



 **Rowans**
Hospice

Quality Account

2025/2026

Content

Part 1	Chief Executive's Introduction and Statement of Assurance page 04
Part 2	Looking Forward to 2026/27 page 06
Part 3	Looking Back to 2025/26 page 14
Part 4	Review of Performance page 23
Part 5	Statements of Assurance page 42



Part 1

Chief Executive's Introduction

Welcome to the Rowans Hospice Quality Account for 2025/26

This report provides an overview of the quality, safety, effectiveness, and innovation that have shaped our clinical services throughout the past year, whilst also setting out our priorities for continued improvement during 2026/27. As Chief Executive, I can confirm that I am satisfied that the content of this report is accurate and reflects the Hospice's continued commitment to delivering high-quality, compassionate, and person-centred care to patients and families across Southeast Hampshire.

The past year has been one of significant progress and transformation for Rowans Hospice. Against a backdrop of continued pressure across the wider health and social care system, the Hospice has continued to strengthen its services, expand its reach, and develop innovative models of care that are already making a meaningful difference to patients, families, and healthcare partners across our community.

One of the most significant developments during the year has been the introduction and growth of the Emergency End of Life Response Team (EELRT), delivered in partnership with Portsmouth Hospitals University NHS Trust and Hampshire and Isle of Wight Healthcare NHS Foundation Trust.

This collaborative model is helping more people to remain in their preferred place of care at the end of life, whilst also reducing avoidable hospital admissions and supporting wider system pressures. The success of the service has already attracted interest beyond our local area and demonstrates the increasingly influential role hospices can play within integrated healthcare systems.

Alongside this, we have continued to evolve our Hospice at Home, Living Well Services, Psychology and Bereavement Services, and Meerkat Service to ensure patients and families receive holistic and responsive support tailored to their individual needs. Throughout the year, demand for our services has continued to increase significantly, reflecting both the growing needs within our community and the confidence placed in the Hospice by patients, families, and healthcare professionals alike.

In February 2025, Rowans Hospice received 24-hours' notice of a Care Quality Commission inspection. A team of five inspectors attended the Hospice and covered all five key domains within the new framework – Safe, Effective, Caring, Responsive and Well Led.

The inspectors met with Senior Leaders and the teams and also spoke to patients and families.

I was immensely proud that in May 2025, Rowans Hospice was awarded an 'Outstanding' rating. This achievement is a tremendous reflection of the professionalism, compassion, and commitment demonstrated every day by our staff and volunteers. The inspection recognised not only the quality and safety of care being delivered, but also the positive culture, strong leadership, and commitment to continuous improvement that exists throughout the organisation.

Quality improvement, education, innovation, and workforce development continue to remain central to our strategic direction. During the year we strengthened mandatory training compliance, embedded Clinical Skills Passports, expanded quality improvement activity, and continued to develop a strong culture of reflection, learning, and collaboration across all teams. We have also continued to strengthen our partnerships with healthcare organisations, universities, and fellow hospices to help shape the future of palliative and end of life care both locally and regionally.

The collaborative relationship between Rowans Hospice and St. Michael's Hospice has also continued to develop positively throughout the year, enabling both organisations to share expertise, align strategic thinking, and enhance consistency in service delivery across Hampshire. This partnership is already delivering meaningful benefits for patients, families, and staff, whilst strengthening the collective voice of hospice care within the wider healthcare system.

Most importantly, however, this report reflects the extraordinary dedication of our staff and volunteers, who continue to provide exceptional care and support during some of the most difficult moments in people's lives. Whether caring for patients on the Inpatient Unit, supporting families at home, delivering education, coordinating services, or working behind the scenes, every individual contributes to the special culture that defines Rowans Hospice.

Whilst challenges undoubtedly remain across the healthcare sector nationally, Rowans Hospice enters the next phase of its development from a position of confidence, ambition, and growing influence. We remain fully committed to delivering outstanding specialist palliative and end of life care and to continually improving the experience of all those who access our services.



Iain Cameron
Chief Executive
May 2026

Part 2

Priorities for Improvement for 2026/27

This Quality Account considers only clinical services, and the support services directly associated with them – non-clinical areas are evidenced elsewhere.

It takes account of the inspection framework of the Care Quality Commission (CQC), which focusses on learning, safety and a person-centred approach, encouraging improvements in the quality of care where it is needed most. We focus on the five key domains in our day-to-day practice and within our strategic planning to ensure compliance.

Rowans Hospice is committed to providing high quality patient and family focused care.

The following priorities have been identified in conjunction with staff, stakeholders and, as far as possible, by consultation with our patients and their carers. They align with our five-year Strategic Plan (2025-2030) and aim to have a direct impact on:

- Patient safety
- Clinical effectiveness
- Patient experience (through feedback)

Priority One

Expanding External Education Provision

How was this priority identified?

Following the successful introduction of Clinical Skills Passports and enhanced internal training, we are now well-placed to extend our education offer externally. Each year we receive multiple requests for both formal and informal education in end-of-life care from a wide range of partners. A particular need has been identified within nursing and residential homes, which aligns with our strategic aim to build sustainable partnerships and improve end of life care across the local system.

What do we want to achieve?

Our ambition is to develop a comprehensive external education programme that supports our community colleagues and positions Rowans Hospice as a Centre of Excellence for end-of-life education. Working in partnership with Hampshire and Isle of Wight NHS Trust (HIOW) and St Michael's Hospice (SMH) has and will continue to enable us to widen our reach across Southeast Hampshire and North Hampshire, ensuring a consistent, high-quality education offer across the region. An Education Strategy is under consideration to support this collaborative working. This work aligns with our strategic priorities to enhance training and education, develop sustainable partnerships, and ensure financial sustainability.

Alignment with Modern Service Framework (MSF) Objectives

- **Early Identification** – External education supports earlier recognition of deterioration and dying in nursing/residential homes and community teams.
- **Consistent Commissioning** – A structured, accredited education offer strengthens system-wide consistency and supports commissioners in meeting MSF expectations.
- **24/7 Provision** – Improved skills in community settings reduce unnecessary out-of-hours escalation and support more effective 24/7 system functioning.
- **Advanced Care Planning (ACP)** – Training directly enhances ACP quality, Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) conversations, and shared decision-making across the system.

- **Workforce** — Builds capability, confidence, and retention across the wider Palliative and End of Life Care (PEoLC) workforce.

How will progress be monitored and reported?

- Completion of course design and accreditation where appropriate
- Uptake and attendance data, including national reach
- Feedback from participants to inform ongoing development
- Quarterly reporting to the Clinical Governance Committee

Priority Two

Expanding the Emergency End of Life Response Team (EELRT) into the Community

How was this priority identified?

Since launching in September 2025, the EELRT has primarily supported patients within our local acute hospital, Portsmouth Hospitals NHS Trust. Early data shows that around one third of referrals come from community partners via 'call before convey'. With strong partnership working already underway with South Central Ambulance Service (SCAS) and community teams, and the introduction of ReSPECT forms, there is now a clear opportunity to expand the service further into the community.

What do we want to achieve?

We aim to increase the proportion of community-initiated referrals so that more people in their final days can avoid unnecessary and distressing transfers to hospital. This will support more patients to die peacefully in their preferred place of care. This will be achieved through:

- Education and upskilling of SCAS, community nursing teams, and nursing/residential homes
- Wider adoption of ReSPECT across Living Well Services and other community settings

This priority directly supports our strategic aims to extend our services, build system-wide partnerships, and reduce avoidable hospital admissions.

Alignment with MSF Objectives

- **Early Identification** — Earlier recognition of dying through SCAS and community teams enables timely end-of-life care response.
- **24/7 Provision** — Strengthens urgent response capacity and reduces avoidable hospital conveyance at any time of day or night.
- **Advanced Care Planning** — Wider adoption of ReSPECT and improved communication ensures ACPs are enacted during critical incidents/crises.
- **Workforce** — Upskills SCAS, community teams, and care homes in end-of-life response and empowers staff in their role.

How will progress be monitored and reported?

- Quarterly review of the EELRT dashboard
- Monitoring of referral patterns, response times, and outcomes
- Quarterly reporting to the Clinical Governance Committee



Priority Three

Mapping and Optimising Bed Usage

How was this priority identified?

For the past two years, staffing constraints have limited us to safely operating 16 of our 22 beds. One bed has since been repurposed for Day Case Interventions, but several remain unused. At the same time, the current ward layout presents challenges around patient safety, particularly the risk of patient falls. This creates an opportunity to review how our In-patient Unit (IPU) is configured and how unused beds could be repurposed to better meet patient need and support our strategic priorities.

What do we want to achieve?

We aim to improve safety, efficiency, and patient flow across the ward, while exploring options to repurpose unused beds. Potential models include:

- Nurse-led EELRT beds
- CHC-funded nursing home style beds to avoid unnecessary transfers for stabilised patients

This work aligns with our strategic priorities to invest in and extend our services, improve patient outcomes, and ensure financial sustainability.

Alignment with MSF Objectives

- **24/7 Provision** – Ensures the IPU is configured to safely support continuous care
- **Advanced Care Planning** – Repurposed beds support preferred place of care and stabilisation pathways
- **Consistent Commissioning** – Offers flexible models that address system gaps and inequity.
- **Workforce** – Optimised layout and staffing models improve safety, efficiency, and staff wellbeing

How will progress be monitored and reported?

- Completion of a ward utilisation review, including safety, layout, and staffing analysis
- Development of a business case for any proposed bed repurposing
- Monitoring of falls data, patient flow metrics, and bed occupancy
- Quarterly updates to the Clinical Governance Committee and Executive Team

Priority Four

Data Quality Improvement

How was this priority identified?

We are continuing to develop our Clinical Dashboard, which draws data from multiple internal systems and provides essential information to external partners such as the Integrated Care Board (ICB). Alongside this, we are introducing electronic prescribing and have implemented the ReSPECT tool. High quality, accurate data is essential to ensure patient safety, service improvement, and compliance with regulatory requirements. Mandatory audits are currently completed manually by clinical staff, which is time consuming and reduces clinical time available for patient care.

What do we want to achieve?

We aim to improve the quality, efficiency, and reliability of clinical data through:

- Introduction of a bespoke auditing tool (Tenable)
- Exploration of appointing a Clinical Safety Officer to oversee digital safety, GDPR compliance, and system optimisation

This supports our strategic priorities to increase data capture, improve patient outcomes, enhance efficiency, and invest in digital capability.

Alignment with MSF Objectives

- **Consistent Commissioning** – High-quality data supports equitable commissioning and demonstrates impact.
- **Workforce** – Reduces clinical burden, improves digital confidence, and supports safer digital practice, releasing time for patient care.

How will progress be monitored and reported?

- Implementation and adoption rates of the new auditing tool
- Reduction in clinical time spent on manual audits
- Data completeness and accuracy metrics from the Clinical Dashboard
- Appointment and impact reporting from the Clinical Safety Officer role if deemed required following review
- Quarterly reporting to the Clinical Governance Committee

In addition to the above, The Board of Trustees at Rowans Hospice, and more specifically, the Clinical Governance Committee will monitor, benchmark and account for progress through a variety of methods including:

- Annual Return to the Charity Commission
- Annual Report and Accounts
- Rowans Hospice Strategic Plan 2025 -2030
- Clinical Priorities Action Tracking
- Clinical Audit, analysis of feedback
- Hospice UK sponsored focused / benchmarking audits
- Research - both internal and external to Rowans Hospice
- Annual Board Report and Statement of Compliance (as a designated body under Medical Revalidation regulations, the governance structures regarding medical staff at Rowans Hospice are overseen by the Responsible Officer provided by Hampshire and Isle of Wight Healthcare NHS Foundation Trust).



Part 3

Looking back - Review of Priorities for Improvement 2025/26

This section of the Quality Account will review and evidence our progress against the five identified Priorities for Improvement for 2025/2026.

Priority	What did we aim to achieve?	How was progress monitored and reported?	Outcome
Priority One Safe and Effective Pharmacy Provision	<ul style="list-style-type: none"> - Review of pharmacy services and governance - Successful implementation of EPMA within the In-Patient Unit - Reduction in drug errors and associated costs - Improved ward efficiencies to release nursing time for patient care - Development of a long-term pharmacy strategy to ensure efficiency, safety, and cost-effectiveness 	<ul style="list-style-type: none"> - Development and review of a project action plan - Monitoring of drug errors and medication costs - Audits, service reviews, and staff surveys - Patient and family feedback - Oversight through Medicines Management Group and Clinical Governance Committee 	<ul style="list-style-type: none"> - A new Standard Operating Procedure (SOP) has been implemented, enabling Hospice at Home (H@H) teams to administer ward stock medications to community patients in emergencies where medications are not otherwise available. - The EPMA (electronic prescribing) project is progressing, with a planned go-live date of 12 July 2026. - Education and training have been delivered to clinical teams to support implementation.
Clinical Skills Development	<ul style="list-style-type: none"> - Use of Clinical Skills Passports to identify gaps in training and maintain competencies - Provision of clinical skills training from our in-house Clinical Practice Educator to upskill staff both in the IPU and H@H service 	<ul style="list-style-type: none"> - Review of the Clinical Practice Educator's action plan - Monitoring Clinical Skills Passport completion - Staff appraisal processes - Patient and carer feedback 	<ul style="list-style-type: none"> - With the introduction of the Day Case Intervention Service, core staff have completed relevant external training and will cascade learning internally with support from the Clinical Practice Educator. - The Nursing Competency Skills Passport is fully embedded within the IPU. - Band 3 Healthcare Support Worker competencies are scheduled for implementation in 2026 following appraisals. - The Living Well Services Passport is expected to progress during 2026. - Workforce development opportunities are being explored, including an Advanced Care Practitioner role, research internships, and nurse apprenticeships in collaboration with HR.

Core Competencies	<ul style="list-style-type: none"> - Improved monitoring and compliance with mandatory training for all clinical staff 	<ul style="list-style-type: none"> - Mandatory training records uploaded onto the new platform, providing up-to-date and relevant information for line managers - Staff appraisals - Patient and carer feedback 	<p>A cost-effective electronic training platform has been successfully implemented, achieving 99% compliance across clinical staff groups.</p>
Safer staffing - A robust and safe staffing model which allows for admissions to the In-patient Unit 7 days a week	<ul style="list-style-type: none"> - A safe and sustainable staffing model supporting 7-day admissions to the In-Patient Unit - Streamlined admissions processes (including acuity tools and structured handovers) - Reduced waiting times and fewer patients dying while on the waiting list 	<ul style="list-style-type: none"> - Monitoring bank staff usage, sickness, and retention - Clinical dashboard and waiting list reviews - Staff feedback, appraisals, and clinical supervision - Reporting to Senior Leadership Team and Clinical Governance Committee 	<p>Admissions processes have been improved through:</p> <ul style="list-style-type: none"> - Further development of the Acuity and Dependency Tool - Introduction of Admission Huddles - Capacity reviews during handovers - Review of nursing workload during admissions <p>These changes have contributed to shorter waiting times and fewer deaths on the waiting list.</p>
Developing Children/Younger People Support Services	<ul style="list-style-type: none"> - Expansion of the Meerkat Service as a centre of excellence - Strengthening partnerships (e.g. with St Michael's Hospice, Basingstoke) - Development of a support line and peer support - Delivery of workshops and external education - Expansion of group support for children 	<ul style="list-style-type: none"> - Caseload monitoring - Feedback from staff, families, and partner organisations - Reporting to Senior Leadership Team and Clinical Governance Committee 	<ul style="list-style-type: none"> - There has been a continued increase in referrals and case complexity, resulting in the introduction of a triage system to prioritise those with greatest need. - The Meerkat Service is working with the Marketing Team and a web design company to develop a dedicated microsite for 11-16-year-olds, providing accessible, age-appropriate information about illness, palliative care, and Hospice services. - This digital development aims to extend reach and improve engagement with younger audiences.

Continuing professional development and professional regulation

Education, training, and professional development opportunities are crucial for ensuring that healthcare professionals can deliver the high-quality, evidence-based care and support that we strive for at Rowans Hospice.

Our Clinical Practice Educator delivers core essential clinical skills training, working alongside the teams, delivering mandatory training and supporting students at the Hospice and from external organisations. This role has been a success, and we expect it to grow and deliver to a wider audience over the next year as identified in our priorities for 26/27.

By protecting time for continuing education and providing training opportunities, Rowans Hospice continues to demonstrate a commitment to excellence and investing in its clinical workforce. This not only ensures patients receive the safest, most effective, and compassionate care possible but also supports staff retention.

Collaboration with NHS partners continues to support education in palliative and end-of-life care. The Hospice also provides placements for a wide range of healthcare professionals and students, including a formal arrangement for third-year medical students from Southampton University.

In April 2025, we introduced the BlueStream Academy online training platform, which allows all staff to complete mandatory training with all modules in one package that is easy to navigate for staff and managers ensuring compliance for the workforce.

Staff have continued to be supported with regular one to ones, helping to foster open communication, accountability and a culture of continuous learning.

The Hospice is an environment which encourages reflection and learning, working within a 'Just Culture'. The schedule for debriefs and reviews are planned as we believe that working in this way supports staff to know that there is regular time and space for them to discuss, reflect and learn together.

The appraisal programme has undergone a review, and we rolled this out for all staff during 2025/26.



Patient Safety Incident Response Framework (PSIRF)

Patient safety has always been a priority for Rowans Hospice. With the introduction of the NHS England Patient Safety Incident Response Framework (PSIRF), Rowans Hospice reviewed its approaches, systems and processes when responding to patient safety incidents and issues for the purpose of learning and improving patient safety.

We have a policy and plan based on the framework to support and embed the approach of learning and improvement following a patient safety incident. This involves working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

We have Clinical Incident Review meetings prior to our weekly Multidisciplinary Team meeting to review any recent safety incidents or events, to identify any areas of continuing risk, consider any control or preventative measures that could have been taken, followed on by improving any gaps in our own learning.

We use Vantage, our Incident, Risk, Quality and Compliance software, that supports our data collection, recording patient safety incidents, investigations and learning outcomes.

Clinical Managers and the Senior Team have their own dashboards to support viewing and exploring data on processes and outcomes of care in addition to showing performance at the ward or organisational level to inform operational decision making and quality improvement efforts.

Rowans Hospice is firmly committed to continuously improving the care and services we provide. We want to learn from any incident where care does not go as planned or expected by our patients, their families, or carers to prevent recurrence. We also recognise and acknowledge the significant impact patient safety incidents can have on patients, their families, and carers. Getting involvement right with patients and families in how we respond to incidents is crucial, particularly to support improving the services we provide.

As well as meeting our regulatory and professional requirements for Duty of Candour, we want to be open and transparent with our patients, families, and carers because it is the right thing to do. This is regardless of the level of harm caused by an incident.

Specialist Palliative Care Services Collaboration

The CEO, Clinical Director and Medical Director all 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 (hospital, community, care home) and charitable (Hospice, Hospice at Home, Living Well) services.

Sharing this mutual aim across statutory, independent care providers and commissioners enhances the care experience and the responsiveness of all services to meet the needs of the patient.

Workforce engagement

Each month, we hold a Staff Forum, chaired by the CEO, with all staff welcome and encouraged to attend. Access is facilitated by holding the Forum online and sharing presentations and minutes with all staff after each session. Attendance is very good and the sessions receive positive feedback. Organisational Away Days took place in 2025, with an excellent attendance and two more dates are scheduled for June 2026.

To support staff with their health and wellbeing, we have actively promoted our employee assistance programme, which staff can access at any time.

Clinical supervision plays a crucial role in providing a safe psychological space for clinicians in which to discuss challenges, receive emotional support, and address potential biases or blind spots. All patient-facing staff have access to monthly clinical supervision sessions.



Participation in Clinical Audits and Monitoring Results

To ensure that we are continually meeting standards and providing a consistently high quality of service, Rowans Hospice has an audit and monitoring programme in place. This enables us to monitor our services in a systematic way, identifying areas for audit and evaluation in the coming year.

Regular Clinical Management and Clinical Governance Committee meetings provide a forum to monitor quality of care and to discuss quality and audit evaluation results.

In addition to its internal programme of Quality Improvement Projects, Rowans Hospice also used several audit tools provided by our umbrella organisation, Hospice UK, of which we are a full member.

With the guidance of the Clinical Quality Strategy Group (CQSG), all resident doctors are encouraged to complete a Quality Improvement Project during their placement, and the medical team are regularly engaged in audits and quality improvement projects and service reviews. Audits and service reviews undertaken during the past year included:

- Future Care Planning documentation
- Care in dying admissions
- Transport delays
- Bladder scanning
- Drug errors
- Health and safety
- Patient falls - introduction of decaffeinated drinks as a default and review of patient falls within 48hrs of admission and/or changes in medication.
- Health records
- Infection control – environmental and infection rates audits
- Hand hygiene
- Waste management

Other quality improvement projects included topics such as:

- Roll out of ReSPECT
- EPMA (underway)
- Day Case Pilot (underway)

In addition to the above, Rowans Hospice continues to link in with Hospice UK Patient Safety network to appraise and improve the quality of healthcare provided.



Clinical Quality Showcase

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.



This initiative is a vehicle to raise awareness across all service domains of quality improvement work undertaken by staff in the Hospice. We showcased posters and held a plenary event which was well supported and a great success. This year's title was 'Extending our Reach' – a total of 24 posters were submitted.

We have had several of the posters submitted and accepted at National Conferences, which is a huge credit to the team.

Research

The Living Well Services (LWS) manager and one of the consultants working in partnership with Rowans Hospice continue to be active members of the Wessex Research Active Hospice Development Group. The purpose of the group is to promote partnerships between Hospices and Universities to support Hospices in becoming research 'ready' and 'active'.

The Rowans Ethics Advisory Group (EAG) has continued to keep up to date with issues including Assisted Dying and advises on an ad hoc basis on organisational ethical issues such as involvement in research.

We have been recruited for the research trial into wellbeing – RESTORE. The trial seeks to recruit Hospice staff to take part in a study focused on whether improving workplace wellbeing can be improved via an online intervention compared to the usual wellbeing support available. Participation is open to all medical and nursing staff, health care assistants, allied health professionals, social workers, psychologists, psychotherapists, counsellors, staff offering community-based palliative care and the patient and family support team at the Hospice.

One of our speciality doctors attends both community and hospital Clinical Ethics Committee meetings, which provide good opportunities for cases to be brought for an ethical review where needed (alongside our internal current processes of multiprofessional and peer review).

Funding secured for internship

The manager of LWS has been successful in securing a place on the NHS Launchpad Internship programme. This initiative supports the development of knowledge, skills, and experience in research, with funding of up to £10,000 to enable participants to explore and embed research within practice. The funding provides protected time for research activity, ensuring alignment with both organisational priorities and the needs of people using our services.

The internship funding will provide backfill for a proportion of the manager's role, alongside access to formal training. This includes an M-Level course in qualitative research methods, which may contribute towards a future Master of Research (MRes) qualification.

The focus of the internship will be to identify, co-develop, and implement key components of an introductory model for Living Well Services. This work will be informed by existing evidence and the lived experiences of service users. Anticipated outcomes include the development of locally relevant introductory resources and the evaluation of their acceptability, providing a foundation for future feasibility and implementation studies.

In addition, the Hospice is exploring opportunities to establish a grant-funded research development post. An agreement has also been reached with the National Institute for Health and Care Research (NIHR) to provide academic support, further strengthening Rowans Hospice's position as a Research Active organisation.

Participation in National Clinical Audits

Rowans Hospice has not participated in national clinical audits or national confidential enquiries in 2025/26.

Rowans Hospice Advisory Group

The Rowans Hospice Advisory Group meets monthly, providing service users with an opportunity to contribute to the ongoing development of services and to help identify areas for improvement.

During 2025/26, the group was consulted on a range of projects and topics, including:

- Information provided to relatives and carers following the death of a loved one
- Feedback on patient information leaflets
- Development of a carers' needs and support assessment tool within LWS
- Day case interventions clinic
- EELRT service
- Review of the group's terms of reference and remit
- Review of clinical priorities for 2026/27



Part 4

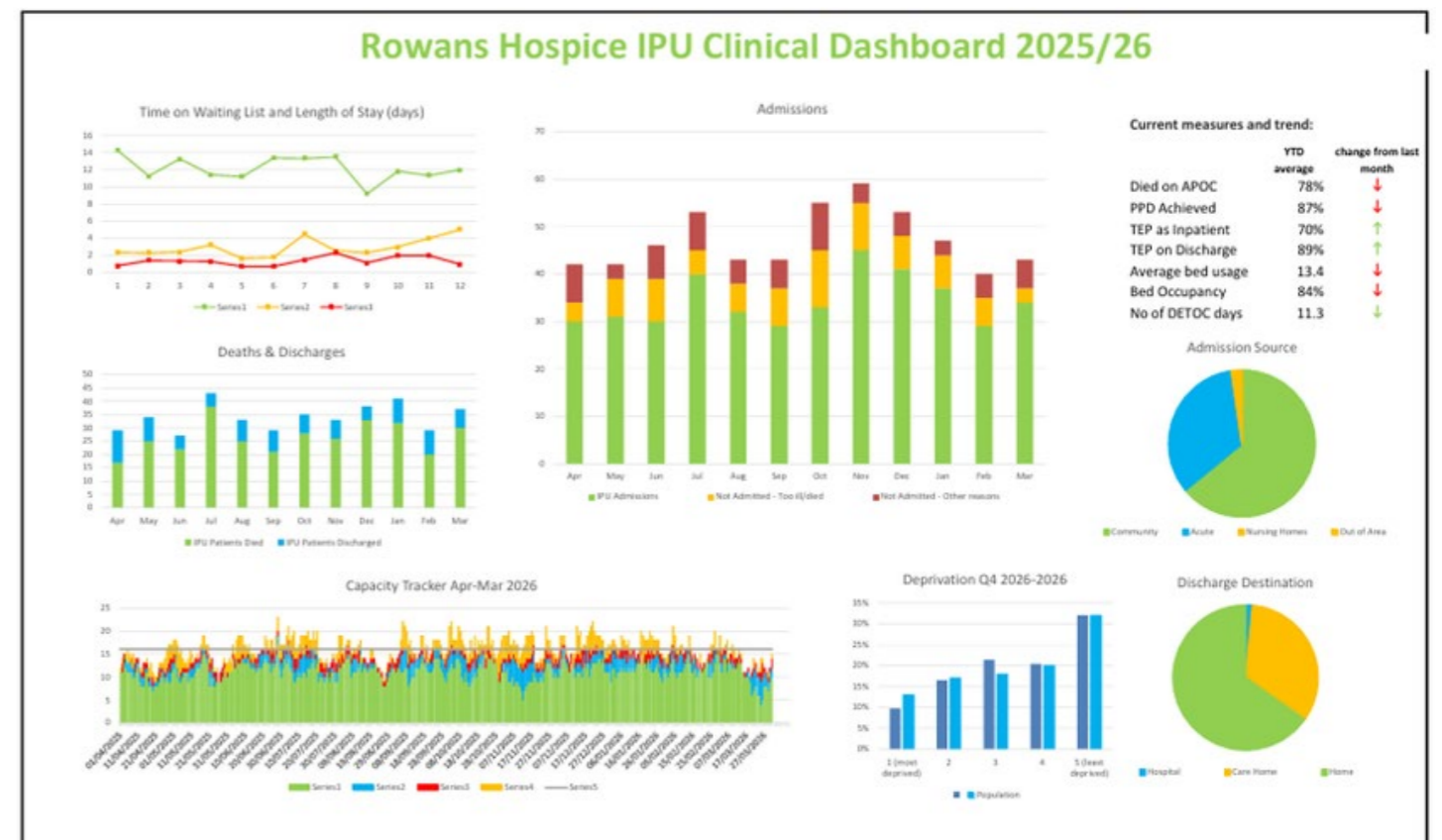
Review of Quality Performance 2025/2026

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

Rowans Hospice is continually collecting activity and event data to inform our organisational reporting and business planning as well as support discussions with Commissioners.

We have a Clinical Dashboard which is updated monthly and provides useful insights and metrics which we can use to measure against previous months' data to monitor our activity and performance. For example, we can now see trends in number of admissions and discharges, waiting times, reasons patients have not been admitted, and length of stay. We are still working on the development of data sets for deprivation levels, Achieving Priorities of Care (care in the last days of life) and Future Care Planning.



In-patient Unit

IPU activity continues to rise with **402** admissions in the last year (compared with **380** the previous year) and bed occupancy consistently above the **75%** target. Average length of stay remains stable at around **12** days.

We saw a reduction in delayed transfers of care (where patients are 'multi-professionally optimised for discharge' (MOFD), i.e. awaiting care or equipment and no longer in need of a specialist bed), but 552 bed days were lost to these constraints across the year. In the last quarter we saw a pleasing reduction in both the waiting time for admission and the number of referrals who were not admitted, demonstrating ongoing flexibility and responsiveness on the Inpatient Unit.

The majority of admissions end in death rather than discharge, with an increasing number formally identified (via APOC) in advance; most discharges are to home and without a need for immediate specialist follow up.



The split of admissions from community vs hospital is steady at 60/40 but we are continuing to notice fewer admissions from Portsmouth City in comparison to SE Hants, with a service review planned to explore this in more detail so that any barriers can be identified and mitigated against. The proportion of patients with non-malignant disease has reduced to 10%, a pattern which is not replicated on the EELRT caseload.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms were successfully implemented in December 2025 and although it has been challenging to gather accurate data, current statistics suggest this is in place for 85% of inpatients, 99% of deaths and 100% of discharges in Q4, representing an improvement throughout.

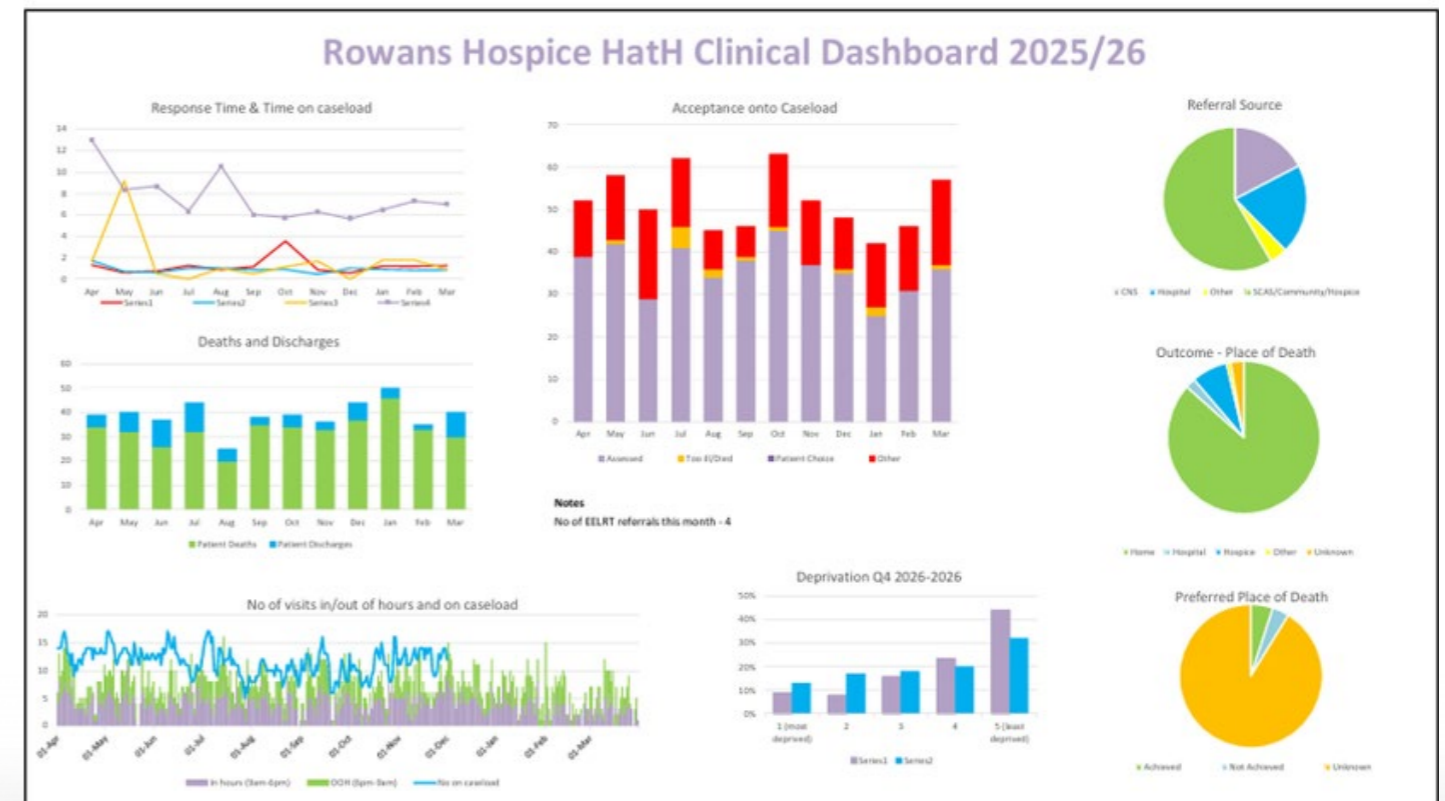
ReSPECT forms are used to record a person's wishes and clinical recommendations for emergency care and treatment and is designed to guide healthcare professionals when a patient becomes seriously unwell and cannot communicate their decisions. Evidence shows that when ReSPECT forms are in place, fewer people are sent to hospital unnecessarily and care is more aligned with patient wishes.

Transport issues remain a concern, with a recent service review demonstrating that 20% of our admissions are affected by ambulance delays, impacting on patient flow and medical workload. Although we have found innovative ways to continue to admit flexibly, we are also exploring other options for the future.

Hospice at Home Service

The Hospice at Home (H@H) team remains busy, with an increase in new referrals in Q4, and a shorter time on the caseload (6 days). Although the number of visits was reduced, the proportion of urgent visits has increased to **39%**.

We are continuing to work on data collection around Achievement of Preferred Place of Death in both inpatient and H@H settings and are also exploring ways to more robustly demonstrate admission avoidance in non-EELRT H@H and the Palliative Care Support Hub (PCSH) work to provide evidence for the ICB.



The Emergency End of Life Response Team (EELRT)

The Emergency End of Life Response Team (EELRT) is a collaboration between Rowans Hospice, Portsmouth Hospitals University NHS Trust (PHU), and Hampshire and Isle of Wight Healthcare NHS Trust (HIOW). It is a new way of working to enable people who are in the last days of life to die at home, and reduce the number of people who die in hospital.

EELRT achieves this by focusing on rapid discharges home from the Emergency Department, or elsewhere in Queen Alexandra Hospital, and by preventing inappropriate and unwanted hospital admissions by providing “call before convey” support to our paramedic and community nursing colleagues. Patients are then supported at home by the Rowans H@H team, ensuring they have the very best end-of-life care at home, where they want to be.



Between 15th September 2025 and 5th April 2026 EELRT has had 181 referrals - 70 "Call Before Convey" (24/7 utilising the PCSH and senior medical out of hours cover) and 109 "Rapid Assessment" (patients in hospital, including Emergency Department (ED), seen within 2 hours by a senior palliative care clinician).

We have been able to support 88% of these patients to die in their preferred place of care – either at home (with support from H@H, or our partners in the Portsmouth City or Petersfield area), their usual care home, or in the Hospice.

H@H have been able to see all patients on the day of referral or the following day. The average length of stay on the EELRT caseload is currently 4 days. Some patients have stabilised once home or in the Hospice, and 27 patients have been discharged from the caseload once alternative or longer-term support has been secured.

By working together with our hospital and community partners we have been able to save **724** acute bed days. This has saved **£516,190** for the acute sector, based on the cost of an Emergency Department attendance and the cost of a day in hospital.

These cost savings are significant, but we are learning that it is the difference it makes to our patients and their families that has the most lasting impact. It also motivates the healthcare professionals involved and makes their job more fulfilling.

Both PHU and Rowans Hospice have issued press releases which have been picked up by local print and radio media. We have submitted applications to the NHS Excellence Awards and the HSJ Patient Safety Awards and are planning publications. We have been approached by other hospices who want to explore whether they can develop an EELRT model within their hospice services.

We have been running this new service for just over 6 months, and are very encouraged about its impact on improving the end-of-life experience for patients and their families. We are excited about how we can continue to strengthen our team and our partnerships and expand the service to help more people in our first year.



Day Case Interventions Clinic

In March 2026, we launched a new outpatient clinic, based at the Rowans Hospice, that provides patient-centred care for people living with life-limiting or progressive illnesses who require intravenous infusions to support effective symptom management.

This dedicated service is designed to give patients quicker access to treatment in a comfortable outpatient setting, helping to reduce the need for hospital visits and admissions wherever possible.

The clinic aims to improve quality of life by delivering clinically appropriate infusion therapies, closely monitoring patient response, and ensuring care is aligned with individual goals and needs. In addition to this, this new service:

- Provides dedicated time in a calm, supportive setting for meaningful discussions about future care planning, helping patients and families explore their preferences and make informed decisions that reflect what matters most to them.

- Offers patients and carers early, coordinated information about the wider services at the Hospice, helping to build familiarity, confidence, and trust while reducing uncertainty about future care.
- Reduces pressure on hospitals by managing complex symptoms, planning care proactively, and addressing psychosocial needs, helping prevent unnecessary emergency visits, admissions, and prolonged stays while supporting patients to stay in the community.
- Enhances patient experience and continuity of care while reducing avoidable hospital visits, thus helping keep acute services available for those with urgent or complex needs.

Palliative Care Support Hub

Rowans Hospice hosts the Palliative Care Support Hub (PCSH) in partnership with Hampshire and Isle of Wight Healthcare NHS Foundation Trust and Portsmouth Hospitals University Trust.

The PCSH is continually evolving to broaden the reach of our service. We are committed to strengthening our data collection so we can better understand the demand placed on our clinicians and the complexity of the advice they provide. As new guidance and information emerge from the Trusts and the ICB, we review and refine what information is necessary and valuable to capture, to improve the service we provide.

The PCSH offers an immediate-access telephone advice service for patients, carers, and healthcare professionals between 9am and 5pm, Monday to Friday. During these hours, a care coordinator works alongside a senior clinician to provide signposting, support, and specialist advice as required. Out of hours senior doctors at Rowans Hospice work in partnership with NHS services to provide 24/7 on-call medical advice.

We work closely with local care providers, GPs, district nurses, specialist palliative care teams, and other health and social care professionals to coordinate and deliver the best possible care.

All referrals to the IPU and H@H teams are now processed via the PCSH and have been for some time. Since August 2025, this has expanded to include all referrals to the wider Palliative Care Service, thus including Community Specialist Palliative Care teams. This centralised approach enables more rapid specialist decision-making, advice, and symptom management.

In 2025/26, a total of

4,052 calls for advice were received by the PCSH and the linked out-of-hours service—representing a 12% increase from the previous year.

Since August 2025, PCSH has also processed 976 community referrals, in addition to all referrals to the Rowans IPU and H@H/EELRT.

The majority of calls for advice (90%) relate to patients living in their own homes or in care homes, and are typically received from district nurses, GPs, or patients' relatives. Importantly, 52% of patients were not previously known to Palliative Care Teams, demonstrating how the PCSH is extending its reach beyond those already referred to palliative care specialist services.

25% of all calls to the PCSH were managed outside of core hub operating hours.

76% of all calls for advice require clinician input.

Psychology and Bereavement Services

The Specialist Palliative Care (SPC) Psychology and Bereavement Service at Rowans Hospice is an integrated specialist service delivered through a partnership agreement between Rowans Hospice and Hampshire and Isle of Wight Healthcare Foundation NHS Trust. This partnership enables the resources of both organisations to be employed dynamically and responsively to support our patients and their families. The service provides extensive support through 1:1 specialist therapies and multidisciplinary team consultancy for adults throughout Rowans Hospice services and through NHS referrals from teams across Portsmouth and Southeast Hampshire.

Referral demand for the Psychology Service remains high. The team continues to work efficiently to maintain patient flow and ensure timely access to specialist psychological support.

In response to sustained demand, Rowans Hospice has agreed funding for an additional full-time Clinical Psychologist post. This will strengthen capacity and resilience within the Rowans/HIOW Psychology and Bereavement Service as we move through 2026. Looking to the future, the hope is that the creation of this post may support closer working with St Michael's Hospice, with a view to improving equity of access to psychological support across the county.

During this reporting period:

271 referrals were received into the Specialist Rowans/NHS Psychology Service.

Alongside this, the Rowans Bereavement Service element of the integrated service carried out **114** bereavement assessments for those who had lost people after they had received support from the Hospice or the local palliative care team.

Of these assessments, **83** people went on to receive one-to-one support from one of our Bereavement Service Volunteers.

Approximately **254** people attended bereavement-based sessions.

Child Bereavement Support service (known as Rowans Meerkat Service)

Rowans Hospice Meerkat Service is a district-wide service providing specialist emotional support to children and young people up to the age of 18. We support those who have a significant adult in their life—such as a parent or grandparent—living with a life-limiting illness, helping them to prepare for the loss, and we offer continued support through bereavement.

We work alongside families to provide compassionate, age-appropriate support, helping children and young people understand, process, and cope with difficult experiences.

There has been a continued increase in referrals and case complexity, resulting in the introduction of a triage system to prioritise those with greatest need.

In addition to this, Rowans Hospice has agreed funding for an additional full-time Child Bereavement Specialist.

Alongside this, the Meerkat Service is working collaboratively with St Michael's Hospice, Basingstoke, to develop and strengthen the reach of support for those who need it.

During this reporting period:

125 young people were referred to Rowans Meerkat Service

Continued growing demand of **40%**

Increasing reach to St Michaels Hospice

Current Caseload of **80**

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





Rowans Hospice Living Well Service (LWS)

Specialist referrals

Referrals to Specialist Palliative Care Teams are now triaged in the PCSH, and where appropriate, will be triaged to be contacted initially by staff at LWS. This approach is relieving pressure on NHS partner teams where an introduction to palliative care, future planning, psychological support or other appropriate needs are identified and allows for a rapid and supportive response and introduction to Hospice services.

LWS continues to develop and raise awareness of its role in our community. We have extended our reach to community hubs in Gosport, Portsmouth and Hayling Island to assist in meeting the needs of the wider community and diverse groups. LWS representatives have attended various group meetings and events and meetings within GP surgeries and community teams to raise awareness of the work of the LWS that have proved to be successful.

The programmes offered by the LWS continue to expand with over 940 attendances at specialist therapy courses (breathlessness, chair-based exercises, gardening, wellbeing, love to move) over the last year, in addition to hosting specialist NHS services such as fatigue and sleep clinics.

Veterans support group saw a significant attendance totalling 1035.

We closely monitor numbers attending the groups and the service itself. We have seen an increase in carer attendances and those requiring mental health support as well as navigating the landscapes for patients and their families, with a total of around 8000 attendances over the year.

253 new patients referred

2790 patient attendances overall

469 new carers referred to the service

4227 carer attendances overall

716 attendees were seen at our community hubs

The above is an increase seen across the board.



Regularly Measured Quality Markers

We use Vantage, an online incident reporting system. This gives us a streamlined incident reporting process and enables us to produce in-depth reports for governance monitoring. Vantage is used throughout the organisation and is mandated as the standard reporting tool for all staff. The Senior Leadership Team and relevant team leaders are automatically notified of any incidents.

All reported incidents are reviewed at a monthly compliance and quality meeting that colleagues from across the Hospice attend. Our Clinical Governance Committee receives and reviews a quarterly report on all clinical incidents.

We appreciate that hospice services may be delivered through a variety of operating models, however Rowans Hospice is confident that the following markers improve patient safety, patient experience and clinical effectiveness.

Patient Safety	
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.	
The number of patient safety incidents (including those reported through the Living Well Centre)	70
The number of slips, trips, falls; including slipping from a chair and found on the floor	54
<p>We have seen a decrease in the number of incidents reported for this period. Systems are in place for controlling the risk as well as raising the team's awareness. Documentation and reporting have been reviewed with respect to higher risk patients, who have already had a slip or fall, in their recent past. Additional staffing is put in place for patients whose safety is deemed to be at a particular risk. The multi-disciplinary working party continues to monitor the situation.</p> <p>20 patients reported 'low harm' – low harm when the following apply: Harm requiring first aid level treatment, or extra observation only (e.g. Bruises, grazes). Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more person's receiving care. 1 incident reported moderate harm 33 incidents reported no harm</p>	
The number of serious patient safety incidents	0
The number of patients who experienced a fracture or other serious injury because of a fall	0
Number of Hospice acquired pressure ulcers - category 1 - 3	6

Infection Control	
Outbreaks of infection reported	0
Drug-related incidents	
<p>All drug-related incidents/errors are recorded and investigated; appropriate action is taken, and the incident is reported through the governance channels, i.e. Medicines Management Group, Clinical Governance Committee.</p> <p>All drug-related incidents are recorded, these may include administration, prescribing, record keeping errors, equipment issues and external aspects such as Pharmacy supply. All were investigated and corrective action taken.</p>	
Number of reports – administration, prescribing, dispensing	69
Others including record keeping, equipment issues, pharmacy issues	42
Requiring reporting to CQC	None
<p>Each incident and the circumstances (level of activity at the time etc) were discussed in detail with those involved and steps taken to reduce the risk of re-occurrence. 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. In addition to this, a weekly review takes place to review drug related reports submitted.</p> <p>18 patients experienced 'low harm' – low harm is when all the following apply:</p> <ul style="list-style-type: none"> • minimal harm occurred, - patient(s) required extra observation or minor treatment • did not or is unlikely to affect that patient's independence • did not or is unlikely to affect the success of treatment for existing health conditions 	

Complaints and Concerns

We listen to our patients, families 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.

Complaints provide an opportunity to identify areas of concern and enable us to learn and improve our services. During 2025/26 the Hospice received six formal complaints of which three have been resolved with one currently outstanding. We also addressed six concerns raised.

All complaints and concerns raised have been addressed in consultation with the person who raised the matter. Investigations have taken place supporting our teams and the complainants throughout this process. We have used debrief and reflections tools with the teams involved, practices and procedures reviewed as appropriate, provided education to the teams and followed up with feedback to the person raising the complaint/concern of our outcomes.



Safeguarding

Rowans Hospice has a duty of care to raise concerns to the health and social care systems 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 situation of crisis. We are aware that 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 good deal of preventative work is carried out with families which often averts a crisis and thus the need to 'safeguard' a situation.

Safeguarding notifications by Rowans Hospice

Safeguarding adults and children mean protecting those at risk from abuse or neglect by taking steps to prevent or stop it from happening.

All safeguarding reports made by the Hospice are automatically reported to CQC. In addition to this, two safeguarding notifications were raised by Rowans Hospice to the local Safeguarding teams during the past year.

Deprivation of Liberty Safeguards (DoLS)

Following mental capacity assessments, nine 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 where the details of notifications are reflected on include those of clinical managers, doctors and multi-professional ward teams.

DoLS are an accepted measure within a safe and caring framework, their appropriate implementation is now routine. However, any variance, family concern or reputational risk are reported to the Senior Leadership Team and if necessary to the Board of Trustees. Key details of such events and their outcomes are recorded in the minutes of the appropriate meetings.

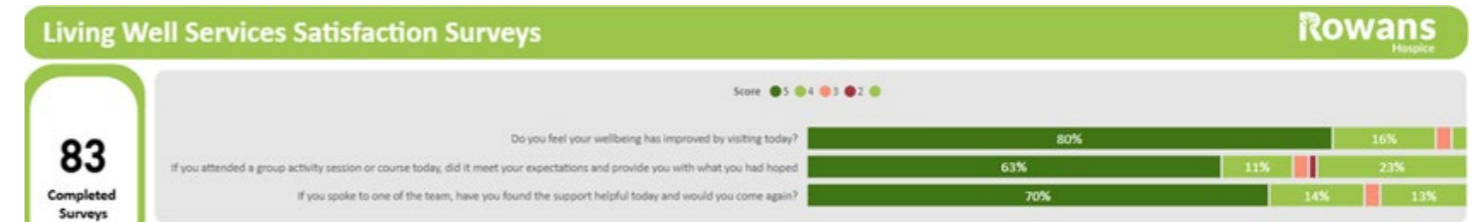
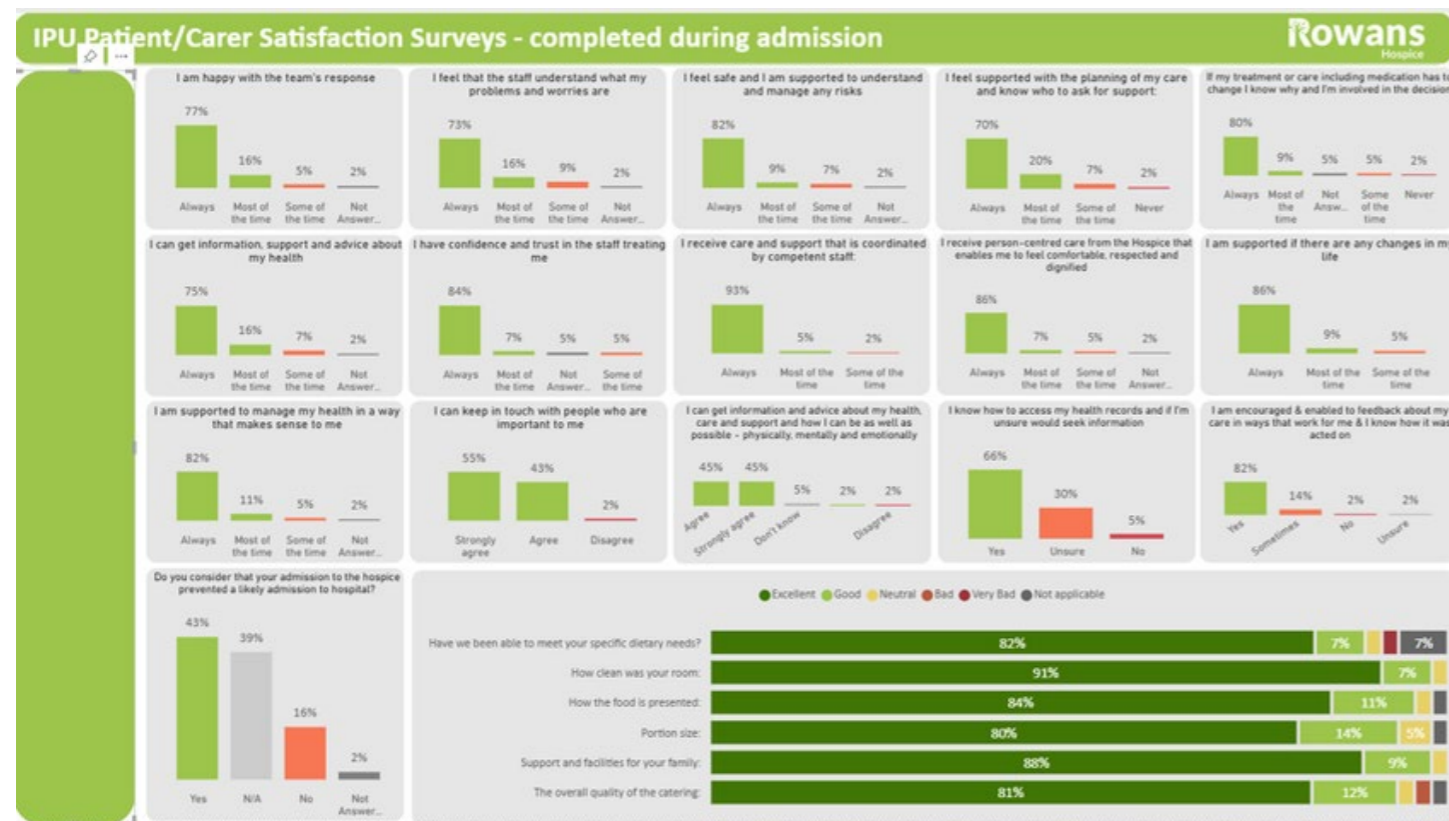
What others say about us

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

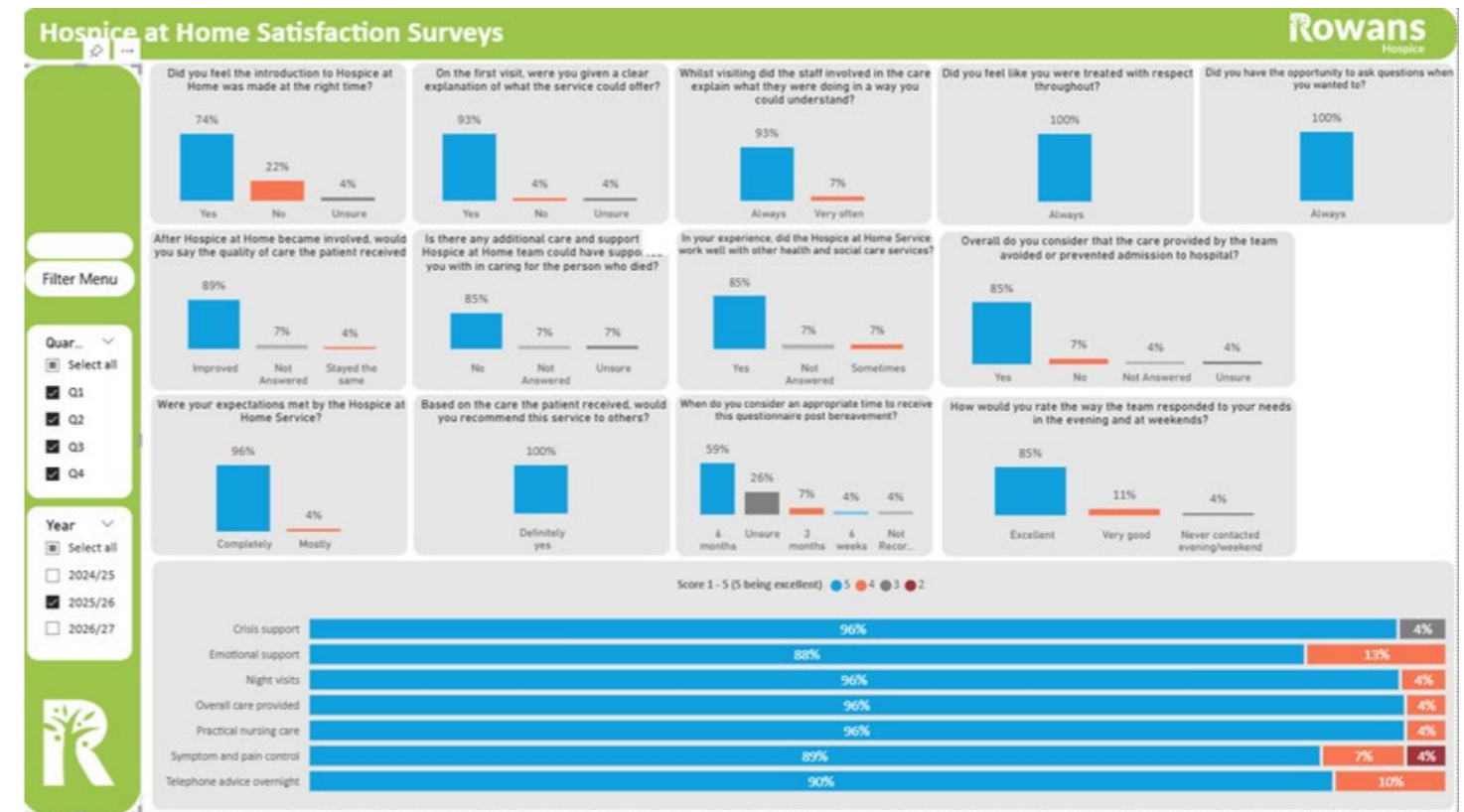
Our satisfaction questions align to CQC 'I' statements. The IPU has two questionnaires for completion by patients or families, using iPads with a link to collect real time feedback; one within 2-3 days of admission for those patients who can complete it, and the other a couple of days before discharge. We recognise that in some cases it is inappropriate to request feedback (for example if the patient is imminently dying), and some patients and families may decline to complete a questionnaire.

We are introducing a similar system to capture the views of bereaved families who have received care for their loved ones on our IPU.

QR code linked satisfaction questionnaires are also available to those attending the Living Well Centre, around the main Hospice building and on our website.



Carers are encouraged to use feedback sheets available in looseleaf files within the patient areas. Feedback is also requested from families and carers six months following the death of patients supported by the H@H team.



The feedback received is very positive and reflects patients' and families' appreciation of the care and support they receive. Examples of returned satisfaction responses are provided below:

“

Everyday we came in to see Mum, we commented how lovely the place is and unique. You made us feel like it is a place for families and patients, for tears and for giggles. It is for patients to feel loved, safe, and cared for deeply before they go to heaven. Mum died peacefully and at ease because of you all, and we will never be able to express fully how truly grateful we are. Thank you and keep going, on those tough days and on those fab days!!

”

“

Thank you for everything you do.

”

“

Having spent time at the Hospice with my grandmother I can honestly say I was totally bowled over by the care, compassion and efficiency of all the staff members! You all deserve recognition for your wonderful kindness and support during this very difficult time. Thank you!

”

“

Many, many thanks for all your help and superb care you gave to D... whilst he had his stay with you. We were both full of nothing but admiration for you all and you helped to make his end of life care very peaceful - something which I too, had the privilege of observing. Thank you all again for the wonderful work you do.

”

“

I have been attending the Living Well Centre for a number of months due to a life limiting illness. The moment I entered the building I felt a 'virtual' warm hug from everyone. The nurses are so compassionate and radiate warmth, understanding and positivity. They are the rays of sunshine after the rain.

Another staff member has helped me more than words can articulate. I have attended mindfulness and behind the mask. The groups have always been well structured and a supportive space for us to feel safe. The impact all of this has had on me has been life changing. They have all given me back some hope that I lost sight of.

”

“

When we arrived here from QA I was stressed as anything, I walked through the doors and it felt like a huge weight had been lifted off my shoulders. The flowers... the people... everything was so nice and calm. My wife loves it here, she feels safe. It feels like a huge burden has been lifted off me.

”

“

This is an incredible service offering a wonderful supportive role to young people. I would personally like to thank the team for reaching out to us and giving us hope when every service that I approached turned us away due to age restrictions.

”

“

To the wonderful nurses of the Hospice at Home Team, thank you all so much for the excellent care you provided to my lovely mum in her final days. I'm in awe of the amazing work you do - to provide such compassion and dignity alongside those things you have to document and log on charts ... you're amazing. I'll always be grateful for how you lessened the suffering of mum's passing, both by caring for her and also being so kind and reassuring to me.

”

“

My husband briefly came into your care on Tuesday 29 July at 1pm and sadly passed away that evening at 9pm. He was so well looked after during his short stay with you in such lovely surroundings and I just wanted to let you know how grateful my family are that he passed away in such a wonderful peaceful place.

”

Part 5

Statements of Assurance



Regulatory inspection

Rowans Hospice was inspected by the Care Quality Commission (CQC) in February 2025. Staff and volunteers at Rowans Hospice had much to celebrate after receiving an 'outstanding' rating following the inspection. The inspection outlined how we were meeting the CQC national standards.

The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008. In 2025/2026 we continued to work with our assigned CQC inspector. We ensure that the CQC are informed of any significant clinical developments at the Hospice.

Under the CQC inspection regime, hospices are subjected to the same level of scrutiny as hospitals, making this 'outstanding' rating incredibly special. To access a full copy of this and past reports, please go to www.cqc.org.uk/location/1-9676860611 or visit our website at www.rowanshospice.co.uk/about-us/quality-of-care where you will find a link that will take you to www.cqc.org.uk

Statements from Care Quality Commission (CQC)

The service provided care and treatment in a way which made patients feel safe, supported, involved and listened to. Safety events were investigated and reported thoroughly and lessons were learned to continually identify and embed good practices.

Staff treated patients with compassion and kindness, respected their privacy and dignity. We spoke with patients who described staff as amazing, kind and caring.

Throughout the inspection, we observed staff and volunteers consistently providing excellent care and support to both patients and their families.

The hospice worked well across teams and services to support people. Patients care was well coordinated, and everyone involved in their care worked well together.

The hospice always carefully explained to people what their rights around consent were, made sure they fully understood them and always fully respected these when delivering person-centred care and treatment.

The hospice understood the diverse health and care needs of people and their local communities to ensure care was joined up, flexible and supported choice and continuity. People received information and advice which was accurate and up to date.

The hospice encouraged people to share feedback and ideas or raise complaints about their care, treatment and support and used this as an opportunity for learning and improvement.

We found the care and treatment provided by the Hospice was effective. The correct processes, equipment and assessments were in place. Care and treatment provided was evidence based, measurable and monitored for outcomes which enabled continuous improvement.

Staff spoke passionately about the service they provided and were proud of the facilities they worked in and the care they could offer to patients. Staff described the culture as positive with good working relationships with different departments within the hospice.

The hospice focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people.



Statement from commissioners – NHS Hampshire and Isle of Wight Integrated Care Board:

NHS Hampshire and Isle of Wight Integrated Care Board (ICB) welcomes the opportunity to comment on the Rowans Hospice Quality Account for the 2025/26 reporting period, as part of its statutory commissioning and quality oversight responsibilities. We are satisfied that the Rowans Hospice Quality Account meets the mandated requirements and provides an appropriate overview of the organisation's quality priorities and performance.

Through ongoing engagement with Rowans Hospice, the ICB has sought assurance that commissioned services are delivered in line with expected standards of safety, effectiveness, and person-centred care. The ICB would also like to extend its congratulations to the Rowans Hospice on receiving an Outstanding Care Quality Commission (CQC) rating in May 2025.

The ICB recognises Rowan Hospice's progress against its 2025/26 priorities, including the Emergency End of Life Response Team, workforce clinical skills and core competency development, implementation of a Patient Safety Incident Response Framework policy and plan and the Meerkat service which provides bereavement support to children and young

people. The challenges relating to optimising bed usage and the current ward layout are acknowledged, and the ICB is satisfied that this is being addressed through the 2026/2027 priorities for improvement, agreed engagement and oversight mechanisms.

It is recommended that the improvements made against 2025/2026 are continuously embedded, with their impact on patient outcomes monitored during 2026/27.

The ICB acknowledges and values Rowans Hospice's engagement in quality governance arrangements, including facilitating ICB participation in quality and performance meetings to support assurance and commissioning oversight. We also recognise Rowans Hospice's contribution to local and system-wide quality improvement through its active participation in the End-of-Life Care Board.

The ICB welcomes the 2026/27 quality priorities set out in the Quality Account, specifically expanding the Emergency End of Life Response Team into the community which aligns with system priorities.

We would welcome progress and learning to be shared through the appropriate system quality forums, including at the Hampshire and Isle of Wight Palliative and End of Life Care Building Excellence Summit.

Overall, the ICB considers the Rowans Hospice Quality Account for 2025/26 to be a fair and accurate reflection of the services provided. The ICB will continue to work with Rowans Hospice during 2026/27 through established assurance and oversight arrangements to support ongoing improvement in the quality of care delivered to the population we serve.

Yours sincerely,

Wendy Newnham

Interim Chief Nursing Officer



An Annual Board Report and Statement of Compliance

This is submitted yearly to the Higher-Level Responsible Officer of NHS England (South East) regarding Medical Team Appraisal and Revalidation.

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.

Statement of Assurance from the Board of Trustees

The Board of Trustees is fully committed to the delivery of high-quality services to all our patients cared for and supported in our In-patient Unit and by our community-based services, as well as their families and carers.

The Board regularly monitors the standards of care given to patients, health and safety reports, feedback from patients and family members, (including compliments and complaints) and plans and proposals for quality improvement. This is achieved by receipt of regular reports to both Governance and Board meetings on all these aspects of care delivered by the Charity, with further discussion and evaluation at those meetings.

Trustees take an active role in the contribution and approval of policies across all areas of activity within Rowans Hospice and operate a scheme of delegation to expert committees. Trustees also undertake mandatory training in core aspects of their roles each year in line with the requirements for all staff and volunteers.

The Chief Executive is highly visible, accessible and approachable to all staff and volunteers, through regular walk rounds of the Hospice and an open-door approach. The Chairman of the Board meets regularly with the Chief Executive, and both have access to wider Trustee support as necessary to ensure that the Board have a current awareness of any relevant issues.

This Quality Account demonstrates the Hospice's commitment to serving the local community by providing specialist services of a high quality, ensuring our core values are at the heart of all we do.

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 showing where enhancements are being made to our services.

For any further information regarding this Quality Account please contact Jenny Redman, Associate Director of Quality by calling the Hospice on 023 92250001 or alternatively visit www.rowanshospice.co.uk

If you would like to comment on the content or format of Rowans Hospice Quality Account for 2025/26, please submit your comments via the Rowans Hospice website or to the Chief Executive at this address:

Rowans Hospice, Purbrook Heath Road, Waterlooville, Hampshire, PO7 5RU





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Company Number: 2275068

Rowans
Hospice

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