

Rowans Hospice Quality Account 2017-2018



quality care
delivered with compassion

Part 1:

Chief Executive Officer's message

It gives me great pleasure to present the Quality Account for Rowans Hospice, Registered Charity No. 299731 for the fiscal year 2017/2018.

We are very proud of the services we provide to our local community within Rowans Hospice, at Rowans Living Well Centre and delivered to people within their own homes. It is therefore a great pleasure to share our work with a wider audience. The quality of our care is very important to us; we therefore make every effort to ensure our services meet the expectations of those whom we serve. This is of paramount importance and is a themerunning through all our communications materialand is summarised in our newly refreshed organisation strap line:



“Quality care delivered with compassion”

Quality is the hallmark of all our services, which we take care to demonstrate throughout our organisation including in recruitment, in staff development, in our furnishings and fixtures, within our external environment and groundsand in our retail shops.

Since opening Rowans Living Well Centre, the most beautiful purpose built facility, we are now critically reviewing our original hospice building, which as it approaches its silver anniversary requires upgrading to ensure it will be suitable for the needs of society today and into the future. With this in mind our focus over the coming years will be very much on the hospice building, but not forsaking the quality of services which operate both ‘within’ and ‘without’ of Rowans Hospice.

Registered with the Care Quality Commission (CQC) and subject to inspection we are constantly ensuring that our practices are safe, caring, responsive, effective and well-led; aiming always to achieve the highest standards. It is therefore with absolute pride we display and promote an overall rating of ‘Outstanding’; the highest or optimum accolade and awarded specifically in relation to our responsiveness to those in need withthe development of new services and for our care services overall.

Achieving this in August 2017 was a highlight for everyone involved and our ambition now is to maintain this rating as we move into the future. So although our focus may be on aesthetics it will never to the detriment of high quality care. We do however know that operating services alongside builders and decorators will be challenging and we will need to be imaginative in how we deliver more services into the community ensuring that high quality care continues to be delivered in other environments.

To support these developments we have been developing and expanding the education and training courses we offer to teach others about what high quality care looks like. These courses are delivered at Rowans Hospice and most frequently into nursing, residential care homes and to the offices where domiciliary care is co-ordinated. In these examples 'others' develop their skills and in doing so enhance the quality of care that is delivered.

At times education and training is also delivered to community nursing teams and GPs so we influence as much as we can to drive up the quality of care and treatment for as many people as possible. In this way we 'reach' so many more people and hopefully enhance the joy of caring, a strong motivator for many. It is sometimes the smallest acts of kindness that can make such a difference and through experiential learning encourage 'others' to think about this.

Secondary to CQC inspection we also comply with a peer review audit programme called CHKS. Unlike CQC this audit is not mandatory but chosen by Rowans Hospice Trustees and the Executive to ensure and demonstrate compliance over a range of robust quality standards. Investment to support and demonstrate quality is important to us; providing evidence to reassure all stakeholders: commissioners; donors; staff; volunteers; our NHS and adult social care and third sector partners and most of all the service users who trust us to deliver care. Consequently during 2017 we have been subject to an interim inspection to ensure that the 3 year accreditation remains valid and I am delighted to inform you that we have been awarded ongoing accreditation until the next formal review in 2019.

Organisational development is another aspect of ensuring quality through supportive performance management; ensuring staff and volunteers are skilled and competent in their roles and where relevant are accredited by their own professional bodies.

During the year Trustees also conduct site visits, from which their observations and reflections are passed back to the Executive and in turn other members of staff and volunteers. Two quotes have been drawn from these reports to illustrate the quality of services:

"The high standard of individual care that continues to be provided to patients and their families and friends on the Ward, continues to be highly appreciated".

"Overall, you can't fail to be both humbled and energized by the commitment and effectiveness of the Rowans' Team."

Our high quality care is however only possible through having a wonderful team of dedicated staff and volunteers, the latter of which workforce reduces the cost of our service through their gift of time. We also thank and appreciate those who give donations directly to Rowans Hospice; by supporting Rowans Retail Charity Shops; through gifts in Wills and participation in our fundraising and awareness activities. High quality care is always at the heart of everything we do and what we strive to achieve wherever possible.

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

Thank you for your interest in Rowans Hospice.

Ruth White
Chief Executive
8th May 2018



Part 2:

Looking Forward

Introduction

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

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

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

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

Registration

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

Priorities for Improvement 2018-19

The priorities for quality improvement identified for 2018/19 are set out below.

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

- Patient Safety
- Patient Experience
- Clinical Effectiveness



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

Patient Experience, Clinical Effectiveness, Patient Safety

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

There are a number of aspects to achieving this:

- Rowans Hospice is working in partnership with other providers to consider a service model and provision based on the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 document and assessment tool. This work will also support the development of a 'directory of services' for palliative care.
- Over the last few years with the expansion of Hospice at Home and in-patient unit nursing/medical staff levels, and a current review of the 'discharge' process, the hospice will ensure improved quality & efficiency for discharge planning, resulting in more effective communication and reliable and rapid access to services to support ongoing care and advice; including where necessary from the Rowans Hospice; and in collaboration with statutory services. Having enhanced the Hospice at Home team we will enable the provision of support for certain patients who are identified as requiring this level of additional care in the first three days on discharge from in-patient stay to home or to a Nursing Home.
- Work is actively being carried out in partnership with Portsmouth Hospitals to support appropriate transfer of patients to the hospice in-patient unit for ongoing specialist management including care in dying; or referral to Hospice at Home to support discharge from hospital for those people whose preference is to die at home. This has resulted this year in 33% of hospice admissions being patients transferred from the hospital – the hospital transfers were a slight increase on last year's referrals – by 2% however in the last two quarters of 2017/18 there was a 55% increase on the first six months of the year – this is extremely encouraging as the hospital's ability to transfer remains weekday only (including bank holidays) – the hospice will monitor in the hope that this is a trend not an anomaly.

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



Priority 2 – Introduce patient related outcomes

Patient Experience, Clinical Effectiveness, Patient Safety

The hospice has begun to introduce the Integrated Palliative Care Outcomes Scale (IPOS); this is a validated brief assessment tool which has been welcomed by patients and professionals as a measure which, without being onerous, is able to capture people's most important concerns - in relation to symptoms, information needs, practical concerns, anxiety or low mood, family anxieties and an overall feeling of being at peace. Repeated completion over time drives care planning for the individual and demonstrates outcomes for patients and carers leading to an improved patient experience. Introduction of this assessment method represents a shift in culture from routine, rigid assessment to a more patient-need focused approach which necessitates training and systems development. The whole multi-professional team will be involved and digital infrastructure will support this change.

Priority 3 - User engagement

Patient Experience, Clinical Effectiveness

Engaging with patients and carers, who use or have experienced any of the services we provide, is a priority for us as an organisation. We would like to understand more about what patients and families value, what they might want more or less of and how they think we might shape and develop our services to meet their needs rather than ours. Understanding those who receive hospice care is also a step towards understanding how we can engage more fully with our entire community. We would like to involve "users" – current, past and potential, in consultations – on policy and on facilities (in the next year this includes plans for refurbishment).

Our next step – one which we have already started to take – is to begin to consider how we can engage with 'people in partnership' begin to understand further what is important for 'people' in relation to care needs – be that patient, carer or family member.

How will progress be monitored for future priority improvements – 2018/2019?

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

- Annual Return to the Charity Commission
- Annual Review and audited Report and Accounts
- Business Plan
- Quality Account, Clinical Strategy
- Annual audits and patient surveys
- Annual General Meeting of the Charity
- "Reaching Out", The Rowans Hospice newsletter and other periodic communications
- National data as collected by Hospice UK
- Research – both internal and external to the Rowans Hospice
- Patient surveys for individual doctors, as required by General Medical Council Revalidation
- As a designated body under Medical Revalidation legislation, Rowans Hospice governance structures and medical staff performance are overseen and subject to annual report by the Responsible Officer provided by Southern Health NHS Foundation Trust and Quality Assurance by NHS England.

Statement of Assurance from the Board of Trustees

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

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

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

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

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

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

Internal Clinical Governance Activities

The Clinical Governance Framework is now embedded to reflect previous changes in Care Quality Commission requirements and changes in governance structures including reporting, accountability, and delegation of policy sets. The Framework Document is available on request.





Part 3:

Looking back 2017-18

Review of Services

The aim of the Quality Account is not only to state future improvement priorities but also to evidence achievements on priorities for improvement from the previous year. To ensure the needs of service users are met, Rowans Hospice identified areas of priority where improvements were needed to enhance the care experience. Examples of developments and improvements which occurred in 2017-18 are outlined below:

Improving the in-patient environment and patient comfort

Clinical Effectiveness, Patient Experience, Patient Safety

During 2016/17 four in-patient service rooms were adapted to accommodate the increasing needs of those living with dementia and other cognitive impairment. The decision made by the Trustees to commit money to a major renovation of the in-patient unit has led to a further decision to future proof the hospice for the next 25 years not just the in-patient unit; ensuring the service can continue to meet the needs of our patients and carers.

The Board of Trustees has allocated funds to support this and a planned capital appeal will be launched to take this further. The architecture and professionals teams have been appointed/ in the process of being appointed to support the way forward. It is anticipated that work will commence in early 2019.

Developing IT systems

Patient Safety, Patient Experience, Clinical Effectiveness

Priority 2 in the 2015-16 account indicated IT systems as an area for improvement. We are pleased to report that all clinical services have moved to using Electronic Patient Records.

Continuing professional development and professional regulation

Patient Safety, Clinical Effectiveness

In line with our People Strategy, and following the work on our new HR system last year, we have now invited all volunteers from across the organisation to access the system; this is in the hope that we will be able to use the system more widely as an aid to our channels of communication. We anticipate that we will add a Learning Module facility to the system, allowing the end user to access and enter training records and to record quarterly review and annual appraisal detail in the case of staff. This will have the added benefit of helping us to organise our training needs analysis and to identify clearly and prioritise appropriately.

We saw a number of our 'middle' managers completing the 'Coach to Lead' programme and a significant number of staff attended a stress resilience workshop, this particular workshop will now be open to volunteers in the coming year. And in order to further develop the skill set of our line managers, we will be partnering with ACAS to complete a 3 day workshop specifically related to managing people.

Specialist Palliative Care Services Collaboration

Clinical Effectiveness.

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

Rowans Hospice Veterans Living Well service

It is estimated there may be around 60,000 veterans living in Hampshire, with large numbers located in Gosport, Fareham and Havant. Research suggests that those aged over 75 represent 46% of the veteran population, with many experiencing loneliness and isolation.

Rowans Hospice has received an Aged Veterans grant from the Chancellor using LIBOR funds to develop a new service that extends hospice care to local veterans and their families. However, veterans of all ages are invited to make contact with the hospice for a bespoke assessment. The aim being to support those people who have served in the armed forces and their carers who have a serious illness; supporting those that are socially isolated or in need of support to improve quality of life. This may include accessing services provided through the Living Well Centre, support from a Clinical Nurse Specialist who has experience in delivering palliative and end of life care to the veteran community, or support from a Veteran Companion; a volunteer who has served in the armed forces and can offer practical help, camaraderie and a listening ear.

This has been achieved through working alongside 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 and Social Care in Action, as part of the Remind service. This service supports those people living in Portsmouth who have a diagnosis of dementia; from diagnosis to end of life. This supportive pathway also provides support to families and lay carers as well as the person with dementia. The hospice through skilled Clinical Nurse Specialists provides specialist dementia care and support at the end of life, when there are complex symptoms and heightened emotional distress. This service demonstrates the hospice desire of the hospice to work with other partners and to extend the reach beyond caring for people with cancer.



Education and Training

Patient Safety, Clinical Effectiveness

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

To support generic palliative care training, Rowans Hospice, in partnership with NHS Specialist Palliative Care providers, actively pursues opportunities to provide palliative care education and training through development of bids to secure funding. To this end a number of educational and training activities are being delivered including:

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

In addition to these activities, ongoing professional support and guidance is provided to qualified nurses, health care support workers, volunteers, administrative staff, doctors, trustees and allied health professionals. This year will see the amalgamation of Education into the People Services department where it will sit within Learning and Development (L&D) and a dedicated Clinical Trainer will be recruited to backfill the Educational Facilitator who has been appointed to the role of L&D Manager. This investment supports our aim to develop our 'reach' as we move forward with our L&D activities.

There is also a full and varied programme of in-house education and training, covering mandatory training, the upskilling of clinical staff, foundation level knowledge and exploring the expertise in the field. The clinical education can be delivered informally within team meetings and on the job, and formally in weekly education sessions and on specific training days. The programme is led in collaboration with the Clinical Lead, a Consultant in Palliative Medicine and the Learning and Development Manager with guidance from the Education Strategy group.



Bereavement and Psychology Services

During the last year there has been a period of significant transition across the Psychology and Bereavement Services. The former Bereavement Service Lead left the service in June and Paul Beadon took up the leadership of both services from this point forwards, initiating a stepped process of integrating the two services into one unified Rowans/Solent service.

This evolution of the two services was designed to allow 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.

The fact that two services are now a single service means that there is no longer the requirement to distinguish which clinician is undertaking work for which organisation. However there are still two distinct remits of the single service: one is 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 CCG and Southern Health Foundation Trust. Additionally the service is also required to provide bereavement support to individuals who are bereaved and where their loved one was supported by Rowans Hospice services or one of the local SPC Teams; Rowans Hospice commissions this aspect of the service as a function of the charity's work. Essentially: the service now provides one output, but there are still two pathways of input.

CASPE Healthcare Knowledge System (CHKS)

Patient Safety, Clinical Effectiveness, Patient Experience

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



Participation in clinical audits

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

Rowans Hospice Quality and Audit Programme facilitated many service improvement audits during 2017-18. Rowans Hospice also used a number of audit tools provided by the umbrella organisation, Hospice UK of which we are a full member.

Internal ad-hoc projects authorised by The Clinical Quality Strategy Group (CQSG) and completed in 2017-18: -

- Prescribing opioids in renal failure
- Oxygen prescribing
- Documentation audit patient medication changes
- Review of abstral use
- Pain care plan audit
- Records audit

Hospice UK national audits tools

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

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 this has covered the rate of Drug Errors and Patient Falls.

Service Showcase

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

Specialist Palliative Care Audit and Service Evaluation

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

Research

Rowans Hospice Ethics Executive Group (EEG) has not been asked to consider any research directly affecting patients, carers or staff within the Rowans Hospice in the last year, however does recognize the importance of contributing to research that is being carried out by other hospices/Universities.

The EEG has been challenged through a report commissioned by Hospice UK – encouraging hospices to become part of research. As a result links have been made with the University of Southampton, other hospices, and Hospice UK, resulting in the formation of the Wessex Research Active Hospice Development Group – the purpose being to promote partnerships between hospices and the University to support hospices in becoming research ‘ready’ and ‘active’.

Rowans Hospice has also formed an internal Research Active Group to begin to look at how the hospice can move towards being research active – the group has begun to generate themes and research questions which can then be taken forward to the Wessex group – and are being considered by Southampton for students requiring projects and for potential research projects that have been written and submitted as a collaboration between Rowans Hospice and Southampton University. The Hospice is supporting three projects that are moving forward but have not yet been agreed to be considered for ‘research’. This year has seen staff carry out literature reviews, produce ‘posters’ for conferences and the development of a ‘research strategy’ which is currently in draft.

Quality Improvement and Innovation Goals Agreed with our Commissioners

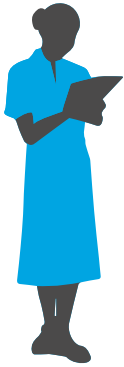
The Rowans Hospice income in 2017-18 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Review of Quality Performance 2017-18

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) 2017-18

In-patient admission episodes – **399** (380 – 2016-17)

Of the above, **44%** admitted from hospital (30.4%- 2016-17)

Average length of stay for patients – **12 days** (12.8– 2016-17)

Of those patients who were discharged,

81% returned to their home (79.8%- 2016-17)

11% of patients had a diagnosis other than cancer (9.2%- 2016-17)

Therapeutic Day Care Services

Traditional Day Care –

187 new referrals (184 – 2016/17)

29% of patients had a diagnosis other than cancer (29.8% - 2016/17)

Attendance average was **71%**, (70% - 2016/17)



Rowans Living Well Centre

290 new patients seen at the Centre (130 - 2016/17)

508 new carers seen (169 - 2016/17)

Overall Patient Attendance – **1858** (520 - 2016/17)

Overall Carer Attendance – **2148** (473 - 2016/17)

Total Visitors (Coffee, picked up literature and information) – **253** (154 - 2016/17)

Total Overall Visits (Patient/Carer/Visitors) – **4259** (1147 - 2016/17)



Bereavement and Rowans Hospice Meerkat Services

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

Data for 2017/18 as below. Previous year's data not available as transferring to electronic records.

222 referrals to the psychology team

122 bereavement assessments have taken place

The psychology team have carried out **1,224** therapy sessions
Rowans Hospice Meerkat Service is a district-wide service helping support children and younger people up to the age of 18 years, with links to Rowans Hospice, prepare for the loss of a close or significant adult and offers continued support into bereavement.

78 new referrals

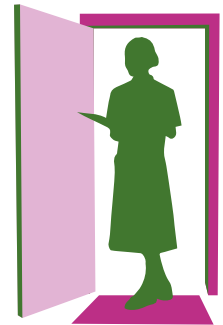
Hospice at Home Service

442 patients were referred to the service (435 - 2016-17)

18% Non-malignant diagnosis (18.4% - 2016-17)

41% of referrals were not known to the Specialist Palliative Care Teams/
Hospice services

12% of patients referred through Portsmouth Hospitals Trust to support statutory Community Teams with discharge home.



Regularly Measured Quality Markers

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

Indicator	2017-18
Preferred Place of Death	
<p>In palliative care nationally, meaningful outcomes measures are being worked on and may become standard in the near future. Meanwhile, noting and attending to the patient's wishes and preferences – throughout our relationship with them – is a good measure of our care and “preference for place of death” has been recorded, along with final preference and actual place of death, for some years.</p>	
<p>Establishing and understanding patients' preferences for place of death and supporting patients to achieve their wishes. As part of the admissions process, discussions take place with the patient (and family if requested) asking questions related to treatment, care options and the patients' and families preferences, including their preferred place of death. These discussions are recorded on a “preferences form” and form part of their care.</p>	
Achieved preferred place of death at the Hospice	70%
Preferred place of death undetermined or not known	30%
<p>We are not satisfied with the 30% and are working with clinicians to improve recording</p>	
Resuscitation Decisions	
<p>100% compliance – records indicated Resuscitation Decision forms were completed following discussions with patients/families as appropriate.</p>	
Patient Safety	
<p>Patient safety accidents/incidents include a patient reported to have had a fall, slipped out of a chair, rolled out of bed in their sleep or collapsed as a result of their illness. All incidents were reported and investigated and appropriate actions taken to reduce risk, in addition to outcomes being reported back through governance reporting structures. Risk assessments are regularly reviewed following any reported incident. As part of the review, any trends and themes are identified and analysed.</p>	
The number of patient safety incidents (including those reported through Day Services)	82
The number of slips, trips, falls; including slipping from a chair and found on the floor	70
<p>We have seen a slight increase in the number of incidents reported for this period however the number of slips, trips, falls have remained the same. Systems are in place controlling the risk as well as raising the team's awareness to higher risk patients – who have already had a slip or fall. Additional staffing is put in place for patients whose safety is deemed to be at risk. Continual efforts will be continued to ensure we achieve our 2018-19 target to see a reduction in the number of patient falls.</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 MRSA whilst on the In-patient Unit	Nil Hospice acquired
Total number of patients known to have acquired C. difficile whilst on the In-patient Unit	Nil Hospice acquired
<p>Drug-related incidents – All drug-related incidents/errors are reported and investigated, appropriate action is taken and the incident is reported through the governance channels, i.e. Medicines Management Group, Clinical Executive Group. Examples of incidents reported included clerical errors such as missed signature when a drug had been administered, a missed signature in the Controlled Drug Register, when witnessing the dispensing of a controlled drug, or an oversight in that a drug had not been given.</p> <p>There were 47 drug-related incidents. All were investigated and corrective action taken. There were no serious consequences from these incidents.</p>	
Total Reports	47
Number of single drug administrations	103,935 doses
Clerical (no patient harm)	49%
Patient affected	0
Requiring reporting to CQC	None
<p>Quarterly drug error/incident reports are produced for the Medicines Management Group and discussed in detail, addressing operational procedures, circumstances around the error and determining any outcomes and recommendations as appropriate.</p>	

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 resolved internally 1 remains unresolved	Independent review recommended for one concern – not yet sought by family

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

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

There have been no recurrent themes from the concerns which have been raised but following discussion, reflection and communication with those involved, some changes have occurred. One concern addressed poor communication with a patient and carer by a member of staff, and was resolved through following discussion and reflection. A second concern involved communication relating to contact details this led to a change of recording on the Electronic Patient Record. The third concern raised related to a telephone call that was taken out of hours and not followed up the next day – this was highlighted at the time and processes were reviewed and practice changed – the family then raised a concern and were able to be reassured that action had already taken place. The fourth concern remains unresolved at this time – this relates back to a concern that was raised and investigated back in 2015, and further questions have been raised and answered for the family involved, two subsequent reviews have taken place and the hospice would welcome the Ombudsman to review the situation if invited to by the family concerned.

Safeguarding

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

	By Hospice	Adult/ Children's Protection	Pressure Areas		Serious Incidents
			Admitted from Home/ Hospital	Acquired/ deteriorated in Hospice	
Safeguarding notification by another	0	0	0	0	0
Safeguarding and CQC notification made by Hospice	8	0	6	1	1
DoLS application	6	0	0	0	0

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

Safeguarding notification by Hospice

A safeguarding notification was raised as a result of the police being involved with regards to a serious incident at the hospice.

CQC notifications

The Hospice is required to notify CQC of any pressure areas that are graded a three or above; as a result of this 6 patients who on admission were noted to have a pressure sore grade 3 or 4, were reported – one of the 7 reported pressure sores was reported to have deteriorated from a grade 1 on admission to a grade four - investigation carried out showed this was unavoidable.

Deprivation of Liberty Safeguards (DoLS)

Following mental capacity assessments six applications were made as Urgent Authorisations which were sent to the DoLS team enabling the patients to remain at the Hospice lawfully until a Standard Authorisation could be put in place. The DoLS Urgent Applications were not progressed as the patients deteriorated and died at the hospice.

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

What others say about us

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

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

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

	Routine/ad hoc	Response rate	Any actions	Other
In-patient care	All discharges	31.25%		
Day Care	All discharges	85%	More crafts offered	
Living Well Centre	All attendees	Response rate is undetermined due to the 'drop in' nature of Centre – feedback has been positive – comments listened to and acted upon related to having magazines and books available to read and the importance of having food available each day.		
Hospice at Home	6 months post bereavement	43.25%	Overall excellent feedback	
Hospice Companions	Evaluation carried out at the end of each episode of		Positive feedback about the quality and uniqueness of the service	
Bereavement service	Through user feedback – short questionnaires are sent at the end of each episode of care, open invitation to send in views of the service		Feedback led to a review of how the bereavement groups were supported	

Carers

The Living Well Centre and Rowans Hospice continue to recognise the vital role carers play throughout the year by providing them with a dedicated support service. The Hospice supports a monthly Carers' Group in addition to the annual National Carers' Week with a variety of events including "pamper days" and information days. Support for carers is now more accessible through the opportunities on offer on a regular basis through the Living Well Centre.

Some examples of feedback received from patients and carers that have been supported by hospice services.

Thank you so much for your wonderful care and compassion towards my mum. Without your support to me and my family, mum would not have been able to have her wish to die at home with dignity.

Please accept my grateful thanks for helping us through extremely difficult times with such a high level of friendly commitment and for everything you arranged in fulfilling my mother's wishes to spend her last days at home.

Just wanted to thank you all for the care and support that the staff at the Rowans gave while my mum was there. The beautiful gardens and peaceful surroundings. The care they take and with a smile on their face. Making the hardest of times just a little easier.

What an amazing place. The care that was given to my family was outstanding.

Our thanks to all the day staff, night staff and volunteers for the wonderful care and support given.

My daughter and I would like to send our gratitude to the Hospice and their staff including the volunteers, for the way you all looked after my wife during her final days. We would like to pass on our sincere thanks. They gave exceptional support to us and my wife during this difficult time. They were professional, conscientious and caring. We can't thank them enough.

I think that the service is already excellent, so it is difficult to think of improvement. All the staff are lovely.

To all staff at Rowans – there are too many to name but to all of you I want to say a big thank you for the amazing care and attention you gave from the first day he was admitted to his last hours. The personal care and attention was second to none, to every small detail.

What an amazing place! I cannot thank you all enough – doctors, nurses, care staff, tea ladies, flower ladies and everyone else that volunteers on a daily basis. You have all made my stay here such an experience.

Thank you for your kind note asking how I am coping. I do appreciate all the help that has been offered this past year.

Thank you all so much for welcoming me in day care and for your patience, kindness and friendship. Thank you all for guiding me through my placement and for being such wonderful people to work with.



Statements from Care Quality Commission (CQC) – taken from final report



Overall rating for this service - Outstanding

People received outstanding care from exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in supporting people living with a life limiting illness. Staff consistently cared for people that mattered to the person using the service with empathy and understanding.

The hospice was outstandingly responsive to the needs of the people in their community and services offered by the hospice were shaped to meet these needs. Whilst Rowans Hospice provided a responsive service to meet individual's needs the provider was also responsive at a strategic level, for example; extending the geographical area it covered within Hampshire to meet the needs of a greater community at the request of GP's and commissioning groups.

There were sufficient staff to meet people's needs. The relevant head of department completed a daily staffing analysis to ensure there were sufficient suitably qualified staff available to meet people's needs. When people's health deteriorated quickly we observed the staff ability to provide one to one care increased people's safety and reduced the risks of harm to them.

The provider ensured that robust pre- employment checks were completed on all staff and volunteers as part of their recruitment. People were cared for safely because all staff and volunteers suitability for their role had been effectively assessed before they were appointed.

People were protected from harm because there were safe systems in place to ensure patients were not exposed to the risks associated with medicines.

People spoke positively about the quality of care and support they received from staff. Due to the expertise and knowledge demonstrated by staff, people were confident that they were well trained and supervised.

Staff had been trained to deliver best practice in relation to end of life care. Staff also had to complete regular training in relation to people's clinical needs. This ensured staff had the appropriate knowledge and skills to support people effectively and were enabled to retain and update their skills as required.



Commissioning Groups' Statement

Background

Portsmouth City Council commissions a Social Work service from the Rowans Hospice. The service provides information and advice to patients and carers and recommends and develops specialist packages of care. The service also provides pre and post bereavement support, carers support and works with the rest of the multi-disciplinary team to enable people to die in their chosen location.

By providing a Social Work service, the Rowans ensures a timely multi-disciplinary approach to people approaching the end of their life, giving the information and arranging the care they need to help them with this part of life. Having Social Workers based within the hospice team enables workers to have the knowledge, skills and attitudes necessary to be competent to provide high-quality care and support for people and provide holistic assessment and support, in a culturally sensitive manner

Service Quality

The quality of the service is demonstrated in areas such as:

- The ability to access any area of the specialist palliative care service without recourse back to the GP.
- Identifying training needs within social care providers which can be met via the Hospice Education Strategy group. This enables competencies to support palliative and end of life care so people can be maintained in their usual place of residence.
- Preventing crisis and ensuring timely support through day care provision.
- A dedicated SPC social work team that is responsive with the right skills and aptitude to work in end of life care.
- The Rowans Hospice supplements and complements the statutory service, enabling a more comprehensive response that the Local Authority would achieve from its own resources.
- The collaborative working relationship with the Local Authority avoids processes and delay that can impact on length of stay in a hospice bed, managing the impact on the health and social care economy. This relationship also enables experimentation with services such as the Re-ablement Pilot programme, offering a service to people in the last year of life regardless of whether they meet criteria for referral.
- Avoiding unnecessary hospital admission by working with circa 120 families a year.

Quality Monitoring

The Rowans provides assurance and collaboration in monitoring and maintaining the quality of the service through involvement in varied fora:

- 6 monthly Contract review
- 1:1 Supervision links with staff
- PCC senior management team liaison

- Specialist Palliative Care Partnership Group Meeting
- PCC Social Workers accessing the Rowans Social Work service for advice and support.
- Rowans Social Workers attending staff briefings
- An annual Report that provides:
 - statistics around the number of people receiving a service;
 - their preferred place of care or death achieved;
 - the training provided and received by staff;
 - personal testimony/feedback received by the service;
 - outcomes of Social Work referrals and any audits conducted;
 - the satisfaction ratings for the service and actions taken where there are learning points;
 - a digest of significant events and developments within the service;
 - regular learning events that enable commissioners to see the work of the Rowans

Andy Biddle
Acting Deputy Director
Adult Social Care

Portsmouth City Council remains committed to working with the Rowans. The training provided by the Rowans is a valuable and utilised resource available to our staff, providing first class specialist training. Portsmouth City Council is delighted that it continues to have an excellent, ongoing and developing partnership relationship with Rowans Hospice supporting palliative care education within Portsmouth nursing homes – with the delivery of the Six Steps Programme. The education provided is high quality care that represents excellent value for money and enables nursing homes to be supported to deliver end of life care to individuals and their families and friends to allow them to have the right level of support to remain at ‘home’.

Patrick McCullagh
Senior Project Manager
Portsmouth City Council



Writing on behalf of Fareham & Gosport, South East Hampshire and Portsmouth CCGs I would just like to thank the Rowans Hospice, and yourself as Chief Executive, for all the support and work put into improving services for our local population.

Of particular note is the development this year of the HOPE group; bringing together all of our local end of life care providers to share service specifications, ideas about service development and ways of working with the overall aim of improving service provision, ensuring that services are equitable and complimentary to each other. Whilst recognising that this work is in its infancy we are very supportive of taking this work further with yourselves to align services and ensure resources are used effectively across the wider health and care arena.

We are looking forward to the working relationships continuing into 18/19 and whilst the lead commissioner on this contract will change we will of course continue to work in partnership with yourselves and are looking forward to hosting the HOPE team at our forthcoming meeting.

On behalf of Lyn Darby and myself I would also like to thank you for the recent visit that you arranged for us. It was great to be able to visit the new wellbeing service and see for ourselves what an enormous difference this makes to our population.

Thank you so much for your continued support during 18/19

Many thanks

Sarah Malcolm

Head of Planned Care Redesign

Fareham & Gosport and South Eastern Hampshire Clinical Commissioning Groups

Conclusion

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

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

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