

# Quality Account 2019–20



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DOROTHY HOUSE  
(formerly THE DOROTHY HOUSE FOUNDATION LIMITED)

Company number: 1360961

Charity registration: number 275745

Principal address: Winsley, Bradford on Avon, Wiltshire BA15 2LE

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# Part 1

## Chief Executive Statement of Quality

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## Welcome to our eleventh Quality Account which summarises the quality and breadth of our services over 2019/20.

Currently, the UK is in lock-down as a result of the global COVID-19 pandemic. With the onset of coronavirus, we modified our services swiftly so we could continue to provide high quality care and support to our patients, their families and carers. With support from one of our NHS Clinical Commissioning Groups (CCG) support we have also supported the NHS directly with the pandemic by opening Ward 2 at Winsley to support both ‘step down’ patients from acute hospitals and community patients with care needs where a hospital admission could be avoided.

The continued lock-down, its duration, impact and the social distancing that will undoubtedly continue for some time are all unknowns. Throughout, however, we remain committed to quality improvement, to our Strategic Plan (2018-25) – Everyday, Everyone and responding to the ever growing need in our community, including that caused by the pandemic.

In this report, the quality of Dorothy House (DH) services is measured by looking at **patient safety, clinical effectiveness** and **patient/family experience** over the financial year 2019/20. It is written for our patients, their families and carers, the general public and the local NHS organisations with whom we contract and who last year contributed 31% of our overall clinical costs.

Last year we made progress in the priorities set out in our Quality Improvement Plan 2018/19 such as improving our gym facilities, introducing Establishment Genie to help manage clinical staffing, the collection of real-time patient/family feedback through use of iWantGreatCare and the continuation of our work around “Always Events” ensuring key aspects of care are always implemented.

This report not only charts the progress we have made with our priorities last year but it also sets out our clinical improvement priorities for 2020/21. These include higher flu vaccination uptake for DH frontline clinical staff, the continued development of DH non-medical prescribers working in the community and the introduction of Clinical Skills Net to support Dorothy House clinical training. Another key priority is to review our clinical services following COVID-19 so that innovative, integrated and new practices are embedded in our ongoing service delivery.

In 2019/20, we made progress against our yearly organisational objectives such as developing our eco system model for working in partnership with the community and growing our open access day services, open to all people affected by a life-limiting illness with no referral required. We have also invested in creating our research capability and alliances with local universities and are redefining our education offer.

Over the past year, we have addressed the financial challenge of maintaining our “outstanding” level of care whilst ensuring our financial sustainability for the future. Our NHS Commissioners have provided an increase in funding, we have made efficiency savings across the organisation and developed new sources of income.

As identified in our Strategic Plan, the need for palliative care continues to grow with an ageing population with increasingly complex conditions. Added to this, we need to anticipate the knock-on impact from COVID-19 in terms of delays in diagnoses and palliative referrals, increased need for bereavement support and the likelihood of a severe economic downturn and its effect on people’s health and wellbeing.

COVID-19 has changed many of the ways we interact in society. At Dorothy House we have adapted some services to be delivered remotely whilst recognising that face-to-face care and human touch also remain essential.

As we work through the COVID-19 pandemic and beyond, we remain committed to improving the quality of our services as we face the challenge of meeting the care needs of ever more patients with a life-limiting illness, their families and carers.

I trust this report is testament to our continued quality of care to patients, their families and carers.

**Wayne de Leeuw**  
Chief Executive

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## Part 2

# Priorities for Improvement 2020 - 2021

## Priorities for Improvement 2020/2021

As always, our focus in all our care remains on the quality domains of **patient safety, clinical effectiveness** and **patient and family experience**.

Dorothy House (DH) has agreed a Quality Improvement Plan for 2020/21 (Appendix 1). This plan has been approved by the DH Clinical Audit and Quality Improvement Group (CAQIG), a working group of the Clinical Governance Sub-Committee, which reports to a sub-committee of the Board of Trustees (the Patient Services Committee), set up to monitor quality and development of patient services. Key priorities within the Improvement Plan, some of which are CQUINs (Commissioning for Quality and Innovation), have been agreed with these groups and include the following:

### Priority 1 – Future Improvement: Flu vaccination for frontline clinical staff

#### Quality domains – safety, clinical effectiveness

To monitor and therefore improve the uptake of flu vaccinations to 90% for frontline clinical staff.

#### How was this priority identified?

This has been identified as a priority by our NHS Commissioners and is one of our CQUINs for 2020/21.

#### How will this be achieved?

By providing an employee vaccination programme and raising staff awareness of the importance of being vaccinated.

#### How will this be monitored?

Uptake will be monitored and there will be one report in March 2021 following the vaccination programme.

### Priority 2 – Develop the role of non-medical prescribers in the community

#### Quality domains – clinical effectiveness, patient experience

DH will continue to support and develop the role of non-medical prescribers in the community as part of service review and redesign post COVID-19.

#### How was this priority identified?

It has been recognised that there is potential to improve symptom control for patients by facilitating timely review of medication and prompt prescribing of alternative medication if indicated.

#### How will this be achieved?

As part of a planned review of the Community Nurse Specialist Team and workforce development plan.

#### How will this be monitored?

Patients' Integrated Palliative Outcome Scores will be collected and reported on quarterly via the Medicines Management Group.

### Priority 3 – Future Improvement: To introduce Clinical Skills Net

#### Quality domains – patient safety, clinical effectiveness

DH will introduce Clinical Skills Net, which is an online educational resource to support training and best practice in clinical skills.

#### How was this priority identified?

DH is committed to ensuring that all clinical staff are competent and have skills relevant to their roles.



## Statement of Assurance from the Board of Trustees

### How will this be achieved?

The Head of Education will develop and fulfil an implementation plan.

### How will this be monitored?

Progress on implementation will be recorded in monthly reports to the Patient and Family Services Directorate meeting.

### How will this be monitored?

There will be monthly reports to the Patient and Family Services Directorate meeting and the Executive Team.

The Board of Trustees is fully committed to ensuring that Dorothy House delivers high quality services and its responsibility is one of governance, strategy and policy. We monitor the health and safety of patients and the standard of patient care, ensuring services are continuously evaluated and improved.

The Board of Trustees meets quarterly and this is supplemented by the work of seven Trustee-led sub-committees who meet in advance of each Board meeting. Effective Governance has become a core component and driver of how the Hospice operates, reflected in the appropriate recruitment of subject matter experts who deliver a balance of knowledge across the committee process and the conduct of regular audit and inspections.

Twice a year two Trustees visit the Hospice and other settings where services are delivered. Please see page 22 for further details.

The Board is confident that the care and treatment provided by DH is of a high quality, cost effective and can be sustained in the foreseeable future.

## Priority 4 – Future Improvement: Undertake review of clinical service delivery post COVID-19

### Quality domains – clinical effectiveness, patient experience

To ensure innovative new working practices become embedded in future service delivery.

### How was this priority identified?

DH has recognised that the healthcare landscape will change as the pandemic passes and we need to ensure we are operating as part of the new system and are fit for the future.

### How will this be achieved?

DH will initiate project groups responsible for undertaking reviews of service delivery.

## Review of services

Every year, we review our service provision in line with our Strategic Plan and with the requirements of our local NHS commissioners.

Below is a list of the **services we provided in 2019/20 at Winsley, our Outreach Centres or out in the community.** All of these helped us to achieve our overall purpose and objectives and provide the best care we can for patients, their families and carers.

In FY19/20 we cared for 3,126 people (patients, their families and carers) who were referred to one or more of our services below:





**Consultant Led Palliative Medicine Service:** Our doctors are involved in the assessment, treatment and management of complex symptoms/issues. They provide patient consultations on Hospice premises, at the Royal United Hospital (RUH) Bath and within the community as well as providing advice via the 24/7 Advice Line. They are involved in the delivery of professional training and mentoring to medical students, junior doctors in training and qualified doctors working in the community and acute hospitals.

**24/7 Advice Line:** Experienced registered nurses and/or an on-call doctor provide clinical advice and support for patients, their families/carers and professional colleagues about any palliative and/or end of life care issue.

**Inpatient Unit:** The management and delivery of a specialist 10-bed Inpatient Unit (IPU) using a Multi-Disciplinary Team (MDT) approach. The IPU provides assessment, treatment and management of complex symptoms/issues or acute respite care and rehabilitation/adaptation to the effects of disease progression and terminal care.

**Day Patient Services:** Patients can benefit from specialist MDT assessment and the management of their complex issues by attending a nurse-led unit on the same day each week to achieve planned goals based on initial assessment. DH also provides a growing range of

informal wellbeing, relaxation, exercise and social groups at a range of sites across its area.

**Community Nurse Specialists (CNSs) operating within the community including the new Primary Care Networks (PCNs):** Our CNSs work in partnership with General Practitioners (GPs) and District Nurses across the region to support patients, families and carers in a variety of community settings through initial assessment, education and ongoing management of complex needs until discharge or death. The team also offers advice, information and support to professionals and assesses the initial bereavement needs of families and carers after the death of a DH patient.

**Hospice at Home (H@H) Service:** Our H@H service provides care delivered by highly trained healthcare assistants within the patient's home or residential care setting. We support patients with a palliative diagnosis in the last year of life by providing:

- **Respite Care:** Two nights' overnight respite care per week in last 12 months of life.
- **Crisis Care:** Up to 24/7 rapid response in last 12 months of life (max 28 days).
- **End of Life Care:** Up to 24/7 care in last 2 weeks of life.

Our H@H service enables patients to be cared for and to die at home and can help avoid hospital admissions. Another key part of DH's H@H service is our work with the Royal United Hospitals Bath NHS Foundation Trust's (RUH) Specialist Palliative Care Team to facilitate patients' discharge from the RUH at end of life to their preferred place of care / death.

**Family Support Services:** Dorothy House's Family Support Services provide access to:

- Adult social work
- Children and Young People's Service
- Bereavement services
- Psychological support (pre-bereavement)
- Chaplaincy/spiritual care
- Companions service

The services operate five days a week Monday to Friday although spiritual care is available at all times and weekend activities are available for bereaved children and their families.

Family Support Services are provided at Dorothy House premises and in the community. The length of referral is determined by the patient and family need which in turn may also depend on stage and nature of illness, family function and resources, levels of support etc. Social workers and counsellors/therapists liaise with GPs and other health and social care professionals and schools when needed.

The Hospice continues to develop a range of more informal bereavement and psychological support groups, for example the monthly Teens Support Group and newly formed Friends in Grief (FIG).

### Therapies:

**Physiotherapy Service:** This service is offered to patients to provide ways to help maintain and improve independence and manage symptoms. Our approach to patient rehabilitation, resilience and longevity of quality of life has been commended by NHS England (NHSE) and is recognised as a pioneering approach to patient care.

**Occupational Therapy (OT):** The team offers help to patients in order to address problems that impact on independence, safety and quality of life. They provide assessment in the home environment for equipment and adaptation, setting priorities and promoting independence and choice. The team also offers a range of activities and courses.

**Lymphoedema Service:** Our palliative service enables DH to provide nurse-led services at local clinics, our Hospice sites and a range of community settings. A non-palliative service is also available for patients registered with a Somerset GP in the East and Central Mendip areas of Somerset.

**Complementary Therapy (CT):** The team provides a range of complementary therapies to patients, families, carers and bereaved clients. The service, designed to complement conventional treatments and promote wellbeing, is led by a Registered Nurse who is also a qualified complementary therapies practitioner. Therapies are given by qualified volunteer therapists and include reiki, aromatherapy and reflexology.

**Creative Arts:** The Creative Arts Team gives patients, their families and carers the chance to explore a variety of creative arts which can provide focus and diversion at a difficult time and can also help address practical, psychological, social and spiritual needs. Activities include making creative keepsakes, hand casts and life stories.

**Nutrition:** DH clinical staff undertake on-going nutritional assessments and provide advice and support to patients, their families and carers. Complex cases are referred to the DH Dietitian.

### Education, Research & Professional Development:

A key pillar of DH's services, we offer:

- Professional development and palliative care updates for DH clinical staff
- Education programmes for health and social care colleagues in the community
- A move from being a “research aware” organisation to one that “generates and leads” research in palliative and end of life care (Payne, Preston et al. 2013)
- A facility to host education programmes and visits

## Clinical Audit and Quality Improvement Group

Like any health or social care organisation, Dorothy House (DH) aims to keep improving the care it provides for patients, their families and carers. To do this, it needs to collect and analyse information about its work which is overseen by the Clinical Audit and Quality Improvement Group (CAQIG) and which may take one of the following forms:

- **Clinical audit:** This measures patient care against explicit national, local or internal clinical standards.
- **Service evaluation (ideally and often via user experience):** Typically taking the form of questionnaires / surveys to patients, families and carers regarding their views of the care they have received.
- **Patient, family and carer outcomes:** DH now collects information directly from patients through the Outcome Assessment and Complexity Collaborative (OACC) suite of tools about how they feel or function in relation to a health condition and its therapy without interpretation by healthcare professionals or anyone else. OACC now sits within the remit of CAQIG.

DH has an annual Clinical Audit Plan which contributes to the overall Quality Improvement Plan (QIP) for DH. This provides a means to monitor the quality of our care in a systematic way and creates a framework to review our services and make continuous improvements where needed.

### How did we do in 2019/20?

The audit group continues to be very productive and last year oversaw 30 activities – a mix of clinical audit, service evaluation and patient and carer experience – from across the Patient and Families Services Directorate.

Clinical audit is an essential tool in improving quality and patient safety, and administration of medicines is an area that can be particularly prone to error. **The Missed Medicines audit** was carried out in July as a snapshot of all current inpatients. There were 32 medicines prescribed and 42 individual doses given. It was very pleasing to see that there had been no missed doses.

**Infection control** is another area pertaining to safety that is systematically audited every quarter. This year saw some excellent results **in the annual clinical environment audit**. The audits look at 7 domains in IPU and at the Outreach Centres in Trowbridge and Peasedown St John. It is a testament to the leadership from our Infection Prevention and Control Lead that IPU compliance had improved in 4 of the 7 domains, with an average compliance of 98%. Trowbridge compliance improved in 2 domains with an average compliance of 99% and Peasedown St John remained at 99% compliant.

**Antimicrobial stewardship** has a high profile in the public health agenda due to the potential impact of

antimicrobial resistance globally. DH has been monitoring antibiotic use on the IPU against recognised standards, and reporting quarterly. In Q3 we saw an improvement from the previous quarter to achieve 100% compliance against 3 of the 8 standards.

**Handwashing** is always extremely important, especially with the emergence of the COVID-19 virus. We audit our handwashing practice quarterly, and Q3 results showed that 100% of staff audited had good knowledge of ‘My 5 moments of handwashing’ and handwashing technique was excellent. All staff were observed to be bare below the elbows.

All patients admitted to the Inpatient Unit are screened for **nutritional risk** using the Patient Led Assessment of Nutritional Care Tool (PLANc). This is a new tool consisting of two dietary algorithms designed specifically for palliative and end of life patients. The first is for use with patients in the early-mid stages of palliative care. The second is for use with patients in the last weeks of life, rather than for patients who have difficulty swallowing. To determine which algorithm is used there is an initial screening tool which documents body weight and weight changes, current food intake, special dietary requirements and any swallowing difficulties. This then leads on to symptoms affecting eating, assistance required and any carer concerns about nutrition and diet.

A snapshot audit was completed for all patients admitted to IPU during July 2019. Twenty four patients

## Duty of Candour

were admitted during the audit period and completion of the screening tool and algorithm were both 91.7% compliant.

We continue to monitor if patients on our caseload are achieving their **Preferred Place of Death (PPD)**. One of Dorothy House's Key Organisational Outcomes is by 2025 for 85% of all patients each year to achieve their PPD. Having a PPD recorded is part of a wider conversation on patient's wishes and preferences at end of life. We also have Key Performance Indicators for PPD set by our NHS commissioners. An audit of all patients who died during January 2020 showed that 82% of Dorothy House patients with a recorded Preferred Place of Death achieved their PPD.

In 2019/20 DH had two **Commissioning for Quality and Innovation (CQUIN)** goals set by NHS Commissioners:

1. By March 2020, to ensure all documentation relating to the patient's discharge will be recorded on the SystmOne discharge template and 100% of patients who are being discharged are fully briefed on who is responsible for different elements of their discharge
2. Achieving 80% uptake of flu vaccination by frontline clinical staff.

The first CQUIN was designed to build on the initial work done in 2018/19 to improve the patient and family's

**experience of being discharged from the Inpatient Unit.** During Q1 and Q2 we designed, implemented and reviewed a new SystmOne discharge template and a patient discharge pack. The aim of the CQUIN is that 100% of patients discharged from the Inpatient Unit from October 2019 to March 2020 will have received the discharge pack or a reason given for not having received it. In addition 100% of the patients discharged from IPU will have had the discharge template on SystmOne completed. Documentation within SystmOne of patients being given a discharge pack improved from 37% to 78% from Q2 to Q3. We have improved compliance with the NICE Guidance 27 'Transition between inpatient hospital settings for adults with social care needs,' recommendations from 32% in the 2018 baseline audit to 81% at the end of Q3.

Dorothy House is not currently participating in any national confidential enquiries.

As well as clinical audit, the group also facilitates **patient satisfaction** surveys. In 2019/20 we implemented **iWantGreatCare** to gather patient and family feedback across all of our clinical services. Since its implementation in June 2019, we have received 118 reviews. Our average 5 star score was 4.93 and 97.4% of people were likely to recommend our services. (See Appendix 3)

All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients when something goes wrong with their treatment or care.

Dorothy House has introduced a Duty of Candour Register and policy in order to comply with Duty of Candour requirements in relation to notifiable patient safety incidents. In this reporting period there have been no incidents meeting this requirement.



## Research

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The organisation remains passionate about evidence-based practice, ensuring research is part of day to day working, and that people in our care have access to cutting edge research. In 2019/20 we have built on the research governance processes established in 2018/19 with the establishment of a new post, Head of Research.

Historically, research and education have been combined under a single appointment lead. However, in autumn 2019 two new appointments were made, Head of Education and Professional Practice and a Head of Research, in recognition of the strategic commitment to having these two factors at the ‘heart’ of the organisation’s activities.

In October 2019 Prof Candy McCabe was appointed as Head of Research (0.3 FTE) to accelerate the research agenda. Prof McCabe has a 20yr+ experience of health research, is a previous NIHR research fellow and leads a multi-disciplinary team of researchers at UWE, Bristol who include colleagues from the Royal United Hospitals NHS Foundation Trust, Bath. Since her appointment, and in close collaboration with the Executive Team and Dorothy House colleagues, Prof McCabe has sought to optimise the potential benefits of this investment and ensure that Dorothy House has a robust and lasting research portfolio that is informed by the community it supports and in turn, enhances the care it provides to patients and their families. Secondary, but no less important goals are for the research outputs and impacts to raise the regional, national and international profile of Dorothy House for the benefit of patients and families

using hospice services, and for the promotion of staff recruitment and retention. Education and research remain closely aligned to achieve these goals.

The ‘Research Policy and Procedures’ document has been revised and updated to reflect the change in personnel and has been approved by Bath R&D and the Dorothy House Research Committee. This revised document now includes documentation that supports a clear approval process for new research projects that could potentially be conducted within the organisation.

A new Research Strategy is in development for submission for Board approval in June 2020. Funding has been secured from the CRN West of England for the appointment of 0.6FTE Band 6 Research Nurse for the establishment and conduct of NIHR Portfolio studies and a one-year Nursing research internship. Potential Principal Investigators have been identified within the organisation and training agreed via the CRN. The role of Volunteer Research Administrator has been advertised and a Q and A session hosted. The application process is currently on hold for the Research Nurse and Volunteers due to the COVID-19 pandemic.

A Florence Nightingale Foundation Research scholar has been appointed for a part-time one-year placement with the Dorothy House Research team and a UWE partnership PhD studentship is under review with a potential industry partner. Funding applications have been submitted to the Health Foundation and UWE

Faculty funding competition. Dorothy House has also joined the Chronic Pain Health Integration Team, which is part of Bristol Health Partners and has received funds as part of this collaboration to support education and research activities related to improved knowledge in the community about palliative and end of life care.

## Quality Improvement and Innovation Goals Agreed with Commissioners for 2020/2021

A small proportion of Dorothy House's NHS income in 2020/21 is conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN).

### **CQUIN 1:**

#### **Quality domains – safety, clinical effectiveness.**

70% of patients admitted to our inpatient unit will have nutritional screening undertaken and an action plan in place for identified risk.

#### **How was this priority identified?**

This has been identified as a priority by our NHS Commissioners.

#### **How will this be achieved?**

By assessing each patient on admission using the Patient Led Assessment of Nutritional Care tool and associated care plans.

#### **How will this be monitored?**

There will be quarterly reports to the NHS Commissioners.

### **CQUIN 2:**

#### **Quality domains – safety, clinical effectiveness**

To monitor and therefore improve the uptake of flu vaccinations to 90% for frontline clinical staff.

#### **How was this priority identified?**

This has been identified as a priority by our NHS Commissioners.

#### **How will this be achieved?**

By providing an employee vaccination programme and raising staff awareness of the importance of being vaccinated.

#### **How will this be monitored?**

There will be one report in March 2021 following the vaccination programme.

### **CQUIN 3:**

#### **Quality domains – safety, clinical effectiveness**

Assessment and documentation of pressure ulcer risk

#### **How was this priority identified?**

This has been identified as a priority by our NHS Commissioners.

#### **How will this be achieved?**

By assessing each patient on admission using the Hunter Hill pressure ulcer risk assessment tool, identifying the level of risk and prescribing care appropriate to the risk

#### **How will this be monitored?**

There will be quarterly reports to the NHS Commissioners.

## Data Quality

Dorothy House provides quarterly contract activity data in the agreed format to local NHS Clinical Commissioning Groups.

Data is stored and utilised in accordance with the DH Information Governance and Information Security policies and an annual audit of Information Governance is undertaken with a report and recommendations approved by the Information Governance Steering Group. Compliance with the Data Security and Protection Toolkit will be achieved in May 2020, this is a requirement of our NHS contract. GDPR requirements have been fully implemented within DH and built into the core of all governance systems and processes and BAU activities.

DH is not subject to the payment by results clinical coding audit by the Audit Commission.

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# Part 3

## Review of Quality Performance

Below is an update on 2019/20 improvement priorities some of which are CQUINs (Commissioning for Quality and Innovation) and/or formed part of our Quality Improvement Plan (Appendix 2):

## Priority 1 – Future Improvement: Introduction of an ‘Always Event’

### Quality domains – patient safety, clinical effectiveness, patient experience

Always Events®, initially conceived in the US by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI) – a world-wide body - are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system. IHI’s Always Events® Framework provides a strategy to help health care providers, in partnership with patients, care partners, and service users, to identify, develop, and achieve reliability in person- and family-centered care delivery processes. NHS England has been working with the Institute for Healthcare Improvement (IHI) and Picker Institute Europe to look at how healthcare organisations in England can develop consistent ways to meet the individual needs of patients to make sure that care is patient-centred and delivered in partnership with them and those close to them.

### How was this priority identified?

This has been identified as a priority by our NHS Commissioners.

### How will this be achieved?

By the end of June 2019 we will

- Review Always Event Toolkit
- Follow steps as set out and deliver report & proposal to commissioners which sets out:-
- Process followed to arrive at the proposed project(s)
- Clear rationale for the proposed project(s)
- Proposed project measurements, to include KPI(s) around patient experience.
- Develop action plan leading to delivery of project.

### How will this be monitored?

There will be quarterly reports submitted to the NHS Commissioners.

**Update:** The ‘Always Event’ was defined as ‘100% of patients discharged from the Inpatient Unit from October to March having received the discharge pack or a reason given for not having received it. In addition 100% of the patients discharged from IPU would have the discharge template on SystmOne completed’. 88% of patients discharged between October 2019 and March 2020 received a discharge pack. 100% said they knew who to phone for further information or with concerns after being discharged from the Inpatient Unit. 100% of patients had the discharge template on SystmOne completed.

## Priority 2 – Future Improvement: Introduction of ‘Establishment Genie’

### Quality domains –patient safety.

DH will introduce ‘Establishment Genie’, an online, NICE-endorsed workforce planning tool which will allow teams to review, compare, remodel and report on their staffing care levels and costs.

### How was this priority identified?

It has been recognised that there is a regulatory requirement to review clinical staffing establishments at regular intervals, using best practice guidance.

### How will this be achieved?

‘Establishment Genie’ will be introduced to clinical teams throughout 2019/20

### How will this be monitored?

There will be quarterly updates to DH’s Improving Care Forum.

**Update:** Establishment Genie was introduced to the Inpatient Unit, Hospice at Home and Community Nurse Specialist Teams and workforce modelling undertaken with these teams. The modelling has been used to inform staffing for the additional beds opened as part of our response to COVID-19.



## Data Quality

### Priority 3 – Future Improvement: Improving gym facilities

#### Quality domains – clinical effectiveness, patient experience

DH will improve the gym facilities to include making the gym bigger.

#### How was this priority identified?

DH recognises that there has been an increase in the number of patients using the gym. In 2017/18 there were 635 gym attendances. This is projected to rise to nearly 1,100 for 2018/19

#### How will this be achieved?

A project team consisting of multidisciplinary clinical staff has been established to plan the project

#### How will this be monitored?

Monthly progress reports to the Patient and Family Services Directorate meeting.

**Update:** The gym was extended in August 2019, enabling a 32% increase on gym visits for 2019/20 compared to 2018/19.

### Priority 4 – Future Improvement: Introduction of iWantGreatCare

#### Quality domains – clinical effectiveness, patient experience

DH will ensure that we are obtaining real-time patient and family feedback across all frontline clinical services using iWantGreatCare.

#### How was this priority identified?

DH recognises that there is no consistent approach to obtaining real-time feedback across clinical teams.

#### How will this be achieved?

DH has subscribed to the 'iWantGreatCare' service

#### How will this be monitored?

There will be six-monthly reports to DH's Improving Care Forum and Patient and Family Services Directorate meeting.

**Update:** iWantGreatCare was introduced in June 2019 and between 1st June 2019 and 31st March 2020 there were 118 reviews made across a number of DH services. Our average 5 star score was 4.93. (See Appendix 3)

All letters of complaint received are investigated thoroughly, discussed at the Clinical Governance Committee, and reported to the Patient Services Committee, the Board of Trustees and NHS commissioning organisations. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence.

We have received six complaints about our services since publication of the last Quality Account. These were investigated and responded to within the time limits laid out in our Complaints Policy. They were also shared, anonymously, with the Clinical Commissioning Groups and our Board of Trustees.

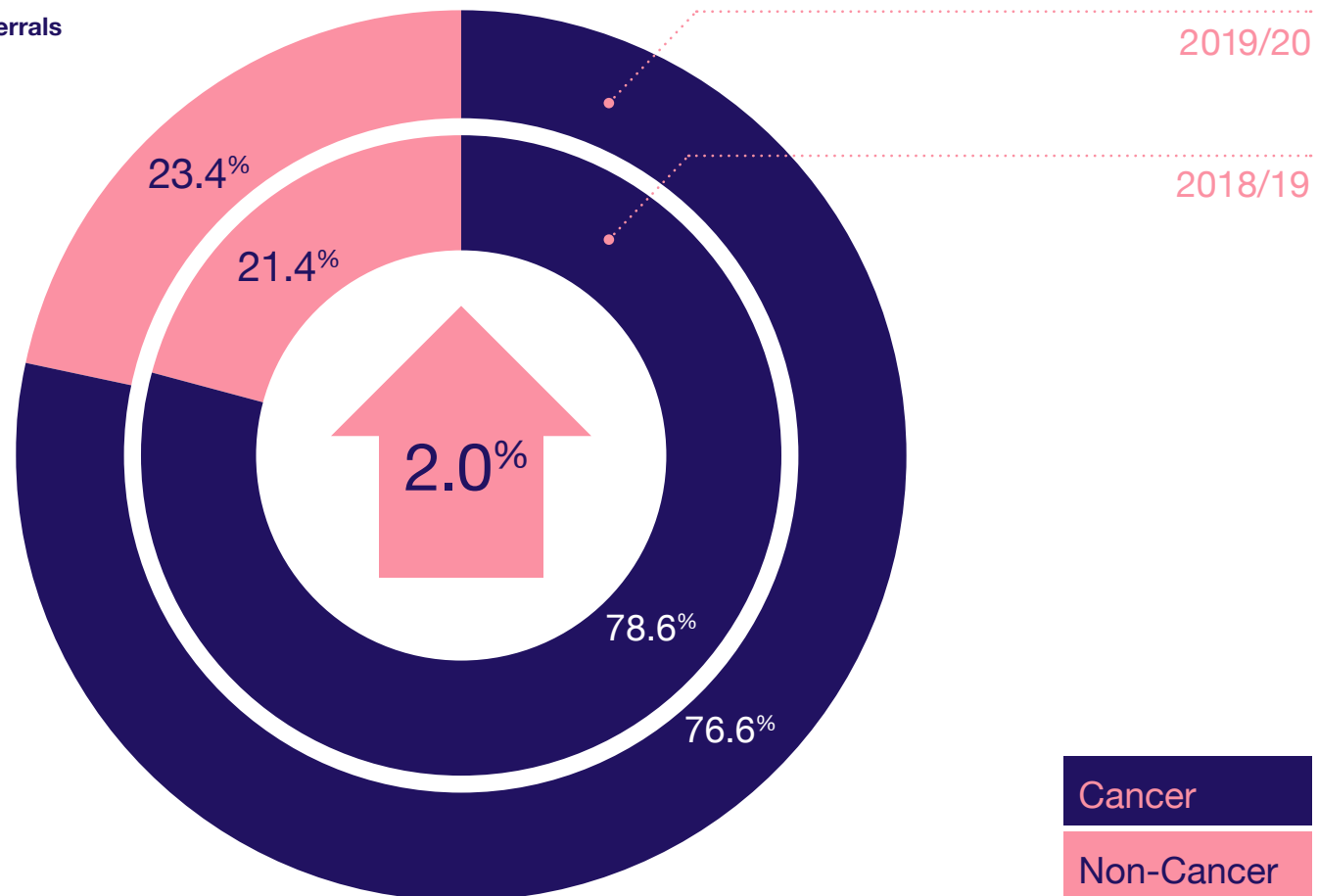
Feedback and an apology were given to the complainants. Lessons learned were fed back to relevant teams and changes in practice were made where necessary.

## Cancer versus Non-Cancer Referrals

### Summary Comparison 2018/19 to 2019/20

One of our Key Organisational Objectives is to increase the number and proportion of people we care for with a non-cancer diagnosis.

### Figures based on NEW Patient Referrals



## Patient New Referrals 2019-2020

Age	Age Count	Age%
18–24	5	0.22%
25–64	338	18.75%
65–74	424	23.52%
75–84	555	30.78%
85+	482	26.73%
<b>Total</b>	<b>1804</b>	<b>100.00%</b>

Religion	Religion Count	Religion %
(135..) Religious Affiliation	2	0.11%
(1352.) Roman Catholic	1	0.06%
(1354.) Atheist	3	0.17%
(1355.) Jewish	1	0.06%
(1357.) Jehovah's Witness	4	0.22%
(135A.) Christian	218	12.15%
(135G.) Methodist	1	0.06%
(135P.) Agnostic	3	0.17%
(XA6OH) Religious movement and beliefs	3	0.17%
(XaC43) Church of England	17	0.95%
(XaP4Y) Church of England, follower of religion	8	0.45%
(XaPUC) Catholic, non Roman Catholic	1	0.06%
(XE0oe) Religion NOS	32	1.78%
(XE2v0) Anglican	5	0.28%
(XM1ax) Anglican religion	1	0.06%
(Y4993) Religion (Other)	1	0.06%
Not Stated	1496	83.39%
<b>Total</b>	<b>1804</b>	<b>100.00%</b>

Gender	Gender Count	Gender%
Female	859	47.62%
Male	945	52.38%
<b>Total</b>	<b>1804</b>	<b>100.00%</b>

Ethnicity	Ethnicity Count	Ethnicity %
Asian/Asian Brit: Bangladeshi – Eng+Wales ethnic cat 2011 census	2	0.11%
Asian/Asian Brit: Chinese – Eng+Wales ethnic cat 2011 census	1	0.06%
Asian/Asian Brit: Other Asian – Eng+Wales ethnic cat 2011 census	3	0.17%
Asian/Asian Brit: Pakistani – Eng+Wales ethnic cat 2011 census	1	0.06%
Black/African/Caribbn/Black Brit: Caribbean – Eng+Wales 2011	3	0.17%
Mixed: White+Black Caribbean – Eng+Wales ethnic cat 2011 census	1	0.06%
Other ethnic group: Arab – Eng+Wales ethnic cat 2011 census	1	0.06%
Other ethnic: any other group – Eng+Wales ethnic cat 2011 census	5	0.28%
White: Other White Background – Eng+Wales ethnic cat 2011 census	31	1.72%
White: Eng/Welsh/Scot/Nl/Brit – Eng+Wales 2011 census	1160	64.30%
Not Stated	596	33.04%
<b>Total</b>	<b>1804</b>	<b>100.00%</b>

## DH Performance during 2019/20

### Key Organisational Outcomes

In order to chart DH's progress over the life of the 7 year Strategic Plan, we are using a set of Key Organisational Outcomes (KOOs) linked to the 5 strategic goals against which we measure our performance on an ongoing basis.

Particular areas of improvement across the organisation include a 5% increase in Advance Care Planning conversations offered routinely compared to last year. A 16% increase in use of the Outcome Assessment and Complexity Collaborative (OACC) suite of tools demonstrates an increase in care based on patient outcomes.

2019/20 has also seen an 8% increase in the number of family members / carers supported by our Family Support Team with services including bereavement, psychological and spiritual care and adult social work.

### Volunteering

Volunteers are at the heart of everything we do at Dorothy House and we recognise the enormous added value they bring to what we can offer in so many ways. Financially they not only save us money, but also provide additional services and funding that enhance what we can offer. Their loyalty and the way they represent our interests within communities across our area is

invaluable. Our focus in 2019 was therefore on providing a high quality volunteering experience.

At the beginning of the year Volunteer Services carried out a Volunteer Satisfaction Survey across the organisation. Findings from the survey were shared with the Volunteer Forum and responses were communicated through a variety of channels. 100% of respondents stated that they were proud to volunteer and 99% said they would recommend Dorothy House.

Actions taken in response to the survey include; advertising the Volunteer Forum more widely, improving online recruitment and providing improved face to face volunteer training. During the year, preparatory work was also done to gain re-accreditation as an Investor in Volunteers in 2020.

We place high importance on marking Volunteers Week in June every year as this is one way we can acknowledge the contribution made by our volunteers. In 2019 we worked with local schools in a project to decorate thank-you labels for a small gift of flower bulbs kindly donated to us by Green Garden Flowerbulbs. Every volunteer received one of these and in addition volunteers with 5 years' service and upwards were invited to Our Volunteer Long Service award, hosted for us by an external volunteer team from Royal London.

Over the year 2019-2020 our volunteering workforce has grown with 144 new starters in retail and 84 in the Hospice, a total of 228 volunteers recruited.

A further area of focus this year has been on making sure that volunteer records are accurate and up to date.

Due to this ongoing data cleansing throughout the year, our overall volunteer numbers remain stable with 371 volunteers in Hospice and Outreach and 652 in retail, a total of 1023.

Likewise regular 6 monthly snapshot audits of volunteer hours have shown that they continue to regularly contribute over 3000 hours a year.

Efforts made to diversify our volunteer cohort, by attracting younger volunteers in particular, have made a positive impact with an increase over the year of 21 new volunteers aged under 21 and 16 new volunteers aged 21 to 30.

In terms of service innovation, 2019 saw the new Compassionate Companion Volunteer service at the Royal United Hospital Bath (RUH) become well established with 33 end of life patients being referred to us over the year. The service is now expected to expand to include further wards.

To create a great volunteering environment, we need to develop the skills and expertise of volunteer managers. The Retail Volunteer Managers Toolkit introduced in 2019 has been implemented across our shops with support from Volunteer Services. All new Retail Managers are offered an induction with Volunteer Services and follow up visits to their shop. A new Hospice Managers toolkit has now been launched to provide similar support to Volunteer Managers in the Hospice.



## Education

The Education Department has continued to go through a period of significant change over the last 12–18 months, with the new Head of Education and Professional Practice appointed in October 2019. A scoping of the current education provision and priorities is underway but progress has been delayed due to staff changes and a shift in priorities due to COVID-19.

In 2019/20, Dorothy House (DH) delivered 40 different End of Life Care related courses for its staff, the community and academia and 994 professionals attended various programs of education, which included 478 external participants. This represented 3,009 teaching hours on external, commissioned or outreach courses of which 2,484.5 hours were delivered to external participants and achieved a satisfaction rating of 100%.

Key achievements for 2019/20 included the following;

- Income generation - SLA agreed with UWE Programme review has taken place and contractual agreement is being signed off as part of 3 year delivery plan.
- Introduction of a trial period with the RUH Academy Library for provision of library and information services. Informal feedback received from staff is that it has been extremely useful.
- Development and introduction of 'Verification of Expected Adult Death' training programme

to support upskilling of DH Community Nurse Specialists – positively evaluated by all delegates

- Introduction of clinical induction programme for new Clinical Volunteers

## What Dorothy House Staff Say About the Organisation

Dorothy House has a Staff Consultative and Information Forum (Our Voice) where, as well as discussion on issues that directly affect staff e.g. Pay Award, HR policies and terms and conditions of employment, staff views are sought on a range of wider areas including the overall organisational direction and strategy, staff support and staff communications. This is attended and supported by the Executive Team to demonstrate commitment to the staff voice. This is mirrored with a Volunteer Forum where all matters impacting on volunteers is raised. Looking forward we plan to have at least one joint meeting per year

## Staff Survey 2019

We conducted a further staff survey in October 2019 using the 'Barometer of Care' platform provided through the NHS. The feedback is broken down into themes such as empowerment, engagement, feeling valued. The results were positive with the lowest scoring areas being empowerment / engagement. DH had experienced unprecedented change in 2019 so perhaps this was to be expected. To understand the results better we conducted drop in sessions and joined team meetings.

The overall results and action plans were communicated through the staff forum, at coffee mornings and over the intranet.

## Workforce Wellbeing

Wellbeing is high on our people agenda with a dedicated resource provided through our intranet. We have trained mental health first aiders who have been conducting a series of learning events to all staff. We have also sourced an Employee Advice Programme (EAP) which is available to all staff and volunteers.

## Workforce Communication:

A range of communication strategies are in place:

- Monthly staff updates from Chief Executive and Executive Team to the Heads of Departments who are accountable for cascading information. This also includes updates provided to the Board of Trustees
- Increased communications through the intranet
- Better communications through the Health and Safety Committee / Our Voice and the Volunteer Forum
- Use of technology to ensure the DH Outreach Teams have access to key updates
- Monthly coffee mornings where staff receive updates on projects and celebrate success.

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## Managing Change

As mentioned above, DH has experienced a period of change with a number of Executive Team members leaving including the CEO. Robust interim arrangements have been in place where required. Recruitment overall is positive and turnover is at a low level.

## Working Conditions and Arrangements

Dorothy House adopts Agenda for Change terms and conditions and is aligned with the local and national scheme. Dorothy House is not tied to NHS pay awards yet for the last three years pay uplifts and awarding of increments has been in line with the national awards. Should the NHS move more towards local terms and conditions DH will need to review its position to ensure staff are appropriately rewarded.

## New initiatives for 2020/21:

- Embed the new People Strategy with its focus on having a competent, committed and motivated workforce
- Implement the new Leadership Strategy and action plan
- Further investment in wellbeing and a focus on mental health
- Talent and succession planning
- Introduce role-specific and core behavioural competencies.

## Staff Training and Appraisal

All staff receive an annual Performance and Development Review (PDR) with their Line Manager and this is monitored by our HR Department. At the appraisal, meeting objectives are agreed for the following year along with a personal development plan which is sent to the Education and HR departments. These plans feed into the annual Education and Training Plan for the organisation.

A Training Tracker system records all education and training, sends reminders to staff when their mandatory training is due and informs the Line Manager if it is overdue. This system has helped to increase compliance by staff and reduce the time spent by managers to ensure that their staff undertake their mandatory training. Where staff including bank staff are overdue mandatory training this is managed very carefully to ensure only competent staff support patients, their families and carers.

## Board of Trustees Assurance Visits

In October 2019, two Trustees spent the day visiting various teams.

Firstly they went to Peasedown St John Outreach Centre where they spent some time talking to patients, carers and volunteers at Coffee Club. There was a real sense of community in that all of the attendees seemed to know each other. When an attendee left, he/she would go around the room saying goodbye to each of the other attendees. All of the attendees stressed how important it was to them to be able to go out and meet people. The Coffee Club was a perfect forum; it was not intimidating in any way.

They then met with the Head of Estate and Facilities and were joined by three members of the team, two of whom do the building repair work. They were asked about the recent changes in management at DH and they said that everything had bedded down already and they were positive about DH and their roles.

The Catering Team Leader explained how he has to be aware of the special diets of patients in the Inpatient Unit and he seemed up-to-date with best practice in this area.

They also met with the new Head of Research and a Senior Research Fellow. They are both primarily based at University of the West of England. The Head of Research trained as a nurse and is employed on a part time basis. The Senior Research Fellow is a Chartered Psychologist. The Senior Research Fellow is funded by a third party. They confirmed that their research would attract grants which would result in more academics joining the Research Team.

It was clear that the staff who were interviewed had all adapted to the recent changes in management and it was now very much “business as usual”. They talked very positively about the current management team.

The overall impression was that the changes to senior management and the employment of new senior staff had injected new energy to the organisation.

## What our Regulators say about the Organisation

Dorothy House is currently registered as an independent healthcare provider under the Care Standards Act 2000. In 2019/20 DH was registered for three regulated activities with the Care Quality Commission (CQC) under the Health and Social Care Act 2008.

DH received an unannounced Care Quality Commission inspection in September 2016; this led to an excellent report with a rating of ‘Outstanding’. Outstanding is the highest available rating and places DH in the top 6% of adult social care providers nationally.

### Key Questions:

Is the service safe?	<b>GOOD</b>
Is the service effective?	<b>OUTSTANDING</b>
Is the service caring?	<b>OUTSTANDING</b>
Is the service responsive?	<b>OUTSTANDING</b>
Is the service well-led?	<b>OUTSTANDING</b>

The inspection included an unannounced three-day visit by four inspectors to Winsley and our Outreach Centres in Trowbridge and Peasedown St John. The inspectors assessed patients’ personal care records and talked to patients, carers, family members and staff as well as measuring DH performance against five essential standards of quality; that it is safe, effective, caring, responsive and well-led.

The CQC reported that DH was “committed to continuous improvement”:

*“The provider had a range of robust systems to monitor the quality of care provided, which included feedback surveys, audits and quality monitoring checks. They continuously made changes and improvements in response to their findings.” (p.4)*

([http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2473766548.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473766548.pdf))

The CQC noted the improvements that DH had made in terms of end of life care for people living with dementia and its move to full use of electronic records (SystmOne) on the Inpatient Unit – completed in January 2017. Both of these were Future Improvement Priorities in the previous year’s Quality Account.

Deborah Ivanova, Deputy Chief Inspector of Adult Social Care, CQC said:

***“We found that Dorothy House (Hospice Care) is providing an outstanding and very caring service and the staff had the expertise to provide individualised care to the people they support in a way that suits them. The team should be extremely proud of the work they do.”***



## What our Commissioners say about the Organisation

### Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Dorothy House 2019/20 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Dorothy House (OH) Quality Account for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports OH's identified quality priorities for 2020/21.

It is the view of the CCG that the Quality Account reflects DH's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2019/20 quality priorities.

DH's priorities for 2019/20 have outlined achievement in:

- Patient experience through successful completion of an Always Event® to ensure all patients discharged from the Inpatient Unit received a discharge pack or a reason given for not having received it, and completion of the discharge template on SystmOne

- Introduction of 'Establishment Genie' on the Inpatient Unit (IPU) to allow for regular review, comparison and remodelling of clinical staffing requirements
- Extension of the gym in August 2019 which has resulted in an increase in patient access of 32%
- The implementation of 'iWantGreatCare' in June 2019 to obtain real time patient and family feedback across all frontline clinical services
- Introducing Nurse Clinics for routine referrals in outreach setting

The CCG welcomes continued focus on:

- Development of non-medical prescribers in the community as part of the DH service review and redesign post COVID-19
- Introduction of Clinical Skills Net to support training and best practice in clinical skills
- Review of clinical service delivery to ensure working practices are fit for the future

In addition to the progress against 19/20 priorities, the CCG recognise a number of other positives, in particular the introduction of a 'self-referral' pathway to widen access to DH services and the introduction of nurse clinics within GP practices to provide care within the patient's own community.

The CCG notes and commends DH on the focus on infection prevention and control and for reporting no cases of acquired MRSA bacteraemia, Clostridium Difficile or MSSA during 2019/20.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG is committed to ensuring collaborative working with Dorothy House to achieve continuous improvement for patients in both their experience of care, safety and outcomes.

Yours sincerely



**Gill May**  
Director of Nursing and Quality

## Strategic and Operational Intent 2020/21

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Organisational objectives for 2020/21 (below) have been grouped under themes which are in turn linked to our strategic goals. In response to COVID-19, a further objective was added as, understandably, operating within a pandemic will be the backdrop to all our work for the foreseeable future.

1. Ensure that Dorothy House has a clearly managed response to meet the current and future needs of our community during the COVID-19 pandemic.
2. **People:** Ensure that Dorothy House has a well-led, enabled and empowered workforce (of staff and volunteers) with the skills and competence to meet the current and future needs of our community
3. **Governance:** Ensure all aspects of Dorothy House practices exceed statutory requirements.
4. **Our community:** Ensure that Dorothy House understands and can meet the palliative and end of life care needs of our community as articulated in the 2018-25 Strategic Plan.
5. **Financial sustainability:** Ensure delivery of year three of the 2018-25 Strategic Plan by developing and implementing an effective 2020/21 financial plan that is achievable and sustainable.
6. **Partnership:** Identify “strategic alliances” and partnerships that ensure delivery of Key Organisational Outcomes.

7. **Research and education:** Create education and research links that enhance our own and other organisations’ ability to deliver and evidence outstanding palliative and end of life care.

**Ruth Gretton**

Director of Patient and Family Services

May 2020

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# Appendix 1

## Dorothy House - Quality Improvement Plan

### April 2020 - March 2021

#### Patient Safety

Action	By When	Expected Outcome
Install CCTV camera in Inpatient Unit drug room	October 2020	To support good governance processes around medicines management
Introduce Clinical Skills Net	August 2020	To support training and best clinical practice in clinical skills
To introduce single nurse administration of Controlled Drugs on Inpatient Unit	December 2020	Reduction in medication errors
Review and improve multidisciplinary learning, knowledge and practice around identifying and supporting people who may be suicidal	October 2020	To ensure a consistent approach and response to people who express suicidal ideation, based on best practice
Introduce a consistent model for falls risk assessment for IPU patients	August 2020	All patients will be assessed for risk of falls and have an appropriate management plan
Introduce administration of medicines training and competencies for Hospice at Home staff	October 2020	To enhance the care given to patients supported by Hospice at Home carers
Introduce a quality dashboard	March 2021	To be able to demonstrate quality metrics

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## Effectiveness

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Action	By When	Expected Outcome
Introduce Access 'People Planner' software for Hospice at Home	August 2020	To ensure effective use of Hospice at Home staff
Develop role of community non-medical prescribers	January 2021	To lead to better symptom control outcomes for patients
Introduce a 'self-referral' pathway	August 2020	To widen access to services
Introduce foundation degree clinical apprenticeship model	March 2021	Improving workforce resilience
Undertake review of clinical service delivery post COVID-19	October 2020	To ensure innovative new working practices become embedded in service delivery
Introduce nurse clinics within GP surgeries	December 2020	Care delivered in the patient's own community
Ensure consistent use of Outcome Assessment and Complexity Collaborative (OACC)	March 2021	Demonstration of the impact of care and support interventions

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## Patient Experience

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Action	By When	Expected Outcome	Achieved
Train all Dorothy House Community Registered Nurses to undertake Verification of Expected Death	June 2020	Timely verification of expected death in the community. Demonstration of greater concern and care for the patients family and carer	
Hospice at Home delivery of care for Wiltshire Continuing Health Care patients	October 2020	Continuity of care for patients who are dying in their own homes	
Undertake an independent review of our complaints process	February 2021	Evidence that our practice is consistent with our policy	



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# Appendix 2

## Dorothy House - Quality Improvement Plan

### April 2019 - March 2020

#### Patient Safety

Action	By When	Expected Outcome	Achieved
To introduce improved fire doors and safety into IPU area	May 2019	To improve effectiveness of fire doors and safety of patients during any fire event	Completed May 2019
To introduce the use of the online Marsden Clinical Policies and Procedures to all clinical teams	April 2019	To ensure safe, consistent and evidence based practice to all nursing teams	Completed April 2019
To develop a Business Impact Plan for the organisation	May 2019	To improve communications between all services within major incidents	Ongoing. Working group meeting regularly and scenarios being tested. COVID-19 response has taken priority
To undertake regular audits of clinical records across all teams	April 2020	To ensure that clinical recording within all teams is accurate, consistent and meets best practice and regulatory standards	Complete and ongoing as part of audit programme
To introduce 'Establishment Genie' - a NICE endorsed workforce modelling tool	September 2019	To ensure that we have the correct skill mix and to enable us to remodel services with improved care and costs	Introduced to IPU October 2019
To improve our medicines management following recruitment of pharmacist	December 2019	To ensure patient care	New pharmacist in post since July 2019. Action plan being monitored by Medicine Management Group

## Dorothy House - Quality Improvement Plan

### April 2019 - March 2020

#### Effectiveness

Action	By When	Expected Outcome	Achieved
To roll out specialist palliative care E-learning module to 5 East Mendip Nursing Homes	Nov 2019	To reduce avoidable admissions. To increase knowledge of staff within nursing homes	Module developed
To develop Venepuncture skills within the community setting	March 2020	To reduce unnecessary referrals to community teams and Primary Care. Provide a responsive service to patients	Completed December 2019
Introduce a foundation degree clinical apprenticeship model	March 2020	Improving workforce resilience	New Head of Education in post who will lead on this. Currently on hold due to COVID-19 restrictions
Introduce consistent model to all MDT meetings within CCC, the Community and Inpatient setting	Sept 2019	To improve communications between departments	Completed December 2019
Introduce Nurse Clinics for routine referrals in outreach setting	July 2019	To provide a responsive service for patient pathway	Introduced and now part of patient pathway
To review organisational Clinical Supervision model	Sept 2019	To evidence that we are providing a supportive environment to our staff	Review completed. Implementation being planned

## Dorothy House - Quality Improvement Plan

### April 2019 - March 2020

#### Effectiveness (continued)

Action	By When	Expected Outcome	Achieved
To scope out the need for a specialist frailty identification tool within Specialist Palliative Care services	Sept 2019	To reduce avoidable admissions to the acute services. To enhance patient and family assessment	Ongoing. Currently on hold due to COVID-19
To develop Gym facilities within Dorothy House	Sept 2019	To increase the numbers of patients being able to access wellbeing services to enable patient to Live Well	Gym extension complete

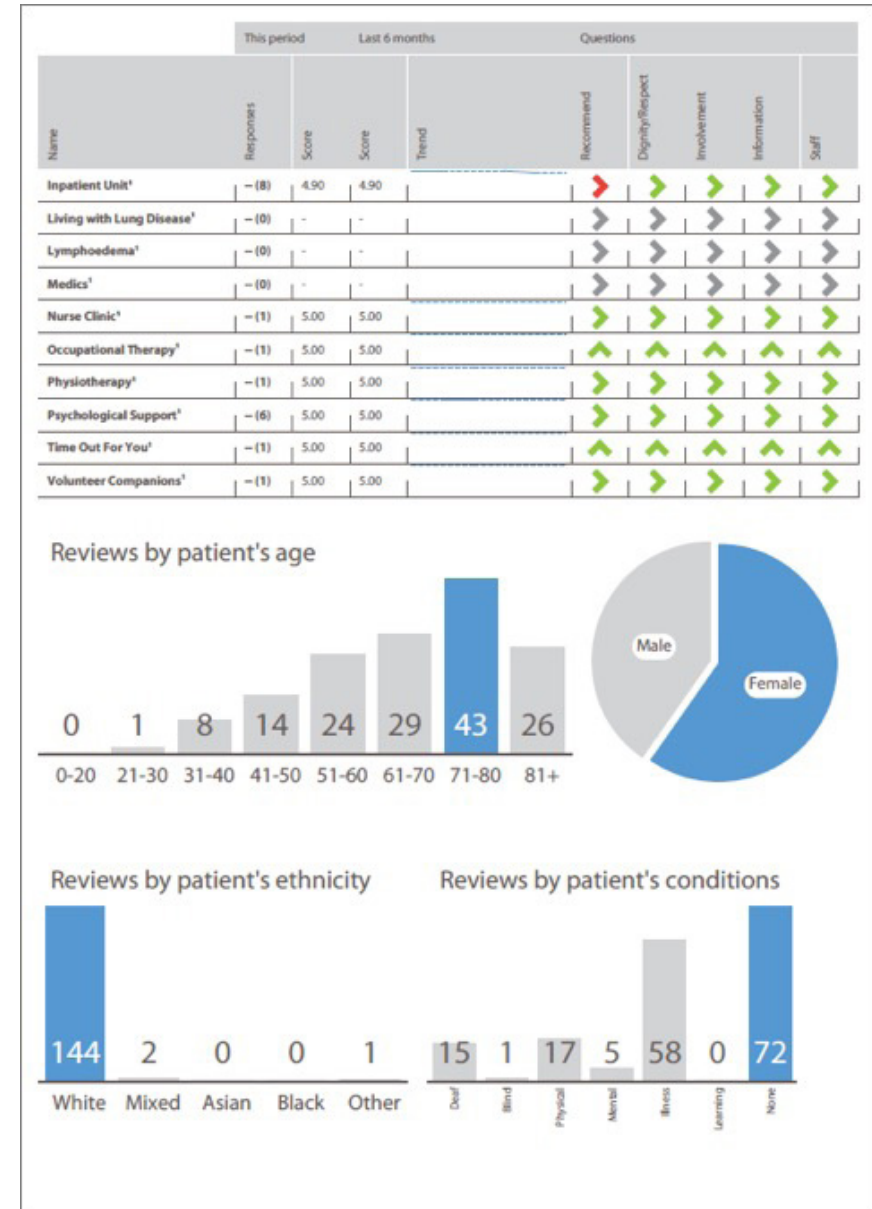
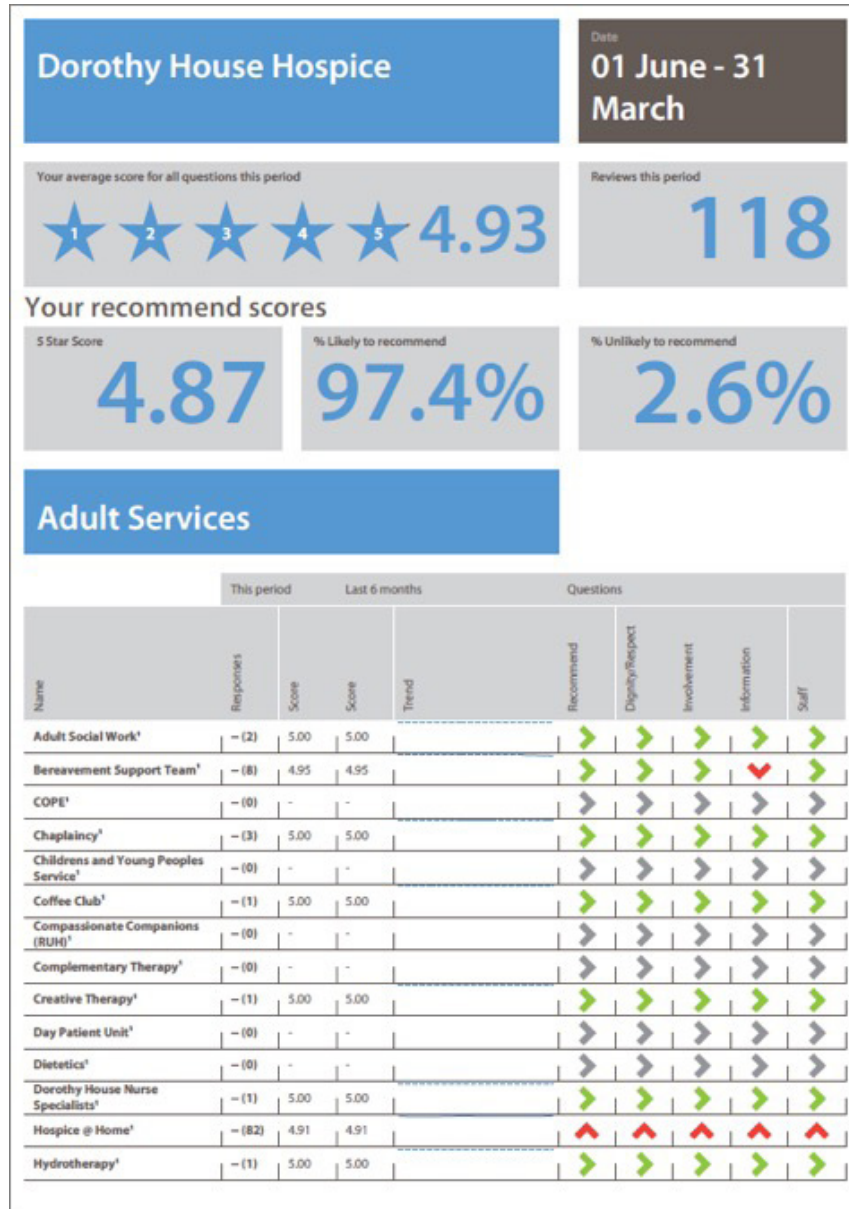
#### Patient Experience

Action	By When	Expected Outcome	Achieved
To introduce 'iWantGreatCare'	July 2019	To collate real time patient feedback from all clinical teams and be responsive to patient concerns	'iWantGreatCare' introduced June 2019. Reports now being shared at Clinical Governance Sub Committee
Upgrade IPU facilities	Sept 2019	To improve the patient experience	Completed September 2019
To seek user involvement for next year's Quality Improvement Plan	March 2019	To work in partnership with service users	Proposal by 'Evolving Communities' agreed. On hold due to COVID-19

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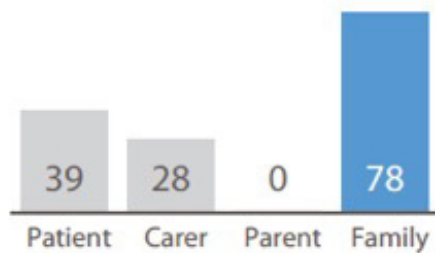
## Appendix 3

# Friends and Family Test (iWantGreatCare)





## Reviews by reviewer type



## Demographics completion rate

Question	Blanks	% Completed
Age	10	93.55
Gender	0	100.00
Ethnicity	6	96.06
Long-term Conditions	14	90.97
Reviewer type	10	93.55

## Top three services (with 5 reviews or more)

Psychological Support	5.00
Bereavement Support Team	4.95
Hospice @ Home	4.91

## Bottom three services (with 5 reviews or more)

Bereavement Support Team	4.95
Hospice @ Home	4.91
Inpatient Unit	4.90

