



Rowans Hospice Quality Account 2016-17



Our vision is that people live well to the end of their life and attain a good death within a caring and compassionate community.



Registered Charity Number: 299731

Part 1: Chief Executive Officer's

Statement –

It gives me great pleasure to present the Quality Account for The Rowans Hospice, Registered Charity No. 299731 for the fiscal year 2016/2017.



We are very proud of the services we provide to our local community and therefore relish this opportunity to share our work with a wider audience. **The quality of our care is very important to us**; we therefore make every effort to ensure our services meet the expectations of those whom we serve.

Registered with the Care Quality Commission (CQC) and subject to inspection we are constantly ensuring that our practices are safe, caring, responsive and well-led; aiming always to achieve the highest standards.

Secondary to CQC inspection we also comply with a peer review audit programme CHKS. The review by CHKS is not mandatory but chosen by Rowans Hospice Trustees and the Executive to demonstrate compliance over a range of robust quality standards. **Investment to support and demonstrate quality is important to us**; providing evidence to reassure all stakeholders, whether they are commissioners, donors, staff, volunteers, our NHS and adult social care and third sector partners and most importantly the service

users who trust us to support them with their care.

Systems to continually monitor quality are critically examined and robustly reviewed should standards come into question. Complaints and concerns are taken seriously and responded to in accordance with defined policies and recorded for review by CQC, CHKS, Commissioners and Trustees.

“People and their families made positive comments about the high quality of care provided and the effective management of each aspect of the service. Governance of the service was of a high standard and robust quality assurance systems were in place to ensure shortfalls would be identified and improvements made when needed.” (CQC Inspection Report September 2016)

We are very proud to employ and engage enthusiastic, committed and loyal staff and volunteers who deliver on set strategic and operational objectives which ensure the service moves with the times. Addressing the needs of an ageing society and an older demographic has been paramount in our recent thinking and specifically how we develop new services and increase the scope of those that currently exist to offer early access to Hospice Care. An example of this is the **development of new community engagement programmes and the building of Rowans Living Well Centre, to extend the reach of Hospice Care to patients and families earlier in their illness** and specifically for those living with chronic health conditions, frailty and dementia.



Hospice Care is unique as a service model, working holistically across all domains of need; spiritual, physical, social and psychological; employing and engaging a range of professionals who collectively develop individualised holistic care and treatment plans to maximise the quality of life for our patients and plan for their future care needs. **This care is delivered alongside support to family members and informal carers and includes dedicated services for children to support people throughout illness and into bereavement.**

The quality of **our service is not confined to the Hospice building but reaches out into the community** with peripatetic services including **Hospice at Home** and a clinical nurse specialist service supporting people with dementia in the final stages of life, advising on care and treatment strategies for those with the most complex difficulties. The quality of care provided at home presents further challenges to ensure we provide a timely, efficient and sensitive service to those who invite our staff and volunteers into their homes, including those residing in nursing and residential care homes. This is both an honour and a privilege. The service complements and supplements community nursing and adult social care services and takes the philosophy and ethos of hospice care outside of Hospice building, expediting safe discharges from hospice and hospital to home. Hospice care at home combines person-centred care across physical, social, spiritual and emotional domains and is provided by specialised nurses who have the empathy, knowledge and skills to support

families when a close family member or friend is dying or there is a 'crisis' that requires additional support to avoid an unscheduled and often inappropriate admission to hospital. **Specialist Chaplaincy, Psychology and Social Work is also available to people at home** as well as those who reside in or visit Rowans Hospice.

Education and training of our own staff, and the extended programme offered out to the community and hospital, demonstrates our desire to improve the quality of care, both within our service and as importantly to improve the quality of care for those who are cared for at home and in hospital.

Changes to the environment, both internally and externally in the gardens and grounds have also been considered during the year, including the refurbishment of in-patient rooms, with contemporary design that not only looks welcoming and homely but through specialist design techniques supports people with dementia and other forms of cognitive impairment.

Our high quality care is only possible thanks to our dedicated staff and our skilled volunteer community who reduce the cost of our service through their gift of time. We also thank and appreciate those who give donations directly to Rowans Hospice; to its subsidiary Retail Trading Company; through gifts in Wills and participation in our fundraising activities. **High quality care is always at the heart of everything we do and what we strive to achieve wherever possible, within allocated resources.**



To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health and social care services we provide.

Thank you for your interest in Rowans Hospice.

Ruth White
Chief Executive
21st April 2017

Part 2: Looking Forward

Introduction

This Quality Account considers **quality issues within the provision of clinical care** and relevant support services necessary to provide this care. It does not take into account the fundraising and administrative functions of the organisation where separate quality initiatives are employed and evidenced through Governance.

Rowans Hospice Business Plan outlines our Vision to develop services. Strategic priorities have been set for 2017 - 2019 as listed below:

1. Extend our reach and enable hospice quality care to be delivered in any setting
2. Tackle inequality and widen access to hospice care
3. Work with communities to build capacity and resilience to care for those at the end of life
4. Empower a strong, dynamic and responsive hospice sector

Our Vision, as always, is inspired by the needs of people affected by a life-shortening illness and we are continually seeking ways in which to improve existing services to ensure they remain flexible and able to respond to people's changing needs.

Registration

Rowans Hospice is **fully compliant with the Care Quality Commission** (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Priorities for Improvement 2017-18

The priorities for quality improvement identified for 2017/18 are set out below.

These priorities have been identified in conjunction with staff, stakeholders and, as far as possible, by consulting our patients and carers. The priorities selected below will impact directly on one or more of the following areas:

- Patient Safety
- Patient Experience
- Clinical Effectiveness



Priority 1 – For the patient to be in the right place at the right time

Patient Experience, Clinical Effectiveness, Patient Safety

The hospice strives to achieve the best quality of life possible and ensure **individuals and their families are treated with dignity and respect at all times**; an integral part of this is to work with other service providers to ensure the patient is cared for in the most appropriate place at whatever point they are in their journey.

There are a number of aspects to achieving this:

- Rowans Hospice is looking to work in partnership to **develop a Single Point of Contact for those living in South East Hampshire** which will provide one route for referrers, service users and carers to access a range of palliative care service; facilitating appropriate and timely support for patients and carers. Staff operating this service will be equipped to determine the next appropriate step for every caller, including the priority and most appropriate level of face to face assessment for patients. Additionally, they will be able to take on mis-directed calls and through an informal network with neighbouring services, appropriate support for the caller will be arranged from the relevant service.
- With the expansion of Hospice at Home and in-patient unit nursing/medical staff levels, **improved quality & efficiency is anticipated for discharge planning**, with more effective communication to ensure there is reliable and rapid access to services to support ongoing care and advice; including where necessary from the

Rowans hospice; and in collaboration with statutory services. The **enhanced Hospice at Home team** will enable the provision of support for certain patients who are identified as requiring this level of additional care in the first three days on discharge from in-patient stay to home or to a Nursing Home.

- Work is actively being carried out in partnership with Portsmouth Hospitals to **support appropriate transfer of patients to the hospice in-patient unit for ongoing specialist management** including care in dying; or referral to Hospice at Home to support discharge from hospital for those people whose preference is to die at home.

In the hospice working on systems to improve management of referrals and enquiries; support appropriate timely admissions and consider how patients are transferred and discharged, we are effectively working towards ensuring the patient is in the right place at the right time; receiving appropriate care.

Priority 2 – Introduce patient related outcomes

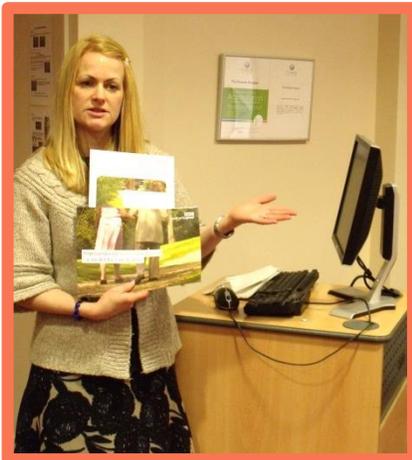
Patient Experience, Clinical Effectiveness, Patient Safety

The hospice is aiming to introduce the **Integrated Palliative care Outcomes Scale (IPOS)**; this is a validated brief assessment tool which has been welcomed by patients and professionals as a measure which, without being onerous, is able to **capture people's most important concerns** - in relation to symptoms, information needs, practical concerns, anxiety or low mood,



family anxieties and an overall feeling of being at peace. Repeated completion over time drives care planning for the individual and demonstrates outcomes for patients and carers leading to an improved patient experience. Introduction of this assessment method represents a shift in culture from routine, rigid assessment to a more patient-need focused approach which necessitates training and systems development. The whole multi-professional team will be involved and digital infrastructure will support this change.

Alongside this the hospice is developing further the education programme for hospice staff;



creating a palliative care knowledge and skills foundation education programme to support learning and

ensure better outcomes for users of the services; both patients and carers.

Priority 3 - User engagement

Patient Experience, Clinical Effectiveness

Engaging with patients and carers, who use or have experienced any of the services we provide, is a priority for us as an organisation. We would like to understand more about what patients and families value, what they might want more or less of and how they

think we might shape and develop our services to meet their needs rather than ours. **Understanding those who receive hospice care is also a step towards understanding how we can engage more fully with our entire community.** We would like to involve “users” – current, past and potential, in consultations – on policy and on facilities (in the next year this includes plans for refurbishment).

Our next step – one which we have already started to take – is to utilise the skills and experience of an independent individual in a voluntary capacity, to convene and direct engagement/consultation activities.

How will progress be monitored for future priority improvements – 2017/2018?

The Rowans Hospice Board of Trustees, and more specifically, the Clinical Executive Group, will monitor, benchmark and account for progress through a variety of methods including:

- Annual Return to the Charity Commission
- Annual Review and audited Report and Accounts
- Business Plan
- Quality Accounts, Clinical Governance Report
- Annual audits and patient surveys
- Annual General Meeting of the Charity
- “Reaching Out”, The Rowans Hospice newsletter and other periodic communications



- National data as collected by Hospice UK and the National Council for Palliative Care
- Research – both internal and external to The Rowans Hospice
- Patient surveys for individual doctors, as required by General Medical Council Revalidation
- As a designated body under Medical Revalidation legislation, Rowans Hospice governance structures and medical staff performance are overseen and subject to annual report by the Responsible Officer provided by Southern Health NHS Foundation Trust and Quality Assurance by NHS England.

Statement of Assurance from the Board of Trustees

The Board of Trustees is fully committed to delivering high quality services to all our patients whether in the hospice or community setting.

The Board is involved in monitoring the health and safety of patients, the standards of care given to patients, feedback from patients including complaints, and plans to improve services further. It does this by receiving regular reports on all these aspects of care and discussing them at Board meetings.

Of equal importance our Trustees visit the Hospice and other settings where services are delivered. Some of these visits are unannounced and written reports are discussed by the Board and copies are available on request from the Chief Executive.

During the visit Trustees speak to patients, carers, staff and volunteers. In this way, the Board has first-hand knowledge of what patients, families and carers think about the quality of services provided, along with feedback from staff and volunteers. This year the Trustees have officially made at least seven separate visits to different areas of our service. **The Board is confident that the care and treatment provided by Rowans Hospice is of a high quality and cost effective.**

Following an unannounced inspection by the Care Quality Commission (CQC) in September 2016 the Board of Trustees is reassured that **Rowans Hospice was rated an overall 'Good' in the draft report and is compliant with the quality and safety standards set by CQC.**

Rowans Hospice were marked 'outstanding' in terms of the service's responsiveness to need and 'Good' for safety, care, leadership and effectiveness. The draft report was very favourable throughout and no concerns or recommendations were received; everyone involved can be very proud of this achievement.

Internal Clinical Governance Activities

A new Clinical Governance Framework was approved in April 2016 to reflect recent changes in Care Quality Commission requirements (effective 2015) and changes in governance structures including reporting, accountability, and delegation of policy sets. This has been embedded over the past year. **The Framework Document is available on request.**



Part 3: Looking back 2016-17

Review of Services

The aim of the Quality Account is not only to state future improvement priorities but also to evidence achievements on priorities for improvement from the previous year. To ensure the needs of service users are met, Rowans Hospice identified areas of priority where improvements were needed to **enhance the care experience**. Examples of developments and improvements which occurred in 2016-17 are outlined below:

Building for the future – Rowans Living Well Centre

Patient Experience, Clinical Effectiveness

As reported in the 2015-16 account, Rowans Hospice secured Department of Health funding towards a new build that proposed to reach more people who may require care and support as they approach the end of their lives. We were very



excited when the doors opened on the 31st October 2016.

The facility provides a ‘social hub’ in which people can attend and receive therapies, individual exercise programmes; and care appropriate to their needs (for example, complementary therapies, carers’ groups, support groups, reminiscence, music therapy, arts and crafts, bereavement support etc.)

We have been successful in receiving a grant to enable the recruitment of a part-time physiotherapist to back-fill the Clinical Specialist Physiotherapist, allowing the development of **a programme to support and embed the “rehabilitative approach” within the Living Well Centre**. Further grants have been awarded to support the establishment of a nutrition programme within the Centre and to support the training of staff for running a ceramics group

The pilot Living Well Clinic established the foundation for the Centre and we are seeing new patients and carers coming to the Centre each month; the number of patients and carers returning for support each month is increasing month on month.

Patient Safety, Patient Experience, Clinical Effectiveness

In the last Quality account, we described a plan for:

Controlled expansion of Hospice at Home and in-patient unit nursing/medical staff levels to improve efficiency of discharge planning, with consequent more reliable and rapid access to the service, stating that low nurse and doctor numbers should rarely be a reason for a room being empty with a patient waiting to be admitted.

In mid-2016 a number of factors locally and nationally combined to cause us concern regarding sustaining activity, with medical practitioner coverage being stretched thinly. This is a complicated situation as three NHS Trusts and Health Education Wessex (Postgraduate Deanery) work in partnership



with the Rowans Hospice and there is a limit to the Hospice's ability to ensure posts are created and appointments made.

Nationally there is concern regarding vacant consultant posts and vacancies in the training chain leading up to specialist certification. This affects us directly due to the link with Trusts; the fact we are a three/four consultant service; and due to the age of that small workforce. We have also relied on GP scheme trainees and the registrar training scheme to complete the rota (rather than being supernumerary). Illness and part-time working carried risks for service delivery and an actual cost if locums could be found.

The Board of the Hospice took these threats to continuity seriously and resolved to invest, particularly in hospice-employed non-training non-consultant doctors; and also to increase the amount of Medical Director time devoted to Rowans Hospice governance.



Rowans Hospice has always supported the professional development of its non-training doctors (Staff Grade and Specialty Doctors) and in turn our three doctors have stayed with us, gaining skills and advanced clinical competencies. This now provides the opportunity formally to alter the skill-mix of the medical team, off-loading some pressure from the consultant body.

Within 2016/17 the increase in SG/SD sessions was as follows:

Portsmouth and South East Hants Locality Palliative Care Services Medical staff								
	Work for	Head-count		Whole time =		Out of hours		notes
		04/16	04/17	04/16	04/17	before 08/15	From 08/17	
Consultant	Hospital Trust	1	1	0.6	0.6	1/4	none	Ceased OOH Oct 2015
Medical Director	Rowans (RH)	(1)	(1)	0.1	0.3			Lead employer Southern Health NHS Foundation Trust
Consultants, includes Locality and Regional Lead roles	Both community areas and RH.	3 (incl MD)	3 (incl MD)	3	2.8	3/4 From Oct 2015 to present 3/3	3/4	



The following all have Rowans Hospice contracts

	Work for	Head-count		Whole time =		Out of hours		notes
		04/16		04/17		04/16		04/17
Staff Grade	Employed by RH but see notes	1	1	0.5	0.5	1/5	1/4	Seconded to PHT 04/2016 – 06/2017
Staff Grade	Rowans	1	1	0.5	0.5	1/5	1/5	Supervised work in community too
Specialty Doctor	Rowans	1	1	0.7	1	1/5	1/5	
Specialty Doctor	Rowans new post April 2016	1	1	1	1	0	1/5	To commence community. work to support consultants
Locum SD	Rowans	0	2	0	1.7	0	1/5	Start Mar/Apr 2017

Funded by Health Education Wessex / NHS Trusts

Doctors in Training STR, GPST, FY2	Registrar SHNFT Others Rowans	3	3	2.4	2.4	2/5	1/5	2015/16 was Headcount 4, WTE 2.6
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Healthcare provider organisations involved: Rowans Hospice, Southern Health NHS Foundation Trust, Portsmouth Hospitals NHS Trust (Queen Alexandra Hospital), Solent NHS Trust

Doctors in training at Specialty Registrar, GP training and Foundation are funded by Health Education Wessex / NHS Trusts except the GP specialty trainee’s out of hours (charity funds).

In April 2017 a limited-term locum post at a junior Specialty Doctor level will provide further continuity to allow our established SG/SD to take on more supervisory responsibilities – in turn consultant clinical continuity; governance activity and strategic capacity will be more

robust. Within the year, Trust arrangements for medical cover are almost certain to improve and our Medical Director continues to support those organisations in this; the Chief of Service responsible in the Hospital Trust is committed to continued shared cover of the 7-day service.

Improving the in-patient environment and patient comfort
Clinical Effectiveness, Patient Experience, Patient Safety

To consider further refurbishment of the in-patient areas, including bedrooms, bathrooms, corridors and sitting-room areas. The aim in all areas is to **modernise while considering particularly the needs of patients and visitors with cognitive**



impairment, including dementia and other disabilities.

In 2016, a **refurbishment of four of the In-patient rooms** took place to make them more appropriate and less confusing for those patients who may have sensory impairment or cognitive impairments; such as confusion, memory problems or restlessness due to their illness. The rooms have been redecorated to provide a calming, modern looking environment.

With the positive response to this upgrade, it has been agreed by the Board of Trustees to allocate funds to refurbish the remaining in-patient rooms along with other areas within the clinical setting. Architectural services are being sought through a tendering process to help take this forward in 2017/18.

Clinical Effectiveness, Patient Experience, Patient Safety

Development of the role of Hospice Companions has enabled **support of patients** within the Hospice, Day Care services, the Living Well Centre and Hospice at Home. This service **complements the care provided by professionals**. Development of the team of volunteers has meant that the volunteers are able to carry out practical tasks and act as companions to people within their own home; this team are now confident to offer the kind of care a family member would expect to do: to 'walk with' patients and to support nutritional



needs through assisting with 'feeding' particularly for those patients with dementia or cognitive impairment.

Developing IT systems

Patient Safety, Patient Experience, Clinical Effectiveness

Priority 2 in the 2015-16 account indicated IT systems as an area for improvement. We are pleased to report that Day Services and the Inpatient Unit have moved to using Electronic Patient Records.

Continuing professional development and professional regulation

Patient Safety, Clinical Effectiveness

In line with our People Strategy, we have implemented a new people system that allows transparency around records and personal details, with easy reference for the organisation and ownership to the individual employee and volunteer.

In furtherance of our aim to develop our people in the 'middle management' layer of the organisation, we have continued to provide a 'lead to coach' workshop and



we are developing a structured Training Plan for the entire Group.

Specialist Palliative Care Services Collaboration

Clinical Effectiveness

Members of the Hospice Executive Group have ensured monthly attendance at the **Locality Providers' Operational Forum** and attendance at all local Strategic Partnership Group meetings in the period covered by this report. Operationally, the aim is to smooth patient transition across services within the pathway of care and to optimise mutual understanding among the clinical teams providing specialist palliative care and bereavement care. The Strategic Partnership Group provides opportunities to examine service design, in a regional and a national context, and to explore opportunities for cross-provider collaboration.

Education and Training

Patient Safety, Clinical Effectiveness

Rowans Hospice continues to deliver and collaborate in a great deal of educational activity in our locality and further afield. This activity, its review and governance structures are described in the education and research strategy/reports and can be provided on request.

To support generic palliative care training, Rowans Hospice, in partnership with NHS Specialist Palliative Care providers, **actively pursues opportunities to provide palliative care education and training**

through development of bids to secure funding. To this end a number of educational and training activities are being delivered including:

- Advanced Communication Skills Training
- Sage and Thyme - Level 1 - Communication skills training
- End of Life and Bereavement Care Training
- GP Registrar Training
- Unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR) training to GPs and primary health care staff
- Advance Care Planning training for health and social care professionals
- Symptom management
- Six Steps Programme

In addition to these activities, ongoing professional support and guidance is provided to qualified nurses, health care support workers, volunteers, administrative staff, doctors, trustees and allied health professionals. This includes the delivery of statutory training such as health and safety, fire, manual handling and courses which are core to the charity's objectives, for example, Working with Loss and Induction training.



Bereavement and Psychology Services

Patient/Client Experience, Clinical Effectiveness

The bereavement service continues to support many people across Portsmouth and South East Hampshire following the death of someone known to them.



CASPE Healthcare Knowledge System (CHKS)

Patient Safety, Clinical Effectiveness, Patient Experience

Rowans Hospice continues to **maintain compliance for CHKS accreditation** following a face to face inspection in April 2016. This inspection requires regular review of structures and processes to ensure that compliance with ever-changing standards is evidenced. A monitoring visit is expected October 2017 to ensure on-going compliance.

Participation in clinical audits

As a provider of specialist palliative care, Rowans Hospice was not eligible to participate in any of the national clinical audits nor national confidential enquiries as none of the audits or enquiries related to specialist palliative care.

Rowans Hospice Quality and Audit Programme **facilitated many service improvement audits during 2016-17**. Rowans Hospice also used a number of audit tools provided by the umbrella

organisation, Hospice UK of which we are a full member.

Internal ad-hoc projects authorised by The Clinical Quality Strategy Group (CQSG) and completed in 2016-17:

- Bereavement service record keeping
- Mental capacity assessments records audit
- Hospice care for deprived areas: A review of the equity of access to Hospice services in our area.
- To evidence the vital role of the H@H in End of Life care in the community
- The use and prescription of steroids for inpatients in the hospice.
- Records audit

Hospice UK national audits tools

- Infection control – environmental audits
- Hand hygiene
- Sharps management
- Accountable officer
- Controlled drugs medicines management
- Medicines management

These audit tools are relevant to the particular requirements of hospices, **allowing our performance to be benchmarked against that of other hospices.**

In addition to the above, the following actions have been undertaken to ensure Rowans Hospice continues to improve the quality of healthcare provided:



Participation in the National Benchmarking facilitated by Hospice UK covering benchmarking the rate of Pressure Sores, Drug Errors and Patient Falls.

Service Showcase

The Clinical Quality Strategy Group (CQSG) Showcase has developed over the past seven years as a vehicle to raise awareness across the domains of service of all the quality improvement work that is undertaken. Posters are produced by both clinical and non-clinical departments and displayed for one month in the Seminar Room as well as throughout the Hospice. A Plenary Session allows emphasis on certain key initiatives and serves as a forum for celebrating quality and success.

Specialist Palliative Care Audit and Service Evaluation

The Clinical Quality Strategy Group has achieved **wide involvement in clinical quality assurance activity** and developed systems for prioritisation, reporting and discussion of results with the overall aim of a **higher quality of clinical and supportive care**. The continued involvement of clinical managers is vital for this.

Research

Rowans Hospice Ethics Executive Group (EEG) has not been asked to consider any research directly affecting patients, carers or staff within the Rowans Hospice in the

last year, however does recognize the importance of contributing to research that is being carried out by other hospices/Universities. The hospice is prepared to provide anonymised information and will answer questionnaires if asked; following 'checks' being carried out to ensure good governance.

Information has been provided to support the following three research projects:-

- National UK study on factors influencing duration of access to hospice-based palliative care services from referral to death
- Taking an institutional work approach to explore how hospices are individually and collectively responding to the challenge of dementia
- Optimum 'Hospice at Home' Services for End of Life Care

The EEG has been challenged through a report commissioned by Hospice UK – encouraging hospices to become part of research. As a result **links have been made with the University of Southampton, other hospices, and Hospice UK**, resulting in the formation of the Wessex Research Active Hospice Development Group – the purpose being to promote respectful relationships between hospices and the University to support hospices in becoming research 'ready' and 'active'. Rowans Hospice has also formed an internal Research Active Group to begin to look at how the hospice



can move towards being research active – the group has begun to generate themes and research questions which can then be taken forward to the Wessex group – this work is in its early stages.

Quality Improvement and Innovation Goals Agreed with our Commissioners

The Rowans Hospice income in 2016-17 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Education and Training – Palliative and End of Life Care

There is a full and varied programme of **in-house education and training**, led by the Clinical Lead in partnership with the Education Facilitator and a Consultant in Palliative Medicine.

As detailed earlier in this report, the Education Facilitator supports the in-house training programme in addition to the core focus on **engaging with the community healthcare and social care providers**. The Education Facilitator is also the lead for Dementia Awareness training for hospice staff and volunteers.

Review of Quality Performance 2016-17

This section provides:

- Data and information about how many patients use our services

- How we monitor the quality of care we provide
- What patients and families say about us
- What our regulators say about us

Each year Rowans Hospice has submitted data to The National Council for Palliative Care: Minimum Data Sets and a full report was produced containing data provided by ourselves benchmarked alongside other hospices. Unfortunately, Public Health England (PHE), the National Council for Palliative Care (NCPC) and Hospice UK announced that the National Minimum Data Set collection for Specialist Palliative Care Services (MDS) will no longer be collected with effect from 31 March 2017, therefore a report will not be produced. However, Hospice UK is developing a specific data collection for hospices. There will be a further update on this in due course.

Rowans Hospice continues collecting activity and event data to inform our organisational reporting and business-planning as well as discussions with local commissioners.

In-patient Unit (IPU) 2016-17

- Completed In-patient admission episodes – 381 (375 – 2015-16)
- Of the above, 30.4% admitted from hospital (32.7% - 2015-16)



- Average length of stay for patients – 12.8 days (14 – 2015-16)
- Of those patients who were discharged, 79.8% returned to their home (78.62% - 2015-16)
- 9.2% of patients had a diagnosis other than cancer (7% - 2015-16)

Therapeutic Day Care Services

Traditional Day Care –

- 184 new referrals (152 – 2015/16)
- 29.8 % of patients had a diagnosis other than cancer (26% - 2015/16)
- Attendance average was 70%, (73.7% - 2015/16)



Rowans Living Well Centre (from November 2016 – 31st March 2017)

- 130 new patients seen at the Centre
- 169 new carers seen
- Overall Patient Attendance - 520
- Overall Carer Attendance - 473
- Total Visitors (Coffee, picked up literature and information) - 154
- Total Overall Visits (Patient/Carer/Visitors) - 1147

Bereavement and Rowans Hospice Meerkat Services

The Bereavement Service provides extensive support in a variety of ways for adults with links to The Rowans Hospice.



- 91 referrals received for 1:1 support
- 127 attendances at Bereavement Support Group

The Rowans Hospice Meerkat Service is a district-wide service helping support children and younger people up to the age of 18 years, with links to Rowans Hospice, **prepare for the loss of a close or significant adult and offers continued support into bereavement.**

- 107 new referrals
- 376 ongoing caseload
- 190 children attendances to the sessions, events and activities

Hospice at Home Service

- 430 patients were referred to the service (397 – 2015-16)
- 18.4% Non-malignant diagnosis (14.6% - 2015-16)
- 13.5% two or more defining conditions - mixed malignant & non-malignant



- 55% of referrals were not known to the Specialist Palliative Care Team/Hospice
- 10% of patients referred through Portsmouth Hospitals Trust to support statutory Community Teams with discharge home.

Regularly Measured Quality Markers

In addition to the limited number of suitable quality measures in the National Data Set for palliative care, we have chosen to measure our performance against the following:

Indicator	2016-17
Preferred Place of Death	
<p>In palliative care nationally, meaningful outcomes measures are being worked on and may become standard in the near future. Meanwhile, noting and attending to the patient’s wishes and preferences – throughout our relationship with them – is a good measure of our care and “preference for place of death” has been recorded, along with final preference and actual place of death, for some years.</p> <p>Establishing and understanding patients’ preferences for place of death and supporting patients to achieve their wishes. As part of the admissions process, discussions take place with the patient (and family if requested) asking questions related to treatment, care options and the patients’ and families preferences, including their preferred place of death. These discussions are recorded on a “preferences form” and form part of their care.</p>	
Achieved preferred place of death at the Hospice	80%
Preferred place of death undetermined or not known	7.8% as above
<p>11.25% of patients indicated preferred place of death was home, however due to reasons, such as acute changes in their medical condition, this was not possible. However, in all cases the family indicated their satisfaction that the patient remained in The Rowans Hospice.</p>	
Resuscitation Decisions	
<p>100% compliance – records indicated Resuscitation Decision forms were completed following discussions with patients/families as appropriate.</p>	
Patient Safety	
<p>Patient safety accidents/incidents include a patient reported to have had a fall, slipped out of a chair, rolled out of bed in their sleep or collapsed as a result of their illness. All incidents were reported and investigated and appropriate actions taken to reduce risk, in addition to outcomes being reported back through governance reporting structures. Risk assessments are regularly reviewed following any reported incident. As part of the review, any trends and themes are identified and analysed.</p>	
The number of patient safety incidents (including those reported through Day Services)	78



The number of slips, trips, falls; including slipping from a chair and found on the floor	70
We have seen a reduction in the number of incidents reported for this period indicating that the systems in place are effective in controlling the risk as well as in raising the team's awareness to higher risk patients – who have already had a slip or fall. Additional staffing is put in place for patients whose safety is deemed to be at risk. Continual efforts will be continued to ensure we achieve our 2017-18 target to see a reduction in the number of patient falls.	
The number of serious patient safety incidents	0
The number of patients who experienced a fracture or other serious injury as a result of a fall	2
Infection Control	
Total number of patients known to have acquired MRSA whilst on the In-patient Unit	Nil Hospice acquired
Total number of patients known to have acquired <i>C. difficile</i> whilst on the In-patient Unit	Nil Hospice acquired One patient transferred to the hospice from hospital with <i>C. difficile</i>
<p>Drug-related incidents – All drug-related incidents/errors are reported and investigated, appropriate action is taken and the incident is reported through the governance channels, i.e. Medicines Management Group, Clinical Executive Group. Examples of incidents reported included clerical errors such as missed signature when a drug had been administered, a missed signature in the Controlled Drug Register, when witnessing the dispensing of a controlled drug, or an oversight in that a drug had not been given.</p> <p>There were 21 drug-related incidents. All were investigated and corrective action taken. There were no serious consequences from these incidents.</p>	
Total Reports	21
Number of single drug administrations	96,023 doses
Clerical (no patient harm)	14.2%
Patient affected	0
Requiring reporting to CQC	None
Quarterly drug error/incident reports are produced for the Medicines Management Group and discussed in detail, addressing operational procedures, circumstances around the error and determining any outcomes and recommendations as appropriate.	



Complaints and Concerns

	Received from patient/carer	Received from other	Resolved through internal process	Independent review sought by complainant
Concerns relevant to hospice service	2	1	All	None
Concerns not directly related to hospice service	3	1	Passed to appropriate service	None

We listen to our patients and carers and those who access our services. We have a robust Complaints Policy and Procedure which is made available to all who use our service.

All concerns raised have been addressed in consultation with the person who raised the concern, reflected upon by the staff involved and practices or procedures have been reviewed as appropriate, followed by written feedback to the person raising the concern. Information is provided to the complainant on how to seek independent scrutiny from the Ombudsman should the complainant deem the internal investigation inadequate. For the period of this report all complaints and concerns were managed internally and no further action was sought.

There have been no recurrent themes from the concerns which have been

raised but following discussion, reflection and communication with those involved, some changes have occurred. One concern addressed poor communication with a patient by a member of staff. A second concerned miscommunication relating to medication and was resolved following discussion and clarifying understanding. The third concern was received by an external agency, it highlighted the impact and concerns were the bathing service being piloted by the hospice to cease. As a result, a review of the service was carried out and the bathing service has now been integrated into the service provision delivered through day care.

Two concerns were received by the hospice, following initial investigation it was clear that these were not related to the hospice but were passed to the appropriate organisation – both complainants were written to explaining the situation and informing them that the



organisation needing to take the investigation forward would be in contact. A concern was received from a GP surgery; on investigation it was clear that this concern was related to the hospital and so the GP was contacted and encouraged to work directly with the hospital in relation to the issue raised.

The hospice is sub contracted to support Clinical Nurse Specialist advice and support to those patients who have moderate to severe dementia and who require end of life care, additionally through support of their carers – the service is called **Remind** and is available to people living in Portsmouth – the hospice received a concern relating to communication and expectations of the service – this was addressed under the Remind procedures – this concern highlighted the need clearly to define for

clients what the service can provide – ensuring expectations are clear.

Safeguarding

Rowans Hospice has a duty of care and a duty to the health and social care systems to raise concerns whenever safeguarding of children and adults is a potential issue. Within Rowans Hospice it is considered good practice to have ‘safeguarding’ high on the agenda, and questions are often asked early in a potential crisis situation. We are aware that very often the deterioration of a patient can lead a carer to struggle to cope and raising a safeguarding concern can create more stress. Our way of working means that a lot of preventative work is carried out with families which often averts a crisis situation and the need ‘safeguard’ a situation.

	By Hospice	Adult/ Children’s Protection	Pressure Areas		Serious Incidents	Complaints by Hospice
			Admitted from Home/ Hospital	Acquired/ deteriorated in Hospice		
Safeguarding notification by another	0	0	0	0	0	0
Safeguarding and CQC notification made by Hospice	8	2	3	3	0	0
DoLS application	6	0	0	0	0	0



All safe guarding reports made by the hospice are automatically reported to CQC.

Safeguarding notification by Hospice

A safeguarding notification was raised as a result of a **patient's condition on arrival at the Hospice** – resulting from a manual handling procedure.

A safeguarding notification was raised in relation to information received during an assessment that required reporting to the Children's Services.

CQC notifications -

The Hospice is required to notify CQC of any pressure areas that are graded a three or above; as a result of this 3 patients who on admission were noted to have a pressure sore grade 3 or 4, were reported – two of the 6 reported pressure sores were acquired during the Hospice admission – **investigations carried out show these were unavoidable**, a further pressure sore was reported to have deteriorated from a grade 2 on admission to a grade three - **investigation carried out showed this was unavoidable**.

Deprivation of Liberty Safeguards (DoLS)

Following mental capacity assessments **six applications** were made as Urgent Authorisations which were sent to the DoLS team enabling the patients to remain at the Hospice lawfully until a Standard Authorisation could be put in place. Two of these applications related

to the same patient as a result of the place of care changing – and on discharge a further application was made for a Standard Authorisation. The remaining four DoLS Urgent Applications were not progressed as the patients deteriorated and died at the hospice.

Regular meetings which reflect on the detail of notifications include those of *Nurse Managers, Clinical Managers Committee* and *Doctors with Senior Nurses*. Outcomes, reputational issues and learning are discussed at Hospice Executive Group in full. Appropriate details of these events and their outcomes are recorded in minutes.

What others say about us

Many letters and cards have been received from former patients and service users, **praising the staff and volunteers** for the service they have received. In addition, verbal recognition is received from relatives or families who remain in contact with Rowans Hospice.

Satisfaction questionnaires are sent out to all patients on discharge; Therapeutic Day Care patients; and carers. Views are also invited from the bereaved through an open invitation card within the bereavement information booklet. Carers are encouraged to use feedback sheets available in loose leaf files within the patient area. Again, **feedback received is very positive and reflects patients' and families' appreciation of the services they receive**.



Evaluations from service users receiving Bereavement Support are monitored and reported. –

	Routine/ad hoc	Response rate	Any actions	Other
In-patient care	All discharges	45.5%		
Day Care	All discharges	65%	More crafts offered	
Living Well Centre	All attendees	In this year, data collection commenced November 2016 when the building opened its doors		
Hospice at Home	6 months post bereavement	46.5%	Overall excellent feedback	
Carers group	Annual report	In this year, no data collected		
Hospice Companions	Ad hoc survey		Care skills and risk assessment training	Spontaneous user feedback
Psychology service	Service satisfaction survey	49%	None for this year	This is a spot survey to all on caseload
Bereavement service	Through user feedback – short questionnaires, open invitation to send in views of the service	See annual report	Review of services offered.	

Carers

The Living Well Centre and Rowans Hospice continue to recognise the vital role carers play throughout the year by providing them with a **dedicated support service**. The Hospice supports a monthly

Carers' Group in addition to the annual National Carers' Week with a variety of events including "pamper days" and information days. Support for carers is now more accessible through the **opportunities on offer on a regular basis through the Living Well Centre**. Overleaf are some examples of feedback received:



"Overall, the Rowans was excellent and the staff looked after me. I felt that the Rowans was my 2nd home"

Thank you so much for the wonderful care you have given me over the last two weeks. I couldn't have received any better care if I had been the Queen of England

"Thank you all very much for all the help and understanding you showed when my mother was with you. You were all so kind and made our situation so much more bearable with all you do there"

"I cannot praise this service enough. It felt like somehow my/our needs were anticipated and things in place before I realised I needed them. All going on quietly in the background".

"I would like to thank everyone at the Rowans for caring so wonderfully for our mother. Please pass on our heartfelt gratitude to everyone who works there. We all witnessed first hand what a truly wonderful environment The Rowans is".

"I believe the Rowans team could not have done more to provide an excellent service"

"Our expectations were exceeded. I have never met such a caring team and my husband was relaxed and comfortable with them till he died."

"I have benefitted from my recent stay at in Rowans as they were able to get my pain level down significantly - to a much more bearable level"



Statements from Care Quality Commission (CQC)

Following an unannounced inspection by the Care Quality Commission (CQC) in September 2016 the Board of Trustees is reassured that Rowans Hospice was rated an overall **'Good'** in the draft report and is compliant with the quality and safety standards set by CQC.

Rowans Hospice was graded **'Outstanding'** in terms of the service's responsiveness to need and **'Good'** for safety, care, leadership and effectiveness. The draft report was very favourable throughout: no concerns or recommendations were received; **everyone can be very proud of this achievement.**

"People were complimentary about the compassionate nature of all staff. People told us staff had taken time to develop caring relationships with them and knew their needs well and how to support them. Throughout the inspection we observed staff and volunteers consistently demonstrate concern for people's well-being in a caring, meaningful way."

"People and their families made positive comments about the high quality of care

provided and the effective management of each aspect of the service. Governance of the service was of a high standard and robust quality assurance systems were in place to ensure shortfalls would be identified and improvements made when needed. The Rowans Hospice annual Quality Account which is published on the provider's website sets out the priorities for the service which are focused on patient safety, patient experience and clinical effectiveness."

"The organisation's vision and values emphasised respect for each other, put people at the heart of the service and focused upon enhancing the lives and wellbeing of people who used the services. We observed staff demonstrating these values in their everyday care practice."

"People were complimentary about the compassionate nature of all staff. People told us staff had taken time to develop caring relationships with them and knew their needs well and how to support them. Throughout the inspection we observed staff and volunteers consistently demonstrate concern for people's well-being in a caring, meaningful way."



Commissioning Groups' Statement

Portsmouth City Council remains committed to working with the Rowans, as the service provided is a high quality, person led service that continues to represent excellent value for money and **enables individuals and their families and friends to have the right level of choice and control over the support they require** at what can be a very difficult time. The training provided by the Rowans is a valuable and utilised resource available to our staff, providing first class specialist training. The success of reablement focused end of life support service which demonstrates a clear understanding of the changing face of end of life care has provided sufficient evidence of effectiveness for Adult Services to decide to continue to fund as business as usual. This demonstrates our continuing partnership with Rowans Hospice, one I anticipate to last for many years to come.

Angela Dryer

Deputy Director Adult Services

Caldicott Guardian for Adult Social Care & Public Health

Portsmouth City Council

Received March 2017

Hampshire Adults Health and Care services is pleased to be working in real partnership with Rowans Hospice; its ethos is very much aligned with ours. **The person centred care they deliver to our residents is second to none** and represents the best in partnership working. They are a key provider of palliative care education and events we have attended have been both thought provoking and extremely well run. **Their understanding of the needs of people, their families and wider social networks in very challenging times is immense** and demonstrates their absolute commitment to providing quality services, for the whole community. We very much value the joint working with their Social Work team and look forward to this continuing.

Kathryn Buttriss

District Service Manager

Adults' Health and Care

March 2017

Working in the palliative care sector in a number of localities around the country I am well aware of the challenges facing hospices and their associated services. What is most impressive about The Rowans, apart from the undoubted commitment to delivering high quality in-patient services, is the charity's responsiveness to the challenges faced by the



local health and social care environment and the changing demographics of its own patient base.

Continuing to invest in hospice at home services enhances choice for patients and their families, supports the local Acute Trust and Social Services and recognises the importance of managing the complex pathway through palliation, end of life care and bereavement.

Responding to the difficult challenges of frailty compounded by dementia is a key development for The Rowans and serves as an exemplar for the rest of the hospice movement.

John Hughes

Group Medical Director

Sue Ryder Palliative Care Charity

“Rowans Hospice has been able to demonstrate a robust reporting process for reporting incidents and previous quality accounts have identified the levels reported in previous years. **The Hospice has demonstrated positive quality achievements during 2016/17.**”

Alex Berry

Acting Chief Operating Officer

Fareham & Gosport & South Eastern Hampshire Clinical Commissioning Groups

*“Portsmouth City Council is delighted that it continues to have an **excellent and developing partnership relationship** with The Rowans Hospice. The service provided is person led, high quality care that represents excellent value for money and enables individuals and their families and friends to have the right level of choice and control over the support they require.*

Conclusion

This account is by no means exhaustive; however it is intended to provide evidence on how the quality of our service is **constantly reviewed and evaluated** and where needed enhancements are made.

For further information please visit www.rowanshospice.co.uk or telephone 023 9223 8541 asking for the Chief Executive, Ruth White.



Quality Account 2016/2017		Revision No.	1
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