

Impact Report

2023/24





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Wayne de Leeuw, CEO

Welcome



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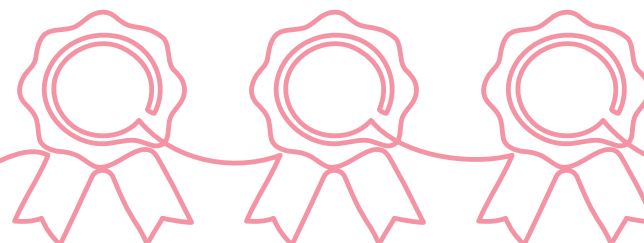
Welcome to our Annual Impact Report. I am delighted to highlight to our communities how we have used your generously donated funds (and our NHS income) to strive towards our mission of everyone having access to outstanding palliative and end of life care.

This year we have focused on embedding our new localised community structure, bringing care closer to those who need it. We know we are not yet reaching everyone who needs us, but throughout the 2023-2024 Financial Year (FY23/24) we have made great progress, caring for 2,986 patients (5% more than last year) and 1,078 families/carers (an incredible 15% more than last year).

We have worked hard on efficiencies, taking a ‘digital-first’ approach and collaborating closely with community partners to ensure we offer an excellent level of care to as many people as possible. We have expanded the self-service resources on our website, allowing anyone to access free information and advice. Alongside our Motor Neurone Disease Specialist, this year we have employed an Admiral (dementia) Nurse Specialist and a Heart Failure Nurse Specialist, working towards a more equitable level of specialist care for patients with varied illnesses.

I am personally so proud of the ongoing commitment of our staff and volunteers, especially because the quality of our care has been celebrated through three Certificates of Excellence from review site, iWantGreatCare. This is a testament to our teams’ unwavering focus on compassionate, person-centred care, asking our patients and families ‘what matters to you?’.

I am delighted that this dedication has been recognised by the communities we serve.



The heart of our communities

Listening to our communities - brand perception survey

In January 2024, we ran a survey to help understand what our communities think about the support offered by us and other local charities, and how we can have more impact working alongside them. Some of the questions were designed to ascertain people's views of Dorothy House and our services, but we also asked questions around perceptions of death and dying and how comfortable we are as a society having these difficult conversations.

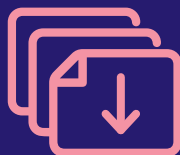
Of the 400 people who completed the survey, 78% believed that discussing death and dying is important, but only 39% agreed they do this as a family, and 24% that as a community we are good at having these conversations. These results fully support our vision for the importance of a society where death is a part of life, and the fact that more work needs to be done transforming attitudes to death and dying, opening up conversations and creating compassionate communities.

Self-service support

One way we support our communities is by making advice and information available for free on our website. The below numbers are from April 2023-March 2024.

425,000

page views
of our website



1,996

downloads of
flyers from our
Information Hub



1,500

page views of our
symptom control pages

Bereavement Help Points

Bereavement Help Points (BHPs) are community based drop-in support groups, open to all bereaved people to meet with others experiencing similar thoughts and feelings. Throughout FY23/24, our nine BHPs supported 155 people, who on average attended 8 sessions each over the course of the year. We were seeing three times the number of people by the end of the year compared to the start. We are thrilled to know that our efforts to reach our community are proving successful and that we are supporting more people who need us, close to their homes.

A number of initiatives have allowed us to increase the effectiveness of our BHP service. Since April 2023, we have put 60 volunteers through the Dorothy House Bereavement Help Point Facilitator training. We continue to run this training quarterly for our own workforce, and also free of charge for volunteers from other organisations.

We are planning to open a new BHP in Peasedown St John this summer, which we will be operating in the early evening. The timing of the session is in response to an unmet need to provide support for bereaved people who are working during the day. We are currently considering other opportunities to open existing hubs outside of working hours.

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Richard K, said:

After I lost my wife I started looking for any support I could find to help me with my bereavement. I then found the Dorothy House website with a list of BHP support groups. It was a big step to attend the first one, as I was nervous of what to expect. Now I look forward to the support of the facilitators and the other members of the group. Some have become friends and we keep in touch to support each other. I only have praise and thanks for Dorothy House.”

Community Palliative Care Clinics

Our nurse-led Community Palliative Care Clinics have gone from strength to strength this year, with 10 locations held in community settings such as GP practices now operating across our patch. We have seen 108 patients in these clinics, and with plans to open more in the coming months, this number will increase.

What the Community Palliative Care Clinics offer;

Enable more patients to access the specialist palliative care advice and support they need, by improving the efficiency of our early care.

Give patients easier access to our support, directly alongside the services they use regularly.

Help more patients access support at an earlier point in their diagnosis.

Give easy access to patients with a wide range of illnesses.

Make referrals to Dorothy House easier, thanks to a more joined-up approach between our community nursing teams and local health and social care providers.

Reduce unnecessary hospital admissions.

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The clinics can be a gentle way to introduce patients to Dorothy House. For example, we might sometimes bring anxious patients to one of the Winsley clinics, so they come into the building and see how lovely and welcoming it is. For some patients, having the option of meeting us in a non-personal, yet familiar space, is really important, to separate their illness from their home. The emphasis is on patient choice - they can pick a time and place that suits them.”

Janet Walton, Clinical Lead -
Community Palliative Care Team

Supporting young people

Supporting schools

We know that schools often struggle to support children who have a family member facing a palliative diagnosis, or who have lost someone close. Serious illness and bereavement have a profound impact not just on the child, but on their peers and the school staff.

In response to this, the Family Support Team are now offering both online and face to face training for school staff to help them best support the children in their care, both pre and post bereavement.

To date, four schools and almost 90 staff have attended the training and the feedback has been overwhelmingly positive. Staff have appreciated **‘the opportunities to reflect,**

learn, share with and support each other, learn strategies to support children and appreciate the impact of children’s grief’.

As a result of the training, one school is now developing a bereavement policy to ensure a consistent approach to supporting children and staff. Another is looking at ensuring supervision for staff around supporting bereaved and pre-bereaved children.

90 people
have attended our
school staff training

Widowed and young group

The death of a partner is always difficult, but it can be particularly challenging for younger people. We have launched a new evening group, giving younger widowed people the chance to connect with each other, share experiences and provide support. Many of them are supporting their children through the grief of losing

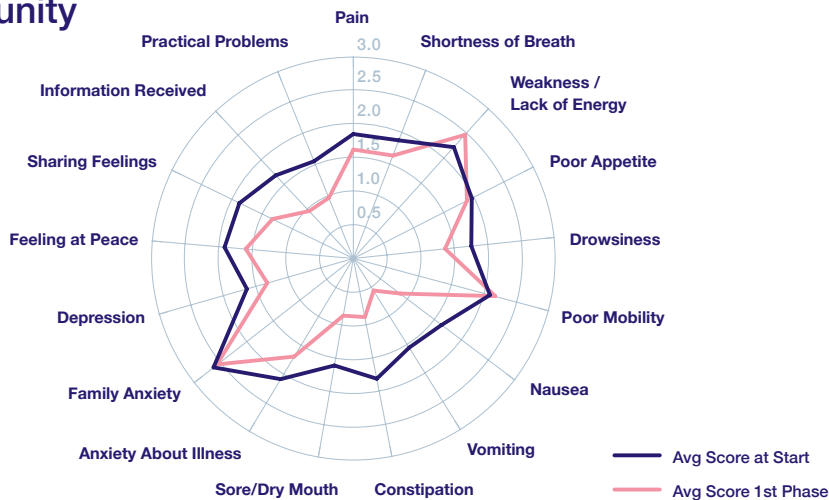
a parent, leaving little space for their own feelings. They often feel isolated, especially when friends and peers have busy lives and struggle to relate. Initial feedback from this new group has been hugely positive, with attendees saying it’s a huge relief to meet with others in a similar situation who ‘get it’.

The impact of our care

The heart of our work is improving patient outcomes through their end of life journey. We monitor the impact of our care using a tool called the “Outcome Assessment and Complexity Collaborative (OACC)” suite of measures.

These tools allow us to track the progress of our patients’ symptoms through the phases of their illness by recording self-assessed scores at regular intervals. The below charts demonstrate the impact of our care, with average patient scores at the start of their care compared to later scores.

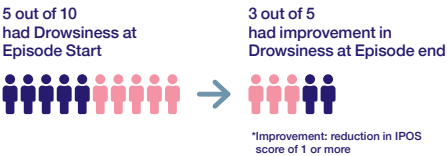
Community



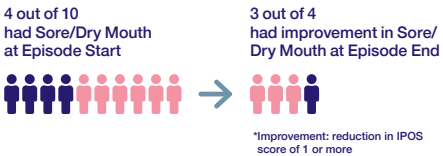
Improving Pain



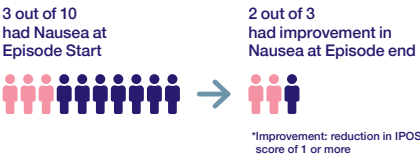
Drowsiness



Sore/Dry Mouth



Nausea

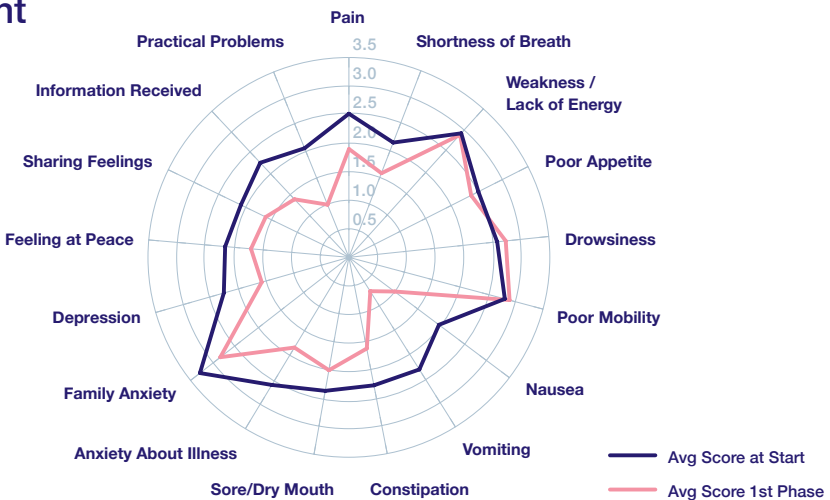


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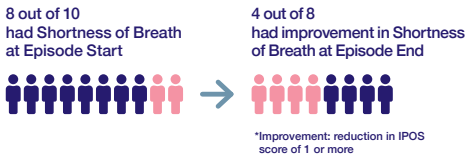
These results are a powerful testament to the hard work, dedication and expertise of staff working for Dorothy House in making a significant difference to patient care and outcomes.”

Rebecca Bhatia, Dorothy House Medical Consultant

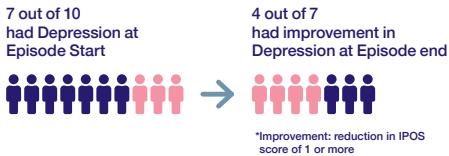
Inpatient Unit



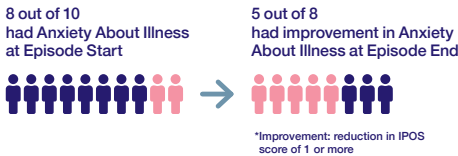
Shortness of Breath



Depression



Anxiety About Illness



Practical Problems



Our volunteers

We could not operate without the incredible volunteers who support us across all departments of the Hospice. Throughout FY23/24, we have welcomed 276 new volunteers, bringing our total number up to 1,130.

The relationship between Dorothy House and our volunteers is reciprocal – they generously give us their time, talents and support, and in return we offer them purpose, friendship, routine and community.



When asked, our volunteers told us their motivation is to:

- give something back
- help a great cause
- gain experience



Hear from some of our amazing team about why they love volunteering for the Hospice.



"It keeps us very active, gives us something to get up for in the morning and we know what we are doing is a great benefit to Dorothy House. It gives us something to do together and we now have more in common with each other."

Andy and Karen,
Warehouse Volunteers

"I wanted to do something that would add more structure to my week. So, I applied to be a volunteer in one of the shops and here I am 9 years later! It's really lovely to be part of it."

Ainslie, Shop Volunteer



Warehouse Assistant Retail Admin Hospital Companion IPU Host Bakers Bereavement Support Practitioners

Online Retail Book Assistant Shop Volunteer Spiritual Care

Hospice User Group Finance Admin Coffee Connections Blood Transfusion Service Driver

Pharmacy Run Driver

Companions

Therapeutic Practitioners Drivers Life Stories

Telephone Befrienders

Nursing Support

Pat Testing

Hospice at Home Support

Event Help Creative Arts

Physio Support

Specialist Nutritionist

Gardeners Day Patient Services Complimentary Therapists Coffee Club Facilitator Kitchen Server

Furniture Shop Bereavement Help Points Receptionists Digital Team

VARIETY OF VOLUNTEERING ROLES

"It's a lovely group to work with and I thoroughly enjoy working outside. I find people really friendly and easy to talk to and I just enjoy coming here!"

Patsy, Volunteer Lead Gardener

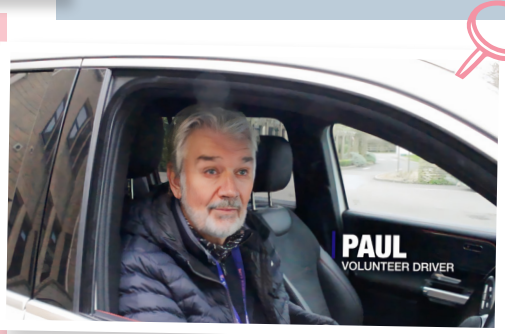


"I wanted to get out and meet more people, and people who are maybe not as fortunate as I am. I find people really interesting and if we can add a little bit of quality to their lives and give them something to look forward to each week, that's great."

Jane, Volunteer Companion Assessor

"I decided when I retired that I wanted to give something back and be a little more useful. Meeting the different patients is really really nice. You sometimes meet people who haven't seen anyone for 2 or 3 days and it's great to just chat to them and see what's going on in their life."

Paul, Volunteer Driver



Reaching new people

Chew Valley - expanding our communities

In October 2023, we were commissioned to provide end of life services to the Chew Valley. This change occurred to better align hospice care with the local GP primary care networks, offering patients more consistency and making it easier to share electronic records between healthcare providers. In early 2024, we commissioned Community First to undertake a listening exercise with the community of the Chew Valley.

We collected the views of 125 local residents about what they feel is important in terms of life-limiting illness, how to live and die well and bereavement support. Our aim was to improve our understanding of the community's aspirations for end of life care, and use this information to adapt our services, communications and fundraising to the needs of the community, building on the strengths that already exist. The next step is to undergo a rigorous research exercise to map exactly what is already available, and where our efforts will be best placed to improve the end of life services in the Chew Valley.

Dementia and Heart failure services up and running

This year, we have recruited two new expert nurses: a dementia (Admiral) nurse, and heart failure specialist nurse. As a hospice, we will look after anyone in our community with a life-limiting illness, but we know that in some areas there is still a perception that we primarily care for patients with cancer. Directly combatting this, the two new services have been designed to offer a clear referral process and bespoke care for patients with dementia or heart failure.

Blood Transfusion Service – embracing technology

Since 2022, we have run a Blood Transfusion Service at our Winsley site, offering patients an alternative venue to the Royal United Hospital Bath (RUH), and helping alleviate pressure on the hospital. The Hospice has become a trusted location where patients can be referred to receive regular blood transfusions, often closer to their homes. This also gives those using the service the opportunity to experience hospice support, helping them with other aspects of living with a life-limiting condition.

Part of this treatment requires finding suitable veins through which the transfusion can flow. For some patients, this can be difficult due to the number of treatments they have already had, or simply because their veins are less visible. In collaboration with the RUH, our staff investigated possible solutions to help with this common problem, resulting in us trialling the Airglove.

The device gently warms the patient's lower arm through a specially designed inflatable double-walled glove. By providing this consistent and controlled heat, the available veins are more visible and easier to access. It offers an impressive 87.5% success rate (within 3 minutes) in finding veins at the first attempt, minimising pain and discomfort for the patient.

Our Blood Transfusion Service saw 170 attendances last year, and our team have found that the Airglove is not just beneficial for patients with difficult-to-find veins, but actually for all patients who use the clinic. The device will also be available for use by the nursing and medical teams on our 10-bed Inpatient Unit.



Simon's story



Support for patients with Motor Neurone Disease
Our Motor Neurone Disease (MND) Service is jointly run by the Hospice and the RUH. The service offers a single point of contact and ongoing support for patients with MND, their families and carers. Our MND Specialist, Dawn, works mainly in patients' homes, but also at the RUH and the Dorothy House Winsley site. At any one time, Dawn is working with 40-45 patients with MND.

“I didn't want to die; I wasn't planning to any time soon. But it turned out that the services offered at Dorothy House were hugely helpful to me and my family, and will remain so up until this disease has played out. It's really an 'in life' service as much as an end of life one.”

Simon was diagnosed with MND at the age of 40 and is now one of Dawn's patients. This is his story:

“The day of diagnosis was probably the worst day of my life. It was a very difficult message to receive. I went into crisis mode; you think that you've got weeks to live.

When Dawn came round and mentioned she was from Dorothy House, I wasn't interested because I thought a hospice was a place you go to die. And I didn't want to die; I wasn't planning to any time soon. But it turned out that the services offered at Dorothy House were hugely helpful to me and my family, and will remain so up until this disease has played out. It's really an 'in life' service as much as an end of life one.

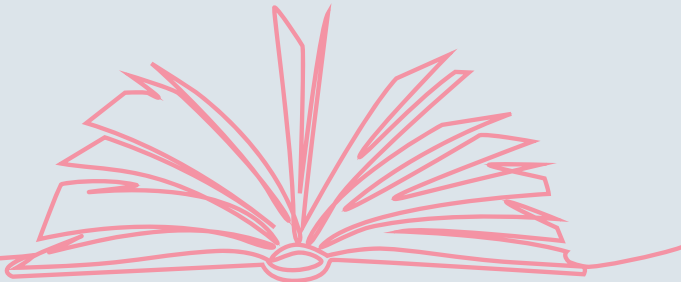
My wife received counselling here and we've seen a child psychologist to help us work through the impact on our son. We're making creative keepsakes together as a family, where we're building something physical to store memories in of all the things we love to do. I'm also doing "Life Stories" with a

Dorothy House volunteer, which helps me record important moments from my life for future generations. Some people store pictures or memorabilia in a box. For other people, it's about music and playlists and recordings. I'm going to try and make a series of videos, particularly for my son, so that he learns more about me and my views on life, in case he has questions later on.

The speed at which MND progresses means that you struggle mentally to prepare yourself for it. Dawn, the specialist practitioner, has raised things like my will and advance directives early - there are a lot of decisions to make and lots of paperwork to complete. But I'd rather be doing it while I have time to think about it, rather than as an urgent issue which suddenly needs to be solved. That is what Dorothy House has helped us navigate.

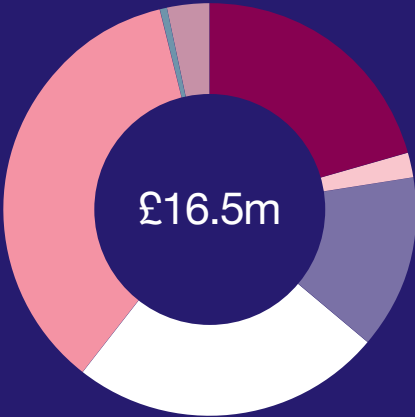
I always feel better after having come to Dorothy House, and knowing that there is going to be support for my family afterwards. Your initial thought is that it's just an end of life service. Actually, it is a holistic journey to support me and everyone connected to me throughout, which is really wonderful.”

Scan the QR code to watch Simon's full story



Finances

Our income in FY23/24 was £16.5m, 5% more than last year. This was made up of NHS and education contracts, fundraising, our retail shops and legacies left in wills.



NHS	£3.8m
Education	£0.3m
Legacies	£2.2m
Fundraising	£3.9m
Retail	£5.7m
Other	£0.1m
Investments	£0.5m

Phone

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Fundraising: 01225 721 480

Clinical 24hr Advice Line: 0345 0130 555

Online

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Thank you to all
our supporters!



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