

Quality Account

2022–23



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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

A very warm welcome to our fourteenth Quality Account. In a busy year, building on the learning acquired during the pandemic and implementing the changes in Phase 1 of the community services review, it is a pleasure to report on the continued high quality and breadth of our services over the Financial Year 2022-23 (FY22/23).

The highlight of the year for the whole organisation, but particularly for our patient and family service teams, was the award of an “outstanding” rating by the Care Quality Commission following their unannounced inspection in June 2022. It is a credit to the hard work, passion and commitment of the teams that the organisation was once again, rated so highly. This was reinforced in March 2023 when iWantGreatCare awarded the Hospice a certificate of excellence. This, the highest award they make, was for consistently receiving “excellent” feedback from users of our services through their online portal. Both of these awards come at time when we have supported nearly 3800 patients, family members and carers - more than ever before.

There has been so much work and improvement undertaken this past year (see below) but a few highlights stand out.

In January, recognising the significant pressure in our acute hospitals and wider system, and the impact this could have on some of our patients, our Inpatient Unit increased in size from 10 to 12 beds for three months. This (commissioned) work meant that we could care for more people, helping those who were most vulnerable to avoid a hospital

admission, or indeed come into our specialist care from the hospital, freeing up a valuable bed for someone acutely unwell.

This work and so much else that we have achieved is only possible because of the incredible staff and volunteers who work or give their time to the Hospice. Later in this report, you will read of the improvements we have made this past year in the wellbeing, enabling and training of our workforce, something we know is vital to deliver our strategy and ensure that we have a happy, motivated and empowered team.

Following the retirements of both the Chair and Vice Chair of Trustees in 2022 and subsequent appointment of their replacements, a short and high-level review of our Strategy (Everyday Everyone 2018-2025) was conducted with the Board and Executive Team in October 2022. The conclusion of this review was that we remain committed to our Strategic Plan, our Vision and our Mission to ensure that “everyone has access to outstanding palliative and end of life care”. It remains in our “DNA” that all that we aspire to deliver for our patients, families and carers is built on the premise that “quality of care” and “positive outcomes” sit at the heart of all our work!

Wayne de Leeuw
Chief Executive

Part 2

Priorities for Improvement 2023–24

Priorities for Improvement 2023–24

As always, our focus remains on the quality domains of patient safety, clinical effectiveness, timeliness, person-centred, efficiency and equity.

Dorothy House (DH) has agreed a Quality Improvement Plan for FY23/24 (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 and Family 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: To implement a new electronic system ‘RADAR’ for reporting all accidents and incidents across all teams

Quality domains – patient safety, clinical effectiveness, timely to ensure reporting requirements are met and efficient for staff to access.

RADAR offers incident management software as a module which allows digitalisation of the process and standard operating procedures for accident and incident reporting. It will ensure that if an incident is logged, all the associated requirements do not get missed. This system will also contribute to implementing the new NHS Patient Safety Incidence Response Framework and will generate real-time reports and enable themes and learning to be captured and shared to improve patient and family care.

How was this priority identified?

A serious incident was reported on the existing paper system and due to various failures in the process, the relevant mandatory forms and processes were not completed in the correct time frame. We have a spreadsheet that is completed within our Inpatient Unit to ensure we have a balance check of all accident and incident forms. However, this is not in place for other clinical teams, which has been identified as a risk of forms going missing when being handled by the different staff within the process.

How will this be achieved?

A project group has been set up, led by the Head of Governance. The aim will be to engage staff and have champions within each team to support the new system roll-out.

How will this be monitored?

The project group will report into the Programme Board on progress, with a risk assessment and time line. Once

the system is operational, the project group will be working with staff using a “Plan, Do, Study, Act” (PDSA) methodology.

Priority 2 – Future Improvement: To appoint a Patient Flow Coordinator role based in the Royal United Hospital

Quality domains – patient safety, clinical effectiveness, timeliness of discharge, person centred, efficiency and equity.

A Patient Flow Coordinator role was funded by BSW ICB B&NES locality last year, which was managed internally as a secondment from DH. Due to the success of the role DH has funded and recruited into this role as a permanent position. Early indications are that this role improves the flow of patients out of the Royal United Hospital Bath (RUH), meaning people are cared for and more likely to die in their preferred place.

How was this priority identified?

In response to the system pressures during the COVID-19 pandemic, to enable patients in the RUH on the end of life care pathway to be discharged safely.

How will this be achieved?

Recruitment into the role.

How will this be monitored?

The post holder will collect data on the patients they see, and outcomes will be evaluated.

Priority 3 – Future Improvement: Complete the NHS 15 Step Challenge – Quality from a patient’s perspective

Quality domains – person centred, efficiency and equity to all facilities.

To complete the NHS 15 Step Challenge to improve our understanding of what our patients and families experience when they first arrive at Dorothy House Winsley.

How was this priority identified?

DH commitment to putting patients and families at the centre of services, enabling staff, patients and their families to work together to identify improvements that can be made.

How will this be achieved?

The Clinical Coach and Education Facilitator will work with the Hospice User Group and staff from DH clinical and non-clinical teams to complete the challenge for service improvement actions.

How will this be monitored?

Through the Clinical Audit Quality Improvement Group. The challenge will be written up with recommendations and responsibilities.

Priority 4 – Future Improvement: To achieve single nurse administration of Controlled Drugs on the Inpatient Unit

Quality domains – patient safety, clinical effectiveness, timeliness, person centred, efficiency and equity.

This is in support of the scoping work that has already been completed for Registered Nurses to be able to administer Controlled Drugs without a second checker on the Inpatient Unit.

How was this priority identified?

A nurse from the Inpatient Unit attended the Hospice UK Conference, where a hospice presented the work they had completed on this and the benefit to patients by improved symptom control in a timely and safe way. Significant evidence now suggests that single nurse administration of controlled drugs will reduce errors and create greater efficiencies.

How will this be achieved?

The Senior Sister from Inpatient Unit will lead a task and finish group to achieve this.

How will this be monitored?

The task and finish group will report into the Medicines Management Group.

Statement of Assurance from the Board of Trustees

The Board of Trustees is fully committed to ensuring that DH delivers high quality services and its responsibility is one of governance, strategy and policy.

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. This is supported by a Head of Governance role. Specifically, clinical governance is led by the Clinical Quality Lead, overseen by a Clinical Governance Sub-Committee and accountable to the Patient and Family Services Committee.

Historically, two Trustees have made a formal visit twice per year to the Hospice at Winsley and other settings where services are delivered. There have been no formal visits in FY22/23 due to ongoing pandemic restrictions. However, our Chair of Trustees and some Trustee colleagues have made regular, informal visits; shadowing and spending time in our service settings. We are reviewing the reintroduction of formal visits in the coming year. Trustees see direct interaction with our services and patients as paramount, to monitor health and safety and the standard of care, ensuring services are continuously evaluated and improved.

The Board remains confident that the care and treatment provided by DH is of a high quality, cost effective and sustainable.

Our Services

Every year, we review our service provision in line with our Strategic Plan and with the requirements of our local NHS commissioners. In FY22/23, we cared for 3,782 people - patients, their families and carers - with people accessing one or more of our services below including some of our “open access” services, where a formal referral is not required. This is an increase of 13% from the previous year.

Below is a list of the services we provide out in the community or at Winsley, some of which were adapted as a result of COVID-19 guidance. We have continued to take forward our service review ambitions and the expansion of our community staff to include a wider skill mix in our ten community palliative care teams. New nurse-led clinics were developed in the community with plans to expand these in FY23/24.

Clinical Coordination Centre: A team of Clinical Administrators who receive and process all the referrals into DH.

Medical Service: Our medical team deliver care and professional advice at DH’s Inpatient Unit, out in the community and at the RUH. They also provide support to community colleagues via Cinapsis. The team is made up of Medical Consultants, Specialty Doctors and Advanced Nurse Practitioners.

Inpatient Unit – Specialist Palliative Care: 10-bed specialist unit at Dorothy House Winsley. During the winter of 2022/23, two additional specialist beds were opened to support our system partners.

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

10 Community Palliative Care Teams: Supporting patients and their families within the community, closely aligned to the NHS Primary Care Networks (PCNs), GP surgeries and district nursing teams. The teams comprise of Specialist Palliative Care Nurses, Community Nurses and Clinical Support Assistants. They continue to work closely with Primary Care Colleagues and are looking at ways to improve collaboration and integration.

Hospice at Home (H@H): Experienced Healthcare Assistants providing respite, crisis and end of life care – day and night - within homes or residential care settings.

They are managed by a team of office based Registered Nurses who plan and coordinate care plans.

Therapies including:

- Physiotherapy
- Occupational Therapy
- Lymphoedema Service
- Complementary Therapy
- Dietetics

Family Support Services providing access to:

- Adult social work
- Children and young people’s service
- Bereavement services
- Psychological support (pre-bereavement)
- Spiritual care – all faiths and none
- Companions service
- Creative arts

Day Services: These include nurse-led services, clinics and a growing range of informal wellbeing, relaxation, exercise and social groups across our area.

Open Access Services. Accessed in local venues or online, these groups are open to anyone in our community affected by a life-limiting illness, loss or bereavement. Examples include:

- The Coffee Connection
- Allotment Group
- Bereavement Help Points

Clinical Audit and Quality Improvement Group (CAQIG)

- Walking Through Grief
- Writing Hour
- Serenity Group

We have learned from our practice during the COVID-19 pandemic and continued to provide assessments and support to patients in their homes, over the phone, via video consultation, in person and virtual, or via the Inpatient Unit as well as in clinic settings. As we strive to reach more people with our specialist services we are always looking to improve efficiencies and maintain quality of care provision.

Education, Research & Professional Development:

A key pillar of Dorothy House services, we offer:

- The Tulip Standard Essentials of Care certificate for non-registered clinical staff both internally and within care/residential homes
- Professional development and palliative care updates for DH clinical staff to maintain a high level of expertise
- Education programmes for health and social care colleagues in the community and in HE institutions i.e. University of the West of England
- A facility to host education programmes, visits and student placements
- Undergraduate and post-graduate student research placements or internships
- Leading and working with partners on research projects and providing advice on conducting research in palliative and end of life care settings

Like any health and social care organisation, DH aims to continue to improve the care it provides for patients, their families and carers. To do this, we need to collect and analyse information about our work, overseen by the Clinical Audit and Quality Improvement Group (CAQIG):

- **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 continues to collect 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 sits within the remit of CAQIG. In, addition we continue to use iWantGreatCare for timely patient, family and carer feedback.

How are the clinical audits / service evaluations selected?

- **Standard contract requirements:** In order to provide palliative and end of life services within a NHS contract, our Commissioners require us to demonstrate quality by undertaking clinical audit in areas such as infection control and medicine management. This gives our commissioners assurance that we are delivering high quality and safe care.

- **Best practice:** DH always aims to comply with national guidelines in palliative and end of life care. This demonstrates our ambition to be leaders in evidence based palliative and end of life practice, to learn and continuously improve.
- **As a response to an adverse clinical incident:** Undertaking an audit can demonstrate that lessons are learned, resulting in improvements in patient safety and quality of care.
- **Re-designing a service(s):** This year DH continues the implementation of changes to the DH model of care following our Services Review so that we can reach more people in the communities we serve.

How we did in FY22/23

Over the year, Clinical Audit Quality Improvement Group oversaw 57 activities including five new audits and service evaluations.

Clinical audit is an essential tool in improving quality and patient safety, and **Administration and Prescribing of Medicines** is an area that can be particularly prone to error.

We have added rigour to our Administration and Prescribing audits this year and both audits demonstrated some lack of compliance. This has led to robust action plans and audits will be repeated sooner than contractual required. **The Accountable Officer Audit of Controlled Drugs** was updated from the previous audit and this year demonstrated an improvement in compliance.

Safeguarding is an area where DH expects ongoing assurance that practice and procedure is safe.

Research and Education

The Documentation of Safeguarding on SystemOne Audit this year demonstrated again a high degree of compliance with the practice standards set out in the DH Safeguarding Adults Policy and Procedure including Self-Neglect and Prevent.

Infection Prevention and Control and Handwashing is systematically audited and also **Antimicrobial Stewardship** which has a high profile in the public health agenda due to the potential impact of antimicrobial resistance globally.

Advance Care Planning (ACP) is a key organisational outcome for the Hospice, and something we audit and regularly monitor.

Length of Stay on Inpatient Unit: Comparison between Malignant and Non-Malignant Admissions was a new audit led by one of our Medical Consultants and presented at the Hospice UK Conference 2022.

DH has completed 11 audits this year against NICE guidance and a full report of activities is provided through the Annual Audit Report.

This year, DH has continued using **iWantGreatCare** (This includes the NHS Friends and Family test) to gather patient and family feedback across all clinical services. Throughout FY22/23 DH received 146 reviews and the average star score was 4.94 out of a 5-star score. In March 2023, we received a Certificate of Excellence from iWantGreatCare in recognition of consistently achieving outstanding patient feedback.

Further to the publication of DH's first Research Strategy in FY20/21, we continue to grow as a research-active organisation. The Research Team measures its work systematically and regularly including research activity, research reports/articles and conference abstracts, presentations and grants submitted with income received.

Research activities for FY22/23 included recruitment to clinical trials to establish the potential benefits of hydration at end of life (Chelsea II) and the nutritional management for Motor Neurone Disease patients (Opticals). Data was received from the commissioned population survey on Death Literacy in our region, and an evaluation of the implementation of the DH new services commenced. Abstracts were presented at the Hospice UK conference 2022, the DH 'Working Together Conference' 2022, and the Living Knowledge Conference, The Netherlands 2022.

The Education Team has continued to grow our Education offer to both our own staff and external colleagues.

In FY22/23 we have further increased the number of Health Education England (HEE) funded student placements and have provided placements for Social Workers, Nurses, Medics and Allied Health Professionals, including Paramedics. We have increased the number of student places to 40 for the UWE Complexities of Supportive and End of Life Care Module and agreed to deliver, for the first time, the UWE Complexities of Communication Skills module in 2023. Over the year, the team has adapted our Tulip Standard of Essential Care

for non-registered healthcare professionals to make this training appropriate for those who are new to care. The Tulip Standard training has been successfully delivered to over 20 Care Home staff working for B&NES Council, with a further cohort of staff booked for later in 2023.

Capturing the impact of our research activities and education programmes on palliative and end of life care is critical for all participants and we routinely collect and analyse participant feedback on our training and provide data for 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.

DH complies with Duty of Candour requirements in relation to notifiable patient safety incidents in line with our policy. DH use Duty of Candour principles for all accidents and incidents related to patient falls, medicine errors, acquired pressure ulcers and any other incidents.

During FY22/23, the policy and training module on Duty of Candour has been updated and reviewed.

Quality Improvement and Innovation Goals Agreed with Commissioners

Historically a small proportion (up to 1.25%) of DH's NHS income was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, but for the last year there has not been a requirement to report on this.

2022-23

CQUINs did not apply to our contracts last year.

2023-24

Although the Commissioning for Quality and Innovation (CQUINs) framework has been relaunched for some healthcare providers, our understanding is that this year it will not apply to our NHS contracts.

Data Quality

Dorothy House provides quarterly contract activity data in the agreed format to our three local NHS Integrated Commissioning Boards.

Data is stored and utilised in accordance with the DH Information Governance and Information Security policies and an annual continuous improvement review of Information Governance is undertaken with a report and recommendations approved by the Information Governance Steering Group. Information Governance is fully embedded within the governance structure at DH, with overall accountability lying with the Board of Trustees. General Data Protection Regulation (GDPR) requirements have been fully implemented within DH and built into the core of all governance systems, processes and business as usual activities. This work is supported by our Head of Governance and a cross-function information governance team.

Compliance with the Data Security and Protection Toolkit will be achieved by the end of June 2023 - this is a requirement of our NHS contract.

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

Part 3

Review of Quality Performance 2022–23

Priorities for Improvement 2022–2023

Below is an update on FY22/23 improvement priorities which formed part of our Quality Improvement Plan (Appendix 2):

Priority 1 – Future Improvement: Clinical training for non-registered clinical staff

Quality domains – patient safety, clinical effectiveness

This is a training programme with the Care Certificate incorporated – the Tulip standard award. It includes essential end of life clinical skills and topics.

How was this priority identified?

Staff engagement through a survey in September 2021 and a scoping exercise identified inconsistencies in induction, training and practice, and dissatisfaction with support and training to deliver the role. The Care Certificate was provided but it lacked the quality and palliative care elements that our staff require. This suggested the need for a robust training programme which reflects the importance of these roles in the delivery of outstanding patient and family care.

How will this be achieved?

All DH non-registered clinical staff will have consistent training and skills and initial roll out planned from April 2022. All non-registered staff are expected to complete The Tulip Standard Award.

How will this be monitored?

This training programme will be monitored by the Education Team at DH through evaluation and a further survey of staff involved. We will complete a further survey of staff to elicit any improvements in satisfaction with support and training as a result of the training programme.

UPDATE: We are working towards all non-registered clinical staff completing the Tulip Standard Award and currently we have 79% compliance. All new starter carers now complete it as part of their induction process.

Priority 2 – Future Improvement: Converting two-bedded IPU room to two separate rooms

Quality domains – patient safety, clinical effectiveness and patient and family experience

Ensuring Inpatient Unit physical space is fit for purpose for delivery of effective care.

How was this priority identified?

Patient and staff feedback highlighted both the sensitivities and practical difficulties of a shared double room, particularly during the COVID-19 pandemic resulting in the room capacity being reduced to one patient only. Patients sharing the room results in a significant challenge to the privacy and dignity afforded to them and their visitors.

How will this be achieved?

By undertaking capital build to convert existing two-bedded room on the IPU to two separate en-suite rooms.

How will this be monitored?

This project will be monitored by the Assistant Director of Patient and Family Services and Head of Facilities.

UPDATE: Procurement tender for build contractors completed. Due to an increase in the cost of the building date is on hold whilst further funding opportunities are sought.

Priority 3 – Future Improvement: Standardising mattresses on the Inpatient Unit (IPU)

Quality domains – patient safety, clinical effectiveness, patient and family experience

Standardising all mattresses on the IPU.

How was this priority identified?

There have been incidents where patients have acquired pressure ulcers on the IPU but have then been too unwell to move onto the correct mattress.

How will this be achieved?

Capital budget will be used to purchase mattresses over the year.

How will this be monitored?

The IPU Senior Sister will oversee the completion of this project.

UPDATE: All new mattresses in place- Apex Domus Auto mattresses that have alternating pressure redistribution systems.

Priority 4 – Future Improvement: Review the Community Multi- Disciplinary Team Meetings (MDTs)

Quality domains – clinical effectiveness and patient and family experience

Review the Community MDTs as the Services Review has changed the structure of the previous MDT model of working.

How was this priority identified?

Following changes to our model of care as a result of the Services Review, it will be important to review the new community MDTs.

How will this be achieved?

All Community MDTs to be effective, responsive and well-led. Patients and families to be informed of these discussions and a robust system of recording and feedback to patients and families. A review of best practice in MDT provision will be undertaken to ensure we meet the highest standards of learning, shared decision-making and high standards of care.

How will this be monitored?

This project will be monitored by the Community Palliative Care Team Leaders.

UPDATE: There are four new Community MDT meetings each week. They use an SBAR structure and incorporate OACC and Advance Care Planning discussions into the format. They are attended by key members of the MDT

including Nurses, Medics, Therapists and Family Support Team. All new patients are presented as well as complex patients where an MDT discussion is needed. They are recorded within SystmOne. They were started in a phased approach from January 2023 and the Community Palliative Care Team Leader who led the project holds regular review meetings and is using the Plan Do Study Act (PDSA) model to implement the small changes from the learning as the meetings develop.

Complaints

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

We have received five complaints about our services since publication of the last Quality Account, which is the same number we received in our previous year.

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 2022-23

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 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 diagnosis, advance care planning, care spend and cost efficiencies.

Throughout FY22/23, we cared for around 13% more people (patients, families, carers) than during the previous year. Our non-cancer patient numbers have remained fairly stable at 30% (29% at the end of FY21/22). We are working with the RUH to put on a neurology joint speciality clinic and recruiting specialist dementia and heart failure nurses to try to improve this. Our use of Outcome Assessment and Complexity Collaborative (OACC) with patients grew by 12% compared to FY21/22, and we continue to train staff to improve uptake of this tool. We saw a reduction in the number of patients with an Advance Care Planning conversation documented (78% compared to 83%) so are now focussed on staff training, as a deep dive audit concluded that these conversations are happening, just not being accurately recorded. Whilst our progress in many areas is encouraging, we aim to drive further increases and make progress towards achieving our strategic objectives throughout FY23/24.

Volunteering

We have seen strong recovery in our volunteer numbers over the year. As at the end of FY22/23, our volunteers number 1009, which is an increase of 198 on the previous year. There are now 424 volunteers in hospice/ community roles and 626 in retail, with 41 additional roles being performed by volunteers with more than one role.

We have introduced a new Volunteer Management system this year and this is already showing improvements in efficiency in on-boarding volunteers especially in retail where the time it takes to get a volunteer started has halved in comparison with pre-pandemic figures.

The system allows us to log our volunteer hours and record volunteering activity. We have logged 14,867 volunteering hours since 1st April 2022.

Work is underway to ensure that we capture as much information about volunteering as possible and the table below shows the number of sessions of different types of volunteering activity that have been completed over the year:

- 54 Adhoc help
- 45 Assessments or introductions for a Companion
- 48 Group support sessions
- 83 Training sessions/meetings attended
- 260 Befriending visits by Companions

125 End of life sitting at RUH

141 Patient transport

222 Befriending telephone calls

186 Hospice based and general volunteering

In addition to changing working processes, the team has undergone major change and expansion during the year, in keeping with the organisational ambition to reach more patients and their families. This has entailed reorganising our volunteer teams at the same time – so it has been a huge challenge.

The team have completed training in Asset Based Community Development and are seeking to apply this to the way we work. For example, in developing the end of life sitting service across our community and increasing the offer of Bereavement Help Points in partnership with a range of other organisations.

We are looking forward to embedding new ways of working over the coming year and will ensure that our volunteer team deliver a high quality service to patients, families and carers and have a great volunteer experience themselves.

Workforce Engagement

Dorothy House has a **Staff Consultative and Information Forum (Our Voice)** where, as well as discussing issues that directly affect our workforce (e.g. HR policies, terms and conditions of employment, new workforce initiatives), staff and volunteer views are sought on a range of wider areas including the overall organisational direction and strategy, staff and volunteer support and workforce communications. This forum has been supplemented with an Equality, Diversity and Inclusivity (ED&I) representative as part of our ED&I strategy to ensure we reflect diversity and inclusivity across our lines of engagement. Our Voice has been joined by members of the Human Resources team, and Internal Comms team, to support forum representatives in developing wider engagement and communication across the organisation. This has led to the joint development of a new charter to underpin their work, enhance their representation, improve wider engagement and raise the forum's profile as a key contributor and influencer of positive change across the organisation. The forum is often attended by a member of the Executive Team, and as such this demonstrates a commitment to listening to our staff and volunteers. This is mirrored by a set of localised **Volunteer Forums** where all matters impacting volunteers are raised. Both groups also attend the **People and Development Committee** to provide feedback directly to Trustees.

Workforce Survey

In December 2021 we carried out a **Staff Survey**

managed by Birdsong, an independent survey organisation. Our responses formed part of an All Hospices 2021 benchmarking exercise. Areas of survey questioning included communications and leadership, wellbeing, people management, training & development, pandemic questions and DH specific questions (not benchmarked). Results and themes from the survey have been established and an organisation-wide action plan developed and shared across the workforce. This holistic plan is underpinned by local plans across each directorate to improve specifically on any localised opportunities and to collate any themes highlighted by the survey. As part of our commitment to employee engagement we have launched a series of pulse surveys across the organisation designed to test the validity of the action plans in place, identify if the actions taken to date have resulted in any improvements and identify if there are any additional actions we need to take to complement those plans. As at the end of FY22/23 we have completed three of these surveys, aligned to the themes of the last full engagement survey, with plans in place to complete the remaining three by the end of spring.

Analysis of the results and findings are shared with the workforce after each survey has been completed. Any steps that we will now take in response to the results are also captured in respective directorate engagement plans, ahead of another full survey planned in 2024.

Wellbeing

Wellbeing is high on our agenda and a key component of our People Plan with a dedicated resource provided

through our intranet. Support includes free counselling and an independent Employee Assistance Programme facilitated by Mindful Employer Plus. We have reviewed our lone work practices to ensure people are protected, including the introduction of lone working technology for our Hospice at Home and Retail colleagues. We have also engaged with third party providers for the delivery of specific wellbeing training and support programmes to raise wellbeing awareness and empower employees with self-help techniques and advice. This includes the continuation of weekly online “Humble Gatherings” hosted by Dr Ash Bhatia in which he focuses on a range of wellbeing topics and techniques, advice and support. One topic we have been offering support on throughout the year is around menopause awareness and we now have a Menopause Champion trained to lead the focus and support moving forward – this to ensure our workforce is educated on the impact this can have on the individual, their family, friends and colleagues. By raising awareness of this issue we are encouraging a culture of openness and understanding and embracing an often difficult and misunderstood condition.

In FY23/24, we will be undertaking a review of our existing wellbeing proposition with a view to assessing whether there are any gaps in the offering to our workforce. We anticipate this review, with the introduction of any proposed changes, to be implemented at the start of the next calendar year.

Any new wellbeing initiatives are also communicated through our internal channels including a weekly email and video to all staff and volunteers. The 2021 staff survey showed that the majority of staff are happy with

the wellbeing resources offered at DH.

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Communication

A range of communication channels are in place:

- Weekly email and video updates
- Leadership Team communications – monthly ‘cascade cues’ to disseminate to their teams and quarterly updates from the Executive Team following Board of Trustee Meetings.
- Intranet (Dot2Dot) communications
- 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
- Internal communication posters are up around Winsley and in our shops
- New volunteering software, ‘Assemble’ which has a new feature and key documents hub

Managing Change

Throughout and following the pandemic, DH has experienced significant changes in working practices. In addition, we are seeking to implement the outputs of phase 1 of the Services Review which will result in further improvements and changes to the way we operate.

A **Transformation Steering Group** has been established to consider, manage and consolidate the

different elements of change across the organisation going forward. This has been supplemented by the appointment of a programme lead to ensure effective planning management, continuous alignment of underpinning projects and coherence of all change management activity across the organisation.

Training and appraisals

All staff receive an annual Performance and Development Review (PDR) with their Line Manager, which includes three specific points of performance discussion (objective setting at the beginning of each year together with the personal development plan, a mid-year assessment, and an end of year final assessment). Following the introduction of the e-PDR in 2022, we hosted a series of feedback sessions with the workforce in January 2023 to identify improvements to the process. This feedback has been used to streamline the process for this coming year and will help managers and employees focus on the core intention of PDRs - meaningful conversations and engagement. Further improvement has seen the introduction of team and organisational objectives which enable individual objectives to link up. This enables increased visibility of purpose and how individuals contribute to wider objectives.

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 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, it is managed very carefully to ensure only competent staff support patients, their families and carers.

Working Conditions and Arrangements

DH continues to adopt the majority of NHS Agenda for Change terms and conditions for its staff (apart from those working in Retail) and is aligned with the local and national scheme particularly for pay and banding purposes. DH is not formally tied to NHS pay awards, yet we have followed the national NHS awards of pay uplifts for quite some years. Should the NHS move more towards local terms and conditions, DH will need to review its position to ensure staff are appropriately rewarded and is currently undertaking a pay benchmarking exercise to understand the market rates for roles that are not clinical. Revised contracts were consulted with our Retail team in 2021 which de-coupled their employment arrangements from Agenda for Change. These realigned terms and conditions, including pay and reward, have enabled us to transition to a more appropriate commercial model which will support our growth ambitions, offer career progression and development opportunity and compete more effectively in tight recruitment conditions.

Focus for 2023-24:

- Delivery of a workforce plan to support the organisational strategy and beyond.
- Continued development of the Workforce Development Group to manage workforce planning and Learning and Development activity across the Hospice.
- A review and overhaul to modernise and increase

accessibility of our HR policies framework – including management development and training of HR policy application.

- Pay benchmarking of all of our non-clinical and non-retail roles.
- Continuous improvement for workforce resourcing and in particular new initiatives and increased utilisation of technologies to attract people into hard to fill posts.
- Continuous improvement of our wellbeing strategy and resources including lone working technology.
- Implementation of our Equality, Diversity and Inclusivity Action Plan for FY23/24.
- Development of our Payroll/HR system (iTrent) including recruitment, automation of offline forms, time and attendance (rostering) and online submission/approval of allowance claims.
- Supporting major change as part of the Services Review (education, leadership, values).
- Driving leadership capability through a focus on the behavioural and cultural shifts needed to deliver our strategy.
- Movement to a coaching culture to support leadership and career development.
- Succession planning and talent management.

What our regulators say about the organisation

Dorothy House is currently registered as an independent healthcare provider under the Care Standards Act 2000. In FY22/23 DH 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 Relationship Manager.

CQC Inspections

In June 2022, DH received an unannounced CQC inspection and was awarded an overall rating of 'Outstanding', placing us in the top 3% of organisations regulated.

The inspection report summary included the following statement:

"Services were planned and tailored to meet the complex needs of individual people, and the local population, in partnership with the wider health economy. The hospices' services were delivered flexibly, by a responsive and passionate multidisciplinary team, providing choice and continuity of care for patients, their families and carers. The hospice planned and worked to improve awareness and access to palliative care for hard to reach communities. The service made it easy for people to give feedback. People could access the service when they needed it."

We received an "outstanding" rating for Well Led, Caring and Responsive and a "good" rating for Effective and Safe. Following this inspection, we have focused on improving our medicines management to ensure that our practice reflects our policies and that we capture this within our programme of audits. We are working with our Trustees to develop outcome measures to support the demonstration of our effectiveness.

We continue to work with CQC on their new framework to ensure we maintain compliance with the quality statements and with providing evidence required to give assurance to our regulators and commissioners.

What the commissioners say about the organisation

Extract from a statement by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Dorothy House Hospice Care 2022-23 Quality Account. For the full statement please see Appendix 4:

"The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank Dorothy House for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase."

It is the view of the ICB that the Quality Account reflects the Dorothy House on-going commitment to quality improvement and addressing key quality improvement objectives in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, Dorothy House has still been able to make achievements against all their priorities for 2022/23."

Strategic and Operational Intent 2023–24

As we exited the pandemic, working in a rapidly changing health and care landscape with increasing and changing patient and family needs, we remain committed to innovatively delivering our strategic vision and mission. We have continued to put the people who require palliative and end of life care and their families at the centre of all that we do, increasing the amount and type of care that we provide from empowered staff and volunteers. Following significant financial investment to increase establishment across nearly all directorates in FY22/23, we see FY23/24 as an opportunity to review and strengthen the capability of our teams and senior leaders. We will continue to invest whilst systematically focusing on **efficiency, effective leadership** and strategic **collaboration**.

Organisational objectives for FY23/24 are listed below under the relevant strategic area and with the outcomes we are seeking to achieve.

People who need our care

Deliver new models of care enhanced through phase two and service improvement to reach more people and improve our understanding of the assets that exist in our communities to deliver our mission.

Governance

Ensure our governance structure is fit for purpose to support the effective delivery of DH's strategy.

Alliances and collaboration

Deliver our strategic mission through: direct specialist end of life care (including teaching others), “progressive collaboration” and embedding an Asset Based Community Development approach to delivering our services.

Research and education

Deliver our strategic objectives and regulatory requirements via our internal and external training programmes and research portfolio.

Digital

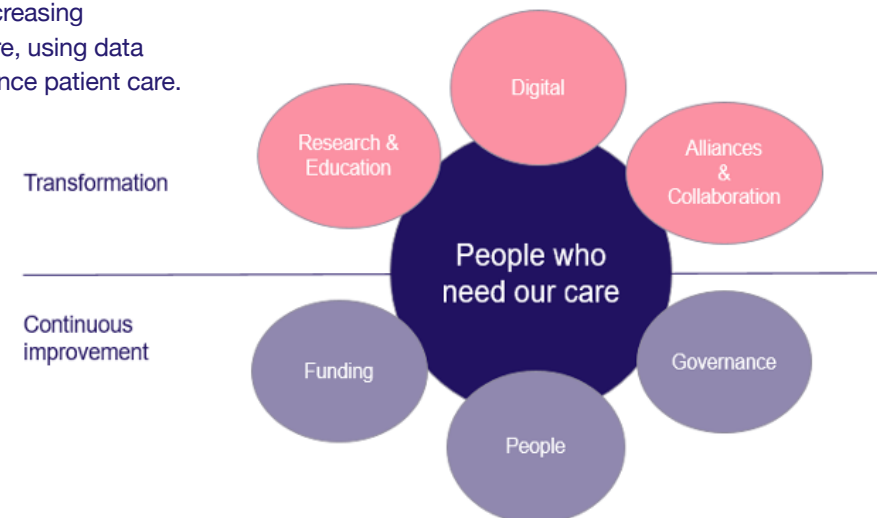
Embrace digital technology and innovation to support delivery of our organisational strategy; increasing capability, creating a resilient infrastructure, using data analytics to inform our services and enhance patient care.

Our people

To have a thriving, diverse, well supported, workforce comprised of the right people, with the right skills and competences, working in the best possible environments, supporting the delivery of the new models of care.

Funding

Remain agile in developing diverse income streams to deliver long-term financial sustainability. 2023/24 heralds a period of significant change in the commissioning and collaboration landscape which presents opportunities.



Appendix 1

Quality Improvement Plan

April 2023 – March 2024

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

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 2023
Dorothy House HR Officer for Health and Safety will be supporting Julia’s House hospice and Oak Haven Hospice in Health and Safety.	Q4	Sharing good practice across Health and Safety with other hospices.	Dorothy House HR Officer for Health and Safety
Implementing RADAR for accident and incident reporting.	Q2	For all accident and incident reporting to be on an electronic system with a process for notifications and completion by the correct staff.	Head of Governance
Introduce the Patient Safety Incident Response Framework (PSIRF) to replace the Serious Incidents Framework as requested by NHS England.	Q3	The Patient Safety Incident Response Framework (PSIRF) sets out the NHS’s approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.	Clinical Quality Lead and Clinical Coach and Education Facilitator
Administration of medicines training and competencies for H@H staff.	Q2	To enhance the care given to patients supported by H@H carers.	Medicines Management Group This has been carried over from 22/23 QIP.
Trialling frailty tool – Rockwood with ‘Time Out For You’, this is a group that meets to support people with longer term conditions.	Q4	Greater understanding of how sensitive Rockwood is for palliative patients.	Day Patient Services and Therapies Teams This has been carried over from 22/23 QIP as the trial was going to be completed with the Long Term Condition Group which stopped and has amalgamated with the ‘Time Out For You’ Group.

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
Improve Inpatient (IPU) Fire Evacuation process and increase number of Fire Marshalls on IPU.	Q2	Improve the availability and quality of Fire Evacuation Process on IPU.	HR Officer for Health and Safety
Review the Patient Dependency Scale on IPU.	Q3	To ensure that the IPU has the correct staffing for the dependency of patients.	Senior Ward Manager Impatient Unit
Scope electronic prescribing systems.	Q3	To understand which system would be the best to work with DH existing computer systems.	Medicines Management Group
To have a plan and direction of travel for Independent and supplementary prescribing.	Q4	To be able train the correct number of staff to improve patient care and achieve the DH strategy.	Director Patient and Family Services
To develop a consistent and research based mouth care resource for the H@H Carers as part of the Tulip Standard.	Q1	To appoint mouth care link workers and develop a mouth care guide for patients and their families.	Clinical Support Assistants H@H Team and Education Team

Effectiveness

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
ABCD Training – To introduce training for the wider organisation and testing small projects in some communities.	Q4	To demonstrate how we have developed services using the ABCD approach to achieve the DH strategy.	Community Development Officer
Improve access and reporting of Statutory Mandatory Training.	Q1 - Q4	Selected modules in Training Tracker will have the ability to link directly to the eLearning	Education Team

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
		for healthcare platform, this will remove the previous need for a separate eLFH account, allowing simple access to content whilst recording completion of eLFH modules directly to Training Tracker accounts. Each one will be completed on an individual basis.	
Dorothy House Patient Flow Coordinator Role based in the Royal United Hospital (RUH).	Q1	To improve the flow of patients on the end of life care pathway from the RUH to their preferred place of care and preferred place of death. To introduce DH services earlier and to link into other community providers of care and to reduce delayed discharges.	Clinical Lead Clinical Co-ordination Team
Develop a model for 7 day working across clinical teams.	Q3	To enable DH to support patients and families in an equitable way across 365 days a year.	Assistant Director of Patient and Family Services
Develop Clinical Team Dashboards in line with the one developed for Community Palliative Care Team in phase one services review 2022/23.	Q2	Visibility of services KPI's empowering team leaders to look at efficiencies enabling improved operational management costs and overall efficiencies.	Head of Business and Programme Development
Develop a Lymphoedema Template to be used on all patients admitted to IPU.	Q2	To promote early identification and clinical input of Lymphoedema for patients admitted to IPU.	Lymphoedema Team

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
Medical review.	Q3	The medical team review will form the development of the medical strategy which will ensure medical services are fit for the future.	Medical Director
Have a Digital strategy.	Q1	By using an audit methodology develop a digital strategy to give the direction of travel for DH.	Head of Digital
Day Services review (second part of DH services review) – Task and Finish group to look at the offer of DH day services.	Q4	To be able to offer day services at the right time in the right place with the right staff to support our patients and families in a caring, effective, responsive and well led way.	Assistant Director of Patient and Family Services
Increasing access to palliative and end of life care and associated research via community engagement events.	Q4	Three community engagement events will be hosted in partnership with Twerton and Whiteway Network. These events will be held at Bath Football ground and Bath City Farm and will provide information on Dorothy House services and the research we conduct.	Head of Education and Research

Patient Experience

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
Complete the NHS 15 Step Challenge – Quality from a patient’s perspective.	Q3	For staff, patients, carers and volunteers to improve DH services by using this QI methodology.	Education and Quality Teams

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
Comfort Packs for patients going home from hospital under H@H Team.	Q3	For patients and families to have supplies to support the patient when returning home.	Clinical Lead Hospice at Home
Evaluation of the Use of Virtual Reality (VR) to support patients with their symptom control.	Q3	For patients to use VR to support their symptom management for pain and anxiety to assess the difference it makes.	Clinical Lead Day Services
Improving the ambulance entrance which is the main entrance to the IPU for patients being admitted.	Q4	To make the entrance for patients and families more welcoming.	IPU and Facilities Team
To explore how to ensure hospice offer is accessible to people in prisons.	Q4	To embed the existing work done with prisons and to look at resilience to support this work.	Assistant Director of Patient & Family Services
To have an offer of end of life care to people experiencing homelessness.	Q3	To have a consistent way of knowing what the DH offer is to enable people experiencing homelessness to access services.	Assistant Director of Patient & Family Services
Reviewing Children and Young People's Service (CYPS) – looking at a more agile and flexible approach to supporting children and young people related to patients under the care of Dorothy House.	Q3	To be able to offer safe, caring, responsive, effective and well led care to children and young people related to patients under the care of Dorothy House.	Family Support Team
To review and implement the Dorothy House offer to carers as part of the Family Services Team review. Involving carers in this work.	Q4	To have a flexible and responsive approach to carer support that is needed.	Family Support Team This has been carried over from 22/23 QIP due to the delay in starting phase 2 of DH Services review.

Dorothy House – Quality Improvement Plan

April 2023 – March 2024

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress - April 2023
To achieve single nurse administration of controlled drugs on IPU.	Q4	For patients to receive their medicines in a more responsive way. Significant evidence now suggests that single nurse administration of controlled drugs will reduce errors and create greater efficiencies.	IPU Senior Sister (GP) This has been carried over from 22/23 QIP. No further work was done on this due to the Inpatient Unit opening 2 extra beds for 3 months and having to integrate and train agency staff. It was felt it would not be the right time.
Advice Line Review.	Q3	To review the current operational model for the DH 24/7 advice line and work with system partners across BSW to ensure that the advice line continues to offer a 24/7 safe, caring, responsive, effective and well led service.	Assistant Director of Patient & Family Services
To scope other cancer treatments that could be delivered in DH in partnership with the RUH.	Q3	For patients with a palliative diagnosis to have access to more treatments at DH.	Assistant Director of Patient Family Services
Defining intimacy needs for patients and partners at end of life. Working with a University of Bath MSc Health Psychology student.	Q4	We will conduct qualitative interviews with patients and their partners to explore intimacy needs at end of life. This work will inform future staff education.	Research Manager
Recruitment of patients to participate in CHELSEA II research project.	Q4	To determine if hydration at end of life reduces delirium.	Medical Consultant and Lead Research Nurse

Appendix 2

Quality Improvement Plan

April 2022 – March 2023

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

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 report
<p>Clinical Training for Bands 2-4.</p> <p>Training programme with Care Certificate incorporated, alongside essential end of life clinical skills and topics.</p> <p>The Tulip Standard Award.</p>	Q3	All Band 2-4 clinical staff will have consistent training and skills.	<p>Education Team</p> <p>September 2022 – The initial roll-out of the newly designed Tulip Standard, essentials of care commenced as planned. This training is now mandatory for all non-registered staff new to DH.</p> <p><i>Completed Q2</i></p>
Hospice@Home (H@H) Lone Working Device Implementation Training.	Q3	All H@H staff to have undertaken Lone Working Device Training.	<p>Health & Safety Officer and H@H</p> <p>September 2022 – Lone worker device training has been completed by Health & Safety Officer. This has now been handed to H@H to set up and induct/train new users to their department.</p> <p>Retail have extended their trial of the device and conclusion to be provided by the 28th September for review.</p> <p>March 2023 – Retail implemented the device after a successful trial in Sept/Oct 2022. Available on Shop Mobiles, Van drivers and mobile managers. Can be used in non LW violent or aggressive situations to summon emergency response.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>This device has provided LW's with access to an emergency response at all times, through a team trained to deal with emergency situation, also meaning an alarm or call from a lone worker will never be missed. It can also be used by care team to summon emergency response for patients in emergency situations.</p> <p><i>Completed Q3</i></p>
Personal Safety Training	Q1	12-month schedule of Personal Safety Training rolled out to higher risk Lone Worker groups.	<p>Education Team & Health & Safety Officer</p> <p>September 2022 – Personal safety training was provided to H@H in June and July, with Education rolling out to the Retail team in July and August 2022.</p> <p><i>Completed Q2</i></p>
The Inpatient Unit (IPU) kitchen is being revamped after an audit demonstrated it presented an Infection Prevention & Control risk.	Q1	IPU kitchen fit for purpose and achieving infection prevention and control guidelines.	<p>IPU and Facilities Teams</p> <p>September 2022 – This has been completed including audit.</p> <p><i>Completed Q2</i></p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
Flu vaccinations for patient-facing staff.	Q4	To aim for 100% of patient-facing staff having vaccination unless they sign an exempt form.	<p>Infection Prevention & Control Team</p> <p>September 2022 – Patient Group Direction (PGD) has been published, staff are doing their training.</p> <p>Vaccinations due to start in October 2022.</p> <p>March 2023 – Clinics run by our own staff to improve the update of staff to have their flu vaccinations. Unsure of percentage uptake due to a new system of reporting being implemented.</p>
Explore introducing administration of medicines training and competencies for H@H staff.	Q4	To enhance the care given to patients supported by H@H carers.	<p>Medicines Management Group</p> <p>September 2022 – This has been carried over from 21/22 QIP. Due to COVID pandemic the project was delayed.</p> <p>Care Quality Commission (CQC) contacted to make sure we could offer this under our registration. Steering Group to be led by Dr Morwenna Hitchens, Medical Consultant. Policy, procedure and training being worked up in line with this. H@H carers focus group to be held end of September.</p> <p>March 2023 – Steering Group continues looking at solutions for: Providing training to carers to administer medicines (within a scope of medicines) with the relevant training. Training programme has been constructed.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>To explore a way of getting a MAR chart written and kept up-to-date.</p> <p><i>This will be on 23/24 QIP to follow up on progress.</i></p>
Implement an electronic accident and incident recording system.	Q4	A more efficient and safe way of accident and incident reporting.	<p>Health & Safety Officer, Information Management Teams and Head of Information Governance</p> <p>September 2022 – This has been carried over from 21/22 QIP to ensure DH invests in best systems.</p> <p>Systems have been scoped and a decision is expected beginning of October as to which system DH will use.</p> <p>March 2023 – RADAR has been purchased and a project group is working towards this going live Q1 23/24.</p>
Trialling frailty tool – Rockwood with Long Term Conditions (LTCs) Group.	Q3	Greater understanding of how sensitive Rockwood is for palliative patients.	<p>Day Patient Services and Therapies Teams</p> <p>September 2022 – Rockwood has not been used consistently during LTCs Group, as not deemed appropriate for many of the patients.</p> <p>Plan for LTC clinic to be reviewed as part of phase 2 of the Dorothy House Services Review.</p> <p>March 2023 – The LTC Clinic is not running at present and is being considered in phase 2 of DH Services Review.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Safety (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<i>Completed. This is now embedded into the Dementia/LD/Frailty Working Group.</i>
To develop and introduce a basic level of training of Quality Improvement (QI) across DH and have a second level of training on clinical audit.	Q4	All clinical staff to have a basic knowledge of QI and for there to be an opportunity for staff to learn more about clinical audit.	<p>Health & Safety Officer, Information Management Teams and Head of Information Governance</p> <p>September 2022 – Clinical Quality Lead, Education and Clinical Lead – Therapies & Day Services have met and have dates in the diary to plan this for Quarter 4.</p> <p>March 2023 – Met with Sarah White, Improvement Pillar Lead NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, who is going to deliver some QI training for DH teams.</p> <p><i>Completed Q4.</i></p>
To undertake capital build to convert existing two-bedded room on IPU to 2 separate en-suite rooms.	Q4	To ensure physical space is fit for purpose for delivery of effective care.	<p>Assistant Director of Patient & Family Services</p> <p>September 2022 – Submitted for planning permission. Procurement tender for build contractors in progress.</p> <p>Anticipated build to start mid-January, contingency planning underway to maintain beds through build.</p> <p>March 2023 – Tender submissions received, build date on hold whilst further funding opportunities sought.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
Review of Community Multi-Disciplinary Team Meetings (MDTs) as the Services Review has changed the structure of the previous MDT model of working,	Q3	All Community MDTs to be effective, responsive and well-led. Patients and families to be informed of these discussions and a robust system of recording and feedback to patients and families.	<p>Community Team Leader</p> <p>September 2022 – Steering Group meeting regularly. Review of literature has been completed.</p> <p>March 2023 – Community MDT meetings now in place 4 days a week. They use an SBAR structure and an ACP and OACC discussion on all patients that are presented.</p> <p>Patients presented are all new patients and patients that the Clinical Community Palliative Care Team need an MDT perspective on.</p> <p><i>Completed Q4.</i></p>
Rapid Response – if we are able to secure funding from Social Finance End of Life Care Integrator Program.	Q4	Being more responsive to patient, family and carer needs.	<p>Assistant Director of Patient & Family Services</p> <p>September 2022 – Audit completed. Engagement with ICB in progress re. Business case.</p> <p>March 2023 – Decision to progress Rapid response model halted due to changes in ICB and potential for partnership approaches to unscheduled care.</p> <p><i>Not completed due to changes outside of DH control.</i></p>
Enhanced Care for Care Homes.	Q4	<p>Equity of access for patients, families and carers if in a care home to palliative care.</p> <p>Support care home staff in palliative care.</p>	Education Team, Assistant Director of Patient & Family Services and Community Team Leader

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>September 2022 – Analysis of baseline understanding of existing work and relationships with care home sector underway.</p> <p>Training delivered to BaNES care homes, analysis of feedback complete, work progressing to develop further roll out of care home education offer.</p> <p>Work commenced on volunteering offer to care homes.</p> <p>March 2023 – Focused pilot of enhanced support within two care homes in North Wilts underway. Communications promotion of DH education offer to all care homes in patch. Education offer rolled out to Banes care homes in Collaboration with BANES Local Authorities. Compassionate Companions offer being explored with several care homes plus community hospitals.</p> <p><i>Completed. This is now a work stream within the DH Services Review.</i></p>
Goal planning leaflet for Day Patient Service patients linked to the Outcome Assessment and Complexity Collaborative (OACC) ‘What is important to you?’ (What matters to me?).	Q2	For patients to be involved in personal goal setting that informs the MDT as to what is important to them.	<p>Day Patient Services</p> <p>September 2022 – Goal Planning Leaflet designed and printed. Communications department worked with Day Patient Services to produce this. It is being used for patients who attend weekly Day Patient Service sessions.</p> <p><i>Completed Q2.</i></p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
Heart Failure partnership working with Wiltshire Health and Care.	Q4	A more joined up approach for patients with heart failure to include palliative care.	<p>Assistant Director of Patient & Family Services</p> <p>September 2022 – Steering group meetings continue to support the role out and integration of DH into the pathway for managing patients with end stage heart failure.</p> <p>DH have introduced a PHD student to support the project and are looking at a link worker and as part of Phase 2 DH Service’s Review an expert lead post for Heart Failure.</p> <p>DH now attending the Heart Failure meeting led by Wiltshire Health and Care.</p> <p>March 2023 – Approval has been given to recruit into Expert Lead Post.</p> <p>Currently being advertised. WH&C Consultant Nurse is part of the interview panel.</p> <p><i>Completed Q4.</i></p>
Joint Speciality Clinics at the RUH between oncology and DH.	Q3/4	Joined up care for patients, families and carers to include palliative care.	<p>Medical Consultant</p> <p>September 2022 – Oncology model in place at RUH to look at developing this model across other Non-Cancer specialities.</p> <p>A new collaboration with the oncology team at the RUH.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>The clinic runs once a week gives patients with cancer access to early palliative medicine.</p> <p>We are working hard to expand this service to patients with other health problems.</p> <p>Possibility of a Neurology Clinic being explored.</p> <p>March 2023 – The joint clinic with oncology has now been running for one year. The next steps are implementing OACC to this clinic and making the staffing options more robust. We have also made progress with setting up a joint clinic with neurology. The clinical case for this new clinic is strong, and the managers at RUH and DH are sharing views on costings. We hope that this clinic with neurology can be operational before the end of 2023.</p> <p><i>Completed with ongoing work.</i></p>
Leadership Model.	Q4	To have a new coaching style of Leadership in place to support service delivery.	<p>Director of Patient & Family Services</p> <p>September 2022 – On boarding Community Palliative Care Teams with concept of self-management. Framework development underway. Coaching training started. Pilot of Buurtzorg Model across all Community Palliative Care Teams not just the planned 2. ABCD Training underway with Nurture Development.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>March 2023 – Leadership development programme continues for Community Palliative Care Team and other Clinical Leads. Taking longer than anticipated but continuing to shift towards a self-managed approach to clinical teams.</p> <p>ABCD training completed for 49 staff at DH. Engagement coordinators appointed and are working within the 10 neighbourhood teams to consider community assets and ways of delivering patient and family support in partnership.</p> <p><i>Completed with ongoing work.</i></p>
To scope having increased support for patients with a Non-Cancer diagnosis.	Q4	<p>To ensure that we have the expertise to be responsive to patients with all life threatening conditions and their families.</p> <p>To achieve greater equity of access to DH services and support.</p> <p>To have an understanding of what resource is needed from the hospice to work in partnership with the community to provide palliative care for patients with a non-cancer diagnosis.</p>	<p>Director of Patient & Family Services</p> <p>September 2022 – Scoping work underway with Heart failure Teams, Dementia UK and understanding of needs for people who are homeless. Budget allocation secured to support this offer.</p> <p>March 2023 – Scoping for HF and Dementia work complete, both posts are out to advert and will be commencing in next few months.</p> <p><i>Completed Q4.</i></p>
Management training for new managers.	Q1	To help equip all new managers to achieve their role. Will include action learning sets, knowing self, managing others and HR essentials.	<p>Education Team</p> <p>September 2022 – Leadership training has commenced, including core leadership qualities,</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Effectiveness (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			HR essentials as well as bite-size learning to expand each individuals' leadership toolkit. <i>Completed Q2.</i>
Partnership work with Dementia UK to develop a Dorothy House Admiral Nurse Service.	Q3	To ensure equity of access to palliative care for people affected by dementia.	Assistant Director of Patient & Family Services September 2022 – Work progressing on potential partnership with Dementia UK and service model. March 2023 – Partnership with Dementia UK formalised. DH fully funding Admiral nurse post, currently out to advert. <i>Completed Q4</i>

Patient Experience

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
Design property bags for patients' relatives to take home belongings from patients who have died in IPU.	Q2	For the hospice to 'gift the patients belongings back' after death. To have bags designed that value a person's belongings.	Assistant Director of Patient & Family Services September 2022 – 2 x Art workshops held with artist and group of clients and staff to develop ideas and concepts for new patient's property bags. March 2023 – Final design and prototype bag completed, to be reviewed by steering group before final design going to print. <i>Completed Q4</i>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
To standardise all mattresses on IPU.	Q3	For all patients to be on the correct mattress from admission. Incidents where patients have acquired Pressure Ulcers in the hospice have highlighted the ‘patient was too unwell to move onto the correct mattress.’ This will then no longer be necessary.	Senior Sister IPU September 2022 – All new mattresses in place - Domus Auto, alternating pressure redistribution system mattresses made by Apex. <i>Completed Q2.</i>
To have Cuddle (Flexi) Beds in all IPU bedrooms. The Cuddle Bed does everything a normal hospice bed does BUT it does one more, extraordinary thing. At the touch of a button, it can widen into a double bed, so families can have a much needed cuddle.	Q3	For patients and their families and friends to be able to all get on a bed together and have a cuddle, movie nights etc.	Senior Sister IPU September 2022 – Funding has been approved to buy 10 Cuddle Beds. <i>Completed Q4.</i>
Improving the ambulance entrance which is the main entrance to the IPU for patients being admitted.	Q4	To make the entrance for patients and families more welcoming.	IPU and Facilities Team March 2023 – Facilities team are looking at completing this in the next financial year, along with a wider look at the whole DH site. <i>This will be on 23/24 QIP to follow up on progress.</i>
Re-opening and decorating the guest room on IPU (this room has been out of action due to COVID).	Q1	To make a welcoming space for visitors to stay to be with the patient when dying.	IPU and Facilities Team September 2022 – This has been decorated and refurbished. <i>Completed Q1.</i>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
To explore how to increase the hospice offer to more hard to reach groups – Prisons and Homeless.	Q4	To embed the existing work done with prisons and homeless and to look at resilience to support this work.	<p>Assistant Director of Patient & Family Services</p> <p>September 2022 – Work ongoing with increased stakeholder engagement to develop appropriate service model.</p> <p>March 2023 – Homelessness work ongoing with a plan to develop the scope of existing staff to undertake this work in partnership with others. Model continually being explored using ABCD principles.</p> <p><i>Completed with ongoing Work.</i></p>
To develop and promote a spiritual strategy.	Q3	To have a spiritual strategy for Dorothy House.	<p>Spiritual Team/ Community Development Officer</p> <p>September 2022 – A working group continue to meet to support the development of the strategy. Spiritual support training resources are being developed and in pilot stage. A leaflet has also been written to provide support and information to external stakeholders.</p> <p>March 2023 – Spiritual Support communications resources have been updated and shared. Free training is offered to our community and takes place monthly. Stakeholder engagement by the Spiritual Support team is supporting awareness of training.</p> <p><i>Completed Q3.</i></p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
Reviewing Children and Young People's Service (CYPS) – looking at a more agile and flexible approach to supporting children and young people of patients under Dorothy House.	Q3	To be able to offer safe, caring, responsive, effective and well led care to children and young people related to patients under the care of Dorothy House.	<p>Family Support Team</p> <p>September 2022 – In phase 2 of the Dorothy House Services Review Q4.</p> <p>March 2023 – This is being completed within phase 2 of the Dorothy House Services Review which started February 2023.</p> <p><i>Completed but ongoing in phase 2 DH Services Review.</i></p>
The Dorothy House Podcast.	Q1	To provide an informal chat through difficult conversations around death and dying, busts myths around hospice care and shine a light on the services we provide. Available on social media.	<p>Communications Team</p> <p>April 2022 – 8 completed. All available on DH website.</p> <p><i>Completed Q1.</i></p>
Introducing some form of Day Service into the community hubs – initially coffee connections.	Q3	To have more community based palliative care services.	<p>Day Services Team</p> <p>September 2022 – Coffee Connections in Frome continues to be successful with good attendance. Virtual support remains in place and CEVC team taking the lead and promoting with outside agencies. LP to meet with Head of Volunteering to discuss further Coffee Connections going forward.</p> <p>March 2023 – Coffee Connections continues at the Cheese and Grain in Frome with really good numbers in attendance. Virtual offering continues. Instigating more of these groups will form part of DH phase 2 Services Review.</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<i>Completed but ongoing in phase 2 DH Services Review.</i>
Increase the number of Bereavement Help Points (BHPs).	Q4	To be able to deliver more Bereavement Services in the community using the model of Bereavement Help Points already set up in a couple of locations.	<p>Bereavement Team</p> <p>September 2022 – 5 Bereavement Help Points operating in, Malmesbury, Shepton Mallet, Corsham, Chippenham and Devizes. The last 3 in partnership with Carers Support Wiltshire (CSW). In addition DH trained volunteers to provide ‘Open Door’ in Warminster and a Bereavement Café in Keynsham.</p> <p>March 2023 – Working with Carers Support Wiltshire (CSW) a new BHP to open in Trowbridge. The BHP Training took place on 13th March 2023, this has led to a Bereavement Drop In Service in Calne and a joint partnership to deliver BHP’s in the Banes area. We are in the process of recruiting a Community Bereavement Service Coordinator whose role it will be to oversee the ongoing development of existing and future BHP’s and Community Bereavement Initiatives, the advertisement will be out early April. Introduced CSW to Prospect Hospice to replicate this model.</p> <p><i>Completed Q4.</i></p>
To review and implement the Dorothy House offer to carers (due to the COVID pandemic the face-to-face carers services stopped).	Q4	To have a carers working group to be able to pull all the carers work together in one place. To have a flexible and responsive approach to carer support.	<p>Family Support Team</p> <p>September 2022 – Working Group to be led by Senior Social Worker who is planning first meeting for November 2022.</p>

Dorothy House – Quality Improvement Plan April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>March 2023 – This is being completed within phase 2 of the DH Services Review which started February 2023.</p> <p><i>This will be on 23/24 QIP to follow up on progress.</i></p>
Dorothy House Day Services to deliver blood transfusions to palliative patients.	Q4	DH have a 1 year contract with RUH to deliver this service. To review and continue with this contract so palliative patients with haematological long term conditions can access blood transfusions in a timely way and be introduced to palliative care services.	<p>Assistant Director of Patient & Family Services</p> <p>September 2022 – Ongoing work taking place to increase patient cohort to support blood transfusions via PICC Lines.</p> <p>Commissioning lead for DH working with the service to support long term commissioning of this area of patient care.</p> <p>Data being formulated to evaluate how many patients referred into DH for transfusion only go on and receive further DH care and support.</p> <p>Very positive feedback from Haematology Consultant RUH 14/09/22 - <i>It is quite clear to me from clinic the added value of the work you do with patients whilst they are on transfusion at Dorothy House. Conversations regarding the end of life are tricky in any patient's journey – but particularly challenging when one is assessing at what point transfusion should be withdrawn – it may no longer be sustaining patients a) at all or b) with an acceptable quality of life, or they may have become too unwell in other ways to receive it.</i></p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p><i>None-the-less it is essentially a withdrawal of life sustaining treatment and a tricky time. Patients who are transfused at Dorothy House come to that conversation more prepared to approach the issues, with a better framework to do so and make the decisions differently due to the different value placed on the time used for transfusion – ie the time spent receiving blood is time they value due to the other experiences provided whilst there.</i></p> <p>March 2023 – Despite all the positive feedback and activity within the service unfortunately ongoing funding has not yet been secured through systems partners. DH continues to work with these partners to extend/secure ongoing funding.</p> <p><i>Completed Q4.</i></p>
Embedding of ReSPECT .	Q2	Patients in BSW to be offered ReSPECT.	<p>Medical Director (EF)</p> <p>September 2022 – ReSPECT now in place, training ongoing. Three BSW ReSPECT specialists also in place to provide support.</p> <p><i>Completed Q2</i></p>
To scope single nurse administration of Controlled Drugs on IPU.	Q4	For patients to receive their medication in a more responsive way.	<p>Medicines Management Group (MHT)</p> <p>September 2022 – 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,</p>

Dorothy House – Quality Improvement Plan

April 2022 – March 2023

Patient Experience (continued)

Action	By When	Expected Outcome	Lead for Dorothy House and progress report
			<p>opening of ward 2 and a large number of new RNs starting on IPU (due to promotions and retirement).</p> <p>This is reviewed regularly at the Medicines Management meeting. At the moment DH are having an increased number of medicine related errors due to the miscounting of Controlled Drugs. Therefore decision made this would not be the right time to go to single nurse administration.</p> <p>March 2023 – No further work has been done on this due to the Inpatient Unit opening 2 extra beds for 3 months and having to integrate and train agency staff. It was felt it would not be the right time. Manager IPU will lead on this work in 23/24.</p> <p><i>This will be on 23/24 QIP to follow up on progress.</i></p>

Appendix 3

Friends and Family Test (iWantGreatCare)

Friends and Family Test (iWantGreatCare)

1 April 2020 – 31 March 2022

Dorothy House Hospice

Your average score for all questions this period



Reviews this period

146

Your recommend scores

5 Star Score

4.94

% Likely to recommend

96.6%

% Unlikely to recommend

0.7%

Friends and Family Test (iWantGreatCare)

1 April 2020 – 31 March 2022

Adult Services

Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Adult Social Work	--									
Dorothy House Hospice	(1)	5.00	5.00	▲	▲	▲	▲	▲	▲	--
Allotment	--									
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--
Bereavement Help Point	--									
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--
Bereavement Support Team	--									
Dorothy House Hospice	(1)	5.00	--	▲	▲	▲	▲	▲	--	--
Blood Transfusion Service	--									
Dorothy House Hospice Care	(11)	5.00	5.00	▲	▲	▲	▲	▲	--	--
CHC BaNES	--									
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--
CHC Wiltshire	--									
Dorothy House Hospice Care	(3)	4.87	--	▲	▲	▼	▼	➤	--	--
COPE	--									
Dorothy House Hospice	(0)	--	--	--	--	--	--	--	--	--
Chaplaincy	--									
Dorothy House Hospice	(1)	5.00	--	▲	▲	▲	▲	▲	--	--
Childrens and Young Peoples Service	--									
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--
Coffee Club	--									
Dorothy House Hospice	(0)	--	--	--	--	--	--	--	--	--
Community Palliative Care Team	--									
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--

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



Top 1/3 of services



Middle 1/3 of services



Bottom 1/3

Adult Services continued

Community Palliative Care Team Clinic Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Compassionate Companions (RUH) Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Complementary Therapy Dorothy House Hospice Care	-- (10)	4.89	5.00	➤	⬆	⬆	⬆	➤	--	--
Creative Therapy Dorothy House Hospice	-- (0)	--	--	--	--	--	--	--	--	--
Day Patient Unit Dorothy House Hospice Care	-- (36)	4.94	4.96	⬆	⬆	⬆	⬆	➤	➤	➤
Dietician Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Hospice @ Home Dorothy House Hospice	-- (12)	4.97	5.00	⬆	➤	➤	⬆	➤	➤	➤
Inpatient Unit Dorothy House Hospice	-- (40)	4.84	4.95	⬆	⬆	⬆	⬆	⬆	➤	➤
Lymphoedema Dorothy House Hospice	-- (0)	--	--	--	--	--	--	--	--	--
MND Specialist Practitioner Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Medics Dorothy House Hospice	-- (0)	--	--	--	--	--	--	--	--	--
Occupational Therapy Dorothy House Hospice Care	-- (3)	5.00	5.00	➤	➤	➤	➤	➤	--	--
Palliative care clinic Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Physiotherapy Dorothy House Hospice Care	-- (22)	4.97	4.87	⬆	⬆	⬆	➤	⬆	➤	➤
Psychological Support Dorothy House Hospice Care	-- (6)	4.97	--	➤	➤	➤	⬆	➤	➤	➤
Unknown Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Volunteer Companions Dorothy House Hospice	-- (0)	--	--	--	--	--	--	--	--	--

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

➤ Top 1/3 of services

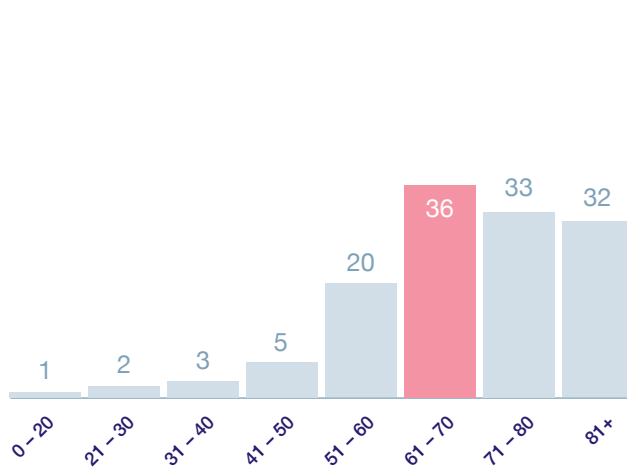
⬆ Middle 1/3 of services

⬆ Bottom 1/3

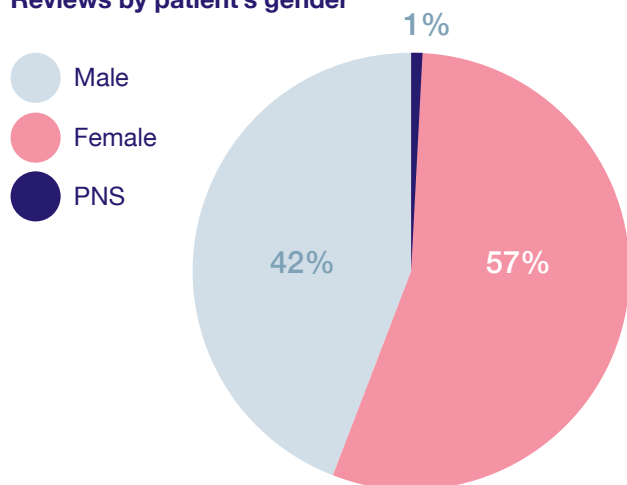
Friends and Family Test (iWantGreatCare)

1 April 2020 – 31 March 2022

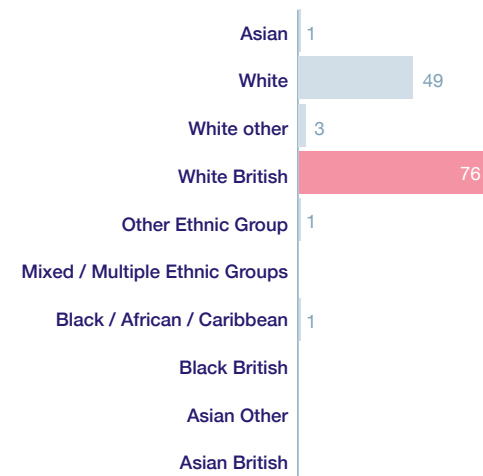
Reviews by patient's age



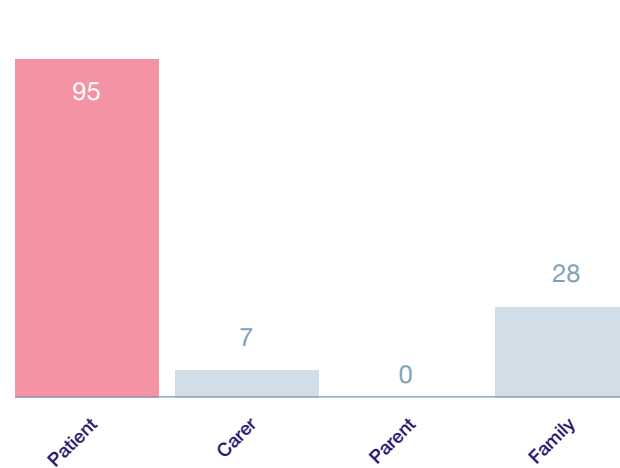
Reviews by patient's gender



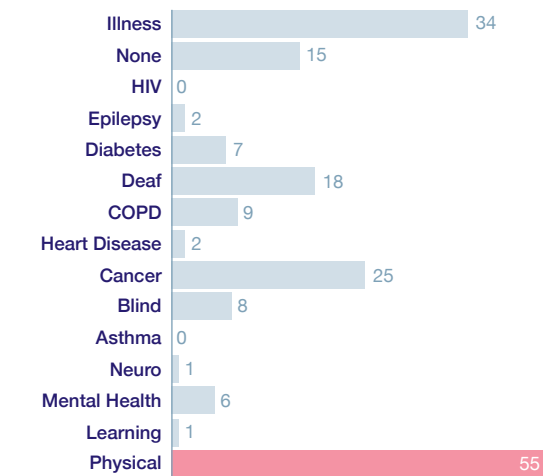
Reviews by patient's ethnicity



Reviews by reviewer type



Reviews by patient's conditions



Demographics completion rate

Question	Blanks	% Completed
Age	14	90.41
Gender	4	97.26
Ethnicity	15	89.73
Long-term conditions	25	82.88
Reviewer type	16	89.04

Appendix 4

Statement from Bath and North East Somerset,
Swindon and Wiltshire Clinical Commissioning Group

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Dorothy House Quality Account for 2022/ 2023. In so far as the ICB 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 ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank Dorothy House for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects the Dorothy House on-going commitment to quality improvement and addressing key quality improvement objectives in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, Dorothy House has still been able to make achievements against all their priorities for 2022/23 including:

1. Clinical training for non-registered clinical staff. There is still ongoing work towards all non-registered clinical staff completing the Tulip Standard Award and currently there is a rate of 79% compliance. All new starter carers now complete it as part of their induction process.
2. Converting two-bedded IPU room to two separate

rooms. A procurement tender for build contractors has been completed. Due to an increase in the cost of the building work the start date for this is currently on hold whilst further funding opportunities are sought.

3. Standardising mattresses on the Inpatient Unit (IPU). There were incidents where patients acquired pressure ulcers on the IPU but were then too unwell to move onto the correct mattress. All new mattresses in place, these are Apex Domus Auto mattresses that have alternating pressure redistribution systems.
4. Review the Community Multi-Disciplinary Team Meetings (MDTs). There are four new Community MDT meetings each week. They use an SBAR structure and incorporate OACC and Advance Care Planning discussions into the format. They are attended by key members of the MDT including Nurses, Medics, Therapists and Family Support Team. All new patients are presented as well as complex patients where an MDT discussion is needed. They are recorded within SystmOne. They were started in a phased approach from January 2023 and the Community Palliative Care Team Leader who led the project holds regular review meetings and is using the Plan Do Study Act (PDSA) model to implement the small changes from the learning as the meetings develop.

The ICB supports Dorothy House identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued

engagement in the agreed service improvement plan and focus on:

1. To implement a new electronic system 'RADAR' for reporting all accidents and incidents across all teams. This system allows digitalisation of the process and standard operating procedures for accident and incident reporting. This will ensure that if an incident is logged, all the associated requirements are captured and generate real-time reports and enable themes and learning to be captured and shared to improve patient and family care. This will all contribute to implementing the new NHS Patient Safety Incidence Response Framework.
2. To appoint a Patient Flow Coordinator role based in the Royal United Hospital. Due to the success of the Patient Flow Coordinator role funded by BSW ICB B&NES locality last year, Dorothy House has funded and recruited into this role as a permanent position. Early indications are that this role improves the flow of patients out of the Royal United Hospital Bath (RUH), meaning people are cared for and more likely to die in their preferred place.
3. Complete the NHS 15 Step Challenge – Quality from a patient's perspective. Dorothy House is committed to putting patients and families at the centre of services, enabling staff, patients and their families to work together to identify improvements that can be made. This tool will improve our understanding of what our patients and families experience when they first arrive at Dorothy House to identify improvements that can be made to the services.

Continued over page

4. To achieve single nurse administration of Controlled Drugs on the Inpatient Unit. This is in support of the scoping work that has already been completed for Registered Nurses to be able to administer Controlled Drugs without a second checker on the Inpatient Unit. Significant evidence now suggests that single nurse administration of controlled drugs will reduce errors and create greater efficiencies.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Dorothy House, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May
Chief Nurse Officer
BSW ICB

