome to the one expected. We continue being open and honest with our patients and families and are further looking to strengthen our patient safety initiative by working towards implementing the new NHS Patient Safety Framework (PSIRF). This is due to be in place by September 2023 and aims to strengthen our existing processes and how we engage with patients, families, staff and volunteers when something doesn't go to plan.

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

- We have rolled out our new Patient Safety Falls Prevention Policy which has included improvements made to our risk assessments for falls and bed rails. We are also trialling a colour-coded 'traffic light' system for patient wristbands and corresponding walking aids/equipment, to enable patients at high risk of falls to be easily identified.
- We have introduced 'reflection and learning from incidents' groups to review themes of incidents or increased levels of groups of incidents, looking at what could have gone differently and to identify improvements and learning as a result. These three groups are focused upon: medication incidents, falls, and pressure ulcers. Each group is led by one of the senior clinical team.
- A new medication information board was created for staff to highlight important guidance staff might need. New coloured tabards have also been introduced for wearing during drug rounds to ensure minimal interruptions.
- Work is underway to transfer all paper bedside care plans to our electronic patient records system, SystmOne and improve existing care plans. This will enable our teams to complete care records in the moment at the patient's bedside.
- We have implemented a new Nutrition and Hydration Policy and Standard Operating Procedure alongside new and improved personalised documentation within our care plans (which will be transferred to the electronic care plans).



Learning from deaths

During the past year our clinical teams undertook a 'Learning from deaths' pilot. Teams used a reflective model to help learn from the deaths of patients in varying settings. The goal of this was to enable learning and subsequent actions where they were needed, and the pilot has already shown the benefits of exploring the positives and challenges of these. Some of the learning included: ensuring just in case bags (JICB) were in place for community patients and ensuring improved communication with our families and multidisciplinary teams about this provision, incorporating the use of our electronic patient care records (SystmOne).

Superfluid working

The past year has also been a positive year for our superfluid team in many ways, and it has seen some natural turnover due to internal career developments. The service has been supported by additional funding over the winter from the Integrated Care Board (ICB) and this funded an additional Superfluid Registered Nurse post to help address the demands across all services at night and over weekends. The reporting on outcomes of this showed a positive impact upon admission and referral to all services, along with the maintenance of current services during staffing challenges.

Benchmarking

We continue to benchmark with other hospices as part of the HospiceUK Patient Safety Project, which has been moving towards a quality improvement journey collecting data for incidents. This includes quarterly collection of incident data and attendance at quarterly patient safety webinars where hospices nationwide can come together to share experiences and learning from incidents and quality improvement initiatives.

During 2022–23, an average of around 110 other hospices submitted their data as part of the Patient Safety Project. We have seen a decrease in the numbers of incidents our staff have reported compared to the previous year, and we continue to encourage reporting. Our average number of incidences of falls for the past year, 6.8, is below the national average of 7.4 (8.9 per 1000 bed days). No falls reported during the last year resulted in moderate harm and above.

The average number of medication incidents reported, 13, remains over the national average of 9.6 (11.5 per 1000 bed days). We remain vigilant and continue to learn lessons from thorough investigation and 'reflection and learning from incidents' groups.

The number of pressure ulcers acquired at the hospice has decreased and is below the national average of 8.1 (9.7 per 1000 bed days).

We continue to review our clinical incidents and actions as a result at our weekly PSI meeting and to improve the quality of our incident reports. We made a number of changes to our incident forms during the past year and review them regularly to ensure we capture high levels of detail for each concern. We are working towards implementing the new Patient Safety Incident Response Framework (PSIRF) this year. 'Reflection and learning

from incidents' groups commenced last year and have provided a good opportunity for staff to review our incidents, highlighting risks, reoccurring themes and improvement opportunities.

In this year's Quality Account, we can once again report that for the past year no patient has suffered a hospice-acquired infection. We continue to audit hand hygiene and personal protective equipment (PPE) and we have also implemented the new NHS Standards of Cleanliness Audit. We undertook the PLACE Audit (Patient-Led Assessments of the Care Environment) in October 2022. PLACE looks at the patient environment, food offered to patients, communal areas, outpatient department and external environment. We successfully passed all categories and were compliant with the audit, and this year, all of the data has been submitted to the national PLACE NHS Digital Database where all results will be available in the public domain.



“A very big thank you to all the dedicated staff at Rowcroft. You are all an amazing group of people and the way you looked after my son and my family is second to none! Rowcroft is a beautiful hospice with a very calming and peaceful atmosphere and beautiful grounds.”

Duty of candour

Reporting of incidents remains an open process for all near misses and clinical incidents, whether they cause harm or not. As stated previously, we are currently working towards adopting the new Patient Safety Incident Response Framework to further improve engagement with patients and families when things don't go as expected.

We continue to have open conversations with patients and families in keeping with the 'duty of candour' regulation. Our annual audit of compliance with duty of candour showed that we were fully compliant with the regulation. In addition, our teams continue to have conversations with the patient and/or their family, where it is appropriate to do so, to let them know we report incidents. Our annual audit will continue.

No incidents were investigated under the serious incidents criteria during the past year that required formal written communication in line with duty of candour.



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

“The team were excellent – so friendly and caring, professional, and supportive. They also supported our dad so well and helped us all to deal with his death while working with humour and kindness. We cannot thank you enough.”

Caring

We continue to seek feedback from patients and families on care received under our services.

Friends and family feedback and experience surveys

We ran two friends and family surveys (FamCare) during 2022-2023. We sent the surveys to a total number of 91 family members of patients who had died while under the care of both Hospice at Home and Inpatient Unit Teams.

We received a total of 38 responses to the surveys, with an average response rate of 42%. The feedback we received was supportive and highly positive and has been shared with the teams.

Some of the wonderful feedback received is included throughout this report.

“Rowcroft supported us when my wife passed away at home. I subsequently moved, living with my son and his wife. After receiving an end-of-life diagnosis, my son asked to be discharged from hospital to our home here. As we have experienced before, Rowcroft’s team were superb at a very difficult time – Thank you.”

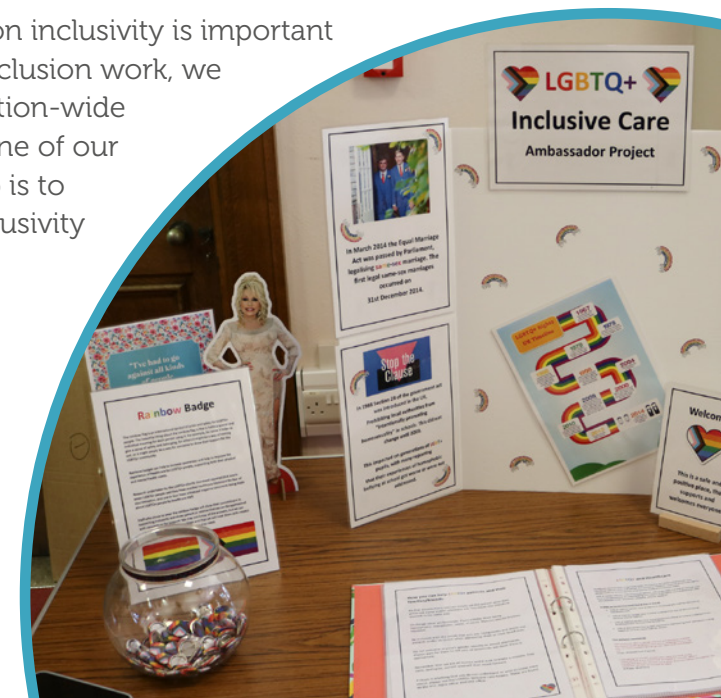
“I was first introduced to Rowcroft 32 years ago when my mother was admitted to the hospice for her end-of-life care. Years later a very good friend was cared for by Rowcroft. Very recently, Rowcroft’s Hospice at Home Team cared for my husband who had terminal cancer. He was made comfortable and pain free by the care the team gave him. He was able to remain at home with his friends and family visiting him, which I know he really appreciated and loved sharing time with those he loved. He was able to do this because the Rowcroft team were always available to come and help him when he needed their care. I needed to call them at least twice in the early hours of the morning and they arrived within ten minutes. I think my husband was happy to see them, and they made him comfortable and pain-free in a matter of minutes. Personally, I feel I could not have coped without their care and support – they were always kind, thoughtful and thorough. It was a pleasure to have them in our home. I honestly don’t know how you could improve the care we received. I think of all the Rowcroft Hospice at Home Team as angels.”

In addition to FamCare, we continue to send our Hospice at Home feedback survey each month (postponed when we send FamCare). In the past year, 100 survey responses were received and the team have made the following improvements:

- A new leaflet about the service has been produced that can be given to potential patients and families, to be also given to other healthcare professionals to pass on.
- The team have been exploring ways to improve awareness of the service, for example, by way of a potential social media campaign that focuses on when a patient may need to be referred to our Hospice at Home service.
- The team plan to produce a leaflet specifically for healthcare professionals detailing the referral criteria for Hospice at Home and offering examples of when to refer a patient. They are hopeful that this will improve referrals so that they are timelier.

A comment was received in relation to the collection of equipment following the death of a loved one. The Hospice at Home Team is unable to remove or collect equipment in the home following a patient’s death; however the team will ensure that they communicate to families that collection of equipment can take a week to ten days after their loved one has passed away, to ensure they are prepared.

As a caring organisation inclusivity is important to us. As part of our inclusion work, we now have an organisation-wide forum of staff led by one of our trustees. The next step is to deliver training on inclusivity to all staff.



“My CNS was the most caring and helpful. Her attention to detail and advice was received with gratitude, and the confidence that she bestowed to my wife was greatly appreciated, like a friend in need at a difficult time. I found no fault with your service and my wife felt very comfortable in your care.”

Operating effectively

We continue to use iWantGreatCare (an independent survey where patients and their families can leave feedback which is published online) for IPU and community and complementary therapy services.

We received 94 responses during the past year; our overall score for all our services for the friends and family test was 4.47 out of a possible score of 5.

94% of people using our services said that overall they had a positive experience. Where responders' scores are lower than expected, we continue to invite them to discuss this with us in more detail if they wish to.

We also received more than 226 thank you cards and letters. Patient feedback is represented in the Word Cloud (Appendix A).

“For me to have the chance of complementary therapy was completely unexpected as I was only the carer of the patient, so in a way that increased the pleasure and satisfaction that I got from the treatment.”



During this past year we received two formal complaints; both complaints related to communication concerns.

The complaints received were shared with teams and full investigations were carried out. As a result of one complaint, the team in the IPU reflected and reviewed how they communicate with families in relation to meal-times where a patient might need assistance, and also how they discuss pain management plans for breakthrough pain. In response to the other complaint received, the community multi-disciplinary team reviewed how to better communicate barriers in care available locally, such as the lack of social care in the community here in South Devon or a reduction in inpatient beds available to patients and their families.

The Hospice at Home Team have also created a new leaflet to be given out by other teams, to inform patients and families and raise awareness of this service and referral criteria earlier on in their care.

As part of our commitment to our non-cancer strategic goal, we continue to provide specialist palliative care no matter the diagnosis. This year we have hosted the motor neurone disease support groups on the hospice site. We also continue the multidisciplinary team meetings regarding heart failure with the local Integrated Care System (ICS). More recently, we have begun to assess the need for specific interventions to support those with end-of-life and palliative care needs who are homeless or in temporary housing. To support the teams in delivering specialist palliative care irrespective of diagnosis, we have run specific educational sessions regarding learning disabilities and autism, and provided access to national resources regarding homelessness. Supporting the need for bespoke, person-centred care, our Hospice at Home Team were recognised at the Southwest Integrated Personalised Care Awards where they won an award in the category of choice and control.

Audits

We have completed 61 clinical audits (monthly and annual) this past year on the following topics: hand hygiene, PPE (personal protective equipment), standards of cleanliness, equality and diversity, pressure ulcers, consent, care plans, documentation, duty of candour, medicines management, clinical documentation, documentation of allergies, medical gases, continuing health care funding and discharges, and documentation of resuscitation discussions. Our clinical audit programme is fully held on Vantage, our data management system.

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

- We now have a new digital SD Card in our drugs fridge to consistently keep records of temperatures (which are checked daily).
- The PPE audit has reinforced keeping of records of staff tested for FFP3 masks, and additional plans were put in place to keep testing up-to-date.
- Improvements have been made to our cleaning schedules based on the NHS Standards of Cleanliness Audit.
- The implementation of the NHS Standards of Cleanliness Audit (monthly) has been a success and will continue into the next year.
- The return of the ward attendant volunteer role in the IPU has provided additional capacity to ensure that the iWantGreatCare forms can be completed by patients and families.
- A new pressure ulcer audit was implemented this year, put together by one of our superfluid nurses, in line with the NHS England National Stop the Pressure Programme Audit. As a result of this audit, a new flow chart for steps following identification of a pressure ulcer was put in place, our wound care plan has been updated and we have incorporated this in our annual clinical audit programme.



“The Hospice at Home Team helped me care for my mother. I found their assistance invaluable. I could not have managed without their assistance, assurance, knowledge, and care. The help given was always delivered in a professional, respectful, and courteous manner. The fact that help was on hand 24 hours a day gave me peace of mind. I am forever grateful.”

Research

This year we have worked as a key partner with the Southwest Peninsula Palliative Care Research Network, led by Professor Richard Harding, Director of the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation, and we have been involved in the initial and ongoing steering groups from this network. This has included us hosting a professional journal club for the network. We also continued to run our own local professional community journal club monthly.

Although not a specific research project, we have also delivered a nature project, funded by the Queen's Nursing Institute and run by one of our clinical nurse specialists. This aimed to support relatives and patients and provide a connection to nature.

Responsiveness

We celebrated our 40th anniversary as a hospice. This year also saw Rowcroft's previous Deputy of Patient Care take on the role as Director of Patient Care. Alongside this, as a hospice we also further developed the role of Quality Manager with the objective

to support patient safety and clinical quality improvement. This includes supporting our preparation for the new CQC framework which we will implement during 2023-24, and the transitioning to the new Patient Safety Incident Response Framework (PSIRF). We have made significant progress with the new frameworks and will work towards embedding this across the whole organisation.

We continue to roll out restorative practice training to our teams, with some team members having now achieved level 2. Restorative practice is also embedded within our people policies.

We have continued to be involved via the One Devon end-of-life care steering group in the commissioning review of end-of-life care across Devon. We have provided data, supported staff surveys and been an active partner in this.

Our new Learning and Development Strategy for Growth, 'The Rowcroft Way', is now in place and designed to roadmap and embed personal growth that is service needs-led, high impact, cost effective, supports and delivers operational excellence and delivers equity across Rowcroft.

Well-led

IPU cultural review

Rowcroft sought an external culture change consultant to work with the colleagues in the IPU, using restorative principles to understand their unique challenges. Part of this was to engage in collective decision-making, and support the teams to transition to becoming a positive, empowered and effective team, with the focus and goal to become a high-performing team. It is envisaged that all key stakeholders are also engaged in this process including Community and Hospice at Home Teams, People Team, Finance and Executive Team. We welcome the need to challenge ourselves against best practice and different leadership and management models.

The required outcome of the cultural review is to strengthen our team to be:

- aware of their value to the organisation
- clear on their individual and collective contribution to our success
- skilled and confident in their roles
- well-supported
- working within strong systems
- proud of their reputation
- good colleagues
- aligned to Rowcroft's values

We want to build on a culture that will sustain the IPU now and into the future so we can look with confidence towards our ambitious expansion and development plans. We look forward to seeing the changes in our teams during the coming months.



Education

This past year has been a positive year for our Education Team with a full hybrid education programme being provided over the Microsoft Teams platform and also returning to face-to-face sessions.

The service provided 124 learning events during the last 12 months with attendance of 1134 learners from across all 3 tiers of workforce. This is a 37% increase in the number of events and a 72% increase on learners since last year (during the pandemic there was a reduced service and attendance).

There was also a rise in attendance, particularly of occupational therapists, physiotherapists, social workers, managers, paramedics, students and volunteers, with a decrease in general attendance from GP practices/surgeries and agencies. 5.5% of learners came from our own Rowcroft teams and 7.5% came from outside the Torbay and South Devon area.

The three tiers of staff include: staff who work in specialist palliative care such as in hospices (Tier 1); staff who frequently deal with end-of-life care as part of their role (Tier 2); and also staff who infrequently deal with end-of-life care as part of their roles (Tier 3). The sessions were delivered predominantly to Tier 2 staff groups, with the largest group being from Torbay and South Devon NHS Foundation Trust and care homes.

Rowcroft is also the provider of choice in delivering communication skills training for two partnership modules with the University of Plymouth, at degree and diploma level. We are commissioned by Torbay and South Devon NHS Foundation Trust for both Bowel Cancer Screening Specialist Practice for our two-day advanced level training and Gastrointestinal (GI) Endoscopy and Related Procedures for Nurses, a one-day course.



This enabled us to refine competitive costings when commissioned for education and has brought new income streams. With nomination from our student nurse, we delivered a pre-registration lecture to both Plymouth and Southampton universities.

The Education Team also led a project to build the Planning for The Future Hub, a portal for advance care planning information on our website, originally funded by the Clinical Commissioning Group back in 2021 and created in co-production with cross cutting services, our Communications Team, Torbay and South Devon NHS Foundation Trust, and One Devon (NHS Integrated Care Board). This new portal launched at the end of 2022 (rowcrofthospice.org.uk/planning).

Rowcroft had four successful bids/commissions from Healthcare Education England (HEE) funded projects and programmes. In terms of delivery, the bids have focused on Advanced Care Planning online workshops and Advanced Communication Skills two-day courses, offering an additional four courses alongside our existing annual hospice programme. Our two-day Advanced Communication course was initially developed from the validated Maguire Communication skills training at the Christie Hospital, Manchester, and supports our colleagues to practice different ways of handling situations, offering support and feedback to each other, and always looking to improve the way we communicate with our patients and their families. We continue to offer places to our hospital colleagues for Advanced Communication Skills, working together to support communication with patients in end-of-life care.

Our workforce received HEE funding with their CPD e.g. university modules, and a successful Devon hospice collaboration focused on designing and assessing clinical skills competencies for palliative care healthcare assistants, which

are now being implemented. We co-delivered a study day on dimensions of grief, with funded places for our staff.

Alongside the welcome appointment of a Learning Partner and IPU Clinical Skills Facilitator, the Education Team continue to contribute to Rowcroft's Learning and Development Strategy and to network locally and nationally. We share best practices with others e.g. St Christophers Palliative Discovery resource for clinical nurse specialists whose learning needs have been harder to meet. We also run the bimonthly Community of Practice for teaching and facilitators at Rowcroft. We deliver an annual Dying Matters event and mentor others to do so doing via events, blogs etc. Rowcroft's Head of Education is chair of the local Torbay and South Devon NHS Foundation Trust system End of Life Education Group that was re-established in May 2022.

In 2023 we implemented the GROW (Goal, Reality, Options, Will) model. Steps are in place to work towards identifying roles and responsibilities of GROW champions, pinpoint 'next steps' future actions, determine communication options for GROW, and also evaluate the movement of GROW.

This year a series of educational activities have also been delivered regarding learning disabilities and autism; this includes a face-to-face training session delivered by an expert by experience to all clinical teams.

The hospice medical team have delivered several formal teaching sessions over the year either classroom based or virtually. Most of these were for Tier 2 staff. They have supported 74.5 days of placement time, mostly to 4th year medical students but in addition to other specialty doctors in training, volunteers, students and new staff in locality posts. For the medical students, they delivered a formal training programme providing regular assessments and classroom-based lectures.

Statutory information

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

Rowcroft has the following conditions on registration:



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



We may not treat patients under 18 years of age

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



We are subject to periodic review by the CQC

Our last CQC inspection was in October 2021. We achieved good in all categories and good overall. The report is available at: <http://www.cqc.org.uk/location/1-106245011>. We are working towards embedding the new CQC Single Assessment Framework, which we anticipate will be rolled out towards the end of 2023.



Rowcroft provides the following services:

- Community Team 7/7
- Hospice at Home 24/7
- Inpatient Unit – 12 beds (13 beds registered) 24/7
- 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 1/04/2022 and 31/03/2023 were:

- IPU referrals: 364
- Hospice at Home referrals: 500
- Community Services: 1614
(3091 individual referrals in total to the multidisciplinary teams)

The Community Team had 1614 new patient referrals during the past year. This related to a total of 3091 individual referrals to the whole community multidisciplinary team services (community nurse specialists, complementary therapy, community medics, bereavement and support, physiotherapy/occupational therapy, social work, music therapy, art therapy).

Our Community and Hospice at Home Teams together conducted a total of 9,756 face-to-face consultations, 113 video consultations and 19,810 telephone and advice consultations in relation to patients referred to our services.

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

Progress on last year's priorities

"The world would be a better place if people were more like Rowcroft staff. Fantastic job all of you."

Safety

Clinical competencies

Over this year we have implemented clinical competencies in the IPU and associated educational sessions. This was supported in a grant from HEE, to start specially with healthcare assistants (HCAs) in the IPU. This work continues and recognises that this is an ongoing requirement.

Work is underway developing competencies in the use of medical and moving and handling equipment.

Effective

IPU care model

We have implemented the new IPU care model and also cross-referenced this to the more recent IPU cultural review to enable the IPU to be ready for the future and the needs of future patients and their loved ones. From the IPU cultural review, an action plan has been developed and this is monitored through QUIPS (Rowcroft's Quality and Patient Safety Committee).

This year has seen additional funding from the ICS for an additional superfluid nurse. The outcomes of this team have been positive. The objective for the next year is to continue to measure the effectiveness of the superfluid provision in terms of outcomes.

Electronic prescribing

We delayed the use of electronic prescribing for our community teams due to technical issues with the provider of SystmOne, due to the roll out of a new module. We aim to implement electronic prescribing once it is approved for use (expected in June 2023).

E-rostering

The team worked hard to implement a new e-rostering system which linked to our Payroll and HR systems. This planned project commenced in the IPU after a significant amount of work. However despite the best efforts of the team, it was felt the system was not suited to Rowcroft (due to the design being more appropriate for domiciliary care). A decision was made not to implement this system; however, our teams continue to use the existing system, Staffcare, and we are looking to explore other alternatives which will enable the system to fully incorporate payroll and HR for the future.

Staffing levels

During the past year the teams have worked collaboratively to ensure safe staffing levels. This has been supported by the superfluid working provision and the dynamism of the clinical teams.



Responsive

Falls prevention

Over the past year we have successfully implemented a new Falls Prevention Policy and new risk assessments for falls and bed rails which are required to be completed on admission and then during each shift. We now also have falls champions in place for guidance around falls; every patient is classed as a falls risk upon admission.

We have set up 'reflection and learning from incidents' groups for medication incidents, falls and pressure ulcers. The falls group came up with new initiatives to support our patients, for example through a new traffic light system to easily identify patients who may be at a high risk of falling. This is using colour coded wristbands and walking aids/equipment.

We supported our first trainee nurse associate (TNA) within our Hospice at Home Team during the past year; our aim for the next year is to support another two TNAs across our Hospice at Home service and the IPU.

Caring

Electronic care plans

Work is underway to fully implement digital, personalised patient care plans within the IPU, and we will have extra laptops to enable our teams to complete the care plans in real time at the patient's bedside. The next phase of our plan is to review Hospice at Home and Community Team care plans.

Spiritual care

We further strengthened spiritual care at Rowcroft and now have six faith and belief leaders representing five faith and belief groups. We are aiming to bring this group to a total of seven. Our Spiritual Care Specialist has worked to develop strong links with our local faith and belief groups, and has built on links within local organisations, including Torbay Hospital's Chaplaincy Service and the Devon Partnership Trust.



Well-led

Roll-out of medical examiner scrutiny

From the beginning of October 2022, all deaths in the IPU at Rowcroft have been referred to the local medical examiners. The referrals are sent electronically and all details are copied on to our electronic patient records system, SystmOne. This process was implemented without significant difficulties and has facilitated direct dialogue with the medical examiners to help discuss cases which have raised uncertainties or concerns. As the medical examiners contact next of kin as part of their scrutinisation process, the referrals also provide an additional route for family/carer feedback to the service. Any feedback from the medical examiners is discussed within the medical team and raised at our peer review meetings if needed. Wider learning regarding patients' care is fed back to the IPU at team meetings and to our Quality and Patient Safety Committee as required.

Verification of death (VOED) in the IPU

A large percentage of our nursing staff in the IPU have been trained in VOED; arrangements are underway to ensure this is continued for new starters.

Locality Education Committee and Education Plan

During the past year, the locality Education Committee and groups have been working within a strategy of eight pillars (Learning and Education Strategy, continual Professional Development Strategy, placement expansion, apprenticeships, learner experience, upskilling, social care, and advanced practice).



Professional challenges

Last year we set out to achieve a target of 80% of clinical registered staff to have accessed 'professional challenges' educational sessions. At the end of this financial year, we are happy to report that 89.65% of all registered nurses, clinical nurse specialists, social workers, occupational therapists, physiotherapists, and complementary therapists in the IPU have completed this (this is excluding bank staff). The feedback has been incredibly positive.

Our priorities for 2023–2024

Is it
SAFE?

By safe, we mean that people are protected from abuse and avoidable harm.

- **Implement the new Patient Safety Incident Response Framework (PSIRF)**

Outcome measures: Completion of a new Patient Safety Incident Response Policy and Plan.

- **Explore and trial a lone worker device**

Outcome measures: A smartphone-enabled lone worker device will be trialled in the Hospice at Home/Community service and the results will be fed back through QUIPS by July. If appropriate, a case of need will be developed to implement or other processes will be explored.

- **Develop Hospice at Home specific competencies for SHCAs**

Outcome measures: Competencies will be implemented in Hospice at Home for SHCAs by August.



Is it EFFECTIVE?

By effective, we mean that people's care, treatment and support achieve good outcomes, promote a good quality of life and is evidence-based where possible.

- **E-prescribe**

Outcome measures: Electronic prescribing will be used by our NMPs and community doctors.

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

Outcome measures: Implementation group will meet regularly to action the implementation plan over the next five years, reviewed quarterly by the Quality and Patient Safety Committee.

- **Hospice referral criteria leaflet**

Outcome measures: Improved support will be given to healthcare professionals looking to refer to our services.

- **Competencies in the IPU**

Outcome measures: IPU HCA and RN competencies will be fully implemented.

- **Research involvement**

Outcome measures: There will be active involvement in at least one research project in relation to end-of-life care.



Is it RESPONSIVE?

By responsive, we mean that services are organised so that they meet people's needs.



- **Community Five-year Strategy**

Outcome measures: There will be increased support for the growing demand for palliative care services in the Torbay and South Devon community.

- **Trainee nurse associates (TNA)**

Outcome measures: There will be support for another two TNAs across the Hospice at Home service and the IPU.

- **Support to homeless groups within the local community**

Outcome measures: There will be increased support from community nurses to patients within this group.

Is it CARING?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- Digital care plans

Outcome measures: There will be improved, person-centered care plans for our teams which enable care plans to be captured in the moment at the patient's bedside.



Is it WELL-LED?

By well-led, we mean that the leadership, management, and governance of the organisation assures the delivery of high-quality person-centered care, supports learning and innovation, and promotes an open and fair culture.



- **Implementation of our new Rowcroft's RISE (Reflect, Innovate, Suggest, Engage) initiative to embed the new Care Quality Commission's Single Assessment Framework.**

Outcome measures: To enable staff to be aware of the Care Quality Commission, support them to feel prepared for an inspection by completion of training and creation of a Staff Handbook.

- **GROW**

Outcome measures: To implement GROW and have active champions across the clinical teams.

Chair of the Board of Trustees' statement



As Chair of the Board of Trustees, I find myself observing that this will be the fourth occasion I have had the honour and privilege of reflecting upon the Rowcroft Quality Account. As I do so, I continue to be enthralled by the dedication of the teams to strive and reach the high standards of care they set for themselves.

It is true to say the past few years have seen some exceptionally difficult and challenging times, the likes of which our society never dreamed we would experience. The impacts of the pandemic will remain in the hearts and minds of people for many years to come. I am and probably always will be tremendously proud of the way in which all our staff and volunteers rose to the many adversities they continued to face from a professional perspective as well as in their daily lives.

I know that the members of the team at Rowcroft have grown and developed because of the challenges and this has positively impacted their desire to work in a continuously evolving and learning environment which has enhanced our patient-led care.

This assiduous attention to detail and flexibility continue to be driven top-down through the organisation; Mark Hawkins and his senior team remain pivotal to this agenda. The amplification of the open communication style is now well-embedded and has formed into the DNA of the organisation to the benefit of all.

The clinical teams have faced many challenges professionally and without a doubt have grown and developed as individuals to the benefit of the community we serve and allowed us to continue our mission to make every day the best possible day for our patients and their families.

“ You matter because you are you, and you matter to the end of your life. We will do all we can, not only to help you die peacefully but also to live until you die. ” **Cicily Saunders**

Once again, this report is awe inspiring and scrupulously unambiguous – a clear metaphor for the hospice's drive for excellence in patient-led care.

Under the auspices of our Director of Patient care, the clinical team avidly pursues the continuing cultivation and cycle of evaluation, learning and quality improvement which traverses the settings of our Inpatient Unit and the outreach of our Community and Hospice at Home Teams.

The Medical Team led by our Medical Director is second to none, both in its highly flexible and adaptable professional approach and its person-centred care. This team continues to provide expert guidance and time to the medical training rotation programme. Without a doubt, these placements have proved a healthy dual learning process which reaps huge rewards in terms of our collaboration across the health care professions in our community.

Patient safety

A keynote activity during the last year has been continuing to operate and deliver our high standards of care post the pandemic with the continuation of high levels of vigilance and the use of PPE. Alongside this has been the tension of resource fatigue and our duty of care for the clinical and medical teams. Whilst we have experienced increased levels of staff shortages during the year, the 'can do, will do' approach from the clinical teams has been notable and I applaud their versatility, adaptability, and continuing flexibility to ensure we deliver the best possible care for our patients and their families.

The continuous cycle of review and learning from incidents has been keynote and seen the publication of policies covering falls prevention, nutrition and hydration, alongside the introduction of 'reflection and learning from incidents' groups covering medical incidents, falls and hospice acquired ulcers. Our superfluid staffing initiative has paid dividends during the year, and we are grateful for the additional funding from the Integrated Care Board (ICB).

It is noteworthy that we continue to have very open conversations with our patients and their loved ones as part of our duty of candour responsibilities and our audit under these auspices has been fully compliant.

It is pleasing to see that we continue to benchmark ourselves against other hospices as part of the Hospice UK patient safety project, and that are moving towards bedside care plans being integrated into our IT system which will enable a speedier professional review.

Caring

All our staff and volunteers are marvellous advocates for our caring services at Rowcroft and I continue to be blown away by their dedication to the hospice and our community at large.

This level of excellence is borne out by the positive feedback we gain from our friends and family feedback and experience surveys which are notable. And because of additional feedback, it is very pleasing that there have been several initiatives put in place to make our services even better.

I am particularly proud of the establishment of our inclusion and diversity project team and know that this will help us achieve excellence in our inclusion aims moving forward.



Operating effectively

Our drive remains in the pursuit of continual review, learning and improvement of our effectiveness to ensure that every individual receives the appropriate treatment and care they need. This is evidenced by the number of diverse audits carried out alongside the introduction of new working practices and procedures.

Research

It is noteworthy that the team have participated in a small number of initiatives led by the Southwest Peninsula Palliative Care Research Network which have provided continuous learning and development.

Responsive

We have grown several roles during the past twelve months, including the Quality Manager, to ensure our care and professionalism react to the ever-increasing demands placed upon it by our ageing population as we see an increase in individuals who need our care with a few comorbidities.

I am heartened by the coming together of all healthcare professionals, and the One Devon steering group in the commissioning review of end of life across Devon. I am sure that stronger levels of understanding working relationships will ensue as a result.

The Education Team has excelled with many initiatives and collaborations during the year which have been notable, and the birth of the full hybrid education programme being provided over our Microsoft platform. This has enabled many more care professionals to access the learning and development they need to provide their own excellent care in the community. It is also heart-warming to see the return of face-to-face development at Rowcroft.

Well-led

In line with our strategic aims, the leadership team continues to ensure that the hospice has an agile, motivated, educated and appropriately skilled workforce to continue our future journey.

This year we have seen the launch of the learning and development strategy for grow 'The Rowcroft Way', and the community strategy. In parallel, a full cultural review of the Inpatient Unit also took place; these initiatives should be applauded and will aid the development of our teams into the future.

We have continued to roll out our restorative practice training which has seen several of the team achieving a level two standard. Particularly heartening is the increase of open conversations and the increase in flexibility across the clinical teams to deliver high standards of care across the community.

The strategic leadership in palliative and end-of-life care continues to be tremendously valued by the community we serve, as seen in the word cloud within this report and notably the way they have come together to continue to raise funds in many diverse and dynamic ways.

We also saw our 40th anniversary celebrations run throughout the year with many significant initiatives and events which were a great way for our staff, volunteers, and supporters to come together after a challenging few years.

My heartfelt thanks go out to all the staff and volunteers who continue to be an 'exemplum' of superb teamwork and flexibility. They continue to dazzle me daily with their tenacity, fortitude and determined selflessness shown to 'help our patients to make every day the best day possible'.

It is impossible for me to be anything other than sublimely proud of this organisation and all of its people and I highly commend this report on behalf of the board of trustees.

Sally Scott-Bryant

Chair of the Board of Trustees

Very special people
Respectful and courteous
Advice received with gratitude
I cannot thank you guys enough
Rowcroft's team were superb at a very difficult time – thank you to you all.
I cannot express the amount of amazing help, support you gave
Thank you to all staff that gave my loved one the love and care
that was shown to him. I received the best comfort anyone could
For my father to die at home comfortably when he was ready
to go is something I shall be eternally grateful to you all
A very big thank you to all. Rowcroft is a beautiful hospice with
a very calming and peaceful atmosphere and beautiful grounds
Every one of you will always have a place in my heart
Even after their passing, you still continue to support me
They helped us all to deal with his death while
working with humour and kindness
Hospice at Home angels
So caring and friendly
Forever grateful

Appendix A –
Rowcroft patient
feedback word
cloud



Annex – stakeholder statements

Healthwatch Torbay

Healthwatch Torbay is part of Healthwatch Devon, Plymouth and Torbay and is your local health and social care champion. We make sure NHS leaders and other decision makers hear the voice of local people and use this feedback to improve care.

It is always a privilege to be given the opportunity to comment on Rowcroft's ambitions and journey to excellence. This Quality Account has so much to celebrate. Whether it is a determination to embed the new PSIRF (Patient safety incident response framework), or to address disadvantages in life-limiting care, brought about by the inequalities of life; Rowcroft is there on the front-line.

Reading the stories given by patients and those who love them provides the richness of the account. It also reminds the reader that the work that goes on is as important in people's homes as it is on the ward.

Sharing knowledge through education and research is the bedrock of a confident organisation, which values the work and excellence of the staff. Of special note is the Advanced Communications Skills Programme. Patients and loved ones, as partners in care, can only be successful if it starts with person-centred communication. Offering out the same learning opportunity to other local care providers is an example of the open and inclusive culture described in the Account.

On the whole the Quality Account data is honest and gives a good account. My favourite part of the report was the link to the Planning for the Future Hub to view the 'what matters conversations' video. Everyone should watch it!

Healthwatch, 2023

Torbay Carers

Torbay Carers are pleased that Rowcroft continues to work so well with family members and friends of people using their services. This ethos of involvement is evident in everything that they do, from their website to the support that they provide to family/friends and to their involvement of family/friends in the support to the person that they care for.

Rowcroft staff meet regularly with Carer Support Services and have linked the end-of-life care ambassadors into Carer Awareness training. They have also linked into a session with the Children's Society, Torbay Carers and Torbay Young Carers Service about support to Young Carers in Torbay.

The support that they provide to family and friends at such a stressful time in their lives is essential for both them and the person that they care for.

Torbay Carers, 2023

NHS Devon Integrated Care Board (ICB)

NHS Devon Integrated Care Board (ICB) would like to thank Rowcroft for the opportunity to comment on the quality account for 2022/23. Rowcroft is commissioned by NHS Devon ICB to provide palliative care through community services, hospice at home and an inpatient unit as well as support and education to the health and social care sector. We seek assurance that care provided is safe and of high quality, ensuring that care is effective and that the experience of care is positive.

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 2022/23 period.

Despite ongoing pressure on staff and services, this Quality Account has highlighted a number of positive results against key objectives for 2022/23. These include:

1. **Safety:** Clinical competencies work continues in conjunction with a grant from Health Education England. We look forward to seeing the outcomes of the ongoing education for Health Care Assistants across various areas.
2. **Effective:** Developments with the Integrated Practice Units model of care and culture review will bring positive outcomes for staff and patients. There has also been progress in projects to increase staffing levels, related to a number of projects both locally and nationally. We hope the next year brings continued focus on the best ways to incorporate electronic prescribing and e-rostering to further increase effectiveness.
3. **Responsive:** Rowcroft have implemented a robust system of developments looking at Falls Prevention and responsive learning, supported by new policy documents, equipment

and education for staff. This will provide an improved experience in this area for people using the services provided.

4. **Caring:** Updates to the spiritual care provided demonstrates an understanding of the local communities using Rowcroft services, as well as a commitment to holistic care. This is further supported by the strengthened links with other local providers and shareholders.
5. **Well-led:** Improvements related to scrutiny by medical examiners has updated the way cases are discussed and how concerns can be raised. There is continued learning which can be shared through these updates, and additionally through 'professional challenges' education. Further staff training in verification of death will also streamline how practices are undertaken as well as improve the experience of families and carers during difficult times.

The ICB also notes and welcomes the 2023/24 priorities outlined by Rowcroft in their Quality Account, and will look forward to seeing achievements related to the Patient Safety Incident Response Framework, further new technology, and Hospice at Home developments. Each of these programmes will continue to evidence and improve quality and safety for the benefit of patients, families, carers and staff building on the lessons learned from 2022/23.

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

NHS Devon Integrated Care Board (ICB), 2023