

Quality Account

2020–21



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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

Part 1

Chief Executive Statement of Quality

Chief Executive Statement of Quality

Welcome to our twelfth Quality Account which summarises the quality and breadth of our services over 2020-21.

It would be easy to focus on the challenges from the COVID-19 pandemic last year – keeping our patients, their families, staff and volunteers safe, maintaining social distancing, living through lockdowns, addressing funding concerns while continuing to provide exceptional personalised care to people in our community who are approaching death.

But faced with adversity, we chose innovation. We adapted our services and how we connect with our patients and their loved ones. Our staff and volunteers stepped up incredibly, despite the many challenges they faced. We worked more closely with the NHS and health and social care partners than we ever have before. We listened to our patients and their families as they shared with us their personal experience of care during the pandemic, and we started a review of our services in the autumn to identify our vision for a new model of care.

In this report, we can demonstrate that the quality of Dorothy House services continued throughout a challenging year. We have measured this quality by looking at patient safety, clinical effectiveness and patient/family experience over the financial year 2020-21. This report 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 towards our overall clinical costs.

Last year we made progress in the priorities set out in our Quality Improvement Plan 2020-21 such as exceeding our flu vaccination target for frontline clinical staff, developing the role of non-medical prescribers, introducing Clinical Skills Net and embarking on our Services Review.

This report not only charts the progress we have made with our clinical improvement priorities last year but it also sets out our priorities for 2021-22. This includes implementing an electronic accident and incident reporting system, working with neighbouring hospices to understand patient/family experience during the pandemic and crucially, the roll out of a new model of care following our Services Review. Details of all planned quality improvement activities for this year can be found in Appendix 1.

A key focus for Dorothy House this year will be the delivery of our new care model. This will enable us to use our staff and volunteer expertise in improved ways. While retaining the “best of what we do”, we will adapt to future need to ensure we are there for our external stakeholders and commissioners but, most importantly, there for our community, as much or as little as they need us.

As we make changes to our service delivery, we remain committed to ensuring the quality of our care for patients, their families and carers and I trust this report is testament to this commitment.

Wayne de Leeuw
Chief Executive

Part 2

Priorities for Improvement 2021–22

Priorities for Improvement 2021–22

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 has agreed a Quality Improvement Plan for 2021/22 (Appendix 1). This plan has been approved by the 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 have been agreed with these groups and include the following:

Priority 1 – Future Improvement: Install CCTV camera in IPU drug room

Quality domains – patient safety, clinical effectiveness

To install CCTV camera in IPU drug room, supporting good governance processes around medicines management.

How was this priority identified?

This priority was identified as a good security measure and protection to support staff if drugs should go missing/be unaccounted for. Providing clearer evidence, it will decrease the amount of time investigating incidents and enable us to further develop good practice and understand better why errors occur.

How will this be achieved?

This has been carried over from the 2020-21 Quality Improvement Plan (QIP) as the COVID-19 pandemic resulted in a delay to this project. The CCTV Camera was due to be in place by end of May 2021 and is now installed.

How will this be monitored?

The effectiveness of the CCTV camera will be monitored and reviewed by the Senior Sister in the Inpatient Unit.

Priority 2 – Implement an electronic accident and incident recording system

Quality domains – clinical effectiveness, safety

To implement an electronic accident and incident recording system (Vantage) as a more efficient and safe way of accident and incident reporting.

How was this priority identified?

This was identified by our Health & Safety Officer and confirmed through our internal audit with TIAA (The Internal Audit Association)

How will this be achieved?

A review of Health & Safety needs across the organisation, through a requirements list.

We have been reviewing the functionality of our current system, as well as other options such as Vantage, which is used by 62 other UK hospices. A meeting is booked in July 2021 with Vantage and key stakeholders to explore.

How will this be monitored?

The overall system and process will be managed by the Health & Safety Officer.

Managers will be responsible for actions within their department/area.

Priority 3 – Future Improvement: To deliver a new model of care as identified by the Dorothy House Services Review

Quality domains – clinical effectiveness, patient and family experience

As part of the Services Review started in autumn 2020, Dorothy House has identified seven project areas to ensure delivery of its vision for a new model of care.

How was this priority identified?

The Services Review was instigated in order to progress our Strategic Plan to care for more in our community, to align with the wider health and social care system's direction of travel and also in light of COVID-19, its impact and new ways of working.

How will this be achieved?

Seven Task and Finish (project) groups have been formed in the following areas: Referral Pathway, Community Palliative Care Teams, Rapid Response, Joint Specialty Clinics, Leadership Model, Enhanced Health in Care Homes, Continuing Health Care (CHC) Fast Track for Hospice at Home.

How will this be monitored?

The Services Review project areas will be monitored by an Operational Delivery Group incorporating some members of the Executive Team and all project leads. This group will be overseen by the Vision Delivery

Programme Board including Executive Team and Trustee membership. Each project group will develop and cost a detailed operational plan which will be signed off and agreed by the Programme Board along with outcome measures linked to the Strategic Plan's Key Organisational Objectives (KOOs). Mobilisation of each operational plan will be monitored by the Project Manager and Executive Team. Early review of live services will incorporate reviewing the outcomes as defined.

Priority 4 – Future Improvement: Co-ordination and analysis of patient/ family experience from three hospices

Quality domains – patient and family experience

Dorothy House is working with Prospect and Salisbury Hospices to understand patient and families' experience of hospice services during the COVID-19 pandemic.

How was this priority identified?

There was little understanding of how the huge changes to the delivery of hospice care under COVID-19 measures were received by patients and families. The need to understand their perspective has been identified as critical to ensuring successful palliative care in the future.

How will this be achieved?

The Dorothy House survey of patients and families has been distributed, results analysed and key themes identified. A user group has been established and input

from Prospect and Salisbury Hospices will feed into collaborative workshops in autumn 2021, and a NIHR Research for Patient Benefit grant application in 2022.

How will this be monitored?

The Dorothy House Research Manager and Lead Research Nurse responsible for the work provide reports monthly to the Executive Team and quarterly to the Patient and Family Services Committee. Additional management and governance has been provided by the BSW Research Hub, who require regular reporting under their Research Capability Funding Award.

Statement of Assurance from the Board of Trustees

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.

Normally, two Trustees visit the Hospice at Winsley and other settings where services are delivered twice a year. However, there have been no visits in 2020-21 due to the pandemic. As restrictions ease further, this will be reviewed.

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

Our 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 provide out in the community or at Winsley, some of which have been adapted in light of COVID-19. Since 2020, people can now “self-refer” to Dorothy House. Following an initial conversation and with the patient’s consent, we will contact the patient’s GP to get the up to date information we need to provide the right care.

All these services help us to achieve our overall purpose and objectives and provide the best care we can for patients, their families and carers. In 2020-21 we cared for more than 3,000 people (patients or family members/ carers) who accessed one or more of our services including some of our “open access” day services, where a formal referral is not required.

Our services comprise the following:

Medical Service: Our medical team delivers care and professional advice at Dorothy House’s Inpatient Unit, out in the community and also at the Royal United Hospital (RUH) Bath. They also provide support to community colleagues via Consultant Connect.

Inpatient Unit – Specialist Palliative Care: 10-bed specialist unit at Dorothy House, Winsley.

24/7 Advice Line: Clinical advice and support for patients, their families/carers and professional colleagues about any palliative and/or end of life care issue irrespective of a person’s diagnosis or whether they are known to us.

Community Nurse Specialists (CNSs): Supporting patients and their families in the community, closely aligned to the NHS’s Primary Care Networks (PCNs), GP surgeries and District Nursing teams.

Hospice at Home: Experienced healthcare assistants providing respite, crisis and end of life care – day and night - within homes or residential care settings.

Therapies including:

- Physiotherapy
- Occupational Therapy
- Lymphoedema Service
- Complementary Therapy
- Creative Arts
- Nutrition

During the pandemic we have continued to provide assessments and support to patients over the phone, via video consultation, virtual group work, in their own home or via the Inpatient Unit.

Family Support Services providing access to:

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

During the pandemic, we have supported people remotely using telephone or video consultation and seen people in person where necessary.

We have launched a new “Spiritual Strategy”, the intent being to “shine a light out into our communities” providing more support in partnership with local faith leaders.

Day Services: Prior to the pandemic, day services included a nurse-led service and a growing range of informal wellbeing, relaxation, exercise and social groups across our area. At the current time with COVID-19 restrictions still in place, day services include regular nurse calls to review symptoms/medication, 1:1 online consultations, access to online group exercise sessions and 1:1 outpatient appointments or home visits as necessary.

Education, Research & Professional Development:

A key pillar of Dorothy House services, we offer:

- Professional development and palliative care updates for Dorothy House clinical staff
- Education programmes for health and social care colleagues in the community
- A facility to host education programmes and visits
- 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)

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Level 3 – Generating and leading research

Level 2 – Engagement in research activities
 generated by others

Level 1 – Awareness of research

Source: Payne and Turner, 2012

Dorothy House continues to develop its resources in palliative and end of life care for health and social care colleagues in the community, particularly in light of the COVID-19 pandemic. These include downloadable guides and videos on subjects such as Advance Care Planning, symptom control, bereavement and loss.

Clinical Audit and Quality Improvement Group

Like any health or social care organisation, Dorothy House 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:** DOROTHY HOUSE 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.

DOROTHY HOUSE has an annual Clinical Audit Plan which contributes to the overall Quality Improvement Plan (QIP). 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 2020-21?

In spite of the COVID-19 pandemic, the audit group continues to be very productive and last year oversaw 49 activities – a mix of clinical audit, service evaluation and patient and carer experience – from across the Patient and Families Services Directorate. Results of key audits/projects are set out below and a full account is provided in the CAQIG Annual Report:

Missed Medicines Audit: This was carried out in November as a snapshot of all current inpatients. There were 78 medicines prescribed and 105 individual doses given. 100% of drugs were given on time and on the 9 occasions drugs were not given, valid reasons were documented.

Infection control: This area is systematically audited and using the Clinical Commissioning Group Quality Improvement Audit Tool demonstrated some excellent results. Dorothy House achieved 100% in all areas – Infection Control Management, Environment, Equipment, Sharps, Management of Linen, Waste Disposal and Personal Protective Equipment. Due to the pandemic the annual Clinical Annual Environmental audit did not take place.

Antimicrobial stewardship: This has a high profile in the public health agenda due to the potential impact of antimicrobial resistance globally. DOROTHY HOUSE has been monitoring antibiotic use on the IPU against recognised standards, and reporting quarterly. This has been variable during this year with the highlight being in Quarter 2 when we achieved 100% compliance against 6 of the 8 standards.

There are no common themes identified to account for the fluctuation. The medics and non-medical prescribers have all been reminded to follow the standards when prescribing antibiotics.

Handwashing: This is always extremely important, especially during a pandemic. We audit our handwashing practice quarterly and demonstrate strong results in this area. This was particularly the case in Quarter 2 which 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.

Nutritional Assessment Audit on Inpatient Unit

(IPU): All patients admitted to the IPU are screened for nutritional risk using the Patient Led Assessment of Nutritional Care Tool (PLANC) and this formed part of our CQUINs requirements for 2020-21 – see p. 12 - Quality Improvement and Innovation Goals Agreed with Commissioners. This is a tool consisting of two dietary algorithms designed specifically for palliative and end of life patients. A snapshot audit was completed for all patients admitted to IPU during November 2020. The results of this audit were good, with the screening tool having been completed for all 22 patients admitted during the audit period. All nutritional screening should be re-assessed after 7 days or earlier if the needs of the patient changes. 91% of patients had their screening reassessed after 7 days or sooner if required.

NICE Guidance NG31 ‘Care of dying adults in the last days of life’: Every two years we audit our care against this guidance which includes the following recommendations:

- recognising when people are entering the last few days of life
- communicating and shared decision-making
- clinically assisted hydration
- medicines for managing pain, breathlessness, nausea and vomiting, anxiety, delirium, agitation, and noisy respiratory secretions
- anticipatory prescribing

Our first audit in 2017 saw 92% compliance with the guidance, 98% compliance in 2019 and in 2021 we have achieved 100% compliance, demonstrating progressive quality improvement.

Advance Care Planning: This is the subject of one of our Key Organisational Outcomes (KOOs – see p. 17) and an area in which we strive to improve on an ongoing basis. As well as reporting on patient numbers overall who have had an ACP discussion documented, we continue to conduct a snapshot one-month audit of our patients who have died having had an ACP discussion beforehand. An audit of all patients who died during December 2020 showed that 93% of patients known to Dorothy House had a recorded ACP on SystmOne (clinical computer system). This demonstrated an increase of 4% from the previous one-month audit in January 2020.

Preferred Place of Death (PPD). Having a PPD recorded is part of a wider advance care planning conversation on a patient's wishes and preferences at end of life. An audit of all patients who died during October 2020 showed that 82% of Dorothy House patients with a recorded Preferred Place of Death achieved their PPD. This is exactly the same as the previous audit in January 2020 and is encouraging given the pandemic and probably on occasion a need to rely on technology rather than face-to-face discussions with patients and families.

Patient/Family Survey of care during COVID-19: In light of the pandemic, we surveyed patients and their families who had used any of our services between July-October 2020 and received 218 completed questionnaires. In addition, we conducted in-depth interviews with 90 key internal and external stakeholders as part of a Listening Project to inform the work of our Services Review and the development of a new model of care. As per Priority 4 for 2021-22, we will be working with Prospect and Salisbury to analyse our collective survey findings.

iWantGreatCare: We continue to monitor feedback given by patients, their families and carers on any aspect of our care via the website iWantGreatCare. For the year 2020-21 we have received 145 reviews and our average 5-star score was 4.94. (See Appendix 3)

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

Research and Education

Under the leadership of Professor Candy McCabe, Dorothy House has developed its education and research capability significantly over the year. Both teams have grown and been re-structured to connect more deeply both with internal colleagues and external partners to Dorothy House.

2020-21 saw the development of Dorothy House's first Research Strategy as we move to becoming a research-active organisation. Projects in areas such as chronic pain for palliative patients and a citizen science project on post COVID-19 perceptions of death and dying have seen us further develop our partnerships with organisations including the University of the West of England (UWE), the Royal United Hospital (RUH) Bath and Bristol Health Partners Chronic Pain Health Integration Team. We are exploring collaborative opportunities with Marie Curie and have forged stronger links with research funding partners including the Regional Clinical Research Network, BSW Research Hub and various trusts and grants organisations.

In addition to our internal training programmes, the Education Team delivers education to external colleagues including the post graduate UWE Complexities of Supportive End of Life Care Module. The team is working in partnership with learning disability charity SWALLOW to deliver a reciprocal education programme and with B&NES Council to develop an education programme for nursing home staff. We are also collaborating with BSW Education Hub and Somerset CCG to develop online training resources.

Capturing the impact of our research activities and education programmes on palliative and end of life care is critical for all participants and we are developing a set of measures as part of our Key Organisational Objectives.

Duty of Candour

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 was one official incident. Dorothy House wrote to the person involved and the matter has been dealt with satisfactorily to both parties.

In the Quality Improvement Plan for 2021/22, we will introduce a training module for staff on Duty of Candour to improve the open and transparent accident and incident culture. (See Appendix 1 – QIP)

Quality Improvement and Innovation Goals Agreed with Commissioners

Usually a small proportion (up to 1.25%) of Dorothy House's NHS income is conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN).

2020-21

During 2020-21 it was agreed nationally that due to the COVID pandemic there would not be a requirement to report against CQUINs and the 1.25% CQUIN funding element would continue to be paid.

As CQUINs had already been agreed and plans put in place to implement the CQUINs in 2020-21, Dorothy House decided to continue with the CQUIN project work as part of our quality improvement. Three CQUINs were agreed, as follows:

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.

Update: Although not required, reports have been provided for Q1-Q3 and the final Q4 report will be provided in August 2021.

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.

Update: Dorothy House achieved 98% uptake of flu vaccination for patient facing staff. (See Priority 1 – p.15)

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.

Update: Although not required, reports have been provided for Q1-Q3 and the Q4 report will be provided in August 2021.

2021-22

Our understanding is that this year CQUINs will not apply to our NHS contracts.

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 DOROTHY HOUSE Information Governance and Information Security policies. 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 by the end of June 2021- this is a requirement of our NHS contract. GDPR requirements have been fully implemented within DOROTHY HOUSE and built into the core of all governance systems, processes and BAU activities.

Dorothy House received Cyber Essentials Plus certification in March 2021. This Government-backed scheme helps protect organisations against a whole range of the most common cyber-attacks and demonstrates a strong commitment to cyber security.

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

Part 3

Review of Quality Performance 2020–21

Priorities for Improvement 2020-2021

Below is an update on 2020-21 improvement priorities, some of which are CQUINs (Commissioning for Quality and Innovation) and/or formed part of our Quality Improvement Plan (Appendix 2):

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 agreed a Quality Improvement Plan for 2020-21 (Appendix 1). This plan was approved by the 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), were 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.

Update: This was the first year that Dorothy House ran a flu vaccination programme in-house with a core group of clinicians undertaking Public Health England Flu Vaccination training. A clear rationale for flu vaccinations was communicated internally along with weekly reminders to staff. As a result, we achieved a 98% uptake rate for frontline clinical staff.

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

Quality domains – clinical effectiveness, patient experience

DOROTHY HOUSE will continue to support and develop the role of non-medical prescribers (NMP) 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.

Update: Dorothy House currently has 7 non-medical prescribers working across its community patch. In addition, two of the DHNS team are currently undertaking the course. Our goal is to have one non-medical prescriber in each proposed new neighbourhood team as part of our Services Review and in line with the workforce development plan.

We hold a bi-monthly Supervision and Education Group for NMPs, chaired by Geoff Hooper, Advanced Nurse Practitioner. This is a supportive forum to discuss prescribing issues, case studies and share learning. Geoff ran a successful in-house study day for NMPs in May 2021 as part of his Master's degree. He is hoping that this may become an annual event.

Priority 3 – Future Improvement: To introduce Clinical Skills Net

Quality domains – patient safety, clinical effectiveness

Dorothy House 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?

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

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.

Update: Clinical Skills.Net was successfully introduced in May 2020 and staff (both Registered and Non-Registered) are being encouraged to use it. We are promoting this alongside e-LFH (e-learning for health) and e-ELCA (end of life care for all) and looking at whether these platforms can be used in conjunction with our Training Tracker platform for statutory mandatory training and as part of our work around competencies, training matrices and Workforce Development. We are working with our Communications Team to promote and offer training in using this resource.

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?

Dorothy House 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?

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

How will this be monitored?

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

Update: Dorothy House embarked on a Services Review in autumn 2020 and after an extensive series of listening activities with patients, families, staff, NHS colleagues, community partners and the wider public, a vision for a new model of care was developed. As per Priority 3 for 2021/22, we are now seeking to roll out this vision through seven project areas, changing the way we deliver our care.

Complaints

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 two 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.

Dorothy House Performance during 2020-21

Key Organisational Outcomes

In order to chart the progress of Dorothy House 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 and improve our performance on an ongoing basis. These outcomes are based on the following areas – patient need, family and carer need, patient outcomes, non-cancer, advance care planning, care spend and cost efficiencies. 2020-21 saw a 5.2% increase in our non-cancer patient cohort and a 7.2% increase in the number of patients on our books offered an advance care planning conversation compared to the previous year. Generally, however, we need to make further progress towards achieving our KOOs as laid out in the Strategic Plan, which is a key reason for instigating a Services Review. (See Priority 3 – 2021-22)

Volunteering

Volunteers are vital to Dorothy House and the pandemic has made it a tough year: Some have been stretched to capacity supporting additional and existing services and some unable to perform their usual roles because of temporary service closures or lockdown restrictions.

As at the end of 2020/21, our volunteer figures numbered 376 in Hospice/Community roles and 618 in Retail, making a current total of 994 volunteers.

Much of our work over the last year has been delivered virtually and the volunteer teams have successfully adapted in some of the following ways:

- The Companions team redesigned their service to provide telephone befriending.
- We recruited volunteers with nursing backgrounds to help us run an additional ward in partnership with the RUH, Bath.
- The Retail team innovated with an online Dorothy House shop for which we recruited a cohort of new E-commerce volunteers.
- We have developed a new IT facilitator role for volunteers to help patients and families access our virtual services.

Looking to the future we are working to develop our volunteer model as part of the wider Services Review that is currently ongoing.

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 are raised. Looking forward we will have at least one joint meeting per year with a view to merging into a workforce consultation group. Both groups also attend the People and Development Committee to feedback directly to trustees.

Workforce Survey

We conducted a staff survey in October 2019 and will continue our bi-annual cycle with a further one later this year. During 2020-21 we surveyed staff specifically around the effectiveness of our communication, our wellbeing support and significant learnings during the COVID-19 pandemic. These supported our strategy to ensure we engaged and supported staff during the pandemic. An external Investors in Volunteers assessment was also conducted which resulted in our continued accreditation.

Wellbeing

Wellbeing is high on our people agenda with a dedicated resource provided through our intranet. We have tested the resources through the Our Voice Forum and we are confident the workforce are aware of these resources and are able to access when needed. There has been a strong emphasis in this regard during 20/21 where we have reinforced and communicated proactively. We worked tirelessly to keep in touch and support people who were furloughed or working remotely and as people came back to work we worked systematically to re-integrate people back into the workplace.

Naturally the health and safety of our workforce is paramount. Significant focus has been around infection control measure, lone working and ensuring all of our estate is as safe as is possible at this particular time.

Communication

A range of communication strategies are in place:

- Weekly email and video updates
- Quarterly staff updates from Chief Executive and Executive Team to the Leadership Team who are accountable for cascading information. This also includes an update from the ET following the quarterly Board of Trustees meeting and any key decisions made.
- Increased communications through the intranet.
- Communications through the Health and Safety Committee/Our Voice and the Volunteer Forum.
- Monthly coffee mornings where staff receive updates on projects and celebrate success.

Managing Change

Previously Dorothy House had experienced significant change at Executive level. All Executive roles are now permanently established to offer consistency and certainty for the organisation as it focuses on its strategy. We saw significant change and restructures in the retail and clinical areas and a wider sweeping review of our resources as a consequence of the pandemic.

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 formally 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 Dorothy House will need to review its position to ensure staff are appropriately rewarded. A revised contract was negotiated for our retail team with a shift away from Agenda for Change conditions and pay.

New initiatives for 2021-22:

- Creation of a workforce development group to manage workforce planning and L&D activity across the Hospice
- Development of a centre of excellence for workforce resourcing
- Continuous improvement of our wellbeing resources
- Redesign of our performance and development review
- Currently supporting Prospect Hospice with health and safety support
- Development of our iTrent capacity including resourcing, health and safety, volunteering
- Supporting major change as part of the Services Review

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.

What our regulators say about the organisation

Dorothy House is currently registered as an independent healthcare provider under the Care Standards Act 2000. In 2020-21 Dorothy House was registered for three regulated activities with the Care Quality Commission (CQC) under the Health and Social Care Act 2008.

Dr Emma Frampton (Medical Director) and Maggie Crowe (Director of Patient and Family Services) are Dorothy House's Registered Managers and have regular telephone meetings with the Hospice's CQC Inspector. CQC has published its new strategy and Dorothy House works closely with the organisation to ensure that we continue to meet their criteria.

Previous Inspection

Dorothy House 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 Dorothy House in the top 6% of adult social care providers nationally

Key Questions:

Is the service safe?	GOOD
Is the service effective?	OUTSTANDING
Is the service caring?	OUTSTANDING
Is the service responsive?	OUTSTANDING
Is the service well-led?	OUTSTANDING

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

The CQC reported that Dorothy House 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)

The CQC noted the improvements that Dorothy House had made in terms of end of life care for people living with dementia and its move to full use of electronic records (SystemOne) 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 the commissioners say about the organisation

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Dorothy House (DH) Quality Account for 2020/2021. 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 2020/2021 presentation guidance. The CCG supports DH's identified quality priorities for 2021/22.

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Dorothy House 2020/21 Quality Account

Strategic and Operational Intent 2021–22

Dorothy House is developing its strategic alliances and the pandemic has helped expedite much greater collaboration with health and social care partners, most notably through our work with NHS colleagues and fellow hospice providers as part of the B&NES, Swindon and Wiltshire (BSW) Partnership, now an integrated care system (ICS). With the majority of our geography in the BSW area, Dorothy House and neighbouring hospices have played a leading role in co-creating a new strategy to ensure equality, quality and equity of access to palliative and end of life care.

This increased collaboration frames our organisational objectives for 2021-22 which are set out below:

- **People who need our care:** To ensure that Dorothy House understands and can meet the palliative and end of life care needs of our community as articulated in our 2018-25 Strategic Plan and in the emerging NHS landscape.
- **Research and education:** To deliver education and research strategies that enhance our own and other organisations' ability to deliver and evidence "outstanding" palliative and end of life care.

To deliver the above requires us in turn to meet the following enabling objectives:

- **Our People:** Recruiting and retaining the highest calibre of staff and volunteers that are well led, enabled and empowered.
- **Governance & Finance:** Ensuring best practice and sustainability to deliver our Strategic Plan.
- **Partnership:** Identifying and developing alliances and partnerships to deliver our Strategic Plan.

Maggie Crowe

Director of Patient and Family Services
June 2021

Appendix 1

Quality Improvement Plan

April 2021 – March 2022

Dorothy House – Quality Improvement Plan April 2021 – March 2022

Dorothy House mission: ‘to ensure that everyone has access to outstanding palliative and end of life care’

Patient Safety

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
Install CCTV camera in IPU drug room.	May 2021	To support good governance processes around medicines management.	Senior Sister Inpatient Unit This has been carried over from 20/21 QIP due to COVID pandemic the project got delayed. CCTV Camera due to be in place by end of May 2021.
Loan Working Devices – ID Badge style to be introduced if pilot project is successful.	Q4	To assess and provide technological resources for Loan Working through a risk assessment based approach. An additional resource for all Loan Workers.	Health and Safety officer
Introduce Conflict Resolution Training.	Q3	For all staff to have training in Conflict Resolution Training.	Human Resources
To have a restraint policy in place.	Q2	To support staff with their practice.	Family Support Team supported by Assistant Director of Patient and Family Services
Develop an improved system to disseminate updated and New NICE Guidance out to teams.	May 2021	To maintain an evidence and up to date based approach to care.	Education Department and Clinical Lead for Quality April 2021 - NICE Guidance is circulated to relevant staff but in the form of a general email. Dorothy House want to improve on this method and get it embedded into the culture of the Hospice.
Introduce administration of medicines training and competencies for Hospice at Home staff.	Q4	To enhance the care given to patients supported by Hospice at Home carers.	Medicines Management Group This has been carried over from 20/21 QIP due to COVID pandemic the project got delayed.

Dorothy House – Quality Improvement Plan April 2021 – March 2022

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
Implement an electronic accident and incident recording system (Vantage).	Q1	A more efficient and safe way of accident and incident reporting.	Health and Safety officer
Introduce a Training Tracker on Duty of Candour.	Q2	For staff to have training on Duty of Candour to improve the open and transparent accident and incident culture.	Education and Clinical Quality Lead

Effectiveness

As part of Dorothy House's Services Review 2021 there are 7 task and finish groups set up to improve effectiveness, patient, family and carer Experience and Quality. The names of the 7 groups are itemised individually in this section and they will be updated with the progress over the year. (The groups are just being formed so the 'by when date' is difficult to predict at this time).

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
Referral Pathway.	Q2	Clear, Inclusive Referral Pathway for Hospice Services.	Assistant Director of Patient and Family Services April 2021 – Group formed, initial meeting taken place.
Community Palliative Care Team (Neighbourhood team).	Q4	Meet the needs of patients, families and carers	Community Clinical Development Manager April 2021 – Group formed, initial meeting taken place.
Rapid Response.	Q3	Being more responsive to patient, family and carer needs.	Community Clinical Development Manager April 2021 – Group formed, initial meeting taken place.
Joint Speciality Clinics.	Q3	Joined up care for patients, families and carers to include palliative Care.	Medical Consultant April 2021 – Group formed, initial meeting taken place.

Dorothy House – Quality Improvement Plan April 2021 – March 2022

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
Leadership Model.	Q4	To have a Leadership model in place to support service delivery.	Executive Lead for Patient and Family Services
Enhanced Health in Care Homes.	Q4	Equity of access for patients, families and carers if in a care home to palliative care. Support Care home staff in palliative care.	Medical Director April 2021 – Group formed, initial meeting taken place.
Continuing Health Care (CHC) Fast Track for Hospice at Home.	Q3	To be able to provide CHC care for patients in their homes.	Assistant Director of Patient and Family Services April 2021 – Group formed, initial meeting taken place.
Support to all the above Task and Finish Groups above to define and measure Outcomes.	In line with the individual Task and Finish Group timelines.	Definition of Task and Finish groups' primary and secondary outcome measures, identification of a data collection and analysis plan for each including commencement of baseline data collection.	Head of Research April 2021 – Guidance presented at the Operational Delivery Group (ODG) for the Services Review to all the Task and Finish Group Leads and support offered. To follow up at each subsequent OGD Meeting.

Dorothy House – Quality Improvement Plan April 2021 – March 2022

Patient Experience

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
Learning Disabilities (LD) Reciprocal education programme working in collaboration with 3rd sector partner SWALLOW a LD charity in Bath and North East Somerset.	Q2	Reciprocal Education for LD and palliative care staff. To improve the experience of patients with LD accessing Palliative Care Services.	Education Department April 2021 – July training in place for Dorothy House staff and SWALLOW.
Co-ordination and analysis of responses to patient survey of experiences of services from Dorothy House, Prospect and Salisbury Hospices. To inform the writing of an initial collaborative research funding application for future exploration to support patient experience.	November 2021	Overview of findings from the combined survey data, including comparison analysis of descriptive results and highlighting common themes. Stage 1 funding application submitted.	Head of Research April 2021 – Findings from the 2020 Dorothy House survey have been analysed and presented. Results from Prospect Hospice awaited. Awaiting news regarding progress at Salisbury. Discussion scheduled for end May 2021 to plan for a collaborative workshop and the submission of a funding bid.
Dorothy House Day Services to deliver blood transfusions to palliative patients.	May 2021	Palliative patients to be able to access blood transfusions in a timely way. For haematology patients to access palliative care services.	Assistant Director of Patient and Family Services April 2021 – First Clinic arranged 22nd April 2021.
Hospice at Home delivery of care for B&NES Continuing Health Care patients.	June 2021	Continuity of care for patients who are dying in their own homes.	Assistant Director of Patient and Family Services
Resource and implement RITA a Reminiscence Interactive Therapy Activities system. It is an all-in-one touch screen solution which offers digital reminiscence therapy for patients with Dementia.	Q3	To improve patients with memory loss's experience by offering Reminiscence Interactive Therapy Activities.	Day Services Clinical Lead and Lead for Dementia/Delirium and Frailty at Dorothy House April 2021 – Funding agreed by Dorothy House.

Dorothy House – Quality Improvement Plan April 2021 – March 2022

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2021
To scope single nurse administration of Controlled Drugs on IPU.	Q4	For patients to receive their medication in a more responsive way.	Medicines Management Group This has been carried over from 20/21 QIP due to COVID pandemic the project did not go ahead as it was felt to be too much of a risk due to staff covering for each other across teams and opening of ward 2.
To work in collaboration with carers support Wiltshire to deliver bereavement support across the wider community.	Q3	More accessible bereavement support for families.	Community Clinical Development Manager
Put appropriate garden furniture in the grounds to support the road map out of COVID-19 pandemic.	April 2021	Families able to visit patients and be together in the grounds during the times of restricted indoor visiting.	Facilities Manager and Infection Prevention Control Lead April 2021 – Relevant furniture scoped and ordered.

Appendix 2

Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Dorothy House – Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Dorothy House mission: ‘to ensure that everyone has access to outstanding palliative and end of life care’

Patient Safety

Action	By When	Expected Outcome	End of year update
Install CCTV camera in IPU drug room.	October 2020	To support good governance processes around medicines management.	Considering GDPR this is with Head of Informatics and Senior Sister IPU. This is in progress plan to be in place by Q1 2021. Reasons for delay – COVID and GDPR. Will be on 21/22 QIP Plan to be in by the end of May 2021.
To develop a Business Impact Plan for the organisation.	December 2020	To improve communications between all services within major incidents. For all staff to undertake Conflict Resolution Training.	Policy reviewed and updated 9/2020. Business Impact Assessments being reviewed. Planning for a test to be carried out in 11/2020 – This did not take place due to COVID – This is being rescheduled for Q1 – A steering group has been set up at Executive Team level to continue the work on this and to update all business impact assessments across the organisation.
Introduce Clinical Skills Net.	August 2020	To support training and best clinical practice in clinical skills.	Completed
To introduce single nurse administration of Controlled Drugs on IPU.	December 2020	Reduction in medication errors.	Due to COVID-19 pandemic this project will not be delivered on time. To discuss at medicines management meeting Q1. Will be on QIP 21/22.
Review and improve multidisciplinary learning, knowledge and practise 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.	Our longstanding suicide training has been reviewed and is now aligned to the new policy. Policy signed off. March 2021 – When staff used flow chart it needed amending, policy being reviewed by FST.

Dorothy House – Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Patient Safety (continued)

Action	By When	Expected Outcome	End of year update
Introduce a consistent model for falls risk assessment for IPU patients.	December 2020	All patients will be assessed for risk of falls and have an appropriate management plan.	<p>Senior Ward Sister can confirm that all patients have a risk assessment for Falls on admission to IPU.</p> <p>Day Services team have been involved in ensuring that falls assessments are in place for IPU patients – this has been in the form of training and reviewing care plans.</p> <p>Report monthly on Exceptions report – Q4 All patients admitted to IPU had a falls assessment completed within 24 hours of admission – 1 exception the patient had a falls assessment but done on the day after admission. Staff have been reminded to complete this on the day of admission.</p>
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.	<p>Head of Education liaising with Wiltshire Health and Care to gain consent to adapt Wiltshire training for Meds management.</p> <p>Dorothy House RN is attending Wiltshire Health & Care HCA meds management training beginning of Oct.</p> <p>Dorothy House RN is reviewing the workbook and TT module that goes alongside the Wiltshire training.</p> <p>We will then roll out our own programme to HCA's.</p> <p>Staff members have left the organisation who were working on this. Work will be picked up by the Hospice at Home manager and will be part of 21/22 QIP.</p>

Dorothy House – Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Patient Safety (continued)

Action	By When	Expected Outcome	End of year update
Introduce a quality dashboard.	March 2021	To be able to demonstrate quality metrics.	<p>To commence work Q3.</p> <p>Dorothy House report falls, medication errors and pressure ulcers acquired to Hospice UK to benchmark against other hospices. There have been no discrepancies with Dorothy House when compared to similar sized hospices – no concerns.</p> <p>Clinical Quality lead is part of the South West Hospices Quality group and this group is picking up if there are any further measures to add to the existing dashboard.</p>

Effectiveness

Action	By When	Expected Outcome	End of year update
Introduce Access 'People Planner' software for Hospice at Home.	August 2020	To ensure effective use of Hospice at Home staff.	<p>Phase 1 is in place which is around the allocation of staff. Next steps:</p> <p>Introduce the app to carers.</p> <p>Begin care planning on the app.</p> <p>Introduce OOH cover to ensure reallocation.</p> <p>Learn how to invoice.</p> <p>Completed.</p>

Dorothy House – Quality Improvement Plan April 2020 – March 2021: Final Report 09/04/21

Effectiveness (continued)

Action	By When	Expected Outcome	End of year update
Develop role of community non-medical prescribers.	January 2021	To lead to better symptom control outcomes for patients.	<p>7 Dorothy House Nurse Specialists (DHNS).</p> <p>1 DHNS resuming the course as it was suspended due to Covid19 pandemic.</p> <p>1 DHNS has commenced course in January 2021</p> <p>Completed.</p>
Introduce a 'self-referral' pathway.	August 2020	To widen access to services.	<p>This is up and running, pathway as follows –</p> <p>Self-referral, details taken from patient including reason for call, how can we help?</p> <p>Consent to contact GP/share etc</p> <p>Up to date patient records accessed.</p> <p>Usual triage process then followed.</p> <p>Completed.</p>
Introduce foundation degree clinical apprenticeship model.	March 2021	Improving workforce resilience.	<p>Agreed as part of CMT to support 2 Trainee Nurse Associate (TNA) Apprentices.</p> <p>The proposal is for 2 TNA Apprenticeship starts in Autumn 2021 – delayed due to COVID.</p> <p>This is under review by Dorothy House Workforce Development team looking at cost.</p>

Dorothy House – Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Effectiveness (continued)

Action	By When	Expected Outcome	End of year update
Undertake review of clinical service delivery post Covid-19.	October 2020	To ensure innovative new working practises become embedded in service delivery.	<p>Patient and carers survey during COVID-19 pandemic led by Dorothy House Research team- Completed.</p> <p>Meeting arranged in October to capture lesson learnt during first Lockdown – Completed.</p> <p>CQC templates from Care for quality were send to CQC in November.</p> <p>CQC TMA Hospice questions completed and fed back to CQC March 2021.</p> <p>Working on restart of services alongside the government’s roadmap Q1 21/22.</p>
Undertake a full review of Community Services.	December 2020	To ensure services are aligned to deliver Dorothy House strategy.	<p>Commenced September 2020, project manager Business Development Manager with Executive Team sponsors.</p> <p>Listening project underway gaining views of internal and external staff.</p> <p>This has resulted in a full review of all clinical services and structures this will be included in QIP 21/22.</p>
Introduce nurse clinics within GP surgeries.	December 2020	Care delivered in the patient’s own community.	<p>Suspended due to COVID-19 pandemic and reduction of capacity in surgeries.</p> <p>Lymphodema services provides clinics in GP surgery.</p> <p>Part of the Clinical service review and the roadmap of restarting services post COVID Q1 21/22.</p>

Dorothy House – Quality Improvement Plan

April 2020 – March 2021: Final Report 09/04/21

Effectiveness (continued)

Action	By When	Expected Outcome	End of year update
Ensure consistent use of Outcome Assessment and Complexity Collaborative (OACC).	March 2021	Demonstration of the impact of care and support interventions.	Formal report completed. Training for staff in place. Embedded into organisational outcomes and is part of Business as Usual.

Patient Experience

Action	By When	Expected Outcome	End of year update
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.	Completed June 2020.
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.	Commenced September 2020. Completed.
Undertake an independent review of our complaints process.	February 2021	Evidence that our practise is consistent with our policy.	This was not done due to COVID-19 pandemic and Dorothy House contract with Evolving Communities ending they were leading on this. This has not been achieved, Clinical Lead for Quality will be looking at alternative ways of doing the review.

Appendix 3

Friends and Family Test (iWantGreatCare)

Friends and Family Test (iWantGreatCare) 1 April 2020 – 30 June 2020

Dorothy House Hospice

Your average score for all questions this period



Reviews this period

23

Your recommend scores

5 Star Score

4.96

% Likely to recommend

100%

% Unlikely to recommend

0.0%

Friends and Family Test (iWantGreatCare)

1 April 2020 – 30 June 2020

Adult Services

Name	This period		Last 6 months		Questions				
	Responses	Score	Score	Trend	Recommend	Dignity / Respect	Involvement	Information	Staff
Adult Social Work ¹	-- (0)	-	-		-	-	-	-	-
Bereavement Support Team ¹	-- (0)	-	4.92		-	-	-	-	-
Blood Transfusion Service ¹	-- (0)	-	-		-	-	-	-	-
CHC BaNES ¹	-- (0)	-	-		-	-	-	-	-
CHC Wiltshire ¹	-- (0)	-	-		-	-	-	-	-
COPE ¹	-- (0)	-	-		-	-	-	-	-
Chaplaincy ¹	-- (0)	-	5.00		-	-	-	-	-
Childrens and Young Peoples Service ¹	-- (0)	-	-		-	-	-	-	-
Coffee Club ¹	-- (0)	-	-		-	-	-	-	-
Community Outreach Service ¹	-- (0)	-	-		-	-	-	-	-
Compassionate Companions (RUH) ¹	-- (0)	-	-		-	-	-	-	-
Complementary Therapy ¹	-- (0)	-	-		-	-	-	-	-
Creative Therapy ¹	-- (0)	-	5.00		-	-	-	-	-
Day Patient Unit ¹	-- (0)	-	-		-	-	-	-	-

¹ Dorothy House Hospice Care

Key: Direction of arrow indicates improvement, decline, or same vs previous period



Top 1/3 of services



Middle 1/3 of services

Friends and Family Test (iWantGreatCare)

1 April 2020 – 30 June 2020

Adult Services (continued)

Name	This period		Last 6 months		Questions				
	Responses	Score	Score	Trend	Recommend	Dignity / Respect	Involvement	Information	Staff
Dorothy House Nurse Specialists ¹	-- (0)	-	-		-	-	-	-	-
Hospice @ Home ¹	-- (16)	4.99	4.94		↗	↗	↗	↘	↗
Inpatient Unit ¹	-- (4)	4.90	4.80		↗	↗	↘	↗	↗
Living with Lung Disease ¹	-- (0)	-	-		-	-	-	-	-
Lymphoedema ¹	-- (0)	-	-		-	-	-	-	-
MND Specialist Practitioner ¹	-- (0)	-	-		-	-	-	-	-
Medics ¹	-- (0)	-	-		-	-	-	-	-
Nurse Clinic ¹	-- (0)	-	5.00		-	-	-	-	-
Occupational Therapy ¹	-- (0)	-	5.00		-	-	-	-	-
Physiotherapy ¹	-- (3)	4.87	4.87		↗	↗	↗	↘	↗
Psychological Support ¹	-- (0)	-	-		-	-	-	-	-
Time Out For You ¹	-- (0)	-	5.00		-	-	-	-	-
Volunteer Companions ¹	-- (0)	-	-		-	-	-	-	-

¹ Dorothy House Hospice Care

Key: Direction of arrow indicates improvement, decline, or same vs previous period



Top 1/3 of services

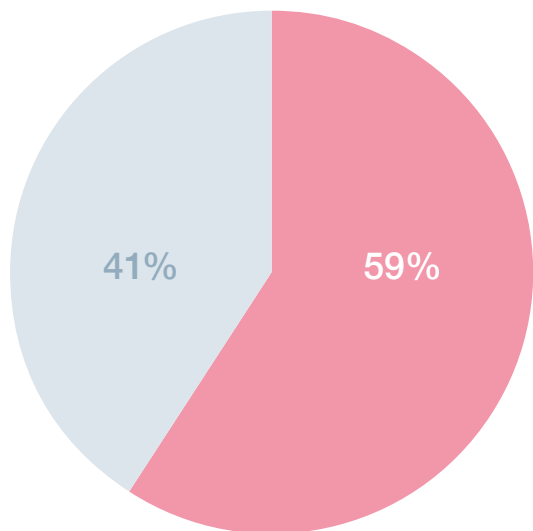
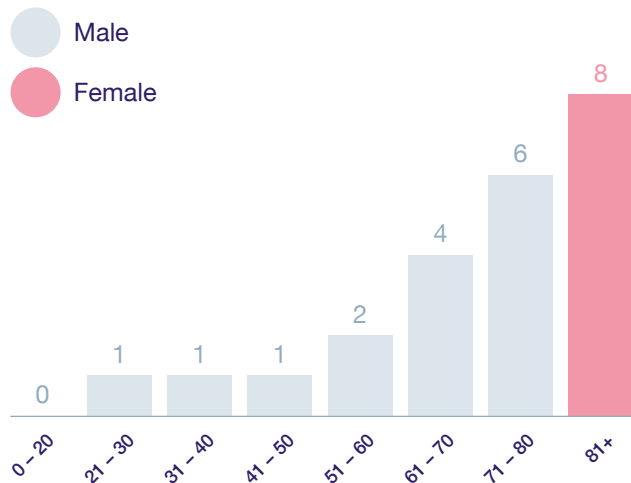


Middle 1/3 of services

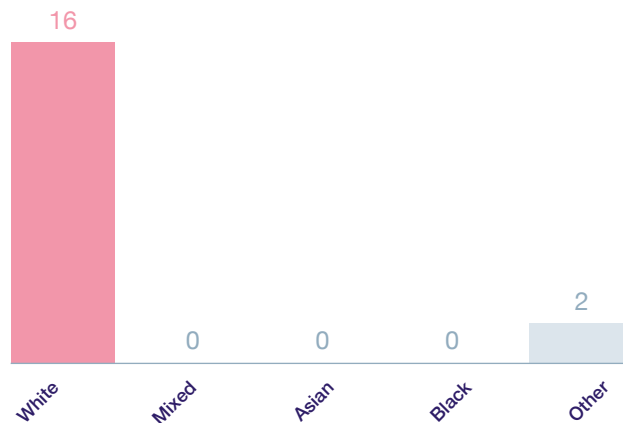
Friends and Family Test (iWantGreatCare)

1 April 2020 – 30 June 2020

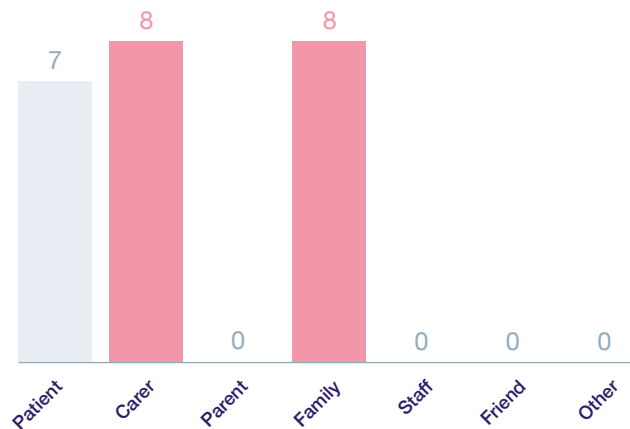
Reviews by patient's age



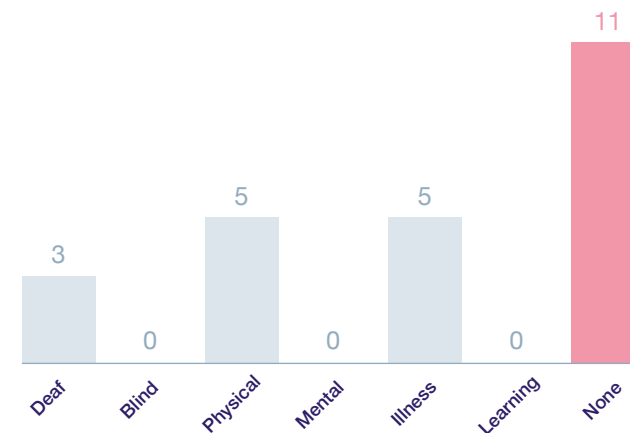
Reviews by patient's ethnicity



Reviews by reviewer type



Reviews by patient's conditions



Demographics completion rate

Question	Blanks	% Completed
Age	0	100.00
Gender	0	100.00
Ethnicity	2	90.00
Long-term conditions	3	86.96
Reviewer type	3	100.00

Top three services
(with 5 reviews or more)

Hospice @ Home 4.99

Bottom three services
(with 5 reviews or more)

Hospice @ Home 4.99

Friends and Family Test (iWantGreatCare) 1 July 2020 – 31 March 2021

Dorothy House Hospice

Your average score for all questions this period



Reviews this period

122

Your recommend scores

5 Star Score

4.89

% Likely to recommend

95.1%

% Unlikely to recommend

2.5%

Friends and Family Test (iWantGreatCare)

1 July 2020 – 31 March 2021

Adult Services

Name	This period		Last 6 months	Questions				
	Responses	Average score	Average score	Experience	Dignity / Respect	Involvement	Information	Staff
Adult Social Work ¹	-- (0)	-	-	-	-	-	-	-
Bereavement Support Team ¹	-- (0)	-	-	-	-	-	-	-
Blood Transfusion Service ¹	-- (0)	-	-	-	-	-	-	-
CHC BaNES ¹	-- (0)	-	-	-	-	-	-	-
CHC Wiltshire ¹	-- (1)	5.00	5.00	▲	▲	▲	▲	▲
COPE ¹	-- (0)	-	-	-	-	-	-	-
Chaplaincy ¹	-- (0)	-	-	-	-	-	-	-
Childrens and Young Peoples Service ¹	-- (0)	-	-	-	-	-	-	-
Coffee Club ¹	-- (0)	-	-	-	-	-	-	-
Community Outreach Service ¹	-- (0)	-	-	-	-	-	-	-
Compassionate Companions (RUH) ¹	-- (0)	-	-	-	-	-	-	-
Complementary Therapy ¹	-- (0)	-	-	-	-	-	-	-
Creative Therapy ¹	-- (0)	-	-	-	-	-	-	-
Day Patient Unit ¹	-- (0)	-	-	-	-	-	-	-

¹ Dorothy House Hospice Care

Key: Direction of arrow indicates improvement, decline, or same vs previous period

▲ Top 1/3 of services

▲ Middle 1/3 of services

Friends and Family Test (iWantGreatCare)

1 July 2020 – 31 March 2021

Adult Services (continued)

Name	This period		Last 6 months	Questions				
	Responses	Average score	Average score	Experience	Dignity / Respect	Involvement	Information	Staff
Dorothy House Nurse Specialists ¹	-- (77)	4.91	4.91	↘	↗	↘	↗	↗
Hospice @ Home ¹	-- (37)	4.95	4.96	↗	↘	↗	↘	↘
Inpatient Unit ¹	-- (0)	-	-	-	-	-	-	-
Living with Lung Disease ¹	-- (0)	-	-	-	-	-	-	-
Lymphoedema ¹	-- (0)	-	-	-	-	-	-	-
MND Specialist Practitioner ¹	-- (0)	-	-	-	-	-	-	-
Medics ¹	-- (0)	-	-	-	-	-	-	-
Nurse Clinic ¹	-- (0)	-	-	-	-	-	-	-
Occupational Therapy ¹	-- (0)	-	-	-	-	-	-	-
Physiotherapy ¹	-- (7)	4.89	4.89	↗	↘	↘	↗	↘
Psychological Support ¹	-- (0)	-	-	-	-	-	-	-
Time Out For You ¹	-- (0)	-	-	-	-	-	-	-
Volunteer Companions ¹	-- (0)	-	-	-	-	-	-	-

¹ Dorothy House Hospice Care

Key: Direction of arrow indicates improvement, decline, or same vs previous period



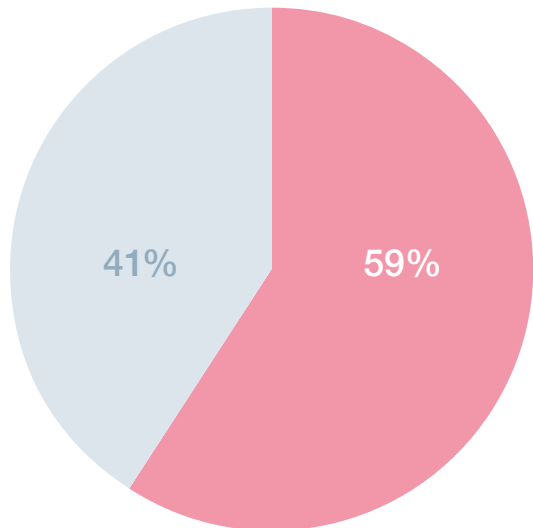
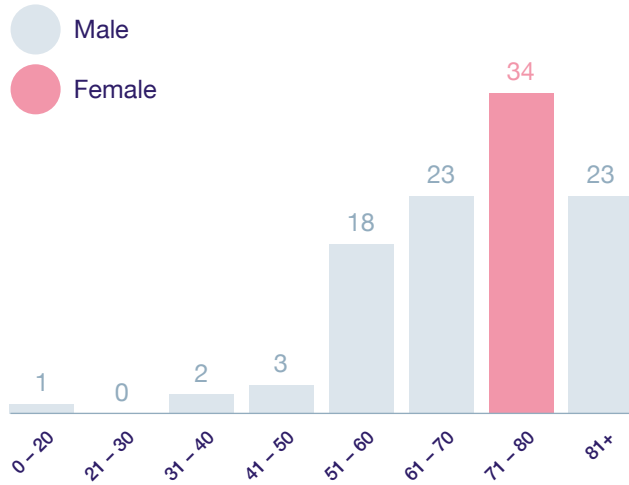
Top 1/3 of services



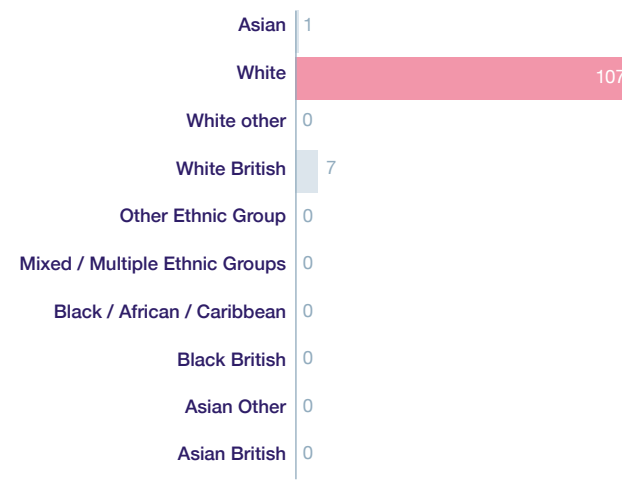
Middle 1/3 of services

Friends and Family Test (iWantGreatCare) 1 July 2020 – 31 March 2021

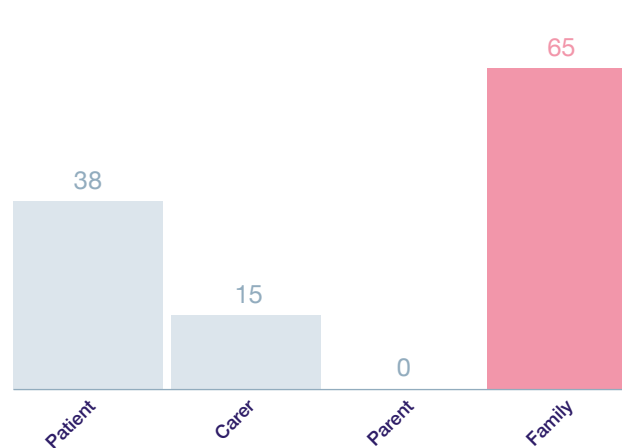
Reviews by patient's age



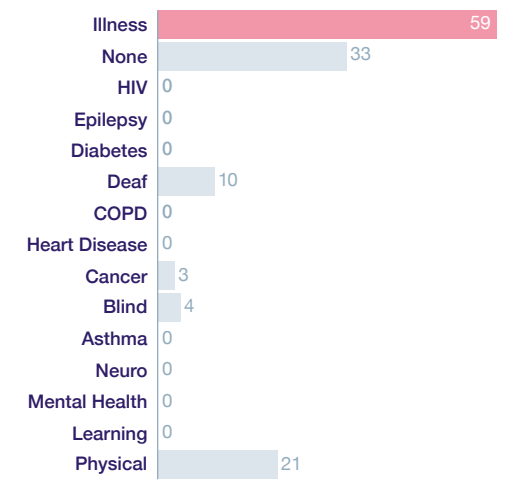
Reviews by patient's ethnicity



Reviews by reviewer type



Reviews by patient's conditions



Demographics completion rate

Question	Blanks	% Completed
Age	18	85.25
Gender	4	96.72
Ethnicity	7	94.26
Long-term conditions	20	83.61
Reviewer type	4	96.72

