The Rowans Hospice

Our vision is that within our community all those affected by life-shortening illness have access to the skills and expertise of palliative care teams and the dedicated clinical workforce that supports palliative and end of life care throughout the community, thus optimising the quality of life for all those who need it.
Part 1
STATEMENT FROM RUTH WHITE, CHIEF EXECUTIVE OF THE ROWANS HOSPICE

It gives me great pleasure to present the Quality Account for The Rowans Hospice, Registered Charity No. 299731 for the fiscal year 2015/2016. We are very proud of the services we provide to our local community and therefore relish this opportunity to share our work with a wider audience. The quality of our service is very important to us; we therefore make every effort to ensure our care services meet the expectations of those whom we serve.

Registered with the Care Quality Commission (CQC) and subject to annual inspection we are delighted that our service has been recognised as achieving the highest standards. This has been further endorsed by the peer review audit programme CHKS, and The Rowans Hospice has conferred service accreditation for the past decade. The review by CHKS is not mandatory but chosen by The Rowans Hospice Trustees and the Executive to demonstrate compliance over a range of robust quality standards. Investment to support and demonstrate quality is important to us; providing evidence to reassure all stakeholders, whether they are commissioners, donors, staff, volunteers, or other partners in care provision and most importantly the service users who trust us to support them with their care.

Quality is at the heart of all we do and is what we continually strive to achieve and optimise within allocated resources. Both clinical and non-clinical audits are undertaken through a systematic process of review, with reports cascading throughout the organisation and ultimately to Trustees. A ‘showcase’ is featured annually with poster presentations demonstrating the quality of our services and displayed in public areas throughout the Hospice. The exhibition culminates with a plenary session where commissioners and statutory providers in both health and social care are invited to join staff and volunteers to celebrate the achievements across all service domains; offering an opportunity to recognise the vital partnership with the NHS and other statutory care services.

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

The quality of our service is not confined to the Hospice building but reaches out into the community with peripatetic services such as Hospice at Home. The quality of care provided at home presents further challenges to ensure we provide a timely, efficient and sensitive service to those who invite our team into their homes. This is both an honour and a privilege; complementing and supplementing community nursing and social care services and taking the
philosophy and ethos of hospice care outside of The Rowans Hospice. Hospice care at home combines person-centred care across physical, social, spiritual and emotional domains, provided by specialised nurses who have the empathy, knowledge and skills to support families when a close family member or friend is dying. Hospice at Home also reaches people who may not have traditionally chosen or have needed to be cared for within a hospice building, caring for anyone who requires additional nursing support to enable them to remain at home.

Our high quality care is only possible thanks to our dedicated staff and our skilled volunteer community who reduce the cost of our service through their gift of time. We also thank and appreciate those who give donations directly to The Rowans Hospice; to its subsidiary Trading Company; through gifts in Wills and participation in our fundraising activities.

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.

Ruth White
Chief Executive

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.

The Rowans Hospice Business Plan outlines our Vision to develop services. Strategic priorities have been set for 2015 - 2017 as listed below:

1. To be a leading advocate for the population we serve to be able to access the specialist and supportive palliative care services they need. Driving the development of accessible services; available from diagnosis of a life-shortening illness until death; supporting the person to optimise their quality of life and achieve a ‘good’ death in their desired setting.

2. To promote, support and strive to deliver timely expert specialist and supportive palliative care across all settings to the patient, family members, lay carers throughout illness and into bereavement.

3. To regard its staff and volunteers as its most valuable asset, supporting and investing in them to develop and maintain their specialism as far as this may be possible.

4. To undertake sound financial management and through innovation, generate sufficient income to ensure sustainability of current services. Capitalise on opportunities to optimise statutory funding.
Our Vision, as always, is inspired by the needs of people affected by a life-shortening illness and we are continually seeking ways in which to improve existing services to ensure they remain flexible and able to respond to people's changing needs.

**Registration**
The Rowans Hospice is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

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**PRIORITIES FOR IMPROVEMENT – 2015/2016**

The priorities for quality improvement identified for 2015/16 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**

**Building for the Future – ‘Living Well Centre’ – Clinical Effectiveness, Patient Experience**

The Rowans Hospice secured Department of Health funding for a new build that proposes to reach more people who may require care and support as they approach the end of their lives. The facility will provide a ‘social hub’ where people can attend and receive therapies and care that are appropriate to their needs (for example, complementary therapies, carers groups, support groups, reminiscence, music therapy, arts and crafts, bereavement support etc.)

As a result of the success of the Living Well Clinic and the ongoing success of the Heath Centre, we plan to expand this service to meet people earlier on in their illness. This will take the concepts of the Clinic and the Heath Centre to provide an opportunity for patients and carers to pop into the Centre and create their own menu of support/care/therapy, thereby allowing them to tailor their support according to their personal circumstances.

The building is anticipated to be completed by early 2016 and will also offer ‘space’ for other like-minded community groups to use the facilities.
Priority 2
IT Systems
Patient Safety, Clinical Effectiveness
It has been recognised by the Board of Trustees that an increase in resources was required to lead in taking The Rowans Hospice Information and Technology Services forward with the successful recruitment of an IT lead/manager and Data Analyst. In addition to this, the Board of Trustees have agreed to support the financial costs/overheads to progress with a major project moving towards electronic records within the hospice over the next year to 18-24 months.

An essential key objective for 2015/16 - As a result of NHS contract changes in the locality and therefore outside of our control, notice was served ending our IT support contract. Much work has taken place to look at replacement service providers that comply with Information Governance and most importantly looking to secure our N3 (known as HSPN2) connection.

Priority 3
Continuing professional development and Professional Regulation
Patient Safety, Clinical Effectiveness
The Director of Human Resources (HR), Carol Milner took up post in November 2014. This is a new stand-alone role to lead the Human Resources and Volunteer Services department. Work is underway to develop the Learning and Development Strategy which will cover all clinical and non-clinical employees and volunteers.

The Rowans Hospice already had in place educational sessions, regulatory / mandatory training and other Continued Professional Development opportunities to support the fitness to practise of our professional clinicians and those in supporting roles within Clinical Services. The 2015/16 Learning and Development strategy will be led and monitored by the Director of HR in order to provide a central coordinating point with the aim of developing a more streamlined monitoring.

The appraisal and individual performance review process is currently being reviewed and redesigned to capture all learning and development requirements. This will ensure a structured annual programme is in place to meet the requirements of all professional and regulatory bodies. Disseminating the learning from untoward incidents will also be assured, through close collaboration between clinical, educator and human resources colleagues.

How will progress be monitored for Future Priority Improvements – 2015/2016?
The Rowans Hospice Board of Trustees, and more specifically, the Clinical Executive Group, will monitor, benchmark and account for progress through a variety of methods including:

- Annual Return to the Charity Commission
- Annual Review and audited Report and Accounts
- Business Plan
- Quality Accounts, Clinical Governance Report
- Annual audits and patient surveys
- Annual General Meeting of the Charity
- ‘Reaching Out’, The Rowans Hospice Newsletter and other periodic communications
• National data as collected by Help the Hospices and the National Council for Palliative Care
• Research – both internal and external to The Rowans Hospice
• Patient surveys for individual doctors, as required by General Medical Council Revalidation

• As a designated body under Medical Revalidation legislation, The 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.

STATEMENTS 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 The Rowans Hospice is of a high quality and cost effective.

Following an unannounced inspection by the Care Quality Commission (CQC) in February 2014 the Board of Trustees is reassured that apart from a storage issue for medicines which was rectified immediately, The Rowans Hospice was and is compliant with the quality and safety standards set by CQC.

PART 3 – Looking Back 2014/15
REVIEW OF SERVICES

The aim of the Quality Account is not only to set future priority improvements but also to evidence achievements on priorities for improvement from the previous year. To ensure the needs of service users are met, The Rowans Hospice identified areas of priority where improvements were needed to enhance the care experience. Examples of developments and improvements that occurred in 2014/15 are outlined below:
Increase in-patient ward activity, decrease number we are “not able to admit”  
**Patient Safety, Patient Experience, Clinical Effectiveness**
Detailed activity data is scrutinized at all levels and the production of summary reports has started to benefit from the appointment of a data analyst in 2014.

**Develop Therapeutic Day Care Services – Clinical Effectiveness, Patient Experience**
Following a review of Day Care, the Living Well Clinic pilot began in June 2013; for patients and carers waiting to start Heath Centre or Day Care and for patients who had been discharged from Day Care or finished the Heath Centre. Patients were invited to visit the hospice up to once a week, during a two hour period to participate in activities, receive complementary therapy, seek out information, participate in relaxation sessions or even just to have a coffee and chat with other patients or with staff. For many this offered a continuing link with The Rowans Hospice.

This pilot has proved successful and we have had on average 62 attendances per month “dropping in” within the two hour period for support.

**Reablement Project**  
**Patient Safety, Patient Experience, Clinical Effectiveness**
This project involves interventions to maintain peoples safely and comfortably at home, thus avoiding hospital admission as a result of a crisis as well as providing links to statutory and voluntary services. The project has been evaluated positively and the work has been adopted into day to day practice in the City of Portsmouth, however ongoing funding has not been agreed by the Commissioners - Hospice at Home and Day Services activity have been essentially stable. In-patient unit activity has seen a 5% increase in the number of admissions, with a decrease to 40% of admissions ending in death – this is the result of more discharge planning activity. Average bed occupancy has remained the same at 74%; this has been achieved due to a reduction in median length of stay from 13 days to 12½ days Portsmouth City Council Integrated Commissioning and currently the future of the service is under discussion.

**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 six local Strategic Partnership Group meetings in the period covered by this report. Operationally, the aim is to smooth patient transition across services within the pathway of care and to optimise mutual understanding among the clinical teams providing specialist palliative care and bereavement care. The Strategic Partnership Group provides
opportunities to examine service design, in a regional and a national context and to explore opportunities for cross-provider collaboration.

**Education and Training**

**Patient Safety, Clinical Effectiveness**

The 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 educational strategy / reports and can be provided on request.

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

- Advanced Communication Skills Training
- Sage and Thyme - Level 1 - Communication skills training
- End of Life and Bereavement Care Training
- Medical Students 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

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

**Development of Bereavement and Psychology Services**

**Patient/Client Experience, Clinical Effectiveness**

In October 2013, the hospice appointed a new clinical psychologist with a cross department role across psychology and bereavement services. This supported the development of the departments, enabling the Bereavement Services Lecturer Practitioner to reduce his working hours. In conjunction with this, the Hospice Companions Liaison Officer now leads on the Bereavement support evening as well as providing supervision and appraisal of the Family Services Volunteers.

**CASPE Healthcare Knowledge System (CHKS)**

**Patient Safety, Clinical Effectiveness, Patient Experience**

The Rowans Hospice continues to maintain compliance for CHKS accreditation. This inspection requires regular review of structures and processes to ensure that compliance with ever-changing standards is evidenced. The next face to face inspection is expected to be in April 2016.
Participation in clinical audits

As a provider of specialist palliative care, The 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.

The Rowans Hospice Quality and Audit Programme facilitated many service improvement audits during 2014/15. The 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 2014/15:

- Discharge letter audit
- End of life care plan audit
- Paracentesis audit
- UTI audit
- Pressure sore care plan audit

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

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

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

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

Service Showcase

The Clinical Quality Strategy Group (CQSG) Showcase has developed over the past six 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.

Data Quality

For the year 2014/2015 The Rowans Hospice submitted audit data relating to patient activity to the National Minimum Data Set for specialist palliative care. Results are available publicly from the National Council for Palliative Care (NCPC), www.ncpc.org.uk.

Research

Three proposals have been submitted to The Rowans Hospice Ethics Executive Group (EEG) in 2014/5. All of these were considered carefully and support of the EEG for one was declined.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Approved to proceed / Caveats / approval withheld</th>
<th>On-going / completed research</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Investigation of Compassion Fatigue, Compassion Satisfaction, Burnout and Coping Strategies in Hospice Workers</td>
<td>Length of questionnaires were considered high – advised to consider this but not a requirement.</td>
<td>On-going research</td>
</tr>
<tr>
<td>‘Volunteering in Retirement: A Quantitative Investigation into Whether Life Course Factors Influence the Volunteering Experience Using Measures of Life Satisfaction and Purpose in Life’</td>
<td>Recommended changes to consent and front page of online questionnaire.</td>
<td>Completed research</td>
</tr>
<tr>
<td>Photography Project – Day Care</td>
<td>Following consideration this proposal was not supported to take forward within the hospice. Sensitivities needed further consideration by the project lead in relation to the appropriateness of the questions being asked and the intrusive nature of the camera.</td>
<td></td>
</tr>
</tbody>
</table>

**Quality Improvement and Innovation Goals Agreed with our Commissioners**

The Rowans Hospice income in 2014/15 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

**Education and Training – Palliative and End of Life Care**

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

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

**REVIEW OF QUALITY PERFORMANCE 2014/2015**

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

The National Council for Palliative Care: Minimum Data Sets – 2014/2015 – a full report can be located at mds@ncpc.org.uk.
In-patient Unit (IPU) 2014/15 –

- Completed In-patient admission episodes – 410 (390 - 2013/14)
- Of the above, 30.24% admitted from hospital (31% - 2013/14)
- Average length of stay for patients – 12.5 days (13.5 - 2013/14)
- Of those patients who were discharged, 76.8% returned to their home (82% - 2013/14)
- 10.05% of patients had a diagnosis other than cancer (7.3% - 2013/14)

Therapeutic Day Care Services –
Traditional Day Care –

- 183 new referrals
- 17.5% of patients had a diagnosis other than cancer (17.6% - 2013/14)
- Attendance average was 75%, (74% - 2013/14) which is higher for patients nearing the end of their life

The Heath Centre, a therapeutic clinic for patients newly diagnosed with a life-limiting illness offers patients and their carers the opportunity to attend for six consecutive sessions where members of the multi professional team support patients to consider advance care planning.

- 133 new referrals (153 - 2013/14)
- Average patient attendance 70% (60% - 2013/14)
- Average attendance 55% (55% - 2013/14)

Bereavement and The Rowans Hospice Meerkat Services

The Bereavement Service provides extensive support in a variety of ways for adults with links to The Rowans Hospice. The Rowans Hospice Meerkat Service is a district-wide service helping support children and younger people up to the age of 18 years, with links to The Rowans Hospice, prepare for the loss of a close or significant adult and offers continued support into bereavement.
Hospice at Home Service -
- 359 patients were referred to the service (354 - 2013/14)
- 69.9% patients had a malignant diagnosis (77% - 2013/14)
- 19.5% Non-malignant diagnosis (15% - 2013/14)
- 10% two or more defining conditions - mixed malignant & non-malignant
- 34% of referrals were not known to the Specialist Palliative Care Team/Hospice
- 66% known to the Specialist Palliative Care Team Team/Hospice
- 15% of patients referred through Portsmouth Hospitals Trust to support statutory Community Teams with discharge home.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Place of Death</td>
<td></td>
</tr>
<tr>
<td>Establishing and understanding patients’ preferences for place of death and supporting patients to achieve their wishes are key. 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.</td>
<td></td>
</tr>
<tr>
<td>Achieved preferred place of death at the Hospice</td>
<td>84.6%</td>
</tr>
<tr>
<td>Preferred place of death undetermined or not known</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

11.1% of patients indicated preferred place of death was home, however due to reasons, such as acute changes in their medical condition, this was not possible. However, in all cases the family indicated their satisfaction that the patient remained in The Rowans Hospice.

Resuscitation Decisions
100% compliance – records indicated Resuscitation Decision forms were completed following discussions with patients/families as appropriate.
Patient Safety

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.

| The number of patient safety incidents (including those reported through Day Services) | 105 |
| The number of slips, trips, falls; including slipping from a chair and found on the floor | 97 |

Systems are in place to indicate and raise awareness of patients who have fallen or have been found on the floor during their stay. Additional staffing is put in place for patients whose safety is deemed to be at risk. Continual efforts are made to ensure we achieve our 2015 target to see a reduction in the number of patient falls.

| The number of serious patient safety incidents | 0 |
| The number of patients who experienced a fracture or other serious injury as a result of a fall | 1 |

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  One patient transferred to the hospice from hospital with C. difficile |

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.

There were 48 drug-related incidents. All were investigated and corrective action taken. There were no serious consequences from these incidents.

| Total reports | 48 |
| Number of single drug administrations | 110,753 doses |
| Clerical (no patient harm) | 19 – 39.6% |
| Patient affected | 1 – 3.3% in which: patient required close monitoring |
| Requiring reporting to CQC | none |
Quarterly drug error/incident reports are produced for the Medicines Management Group and discussed in detail, addressing operational procedures, circumstances around the error and determining any outcomes and recommendations as appropriate.

**Discontinuation of the Liverpool Care Pathway (LCP)**

By the time the national working group which was been established to review LCP published its recommendations, under the heading Achieving Priorities of Care, The Rowans Hospice had already piloted and adopted a new integrated care plan to focus care priorities for those who are deteriorating and expected to die in hours to days. Members of The Rowans Hospice clinical staff joined the Wessex region project groups and the resulting regional careplan has taken a significant amount of content from The Rowans Hospice document.

**Complaints and Concerns**

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

**(Safeguarding notifications alleging sub-standard care are investigated as serious concerns, however, 0 for this report)**

<table>
<thead>
<tr>
<th></th>
<th>Received from patient / carer</th>
<th>Received from other</th>
<th>Resolved through internal process</th>
<th>Independent review sought by complainant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns</td>
<td>6</td>
<td></td>
<td>All</td>
<td>None</td>
</tr>
<tr>
<td>Complaints</td>
<td>2</td>
<td></td>
<td>All</td>
<td>None</td>
</tr>
</tbody>
</table>

**Concerns/complaints**

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 internal investigation be deemed inadequate by them. 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 that have been raised but following discussion, reflection and communication with those involved, some changes have occurred, including the trial of hydration bottles to provide those dependant patients more independence when requiring a drink; a further change has been to our evaluation questionnaire for Hospice at Home users and the process of sending out the evaluation forms to families.
Safeguarding
The 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 The 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. This 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.

<table>
<thead>
<tr>
<th></th>
<th>By Hospice</th>
<th>Adult protection</th>
<th>Pressure areas</th>
<th>Serious Incidents</th>
<th>Complaints By Hospice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding notifications by Hospice</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Safeguarding notification by another</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CQC notifications</td>
<td>none</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>DOLS application</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Safeguarding notification by another
The safeguarding notification by another led to an investigation – the outcome was that all possible action had been taken to avoid harm. However – an indirect outcome was that reflection led to further education and a change of documentation.

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 ten patients who on admission were noted to have a pressure sore grade 3 or 4, were reported.

Deprivation of Liberty Safeguards (DoLS)
An application was made in relation to a DoLS for a patient who lacked capacity to consider safety and transfer to a nursing home – the process however was not completed as the patient died.
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 HEG 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 The Rowans Hospice.

Satisfaction questionnaires are sent out to all patients on discharge, Day Care patients and the Heath Centre patients and carers. Views are also invited from the bereaved through an open invitation card within the bereavement information booklet. Carers have access and encouraged use of 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.

<table>
<thead>
<tr>
<th></th>
<th>Routine/ad hoc</th>
<th>Response rate</th>
<th>Any actions</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient care</td>
<td>All discharges</td>
<td>48%</td>
<td>Improved Wi-Fi, activities offered within ward area</td>
<td></td>
</tr>
<tr>
<td>Day Care</td>
<td>All discharges</td>
<td>57.4%</td>
<td>Shortened day offered</td>
<td></td>
</tr>
<tr>
<td>Heath Centre</td>
<td>All attenders</td>
<td>100%</td>
<td>Free text feedback will support development of Living Well Centre</td>
<td></td>
</tr>
<tr>
<td>Hospice at Home</td>
<td>6 months post bereavement</td>
<td>46%</td>
<td>Changes to questionnaire</td>
<td></td>
</tr>
<tr>
<td>Carers group</td>
<td>Annual report</td>
<td></td>
<td>Care skills and risk assessment training</td>
<td></td>
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<tr>
<td>Hospice Companions</td>
<td>Ad hoc survey</td>
<td></td>
<td>Spontaneous user feedback</td>
<td></td>
</tr>
<tr>
<td>Psychology service</td>
<td>Service satisfaction survey</td>
<td>58.75%</td>
<td>None for this year</td>
<td></td>
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<tr>
<td>Bereavement service</td>
<td>Through user feedback – short questionnaires, open invitation to send in views of the service</td>
<td>See annual report</td>
<td>Walking club, social group – introduced 2014</td>
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Carers
The Rowans Hospice continues to recognise the vital role carers play throughout the year by providing them with a special 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.
Here are some examples of patient feedback received:

“Every aspect of my health was dealt with and I was able to leave the hospice so much more comfortable and pain free.”

“Thanks to the Drs and Nurses for giving me my mum’s mind back so I could say the important words that needed to be said.”

“This is my one day a week in Day Care and my life line.”

“My husband has found the group helpful in that he can talk to like-minded people and is happier as a result which helps me as a carer.”

“All of the staff were so professional, yet easy to talk to, even in my darkest moments. I have only ever heard wonderful stories of The Rowans and will now echo that loudly. My mum deserved the best and you gave her that. She died with dignity, in safety and without fear.”

“The help with pain management and encouragement of the staff brought me back to normality instead of confusion.”

“I arrived a wreck and left as a “things to watch out for” prior to next examination.”

“This sad time was made bearable for all of us by the welcome given from the reception right through to the nursing and doctors’ care shown to us all.”

“It was during the last few weeks of his life that due to your care and consideration, he was able to come to terms with the inevitable and to find peace. For this we will be forever grateful.”
Statements from Care Quality Commission (CQC)

The Rowans Hospice has not had any inspections since the unannounced inspection on 19th February 2014, of which CQC produced this report on their findings:

*People said they felt respected by staff and that staff always explained what was happening. We heard staff talking with people and gently explaining about what was happening as the person was distressed.*

*People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that care plans did not just focus on people's healthcare, a holistic approach had been taken. Relatives told us how well they felt supported in caring for their relative and they did not feel "alone".*

*The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.*

Staff

The Rowans Hospice has a Staff Forum which provides regular opportunity for staff to give feedback and to express their views on a whole range of subjects, as well as providing the opportunity for The Rowans Hospice to build and develop high levels of engagement. Staff participated in an external Staff Satisfaction Survey led by “Bird-Song” in 2013 which indicated overall staff satisfaction alongside suggestions of ways to further improve internal communications. It is intended that The Rowans Hospice will survey all employees in 2015/16 in the same way. In addition, our employees are offered regular supervision in recognition of the challenging, and at times, emotive nature of their work.

Volunteers

Volunteers are an integral and vital part of The Rowans Hospice. Annual meetings and update training is offered to volunteers, as well as a comprehensive Induction Programme which provides the opportunity to learn about the full range of The Rowans Hospice services. A more in-depth training relating to working alongside people who are dying and bereaved is also provided. A volunteer’s forum meets quarterly and volunteer representatives can raise any issue on behalf of other volunteers in a confidential meeting. This is a valuable channel of feedback as some points may be related to the clinical services The Rowans Hospice provides. Any concerns or issues raised are reported back to the Hospice Executive Group for further action and / or discussion.
**Commissioning Groups Statement**

“PSEH CCGs are always very impressed with the high quality of service, which is provided by The Rowans Hospice to support patients and their families. Much of the work is ‘behind the scenes’, evidenced through audit and service evaluation. The Rowans Hospice also makes a big contribution as an independent healthcare provider to the wider health economy, working in partnership with NHS providers to deliver an integrated and seamless palliative care service, which is why we choose to grant a financial contribution to their work. Any visit to the Hospice will demonstrate that the service is received positively by the local community, evidenced by satisfaction questionnaires, letters of appreciation and, of course, the financial contribution given by the public to support the charity through donations, including the gift of skills and time from over 1000 volunteers.”

Jonathan Price, NHS PORTSMOUTH CCG

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“Portsmouth City Council continues to have an excellent and developing partnership relationship with The Rowans Hospice. The Social Work Team provides person led services, delivering high quality care that represents excellent value for money and enables individuals and their families and friends to have maximum choice and control over the support they require at what can be a very difficult time. The training provided by The Rowans is a valuable and utilised resource available to our staff, providing first class specialist training. The continuing development of services provided demonstrates a clear understanding of the changing face of end of life care. As a commissioner of services, The Rowans provides a high quality value for money service, and we hope the partnership continues for many years to come.”

Angela Dryer
Assistant Head of Social Care Assessment, Care Management & Social Work

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**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.