“The constant support is fantastic and just what we need to know; someone is always there for us” (a patient)
Chief Executive summary

Rowcroft Hospice is your independent charity providing specialist palliative care services for patients, their families and friends across South Devon.

We live by our purpose of ‘taking care further’. We pride ourselves in demonstrating compassion and humanity. We strive to be an inspiration for our community, enhancing social fabric and encouraging future generations. We seek to deliver the very best care and to be the best, at delivering that care.

This, our third annual quality account, outlines the quality of Rowcroft Hospice’s services, drawing on the main quality indicators: patient and family experiences, clinical effectiveness and patient safety, as delivered over the past year.

Behind these indicators are real people, real experiences, real examples of joy and heartbreak, of not coping and coping. We have had the privilege of supporting these people; we have been able to provide the care they have needed. I am very proud that, to the credit of everyone involved, what we do at Rowcroft, whether within the hospice or out in the community, is high quality, and consequently well regarded and kindly received.

We want to continue to ‘take care further’; to demonstrate the difference your hospice can make to peoples lives. With the support of the communities of South Devon, our aim is to do just that.

I hope this report provides you with the information to show our continuing commitment to developing and enhancing the breadth and quality of our services for the benefit of the people of South Devon.

Giles Charnaud
Chief Executive
Part one: what our organisation is doing well

We continue to measure our performance using the principles of ‘Energise for Excellence’ (Department of Health 2011). We aim to continually improve our service using the quality domains of patient safety, clinical effectiveness and patient and family experience. We also prioritized a review of our workforce during 2012/13 to ensure that we had the right staff in the right areas, so that our patients and carers experience the best possible care.

Patient safety:

- Through our Quality and Patient Safety committee, we examine all clinical incidents and near misses to ensure lessons are learned. Should the reason for any incident be unclear, a root cause analysis is carried out and recommendations made.
- We stated in last year’s Quality Account that we would adopt the Department of Health’s ‘Saving Lives’ approach in terms of catheter care. A recent audit of documentation shows that our inpatient unit is fully compliant with the evidence for best practice in this field.
- We have been working with our pharmacist to develop a policy for medicines management specifically for our community services. This work is near completion.
- A policy for infection prevention in the community setting has recently been ratified.
- We continue to report data for benchmarking slips, trips and falls, medication incidents and pressure ulcers with our regional hospice colleagues. Staff are encouraged to report any incidents to ensure learning takes place. All incidents are investigated and all appropriate actions have been implemented.

Patient safety indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012/2013</th>
<th>2011/2012</th>
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<tbody>
<tr>
<td>Number of patients newly detected with MRSA whilst cared for on the inpatient unit</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Number of patients contracting Clostridium Difficile, ESBL, Salmonella, pseudomonas and Klebsiella pneumonia whilst admitted to IPU.</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Number of patient falls per 1,000 occupied bed days (Includes slips, trips and falls)</td>
<td>7.4 (South West region hospices average = 10.1)</td>
<td>7.9 (South West region hospices average = 8)*</td>
</tr>
<tr>
<td>Number of patients who developed new pressure sores (grade 2 and above, per 1,000 occupied bed days) whilst cared for on IPU</td>
<td>1.4 (South West region hospices average = 3.0)</td>
<td>1 (South West region hospices average = 17.8 )</td>
</tr>
<tr>
<td>Actual number of patient medication incidents per 1000 occupied bed days</td>
<td>29 (South West region hospices average = 171)</td>
<td>17 (SW regional hospices average = 277)</td>
</tr>
</tbody>
</table>

* Nine hospices from across the South West have been benchmarking patient falls, pressure ulcers and medication incidents to support best practice.
Getting staffing right:

• Following a workforce review, additional registered nurses have been employed in the Inpatient Unit and there is now Social Worker cover available on the unit 5 days a week. Additional Social Worker, Occupational Therapy and Physiotherapy hours have been funded for the Community Team.

• In view of the large geographical area covered, Rowcroft has funded additional registered nurse posts for our Hospice at Home team during the day.

• There is an ongoing action plan for the development of services to meet the needs of patients with dementia. This plan includes provision of training for our staff. All staff were surveyed to establish current skills and training needs.

Clinical effectiveness:

Since the publication of last year’s Quality account, we have evaluated the first full year of our enhanced Hospice at Home service. The figures represent the calendar year 2012.

• Over 400 patients were referred to the service, of which 37% had a diagnosis other than cancer.

• 92% of patients died at home or in their care home.

• 70% of referrers said that the Hospice at Home service had prevented an admission to hospital at the end of the patient’s life.

• 44 patients were able to be discharged from hospital to their home or care home at the end of their lives. These patients in total received over 1500 hours of direct care.

• 20 patients who wished to die in the hospice were supported by Hospice at Home until a bed became available at the hospice.

The service has been extremely well evaluated by relatives and primary healthcare professionals.

New chronic oedema model:

This year, a new model for delivering the service has been adopted. This has enabled us to enhance the provision of care for the whole population of patients with chronic oedema, not just those with lymphoedema.

The key change to the model is that we now provide a tiered level of intervention, based on need. The aim is to enable the Primary Care Team to manage patients where possible, through the provision of education, advice or joint working.

We provide direct treatment for those patients who require specialist intervention with a self care model. Once established, patients can be discharged back to their Primary Care team.
**Outcome measures:**

We were unable to conclude based on the available evidence that the use of outcome measures in palliative care showed real benefits to hospice patients. A recent Help the Hospices national survey asking about the use of quality tools showed that few hospices across the UK are using patient reported outcome measures. There were two outcome measures being trialled. Work is required nationally to further develop appropriate patient reported outcome measures that show a benefit to patients receiving hospice care.

We decided to pilot the use of the Palliative Outcome Scale (one of the two used in a few other hospices) in a new acupuncture service offered by a hospice physiotherapist.

**Patient choice:**

Although there is no national standard for the percentage of patients who should be asked where they would like to be cared for, we aim to give all our patients the opportunity to discuss this. Along with nine other hospices in the South West, we looked at where patients had died during May 2012 and how this compared with their stated preference. Of the 86 Rowcroft patients who died during May 2012, 51 had expressed at least one choice. 84% of these patients had died in their preferred place. The enhanced Hospice at Home Service has supported more people to achieve their preferred place of care.

**Patient, family, friends and staff experience:**

A grant awarded by the Burdett Trust through Help the Hospices, enabled two four-week courses to be designed and delivered in Dartmouth. One course aimed to help those who suffer from fatigue and breathlessness as a result of their illness to manage their symptoms. Another course was offered to family members and friends who are carers of patients with a progressive and life-limiting illness. The course was designed to support them in their caring role and to help them learn ways of caring for themselves.

Both courses were run twice in the year and were well evaluated. We are now investigating how these courses may be delivered in other localities.

We commissioned the Picker Institute Europe to carry out patient and carer surveys over two separate three month periods in 2012/13. In the first survey, 156 patients and carers were surveyed. During the second survey, 166 took part. The report states that results overall were very positive and reflected a high standard of care.

**In our patient and carer survey, 100% of respondents said they were very likely or likely to recommend Rowcroft Hospice to family and friends if they needed similar care or treatment.**
Remote working and the use of technology:

Staff have engaged in two teleconferences with Airedale NHS Foundation Trust (who provide a hub/platform for Telemedicine), and Sue Ryder Manorlands Hospice in Yorkshire. This has been useful to explore the feasibility of telemedicine in hospice and palliative care. Evidence suggests that telemedicine would be of potential benefit to patients and their families in South Devon. Following conversations with the Manorlands hospice we have recommended to our Clinical Commissioning colleagues that a strategy is explored that enables a community-wide approach to implementing telemedicine across South Devon. This would enable telemedicine connections in patients’ homes, GP surgeries, community hospitals and Care Homes with a potential hub at the hospice.

Over the past year we have made a shift towards greater use of technology where appropriate, for example:

- Wifi has been installed in the in-patient setting to allow patients to video-conference with family members using iPad devices;
- We have set up a ‘YouTube’ channel and are continuing to develop video material to support patients in managing their condition(s) and understanding their treatment.

Audits:

Rowcroft Hospice submits data to the National Council for Palliative Care. The latest data is available to the public on their website at: http://www.ncpc.org.uk/publications/index.html

24 clinical audits were carried out during this reporting period and 3 are currently ongoing. Topics included response times to the Occupational Therapy Service, accuracy of patient wristbands, non attendance for outpatient appointments and assessment of patients’ risk of venous thromboembolism (blood clot). There are 7 audits repeated annually including waiting times for admission, attendance at GP Gold Standard Framework meetings and response times for referrals to Community Services and Outpatient Services. We also took part in a Specialist Palliative Care Network audit into out of hours provision and response times.

In addition, the Infection Prevention Practitioner and inpatient staff carry out monthly audits including hand hygiene and standards of housekeeping in all areas. Action has already been taken following the results of some audits and other work is ongoing.

An audit of how we record and manage pressure ulcers has resulted in a change in practice on the Inpatient Unit.

All audits are scrutinised by the Quality and Patient Safety Committee and recommendations made to improve clinical effectiveness.

Research:

One of our staff has been a member of two research advisory groups this year; one for a national study which is looking at ‘Volunteer Management in Palliative Care’ across the UK, and another titled ‘Cascading knowledge about end of life care at home: the development and piloting of a training programme for those who help carers and a carer resource pack’.

We have expressed an interest in taking part in a national research project for 2013-14 implementing a Carers Support Needs Assessment Tool. The study is led by a research team from the Universities of Manchester and Cambridge. Two hospice social workers will receive training in the use of the tool and train other hospice staff to enhance assessments of families/carers needs.
Education:

Starting the dedicated education service in 2009 was an exciting challenge. We have been able to work with local services and commissioners, helped by some national funding following the publication of the End of Life Care Strategy in 2008 to look at priorities for education. Since then we have gone from strength to strength and now have a small but growing education team to support and develop the education we provide and to source continued funding for these enterprises.

All education is linked to the national end of life core competencies and underpinning principles (3), delivered through interactive workshops, study days and more formal programmes. We also work in collaboration with colleagues from other specialist fields so that we can include education about specific diagnoses such as dementia, motor neurone disease, Parkinson’s disease and chronic obstructive pulmonary disease (COPD).

Rowcroft provided 102 different courses, study days and clinical updates this year [67 in 2011-12]. Courses range from 2 hour Palliative Care Updates, to 5 day taught programmes with 2 day clinical placements with Specialist Palliative Care Teams (Enhancing Palliative Care Skills).

This year 1455 places were taken up [1235 in 2011-12] - despite the current economic & staffing pressures on managers. Those numbers included GPs and hospital doctors, registered nurses, skilled non-registered staff [healthcare assistants and similar roles], occupational therapists, physiotherapists, social workers, administrative staff, care home managers and paramedics.

Our courses have evaluated well with the majority of participants increasing their confidence scores, and the average score for level of interest/stimulation being 4.5 [1 – poor/uninteresting; 5 – very good/stimulating] – an increase from 4.3 in 2011-12. In addition to the formal courses provided, many healthcare staff and students access education placements with the hospice Multi Disciplinary Teams.

“A lot of useful info to take back to the practice”

(Participant at GP & Hospital Doctor Study day)

“Really made me realise about the environment surrounding the patient and try to think of ways to enhance it”

(Participant in QCF module in End of Life care)

Part two: where improvements in service quality are required:

This next section includes statutory statements about how Rowcroft Hospice is regulated and also describes where we believe we can make further improvements in the quality of care we provide.

Rowcroft hospice provides the following services:

- 17 bedded inpatient unit
- Community specialist palliative care service
- 24/7 Hospice at Home service
- Outpatient services
- Chronic Oedema service
- Bereavement service
- Education and training for health and social care staff, volunteers and carers, in palliative and end of life care

Rowcroft Hospice is required to register with the Care Quality Commission and is currently registered (2010) under the following categories: treatment of disease, disorder or injury; diagnostic and screening procedures; transport services, triage and medical advice provided remotely and ‘personal care’ for our enhanced Hospice at Home service.

Rowcroft Hospice has the following conditions on registration:

- The establishment may provide overnight beds for a maximum of 19 patients at any one time.
- The establishment may not treat patients under the age of 18 years.
- The prior written approval of the Care Quality Commission must be obtained at least one month prior to providing any treatment or service not detailed in the statement of purpose.

Rowcroft Hospice is subject to periodic review by the Care Quality Commission (CQC). The last unannounced inspection was on February 13th, 2012 and an inspection of the Hospice at Home service was carried out on 27th July, 2012. The CQC report can be accessed at: http://www.rowcrofthospice.org.uk/web/data/cqc-review-of-compliance-report-2013.pdf

Patient safety – delivering care

We are currently reviewing our medicines management training for staff to ensure that best practice is employed and robust procedures are in place to minimize any medication incidents. We will build on our experience of benchmarking patient safety incidents with other hospices.
Clinical effectiveness – measuring impact:

We will examine models of nursing to ensure that our nursing staff deliver care in a way that best meets the needs of our inpatients, providing better continuity of care during their hospice stay.

Getting staffing right & measuring staff experience:

Additional staff have already been recruited, and we will be recruiting additional Physiotherapy and Occupational Therapy posts. A further Specialist Education Practitioner post has been agreed for 2013/14.

The review of the model of nursing will also be developed with the aim of further enhancing the experience of patients and families, and increasing staff satisfaction in the delivery of care to patients.

Outpatients:

As a result of the patient experience survey further small changes are required to onsite signage as some patients report difficulty in finding the department once on site.

Inpatients:

We will examine strategies to reduce the number of trips, slips and falls per 1000 occupied bed days. We will also provide further medicines management training for ward staff. These plans are as a result of the organisation’s wish for continual improvement in the quality of our service, as there were no problems highlighted in the patient and carer feedback surveys.

Community:

High levels of patient satisfaction were noted in the patient experience survey, and a few patients reported that their spiritual support needs were not met. We will produce our spirituality factsheet, that explores what spirituality can encompass. This will be provided to patients and carers.

“They are there and they listen and do everything in their power to help us as a family”

(a Community patient)
Our priorities for 2013 - 2014:

The following section outlines our key priorities for this coming year with outcome measures for monitoring progress.

Patient safety – delivering care:

- Further training will be provided for inpatient unit staff on management of medicines

**Outcome measures** - Increased staff understanding of medication management and reduced medication incidents per 1000 bed days during 2013/14.

- We will undertake a further audit of how skin condition is monitored and pressure ulcers reported.

**Outcome measures** - Completed audit and recommendations.

- A year long audit based on the Fallsafe Care Bundle will commence in April 2013.

**Outcome measures** - Completed audit and recommendations.

Getting staffing right:

- Building on the additions to our workforce during 2012/13, Rowcroft are currently recruiting to additional Occupational therapy and Physiotherapy posts to increase provision in both the Inpatient and Community settings. We are also recruiting another Specialist Education Practitioner

- We will recruit additional Medical cover for the Community service during 2013/14

**Outcome measures** – All posts filled in 2013.

Clinical effectiveness – measuring impact

- Organisation of nursing care: We will implement a nursing model on the inpatient unit that best addresses the holistic needs of our patients.

**Outcome measures** – increased inpatient staff satisfaction in the organisation of nursing care on the inpatient unit. Maintain patient satisfaction with their experience of care.

- Non Medical Prescribing: We will begin the process of training some of our community Clinical Nurse Specialists to prescribe for patients cared for at home. Following recommendations from the DoH (2006)*, the aim is to ensure that our patients have timely access to the medication needed to relieve their symptoms.

**Outcome measures** – training places secured and a non-medical prescribing policy in place by March 2014.

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*Department of Health 2006 - Improving Patients Access to Medicines.*
**Patient, family, friends and staff experience:**

We will set up an independently facilitated Hospice User Advisory Group to add to the methods of gaining feedback from those people who use our services.

We will review the methods for gaining patient feedback to ensure that we continue to gather accurate and honest opinions from hospice service users. We will also explore the feasibility of benchmarking patient satisfaction regarding their care with other South West hospices.

**Outcome measures** - Hospice User Advisory Group commenced and method for patient and carer feedback agreed and implemented.

**Outpatients:**

- We will review outpatient services to optimize provision in response to patient need.

**Outcome measures** - Production of strategy for outpatient services.

- We will review our onsite direction signs so that patients visiting for their first appointment find it easier to access the Outpatient Department.

**Outcome measures** - increased percentage of patients who state they found the Outpatient Centre easily

- A six month audit of patients who did not attend their appointment for the Chronic Oedema service showed a DNA rate of between 3.4% and 5.6% with the higher rate over the Christmas period. Recommendations following the audit include use of SMS text reminders and reviewing the way appointments letters are worded.

**Outcome measures** - Percentage of SMS texts sent to patients reminding them of the appointment date and time. Re-audit of patients who do not attend their chronic oedema appointment.

- Following a successful grant application for funds to improve the environment for patients, we will consult with patients, staff and volunteers regarding the improvement to our outside space for the benefit of patients and families.

**Outcome measures** - Agreed design and reconfiguration of outside area for patients.

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"The whole team have been and continue to be a tower of strength. They not only sort out the medical needs; they also provide emotional support; a listening ear at the end of the phone when we are struggling to get through the day. We bless every one of the team; they are doing a wonderful job."

(a patient’s relative)
Chairman of the board of trustees statement:

The Board of Trustees of Rowcroft Hospice remains focused on continued improvements in the quality of our services. Whilst we consider these services to be of high quality, we are not complacent. Following a review of our workforce, we made further significant investment during 2012/13 to meet the demands of increased complexity within patients needs.

The Board of Trustees is reviewing its Clinical Governance structure to facilitate an even greater emphasis on patient and family experience to inform the development of services.

The additional staff for our Inpatient, Community and Hospice at Home services reflect the changing needs of our patient population, both now and into the future. We remain committed to ‘taking care further’ to those affected by any progressive and life-limiting illness.

I endorse this report as Chairman of the Board of Trustees. The Board will support the Executive Team and Staff at Rowcroft Hospice in achieving the key priorities for 2013-14.

Mrs Sue Newman
Chair of the Board of Trustees
End of Life Care Commissioning Manager’s statement:

South Devon & Torbay Clinical Commissioning Group (SD&T CCG), as the lead NHS commissioner for End of Life Care / Specialist Palliative care services across Torbay & South Devon, is pleased to provide a statement for inclusion in this Quality Account. SD&T CCG has taken reasonable steps to corroborate the accuracy of the data provided within this Quality Account and considers it contains accurate information in relation to the services provided.

The information contained within this Quality Account accords with data received throughout the year in question, and which is considered within regular quality review contract meetings with commissioners.

SD&T CCG see Rowcroft Hospice as a key partner in the delivery of integrated end of life care, and we value the excellent open and regular communication we have with them. From 2013 onwards, we have agreed a unique, three-year rolling contract (reviewed annually) as a clear commitment to working together.

Looking Back:

Rowcroft Hospice committed last year to prioritising patient safety, clinical effectiveness and enhancing patients’ and their families’ experiences of their hospice services, focussing on ensuring the right staffing, delivering good care, measuring impact, monitoring patients, their family and friends and staff experience. Progress towards these improvements was monitored through their Quality and Patient Safety Committee, Executive Committee, Clinical Governance Committee and Board of Trustees.

Through the year we have seen evidence of this commitment and we recognise that Rowcroft have led the initiative for benchmarking against other SW hospices, and see this as a valuable addition to the quality report.

It is reassuring to see that Rowcroft Hospice patients tend to fall less and develop less pressure ulcers in comparison to the average rate in the South West for these types of incidents occurring in hospices. Rates of medication incidents appear to be higher than the SW average, and we are pleased to see that the community services medicines management policy is nearing completion and that further training in this area is listed as a key priority for 2013.

SD&T CCG is pleased to see the additional staffing that has been provided to the Inpatient Unit and to the community team during the last year and the plan for further recruitment. The positive results of the patient experience survey emphasise the priority that has been given to patients, their families and carers. The results of the first full year of the Enhanced Hospice at Home Service fully demonstrated that the service has been effective in supporting more people to achieve their preferred place of care.

Looking Forward:-

SD&T CCG is pleased to continue to be the lead commissioner for Rowcroft Hospice for the next three years and working closely with the hospice to achieve its key priorities. The priorities reflect the organisation’s aim to continually improve and provide good quality effective care to its patients and the community.

South Devon and Torbay Clinical Commissioning Group
Healthwatch Torbay response to Rowcroft Hospice Quality Account 2012/13

This report is encouraging, particularly the insistence to give all patients the opportunity to discuss where they would like to be cared for, despite their being no national standard for this. This should be commended.

At Healthwatch Torbay we champion providing a voice to every single person in care and look forward to the chance to share feedback and work together with the Hospice to achieve this focus and build a strong relationship.

We congratulate you for being fully compliant with the evidence of best practice in terms of catheter care and welcome you expanding your workforce to ensure you have the right staff in the right areas, and for encouraging them to report any incidents, so that patients and carers experience the best possible care.

Although it is worrying that you were unable to conclude that the use of outcome measures in palliative care showed real benefits to hospice patients (based on the available evidence), we are encouraged by you specifically highlighting that further work is required to develop appropriate patient reported outcome measures and look forward to seeing this progress in the next 12 months.

We are also very enthusiastic about the positive results in your patient and carer survey, where 100% of respondents said they were very likely or likely to recommend Rowcroft Hospice to family and friends. Particularly at a time when the importance of the new NHS ‘friends and family test’ is much publicised. We hope to see the positive scores continue throughout 2013/14.

At Healthwatch Torbay we look forward to seeing the results of both patient experience surveys and the findings of the new Hospice User Advisory Group, and we are anxious to mutually share any patient feedback and continue working closely with the Hospice over the next 12 months.

Kind Regards,

**Pat Harris**  
Healthwatch Torbay Manager

Healthwatch Devon statement:

Feedback has been invited from Healthwatch Devon and will be published when it has been received.
Annex continued:

The Torbay Carers Forum statement:

Feedback has been invited from Torbay Carers Forum and will be published when it has been received.