



Quality Account

2022 - 2023

Quality Care Delivered with Compassion





Part 1

Chief Executive's Introduction



“As I write this introduction for the Quality Account for Rowans Hospice Charity (RHC), Registered Charity No. 299731, at the end of March 2022/2023, I am filled with a sense of pride for all that has been achieved in what has continued to be a very challenging period for independent hospices.”



The Charity's established *Objects* are the relief of sickness, suffering and distress of persons with a terminal illness, progressive chronic illness or increasing and irreversible frailty, in particular in the provision of medical and nursing care and facilities for care, treatment and benefit. These *Objects* were adopted by Special Resolution on September 5th 2018, to expand the provision of Hospice care in recognition of an ageing demographic and the need to expand and diversify our care offer to support more people.

Registered with the Care Quality Commission (CQC) and subject to monthly virtual review and one monitoring inspection during 2022/23, it is with absolute pride that we have been able to maintain the overall rating of 'Outstanding'; the highest accolade, awarded in recognition of our responsiveness and the high quality of care services. Services that are provided for the people of Portsmouth and South East Hampshire (PSEH) within our buildings: Rowans Hospice and Rowans Living Well Centre (RLWC); and directly to people within their own homes and places of residence, including residential and nursing care homes.

Although continuing to face significant challenges in income generation and ensuring we attract and retain staff who by qualification, experience or aptitude are drawn to working in Palliative and End of Life (PEOL) Care, the year has run relatively smoothly. Employing almost 300 staff and over 1000 volunteers in clinical and business support services, we pride ourselves in being recognised as a centre of excellence in our ability to both provide specialist care and enhance Palliative and End of Life (PEOL) Care skills in the generic workforce through training, education and support.



Throughout this period our NHS and social care partners have been under extreme pressure, which in turn impacts on RHC due to our co-dependent relationship in service provision. Therefore, we have taken the stance of doing everything within our ability to relieve the pressure on statutory services by further enhancing our responsiveness and when required extending our involvement/care intervention.

The importance of future planning

Much emphasis has also been given to future planning; meeting people earlier in their illness to mitigate the need for crisis intervention, which is distressing and can lead to an untimely and unnecessary hospital admission. Future planning in conjunction with the person, their family and friends, to maintain quality of life and access to a range of personalised therapeutic interventions provided from RLWC, will have hopefully relieved pressure on General Practitioners (GPs), reduced calls to 111 and minimised unscheduled admissions. Throughout the period, overall access to all charitable services has increased, as demonstrated in this report, and despite a few periods where we faced significant workforce challenges.

Stepping up our responsiveness at a time of tremendous pressure has been rewarding but has placed a strain on charitable expenditure as overspends in the NHS and adult social care has led to a reduction in statutory funding. Contract costs now fall far short of actual costs and the historic Grant Agreement now represents just 10% of our operating expenditure.

This strain on charitable funding has been further compounded by the economic crisis with a notable reduction in individual and community fundraising. We are however resolute in our desire to maintain all our care services for as long as this may be possible, along with the high standards and quality of care that RHC is renowned for. We are also hopeful that our achievements will place us in a favourable position to attract additional statutory income from the newly recommended and evolving NHS PEOL Care Commissioning Framework that is currently at pilot stage.

However, in striving for both quality and capacity there is a threat to our financial reserves, which we are now drawing upon to maintain our current level of service provision. It is now our belief that without sustainable and reliable NHS funding our full complement of services will be threatened in the short to medium term.



A unified independent hospice voice

Being recognised as an independent healthcare provider, that is an integral component within the Integrated Health and Social Care System (ICS), has continued to offer us a platform to engage with System Leaders and NHS Providers who are charged to transform and enhance PEOL Care. Representation at the ICS PEOL Care System Board and the PSEH Local Delivery System (LDS) Steering Group has continued and we have actively engaged in a number of PEOL ICS Board workstreams, namely: Interoperability; Education and Training; Community Engagement; Bereavement and Care After Death; and the Single Point of Contact/s (SPOC). The latter Chaired by a joint funded representative from the Hampshire and Isle of Wight Independent Hospice Collaborative, a consortium of hospice charities, to include RHC, that aspires to provide leadership in the development of PEOL Care and a 'unified independent hospice voice' across the ICS.

The PSEH locality development of a SPOC, has now evolved from the 'Clinical Coordination Hub' that was implemented during the pandemic, through collaboration with our NHS partner community Trusts with a 'go live' date from the 1st April 2023.

This development exemplifies the collaboration and integration across NHS and voluntary sector providers, with RHC in a pivotal role in managing the operational development that is overseen by the PSEH Palliative Care Locality Programme Group, comprising commissioners and providers from community, hospital and RHC. The SPOC will continue to utilise senior clinical staff, employed by all collaborators; and clinical administrators, who can then access NHS electronic records to provide an immediate; well-informed; highly capable response including coordinating access to clinical services and specialist symptom management advice.

Further evolution is envisaged for the future to include shared care records, greater unification across teams and the ability to collectively report patient level outcome data.





Throughout this period, we have continued to provide our full range of services in both physical and virtual form; adapting our service delivery to support the patient in the right place, at the right time and with appropriate clinical professionals. Although COVID-19 is less of a threat, we have remained conscious of its existence and circulation and therefore the need to protect those who are most vulnerable, alongside helping to protect staff and volunteers from illness and sick leave. Precautionary measures include the wearing of surgical face masks in patient facing roles and discretionary testing both staff, volunteers and patients to reduce risk of contamination.

Pleasingly we have also continued to attract free supplies of PPE and tests as, like every health and social care establishment, we have been impacted by rising costs across all consumables. Hybrid therapeutic interventions are valued by those who are most vulnerable and choose to shield and also offers greater support for those who are unable to visit in person.

Benefitting from virtual technology

New and innovative approaches, to include virtual and in person awareness events have also enabled us to reach into minority communities and to those who find themselves disenfranchised by circumstance. Education and training programmes have also been provided to those who support the homeless, helping them to consider when PEOL Care services may be beneficial and to plan their future care needs.

We were also pleased to be part of the development of a virtual PEOL Care ward in the community to maintain people at home, even with the most complex symptoms, through professional and technological support and monitoring. Key to supporting people at home has been the implementation of the Electronic Patient Record (EPR), SystmOne, afforded from emergency COVID funding applied for during the pandemic to support virtual connectivity with patients and families.

The EPR system now offers greater interoperability with General Practice and other local EPR systems; a project that ran throughout 2022, with the system going live in November last year.

Engagement through social media

Utilising the power of social media to engage with new audiences and to raise awareness of our services now includes a virtual tour of charitable services to demonstrate the breadth of service provision and wider knowledge of RHC. This we hope will break down some perceived barriers to accessing services until the late stages of illness with a visual impact and focus on 'living well' alongside 'dying well', the latter of which hospices are renowned for and some equally feared.



The completion of Phase One

In the Summer of 2021, RHC completed the first four stages of Phase One of a planned major refurbishment project to modernise and enhance the In-patient Unit, to include the development of three additional en-suite bedrooms in preparation for an estimated 25% increase in deaths and 40% increase in people requiring palliative and end of life care services by 2040.

Phase One was the beginning of an ambitious Three Phase programme to upgrade the original Hospice building and further enhance and develop therapeutic areas for psychological and bereavement support for individuals and families and those who were accessing the Meerkat Children's Bereavement Service. Sadly, Phase Two and Three are now deferred for an indefinite period as our efforts are concentrated on raising income to maintain clinical services. We did however embark on Phase One, Stage Five, a new stage to blend the adjacent public facing areas and including the development of a new refectory lounge, replacing the small coffee shop in the visitor's reception area for the benefit of staff, volunteers and all visitors to the Rowans Hospice. Capital funding has been provided from a small surplus in financial reserves from emergency COVID funding and Grant Making Trusts and we hope to complete Phase One by the spring of 2024.

Concluding on what has been another challenging, yet rewarding year, I would like to take this opportunity to thank and appreciate those who have continued to support RHC: our staff and volunteers; our loyal public; local Commissioners; statutory partners; neighbouring Hospices; Hospice UK and the wider NHS.

Your support in 'speaking out' about what you know about Hospice care, as an ambassador for high quality PEOL Care, is greatly valued and I urge you to share the contents of this Quality Account widely.

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 Charity.

Ruth White
Chief Executive
15th May, 2023



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 consider the income generation and administrative functions of the organisation where separate quality initiatives are employed and evidenced through Governance.

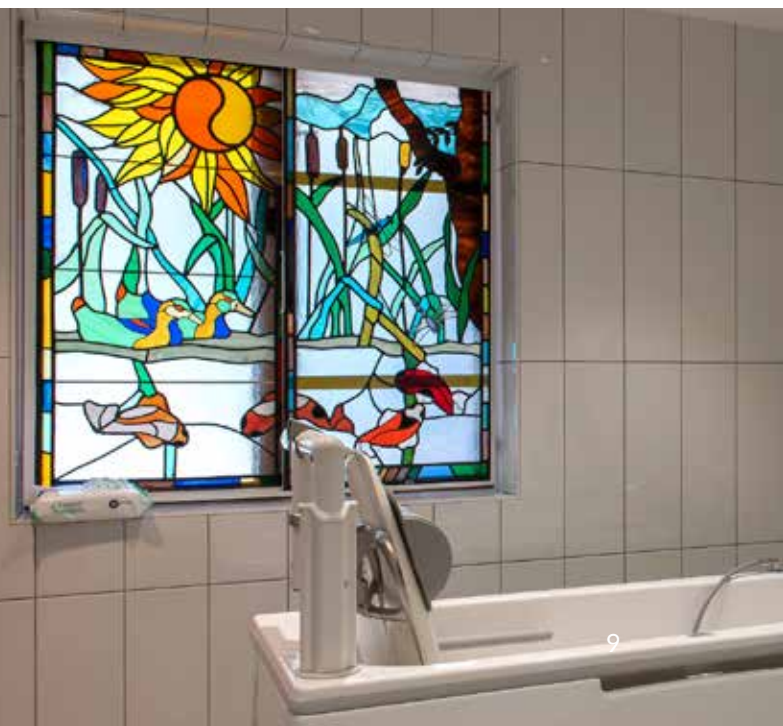
Throughout this period Trustees and the Executive Team have developed RHC Strategy for the period 2022 – 2027. The Business Plan (2023/4) has been developed in response to the strategy and has set objectives against the stated Six Key Ambitions:-

- 1 To protect and expand our clinical services
- 2 To collaborate with the NHS and other like-minded charities to facilitate access to high quality palliative and end of life care for all.
- 3 To be recognised as an employer of choice by valuing, developing and nurturing our workforce.
- 4 To work with commissioners to consolidate contracts and increase statutory funding, while being prepared to reduce core services if additional statutory funding is not forthcoming.
- 5 To monitor and maximise all charitable income streams.
- 6 To continue the refurbishment of the main hospice building by attracting additional funding sources that do not compromise or compete with income for existing services.



A strategy that is underpinned by four core principles:

1. To develop clinical services that are strong, dynamic and responsive to the needs of the local population. We must now add “proactive” to this approach, as we fully engage with NHS reform and the development of Integrated Care Systems (ICS) that will foster, through collaboration and integration, new partnerships between organisations. This includes charities that meet health and care needs across the area, with the aim of co-ordinating services and planning in a way that improves the health and well-being of our population while addressing inequalities of access.
2. To continue to extend and promote our reach with the provision of high-quality Hospice care in any setting i.e. home, nursing home, Hospice building and hospital, as we respond to a growing number of people who will need palliative and end of life care.
3. To tackle inequality and widen access to our services for all marginalised groups and commit to actively engage with these groups, both in the community and via Rowans Living Well Centre (RLWC). We will promote our portfolio of free services which can be tailored to those in need of palliative or end of life care, including their family and friends – throughout illness and into bereavement.
4. To commit to working closely with those who are empowered to transform and commission services and other community partners to increase and harmonise both capacity and breadth of services for everyone in our community during the last 1000 days of life and through into bereavement.





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 2023-24

Priorities for quality improvement identified for 2023-24 are set out below.

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

- **Patient Safety.**
- **Patient Experience.**
- **Clinical Effectiveness.**

Priority One

Portsmouth and South East Hants (PSEH) Palliative Care Support Hub

As outlined in the introduction in collaboration with our NHS partners from Solent NHS Trust and Southern Health Foundation Trust, Rowans Clinical Coordination Hub has evolved into the PSEH Palliative Care Support Hub; a Single Point of Contact, with a 'go live' date from the 1st April 2023.

This development is as a result of the collaboration and integration across NHS and voluntary sector providers. The Palliative Care Support Hub will continue to utilise senior clinical staff, employed by both the Hospice and the NHS, with clinical administrators, who with permissions in place, can then access NHS electronic records to gain information and, where needed, act as a conduit to give immediate clinical advice and signposting, and support admission requests, home assessment visits and contact with other professionals.

Priority Two

Increase in bed capacity

RHC plans to open a further three beds, increasing bed capacity to twenty-two. This will enable improved responsiveness for inpatient admissions, and will bring together the work and aims for 2023/24; to be able to meet the demands of the services, to accept admissions later in the day, and for the Hospice at Home to be able to admit to the IPU out of hours.



Priority Three

Embed Rowans Hospice SystmOne

In November 2022 Rowans Hospice moved from the electronic patient record Crosscare to Rowans Hospice SystmOne, the first step to improving interoperability across the services. Over the next year we plan to embed and develop the system and to take the next step to implement electronic prescribing and administration.

How will progress be monitored for future priority improvements – 2023/2024

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

- Annual Return to the Charity Commission.
- Annual Report and Accounts.
- Business Plan.
- Clinical Strategy Actions Tracking.
- Clinical Audit, analysis of feedback.
- Annual General Meeting of the Charity.
- Hospice UK sponsored focused / benchmarking audits.
- Annual Activity Report.
- Research - both internal and external to Rowans Hospice.
- Multi-source feedback for individual doctors as required by the General Medical Council/ NHS England 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 patients known to our in-patient and community-based services and their family and friends.

The Board is involved in: monitoring the health and safety of patients; the standards of care given to patients; feedback from patients and family members, including complaints and plans for quality improvement. It does this by receiving regular reports on all these aspects of care of which are then discussed at Board meetings.

Further assurance is gained from the CQC Inspection.

Internal Clinical Governance Activities

The Clinical Governance Framework is a key document, which demonstrates quality assurance and accountability mechanisms, including registration/revalidation; reporting; accounting and delegation. The Framework Document is available on request.

Part 3

Looking **Back** 2022-2023



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 our adult population are met, the Charity identified areas of priority where improvements were needed to enhance the care experience. Examples of developments and improvements, which occurred in 2022/23 are outlined below:

Priority One

For the patient to be in the right place at the right time: Expanding the clinical communication hub and extending hours of access for the In-Patient Unit (pilot)

The IPU refurbishment having been completed meant that all 19 beds are now operational. The developments that had been piloted to ensure the 'right level of intervention' at the right time for patients have now been embedded. Although uptake has been low, the capacity for admitting patients in the evenings from Portsmouth Hospitals University (PHU) or Hospice at Home (H@H) with a nursing rather than medical lead has been offered. Later medically led admissions have also been available, with ongoing flexibility on offering medical assessment at home or in hospital prior to admission where appropriate.

The Hub which acts as a contact point for all clinical calls: professional and public enquiries coming into the Hospice, continues to act as a conduit to support admission requests; home assessment visits; and contact with other professionals, particularly liaison between relatives and the hospital. From April 2022 it also took on clinical triage for Hospice at Home referrals.

This 'point of contact' has been developed further and a process has been put in place for the Hospice at Home team to continue to take the calls out of hours. The aim to evolve the Hub further; to develop this into a PSEH Palliative Care Support Hub for all specialist palliative care professionals across the local delivery system while maintaining accessibility to any person who has a query about end of life care within our area of care was realised in April 2023. See priority 1 above.



Priority Two

Gain greater understanding of our patients' personal needs and wants; and understanding of health inequalities in our population

A focus on 'What Matters Most' has been maintained by ward champions, with information shared on handover sheets and within the electronic record. All patients are encouraged to complete an iPOS (Integrated Palliative Care Outcome Scale) on admission where appropriate, with the aim to embed this further into our usual practice, and to repeat at times of change in a patients phase of illness.

In terms of understanding 'What Matters Most' to our community, the Community Clinical Engagement Lead (CCEL) has been working on supporting those with end stage liver disease (leading on from exploration into the needs of those experiencing homelessness and issues with alcohol), by linking with Portsmouth Hospitals Liver Team to build closer links for referrals and treatment escalation planning.

The CCEL has recently completed a Homelessness, Health and Palliative Care: Community of Practice programme - the programme having been developed to build and run local communities of practice to support people experiencing homelessness; those who have multiple and complex needs and may benefit from palliative care support. The aim being that the community of practice includes people from a range of professional groups from the local area to enable collectively the community support people experiencing homelessness need. The programme consists of 8 sessions covering a range of topics around homelessness; health and palliative care; those challenges that front-line homelessness staff often struggle with.

This has led to the CCEL being invited to co facilitate on the programme with the Homelessness Community



of Practice (HCOP), Manager at the centre for Homelessness, Research and practice at Southampton University. The goal is an attempt to support best practice and encourage collaborative working in relation to those homeless clients with complex health care needs across PSEH.

A Health Equalities Forum has been set up, chaired by the Community Clinical Engagement lead, with the aim of promoting partnership working within and external to the Hospice to foster inclusivity, equity of access to services and learning.





Continuing professional development and professional regulation

Patient Safety, Clinical Effectiveness



Following the continued impact of COVID-19, the Ukraine War and economic difficulties, the Charity's ability to deliver education and training through 2022/2023 was not straightforward. That said, everyone worked hard to ensure fair access to training and development via the Learning Module within the HR system (CIPHR), where staff and volunteers are able to enrol themselves on to courses, whether internal regulatory training or the eLearning for Health Care (eELCA). The latter of which is excellent in that it offers an alternative option for mandatory training as well as access to a wealth of other education and learning. The system provides staff with an annual training record and in turn, creates attendance reports and statistics.

Rowans continues to deliver training programmes on line through Microsoft Teams, blended delivery with ELCA eLearning, on-job training and face to face classroom-based training. This flexibility allows the

Charity to meet the training needs in a variety of ways and in a timely manner. The Clinical Trainers have delivered a robust education programme for staff and volunteers which meets the mandatory training needs, but also provides guidance and coaching on clinical skills.

Our Leadership and Management Development Programme has continued with the provision of ACAS modules and Mental Health First Aider training. We also introduced Equality, Diversity and Inclusion (Cultural Competency) training so that all Managers, across the Charity, are provided development opportunities. In this year we have also qualified three further SAGE & THYME Facilitators to begin providing a series of workshops for staff and volunteers across the Charity.

The People Services Manager (Learning and Development) has been successful in gaining the Co-Chair position for the Palliative and End of Life Care Education and Training Working Group which feeds into the Hampshire and Isle of Wight Palliative and End of Life Care Board. This will support Rowans in its aim to collaborate and influence across the development of education across the region.

The HR team has also strengthened its recording of appraisal and review meetings, with the emphasis on development needs and in turn, will provide an organisational Training Needs Analysis (TNA).



Specialist Palliative Care Services Collaboration

Clinical Effectiveness

The CEO, Clinical Directors (Clinical Services, Medical and Quality) represent Rowans Hospice in our relationships with the NHS and Adult Social Care as a key partner in the delivery of patient care across the palliative care pathway. The aim is to ensure, that through developing an integrated and coordinated collaborative approach, every patient experiences a smooth transition of care across statutory and charitable services: hospital to hospice; hospital to home; home to hospital and home to hospice to home or a suitable residential care setting.

Sharing this mutual aim across statutory and independent care providers and commissioners has enhanced the care experience and the responsiveness of all services to meet the needs of the patient and demonstrated specifically through the development of the SPOC.

With Project Fusion, that will create a new NHS organisation to bring together community, mental health and learning disability services together and co-terminus with the Integrated Care System (ICS) coming into statute this year, the foundations are in place to create more synergy that will achieve and enhance the quality of care and effectiveness through efficiencies and the elimination of duplication. The NHS, alongside adult social care and its charitable providers will begin to create services which are sustainable despite increased need and demand which will continue to grow. These are the new foundations to build sustainability and resilience for PEOL Care and importantly for RHC, the independent hospice sector.

The national context has been the creation of seven regional Strategic Clinical Networks for Palliative and End of Life Care under the umbrella of NHS England / NHS Improvement. Our network – South East England – brought together six of England's new Integrated Care Systems; naturally including Hampshire.

The Hampshire and Isle of Wight System further includes local systems – so that our Portsmouth and South East Hampshire Partnership for Palliative Care has become a formal entity, meeting with other providers and commissioning leads in a transformation steering group.

This is important to understand, as it is these systems, committees, boards and projects which RHC leaders must influence to shape the future sustainable, efficient accessible and high-quality service for any person with end of life care and/or bereavement need. RHC leaders are involved in every one of these levels of "system" and through the Health and Social Care Act 2022 will be key to the outcome for services and in turn patient experience in our area, also sharing best practice with others in the System, the Region and even across England through NHS England and Hospice UK networks.



Rowans Hospice Veterans Living Well Service

Throughout the past year, the support provided at the request of the Veterans moved back to face to face. This continued service has proved vital for some veterans evidenced through the need to run two face to face groups per week due to increased demand. The Hospice continues to reach into veteran communities by engaging with a number of charities within the area, which support those who have served in the armed forces.



Remind

Rowans Hospice continues to work in partnership with Solent Mind as a subcontractor within the Remind service. This service supports people living in Portsmouth who have a diagnosis of dementia; from diagnosis to end of life. This service provides support to families and lay carers as well as the person with dementia. The Remind service, through skilled Clinical Nurse Specialists (CNS), provides specialist dementia care and support at the end of life, when there are complex symptoms and heightened emotional distress. The service demonstrates our desire to extend the reach, including working with our partners and to challenge the perception that Hospice care is mainly for people with cancer.

The service continued to offer safe face to face support; seeing an increase in demand leading to the setting up of two fortnightly groups at Rowans Living Well Centre to support the carer and the person with dementia; these have been well attended and are in addition to the Saturday morning face to face 'support group' for women working full time who were caring for someone with dementia.





Education and Training

Patient Safety, Clinical Effectiveness

The Clinical Education team has found a new normal in the delivery of Palliative and End of Life Care training programmes with the options of on line (Microsoft Teams), blended delivery with ELCA eLearning, on the job training and face to face classroom-based training.

The training can be a set programme designed by the Clinical Education Lead or a more bespoke version according to requirements. This flexibility allows Rowans to meet the training needs in a variety of ways and in a timely manner.

There has been a real motivation to work in collaboration on education and training initiatives with the local NHS services delivering Palliative and End of Life Care. We continue to provide training to care homes, Hampshire County Council, NHS teams, Community Services and Portsmouth University.

Educational activity in the last year:

- Syringe Driver update.
- Verification of Expected Death training.
- Symptom Management in End of Life Care.
- End of Life Care Course (3-day course).
- Working with Loss and SAGE & THYME.
- Complex Communications in End of Life Care.
- Managing Difficult Conversations (for Health. Care Support Workers) and Clinical Administrators.
- Symptom Management and Advance Care Planning for Student Nurse.
- Unified Do Not Attempt CPR for Senior Clinicians
- Namaste in Care Homes (Dementia).

We also welcome Student placements for Nurses, Nurse Associates, Physiotherapists, Clinical Psychologists, Paramedics and Foundation Doctors, and some Health and Social Care T levels. All of whom have access to the educational events whilst on placement with the Charity.



Bereavement and Meerkat Service

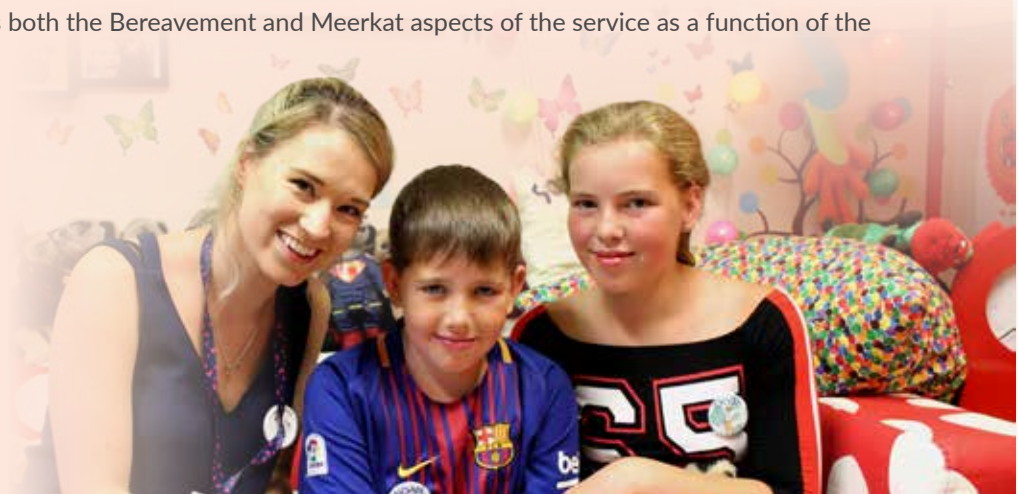
The Specialist Palliative Care (SPC) Psychology, Bereavement and Meerkat Service is an integrated specialist service delivered by Rowans Hospice and Solent NHS Trust through a partnership agreement.

This evolution of the partnership has enabled the resources of both services to be employed more dynamically and responsively; responding to need with greater efficiency; removing duplication in processes and leadership and consolidating the delivery of psychological services into a single vision.

There are three distinct remits of this single service:

- 1 To provide a specialist psychological therapy service to the locality Specialist Palliative Care Teams and GPs in the local area. This aspect of the service arises from Solent NHS Trust's contracts with Portsmouth Clinical Commissioning Group (CCG) and Southern Health NHS Foundation Trust.
- 2 To provide bereavement support to bereaved families when the deceased was under the care of the Charity's services or one of the local SPC Teams.
- 3 Through the Meerkat Services to provide support to young people facing the loss of a significant person; be that supporting the parents, or the individual young person through one-to-one work or attending/participating in group activities.

RHC commissions both the Bereavement and Meerkat aspects of the service as a function of the Charity's work.



Living Well Centre

Over the last year the LWC has continued to build the programme of support on offer for patients, carers and the bereaved. Listening to services users the Centre now offers 63 programmes of care and support; face to face, virtually and within groups; sessions include: complementary therapy, yoga, memories made from fabric, chair based exercises, dementia groups, reminiscence, user groups and carers education to name but a few.

In June 2022 the LWC moved to seven day a week opening, this was introduced having listened to the users of the service saying that weekends can be challenging for the bereaved, a lonely time of the week and for those individuals that work office hours there is now the opportunity to access support at a weekend.

It is evident from feedback and evaluation of the LWC service that the LWC is contributing to strengthening and maintaining resilience in those who access support. This support has been a vital life line for many individuals.

Debrief/Incident Reviews

The Hospice is an environment which encourages reflection and learning – this year has seen the continued opportunity for staff to participate in regular debriefing sessions. The schedule is planned in advance and the

subject is decided nearer the time. Working in this way has supported staff to know that there is regular 'time and space' to discuss, reflect and learn – using the 'dancing bear' concept – "what did we miss? – what can we learn? – how can we change our practice?"

This has led to changes in the way we deliver care and identified training and learning needs. Learning points are then discussed / noted in relevant formal team meetings.

Investors in People – Wellbeing Accreditation

During the year, we were successfully assessed against the Investors in People (Wellbeing) accreditation criteria and were awarded Silver status.

Almost 350 staff and volunteers across the Charity took part and all areas were included: Clinical, Retail and Business Support Services. Participants were able to take part via the completion of a detailed survey questionnaire, one to one interviews and/or attendance at a focus group meetings. During this upcoming year we will work with all teams across the Charity by using assessment report which details the areas respondents felt there needed to be some kind of change as well as the areas they felt worked well.





Participation in Clinical Audits

Rowans Hospice Quality and Audit Programme facilitated service improvement audits during 2022-23. Rowans Hospice also used a number of audit tools provided by our umbrella organisation, Hospice UK, of which we are a full member.

Healthcare Quality Improvement Partnership (HQIP) manage all clinical audit and patient outcome programmes on behalf of the NHS, and NHS Benchmarking Network. Healthcare Quality Improvement Partnership (HQIP) has granted intellectual property right (IPR) permission to Hospice UK for their member hospices providing inpatient care to use the National Audit of Care at the End of Life (NACEL) case note review questionnaire for one audit cycle. This audit through Hospice UK has been reviewed and adapted for hospices and hospices are being encouraged to participate.

The purpose of the audit was to review and understand the level of care being experienced by those dying during their hospice admission, and those individuals important to the dying person. The aim is to improve the quality of care experienced at the end of their life.

Rowans Hospice registered to be part of this audit which involved a review of 10 sets of notes in Feb 2023. This work allowed us at the same time to review RHS1 – providing us with an opportunity to audit how RHS1 was being used – a note audit. The report has been received and the outcomes considered.

With the guidance of the CQSG, all doctors in training are encouraged to complete an audit during their placement, and the medical team are regularly engaged in audits and service reviews.

Audits undertaken included:

- Drug error audits.
- Health and safety audits.
- Patient falls.
- Health records audit.
- Infection control – environmental audits.
- Hand hygiene.
- Waste management audits.

In addition to the above, Rowans Hospice continues to make use of National Benchmarking facilitated by Hospice UK to appraise and improve the quality of healthcare provided: This year has focused on Drug Errors and Falls amongst in-patients.

Specialist Palliative Care Audit and Service Evaluation

The Clinical Quality Strategy Group (CQSG) has achieved wide involvement in clinical quality assurance activity and has developed systems for prioritisation, reporting and discussing results with the overall aim to drive up the quality of clinical and supportive care. The continued involvement of clinical managers is vital for this and is now embedded through the 'leads' facilitating the 'curiosities' clinic; a forum which provides Hospice staff with the opportunity to discuss ideas and concepts that could develop into an audit, service evaluation or research.



Clinical Quality Strategy Group Showcase

(CQSG) Showcase has developed over the years as a vehicle to raise awareness across all service domains to showcase quality improvement work which has been undertaken. In previous years, this have been showcased with poster presentations and plenary sessions. It is our aim to re-ignite this as we now move forward.

Research

The Wessex Research Active Hospice Development Group continued – the purpose being to promote partnerships between Hospices and Universities to support Hospices in becoming research ‘ready’ and ‘active’. The Director of Clinical Services and the People Services Manager (Learning and Development, Clinical Education Manager) continues as to be active members of this group.

The Rowans Ethics Governance Group (EGG) has continued to keep up to date with the issues around Physician Assisted Suicide/Dying.

The Rowans Ethics Governance Group (EGG) agreed in 2021/22, subject to University and HRA Ethical approval, to a member of Rowans Hospice undertaking a PhD research working with Living Well Centre patients – data collection has now commenced.

Integration

Following a locality workshop in 2021, meetings have continued to explore further integration of services, including specialist leadership; opportunities to foster growth and development to support recruitment, retention and succession planning; and a Single Point of Contact through the evolution of the Clinical Hub. The workshop advocated the need to appoint a PEOLC Transformation Clinical Lead to take this work forward (Band 8B) and our former Clinical Lead for Rowans Hospice Charity (RHC) commenced the new role in September 2022, employed by SHFT and Line Managed by Erika Lipscombe, Director of Clinical Services for Rowans Hospice Charity (RHC). The PSEH Palliative Care Locality Programme Group is now steering this development with senior representatives from all SPC providers (SHFT, Solent, PHU and RH) and local PEOLC commissioners.

Quality Improvement and Innovation Goals Agreed with Commissioners

Rowans Hospice grant income in 2022-23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.



Review of Quality Performance 2022-2023

This section provides:

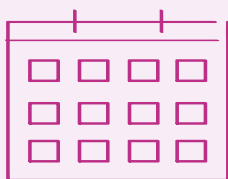
- Data and information about how many patients use our services.
- How we monitor the quality of care we provide.
- What patients and families say about us.
- What our regulators say about us.

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

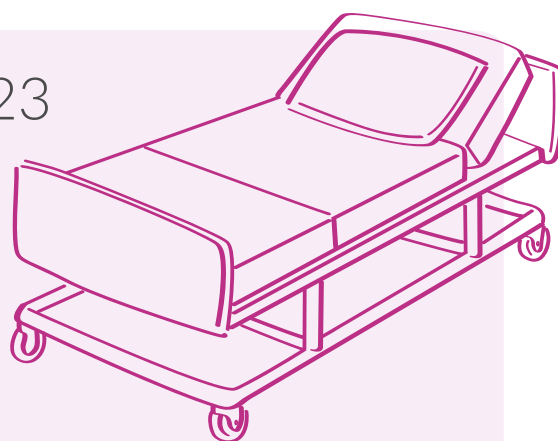
In-Patient Unit (IPU) 2022-23

373 in-patient admission episodes

37%
admitted
from hospital



13.4 days
Average length
of stay for patients



Of those patients (95)
who were discharged,
78% (75 patients)
returned to their home

Hospice at Home Service 2022-23



280 patients were cared for by H@H

— CHC —
6,237
visits were made by
the H@H team



Clinical Coordination Hub

7,614 Number of contacts recorded on the call record 1/4/22 to 31/3/23

Bereavement and Rowans Hospice Meerkat Services 2022-23

Rowans Integrated Psychology and Bereavement Service provides extensive support in a variety of ways for adults with links to the Specialist Palliative Care Service.

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

209 specialist psychology referrals received delivering **1,114** therapy sessions

52
young people were referred to Rowans Meerkat Service for support



76
people were supported by one of our **20** trained volunteers



Rowans Living Well Centre 2022-23

288 new patients seen at the Centre

422
new Carers seen

3,591
Overall Carer Attendance

2,679
Overall Patient Attendance

← ROWANS HOSPICE

LIVING WELL CENTRE →

541 unregistered walks in (patients/carers/bereaved)

7,158
Total Overall Visits (Patient/Carer/Visitors)

Regularly Measured Quality Markers

In addition, we have chosen to measure our performance against the following:

Indicator		2022-23
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>During the admission process, conversations take place with the patient (and family if desired by the patient) around goals, preferences, treatment “ceilings” and place of care. In the past year such preferences and Treatment Escalation Planning have been recorded on a “preferences form” along with permission (granted / denied) to talk to family members.</p>		
Achieved preferred place of death at the Hospice		88%
Preferred place of death undetermined or not known		12%
Undetermined means that the patient was consulted and the record stated that at the time of asking they did not have a preference; unknown is a failure to record		
Resuscitation Decisions		
100% compliance – records indicated Resuscitation Decision forms were completed following discussions with patients/families as appropriate.		
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 routinely 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 Living Well Centre)		48
The number of slips, trips, falls; including slipping from a chair and found on the floor		45
<p>We have seen a slight increase in the number of incidents reported for this period; we acknowledge that we have had to nurse everyone in their room, behind a closed door to limit spread of potential airborne infection so observation has been harder to achieve – especially when a patient has not previously had any falls. Systems are in place controlling the risk as well as raising the team's awareness with respect to higher risk patients – who have already had a slip or fall, at any time in the recent past. Additional staffing is put in place for patients whose safety is deemed to be at risk. The multi-disciplinary working party is currently looking at “falls quality improvement” as part of the audit work completed.</p>		
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		0

Infection Control

Total number of patients known to have acquired COVID 19 whilst on the In-Patient Unit	Nil Hospice acquired
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Total number of patients known to have acquired MRSA, <i>C. difficile</i> whilst on the In-Patient Unit	Nil Hospice acquired
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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 Governance Group.

Examples of incidents reported included clerical errors such as a 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. There were 52 drug-related incidents. All were investigated and corrective action taken.

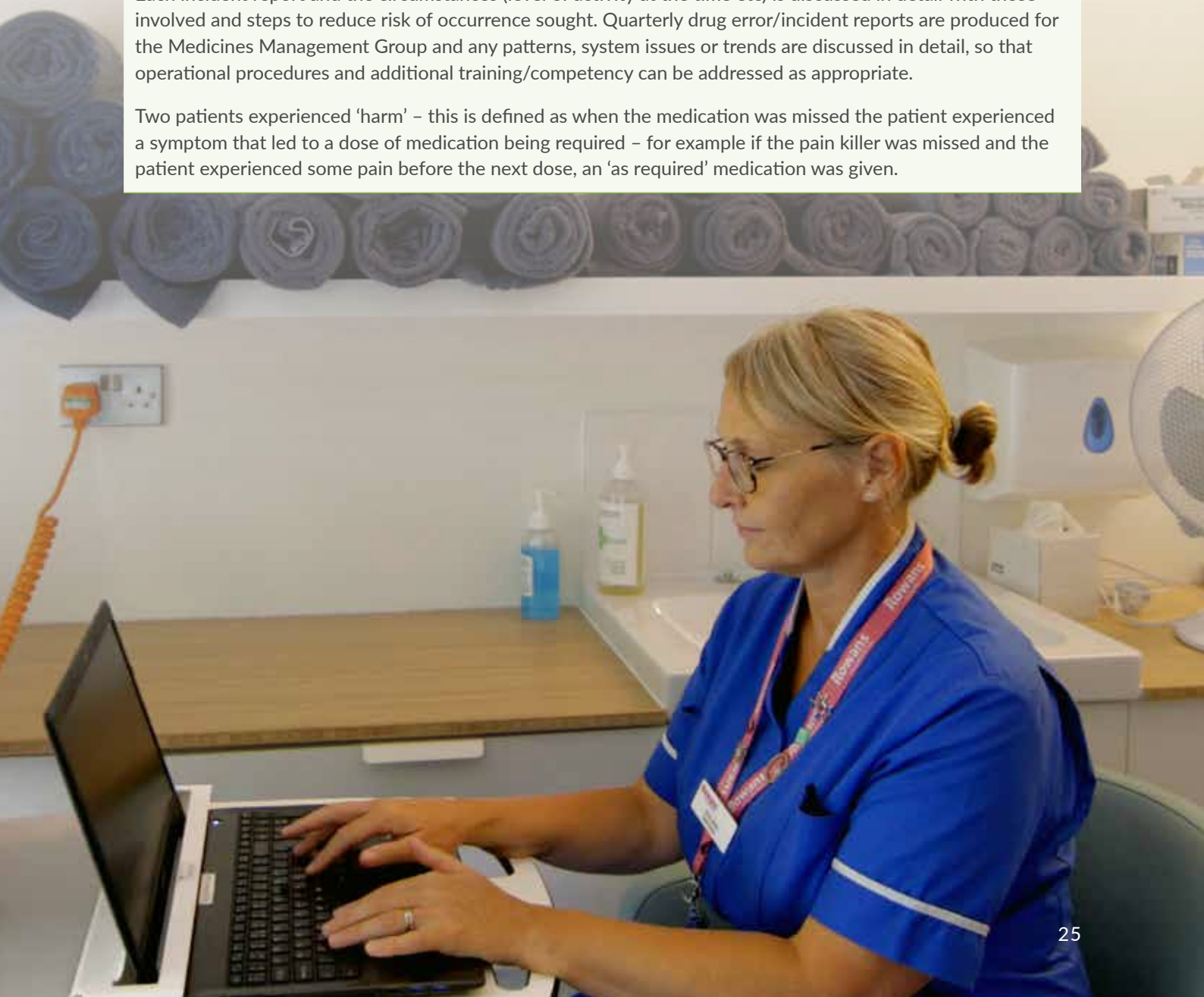
Total Reports	52 completed
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Number of single drug administrations	82,429
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Requiring reporting to CQC	None
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Each incident report and the circumstances (level of activity at the time etc) is discussed in detail with those involved and steps to reduce risk of occurrence sought. Quarterly drug error/incident reports are produced for the Medicines Management Group and any patterns, system issues or trends are discussed in detail, so that operational procedures and additional training/competency can be addressed as appropriate.

Two patients experienced 'harm' – this is defined as when the medication was missed the patient experienced a symptom that led to a dose of medication being required – for example if the pain killer was missed and the patient experienced some pain before the next dose, an 'as required' medication was given.



Complaints and Concerns

	Received from patient/carer	Received from other	Resolved through internal process	Independent review sought by complainant
Concerns relevant to hospice service	4	0	3	1

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. Concerns and alerts are managed with the same rigor. Three of the 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.

For the period of this report three complaints and concerns were managed internally and no further action was sought. One complaint is ongoing having required an independent review.

Concerns raised – outcomes

Concerns relating to Hospice Services – 4

Three complaints were resolved: -

- One complaint related to care in the community and the hospice listened and acknowledged the situation, offering an explanation but indicating that the situation was beyond the control of the hospice.
- Two complaints were received relating to staff communication – these were resolved through listening and reflecting.
- One complaint is ongoing having required an independent review.



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 in a patient's health and ability 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 to 'safeguard' a situation.

All notifications as per policy are made to CQC - if not reported to Safeguarding by external source, then a safe guarding notification is made	by hospice	adult/ children's protection	pressure areas		serious incidents
			admitted from home/ hospital	of which deteriorated in hospice	
Concerns relevant to hospice service	34		33	5	0
DoLS application					

All safeguarding reports made by the Hospice are automatically reported to CQC.

Safeguarding notification by Hospice

One safeguarding notification was raised by Rowans Hospice this relates to the unresolved complaint currently.

CQC notifications

The Hospice is required to notify CQC of any pressure areas which are graded a three or above; in line with this, the cases of patients were reported to CQC – five of the 33 reported pressure sores were reported to have developed or deteriorated following admission – a root cause analysis was carried out in each case and showed that deterioration was unavoidable in all five cases.

Deprivation of Liberty Safeguards (DoLS)

Following mental capacity assessments, two 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.

The DoLS Urgent Applications were not progressed as the patients deteriorated and died at the Hospice or were discharged and the process recommenced in the new place of care. Regular meetings which reflect on the detail of notifications include those of Nurse Managers, Clinical Managers Committee and Doctors with Senior Nurses.

DoLS are an accepted measure within a safe and caring framework, their appropriate implementation is now routine, however any variance, family concern or reputational issue will be reported to the Hospice Executive Group and in turn to the Board if significant. Appropriate details of such 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.

The In-Patient Unit has two questionnaires for completion: one within 2-3 days of admission and the other being a couple of days before discharge. We recognise however there will be a number of patients where it is not appropriate to ask, or they may in fact decline for whatever reason. We have an electronic system on the inpatient unit, iPads, with a satisfaction questionnaire link set up to capture real time information from our in-patients and families (if the patient was unable to do so themselves).

We have introduced a similar electronic link set up for Hospice at Home, however it is still in its infancy (January 2023).

Satisfaction questionnaires are also given to those attending Living Well Centre. 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 those who have received Bereavement Support are monitored and reported.

	Routine/ad hoc	Response rate	Any actions	Other
In-patient care	Within 2-3 days of admission	100% for those asked and completed (175)	Overall excellent feedback	
	Within 2-3 days of discharge (if applicable)	54 completed	Overall positive feedback	
Living Well Centre	Questionnaire, and adhoc	Feedback has been positive – comments listened to and acted upon.		
Hospice at Home	6 months post-bereavement	43%	Overall excellent feedback	

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. Due to the pandemic and national lockdowns and restrictions, actual face to face contacts were restricted, however the Living Well Centre continued to support our carers via telephone and virtual means. It was evident with the number of contacts throughout the pandemic that this service was vital to many of our service users.

Below are some examples of feedback received from patients and carers who have been supported by hospice services:

“I just wanted to say thank you for looking after my nan. Everyone was all so lovely right up to the end. Saturday night to Sunday morning just gone everyone was so accommodating and answering every question I had. Every time I buzzed that night for a nurse, you were all so kind. It was the first time I have been in that situation and you all looked me and making sure I was ok as well”.

“The service you guys provide is second to none. We are so grateful for everything you have done for us all. The whole experience has made such a sad end much more bearable”.

“Since arriving at the Hospice all of the staff have been amazing, we as a family have been accommodated beyond what we ever dreamed of”.

“Thank you to an amazing team. They treated my husband with dignity, respect and compassion. I can't speak highly enough of them. Not only were they there for my husband they were also there for me and that was a huge relief”.

“Everyone here is amazing. The building, accommodation and facilities are ideal and every need is thought of. The day mum arrived here I came to see her I felt that everything would be okay. It was like the Rowans gave us a hug. Thank you”.

“They helped mum die with dignity and couldn't have provided any better service. They were amazing”.

“We will never be able to thank you enough for your wonderful care of mum during her final days... there are no words”.

Statements from Care Quality Commission (CQC) –

Overall rating for this service -
Outstanding

Please follow the link for the CQC report and what they say about us -

<https://www.cqc.org.uk/location/1-107881428>



Statements from Health Care Commissioners

Rowans Hospice 2022/23 Quality Account evidences the achievement of positive results in meeting Rowans' objectives. Despite a continued challenging backdrop of post Covid activity and the cost of living crisis, Rowans continues to deliver high quality holistic, hospice and specialist palliative care services for our local population in Portsmouth and South East Hampshire.

On behalf of Hampshire and Isle of Wight Integrated Care Board (ICB) we would like to thank the whole team at Rowans Hospice for continuing to deliver high-quality care for patients and their families whilst also supporting a dedicated, highly knowledgeable workforce, delivering care in a positive and welcoming environment both for inpatients and within the wellbeing centre.

Rowans are a valued partner within the local health and care system, and we look forward to continued partnership working to support a sustainable palliative and end of life services through 2023/24 and beyond.

Jonathan Smith,
Deputy Managing Director SE Hampshire (Interim)

Thank you for your support

On behalf of Hampshire and Isle of Wight Integrated Care Board I would like to thank all those at Rowans Hospice for their dedication in providing essential care and support to the people of Portsmouth and South East Hampshire. The expert services Rowans provide to people with a terminal or chronic illness is hugely important and greatly valued by the patients, their families, and the wider community.

I would also like to extend my thanks and gratitude to Ruth and wish her a very happy retirement. As Chief Executive, Ruth has led the transformation of Rowans Hospice, resulting in many thousands more people receiving relief and comfort. We look forward to continuing to work in partnership with Rowans and with Kirsteen, in her new role as Chief Executive.

Toby Holder
Director of All Age Continuing Care
Hampshire and Isle of Wight Integrated
Care Board

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 02392 250 001 asking for the
Director of Quality, Jenny Redman.







Quality Care Delivered with Compassion

Registered Charity Number: 299731
Company Number: 2275068

Some photographs in this publication were taken prior to social distancing measures being in place.