

Quality Account

2024–25



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Part 1

Chief Executive Statement of Quality

Chief Executive Statement of Quality

In the final and busy year of our “Everyday, Everyone (2018-2025)” strategy, where our workforce provided a greater variety of accessible and compassionate care and support to more people than at any time in our past, it gives me great pleasure to introduce the Dorothy House Hospice Care Quality Account FY24/25.

Our annual Quality Account sets out how we deliver our strategic mission to ensure that “everyone has access to outstanding palliative and end of life care”. It also sets out the quality improvements that we have introduced this year, and those we are planning for the year ahead. The aim of this report is to give clear information about the quality of our services, so that the communities we care for feel that we are listening to them to better understand their needs. By doing so we want our communities and the organisations that we work with to be reassured that our services are of a high standard, safe, based on best practice and well led.

At our last Care Quality Commission (CQC) inspection in 2022, we maintained our ‘outstanding’ rating. The quality of our care has been recognised for a second year running through a further

three Certificates of Excellence from the review site, iWantGreatCare. Our teams strive in every moment to deliver personalised, compassionate care when and where it is needed most and so we are delighted to have these endeavours recognised by the communities we serve.

With an ambition to improve three broad areas of the quality of our care and support last year i.e. the patient and family experience, widening access and empowering our workforce, there are several achievements worth noting:

- **Patient and family experience:** Our teams have excelled in the work to reduce falls on the Inpatient unit (IPU), learning from others and applying best practice to enable and empower people in our care to remain safely independent. Recognising a need to improve the quality of our care in these areas, we employed our own Speech and Language Therapist (SALT), secured grants to understand and improve the care of people with arthritis at the end of life and conducted research on the importance of intimacy at the end of life. We improved the facilities at the Winsley site including the reception and Out of Hours/

Ambulance entrance and positively evaluated them using the NHS “15 Steps Challenge”, allowing the patient and family areas to be reviewed through eyes of people who use them.

- **Widening access to our services:** Seeking equitable access to our services, we continued work in the care of people with a non-cancer diagnosis through direct support, collaborations and training delivered by our Admiral Nurse (dementia) and the valuable relationships and partnerships being created by our Homeless Link Worker with key local charities and provider partners.
- **Empowering our workforce:** A key transformation has been the implementation across the Hospice of the NHS Patient Safety and Incident Review Framework (PSIRF). Aligned to our non-cancer ambitions, we rolled out training for our workforce in the care of people with dementia. Recognising the need to remain a “well led” organisation, we launched the “leadership framework” so that all members of our workforce can hold themselves and others to the highest levels of accountability through

“compassionate leadership” enabled through use of communities of practice and online training from the King’s Fund (ShiftWorks). Our digital approach was strengthened through the launch of “CARMA”, a CRM system aimed at improving relationships and partnership working across the Hospice and Integrated Care System. We also completed the work to improve our independent and complementary prescribing practices.

The above are just a few highlights of the previous year. The year ahead (FY25/26) holds tremendous promise and opportunities to improve the quality of our care. Building on our new three year strategy entitled “*It’s Personal*” our purpose is that “*we will empower, collaborate and deliver so that no-one faces death alone*”. Please do read on to find out more about our achievements and our many quality improvement plans for the year ahead.

Wayne de Leeuw

Chief Executive and Accountable Officer

Part 2

Our priorities for improvement FY25/26

Our priorities for improvement FY25/26

These form part of our Quality Improvement Plan **(Appendix 1)**

Priority 1 – Future Improvement: As part of the new Care Services strategy to embed and improve on delivering and promoting personalised care.

How was this priority identified?

From wanting to deliver the best care to people. Personalised care is one of the five major, practical changes to the NHS that will take place over the next five years, as set out in the new 10-year Health Plan for the NHS. Personalised care means people have choice and control over the way their care is planned and delivered. It's based on 'what matters to them' and their individual strengths and needs.

How will this be achieved?

By offering education sessions on personalised care to enable our workforce to deliver this by bringing together six, evidence-based components, each of which is defined by a set of practices. These are:

- 1 Shared decision making.
- 2 Personalised care and support planning.
- 3 Enabling choice, including legal rights to choice.
- 4 Social prescribing and community-based support.
- 5 Supported self-management.
- 6 Personal health budgets.

The teaching sessions will be evaluated and from this we will have a greater understanding of our strengths and gaps.

How will we monitor and report progress?

- Get feedback from the education sessions.
- Celebrate our strengths and understand our gaps.
- Develop some work streams to address any gaps or areas of further learning.
- Feedback from people who use our services.
- Feedback from our workforce.

Priority 2 – Future Improvement: To develop a mouth care video for our workforce, people who access our service and other professionals.

How was this priority identified?

The aim of palliative mouth care is preventing oral complications, maintaining adequate oral function, promote comfort, hydration and overall quality of life. People in palliative care are often dependent on someone else for their mouth care. This continues from the mouth care leaflet that our Hospice at Home carers have written and the ongoing work of the mouth care group that was set up from this project. This group of carers wanted to do something

to support their colleagues and to enable families and carers to be able to perform safe, effective mouth care for patients at end of life.

How will this be achieved?

Dorothy House Hospice at Home carers are working with Mouth Care Matters, Education Department and Communications Team to deliver a video tutorial.

How will we monitor and report progress?

- Initially it will be with the final video being made, edited and put on our website and YouTube.
- The Communications Team will monitor the number of times this video is accessed online.
- The Hospice at Home carers can also ask families if they found the video helpful.

Priority 3 – Future Improvement: To develop and implement a hospice research toolkit. (In collaboration with St. Peters Hospice)

How was this priority identified?

Hospices in the Southwest Central (SWC) region without dedicated research staff are not always confident to undertake research projects. This improvement will develop a one stop shop of research resources and education online in the SWC region. It will support with for example, the correct governance, procedures are followed, data collection and informed consent.

How will this be achieved?

This work is being led by the Lead Dorothy House Research Nurse and is being funded for a year by the National Institute for Health Care Regional Research Delivery Network SWC.

How will we monitor and report progress?

- A launch of the toolkit.
- Asking other hospice professionals who use the site how helpful it was.
- An increase in other hospices being part of, and leading on research projects.

Priority 4 – Future Improvement: To enable people accessing Dorothy House to have access to Lumin&us a new play-based parenting app for families.

How was this priority identified?

Dorothy House have Children and Young People Support Workers working with children of our patients. They want to provide various ways to support families and carers when pre bereaved or bereaved children are struggling with their mental health, this app would provide another tool for people to access.

How will this be achieved?

This is a joint project between Dorothy House Communications Team and Children and Young People Support Workers.

How will we monitor and report progress?

- Getting the App available for Dorothy House families.
- Once the App is available the Children and Young People Workers will be able to follow up how effective this has been for families by asking them.

Statement of Assurance from the Board of Trustees

The Board of Trustees at Dorothy House (DH) play a crucial role in ensuring the organisation operates effectively and adheres to its mission. It is dedicated to ensuring that DH provides high-quality services, with a focus on governance, strategy, and policy.

The Board meets quarterly, supported by seven trustee-led sub-committees that meet prior to each board meeting. In the reporting period, we have established a trustee-chaired Safeguarding Assurance Panel, to further strengthen oversight in this area. Effective governance is a core component driving the Hospice's operations and is overseen by our Head of Governance. Specifically, clinical governance is managed by the Clinical Quality Lead, overseen by the Clinical Governance Sub-Committee, and accountable to the Care Services Committee.

We have recently re-introduced a more formal approach to trustee engagement, encouraging trustees to make regular visits to the Hospice, shadowing and spending time in our service settings. Trustees view direct interaction with our services and patients as essential to:

- Monitor health and safety and the standard of care, ensuring continuous evaluation and improvement of services.
- Understand stakeholders' experiences and perceptions and seek feedback and learning on our services.
- Consider our services in light of our values and strategic direction.

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

Our services

Dorothy House provides palliative and end of life care services to adults (18+) with a progressive treatable but not curable life-limiting illness or with severe frailty and their family (including children) and carers. We care for people across our approximately 800sq mile catchment area which covers Bath & North East Somerset, parts of Wiltshire and Somerset.

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

In FY24/25, we cared for 4,245 people - patients, their families and carers - with people accessing one or more of our services including some of our “open access” services, where a formal referral is not required. This is an increase of 5% from the previous year.

Below is a list of the services we provide close to where people live, in their community or at Winsley – more than 90% of our care is provided out in the communities we support.

Clinical Coordination Centre:

A team of Clinical administrators who receive and process all the referrals into Dorothy House.

Medical Team: Consultants in palliative medicine, speciality doctors, GP trainees

and Advance Nurse Practitioners deliver specialist care, training and education.

Inpatient Unit – Specialist Palliative

Care: 10-bed specialist unit at Dorothy House, Winsley.

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

Community Palliative Care Teams

(CPCTs): Neighbourhood focussed, led by Clinical Nurse Specialists with multi-disciplinary teams supporting patients and their families within the community, closely aligned to and collaborating with Primary Care Networks, GP surgeries and Community and District Nursing teams.

Hospice at Home (H@H): Experienced healthcare assistants with specialist training in end of life care (Tulip Standard) providing end of life care – day and night - within homes or residential care settings.

Therapies including:

- Physiotherapy
- Occupational Therapy
- Lymphoedema Service
- Complementary Therapy
- Nutrition/dietetics
- Speech and Language
- Admiral Nurse

Family Support Services providing access to:

- Adult social work
- Children and young people’s service
- Bereavement services
- Psychological support (pre-bereavement)
- Spiritual support
- Companions service
- Homeless Key Worker
- Creative Arts

Day Services: These include nurse-led services including blood transfusion and other 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, often delivered in collaboration with local charity partners, these groups are open to anyone in our community affected by a life-limiting illness, loss or bereavement. Examples include:

- The Coffee Connection
- Bereavement Help Points
- Walking Through Grief
- Writing Hour
- Serenity Group

Education, Research & Professional Development: A key pillar of Dorothy House services:

- Leading research to improve palliative and end of life care in the future.
- Professional development and palliative care updates for the Dorothy House clinical workforce.
- Education programmes for health and social care colleagues in the community and in Higher Education (HE) institutions e.g. University of the West of England, University of Oxford etc.
- A facility to host/deliver education programmes and visits and under and post graduate health and social care student placements from a wealth of professional backgrounds.

To enable us to widen our reach, particularly for patients, families and carers with a non-cancer diagnosis we also have:

Admiral Nurse – To support patients their families and carers living with dementia and to provide expert advice to the rest of our clinical teams.

Motor Neurone Disease (MND) Specialist Practitioner – To support patients, their families and carers living with MND and to provide expert advice to the rest of our clinical teams.

Homelessness Link Worker – Promoting our services with under-represented/hard to reach communities.

Speech and Language Therapist (SALT) – Providing help to people to develop and improve their ability to communicate effectively, whether through speech, language, or alternative methods. SALT also address eating, drinking, and swallowing problems, known as dysphagia.

Clinical quality

Dorothy House aims to continuously improve the care it provides for patients, their families and carers through clinical audit, learning from patient safety incidents, complaints, compliments, feedback and the experience of patients and other users. It is very important to us to hear feedback from people who use our services, whether it is positive or where there are concerns raised about our care either informally or through the formal complaints process.

Clinical audit

This measures patient care against explicit national, local or internal clinical standards.

How are the clinical audits selected?

Standard contract requirements:

To provide palliative and end of life services within a NHS contract, our commissioners require evidence to demonstrate quality by undertaking clinical audits in areas such as infection control, safeguarding and medicine management.

Best practice: Dorothy House (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 a patient safety incident:

An audit is one way to demonstrate that lessons are learned, resulting in improvements in patient safety and quality of care.

Over the year, Clinical Audit Quality Improvement Group oversaw 58 clinical audits. This includes the mandatory quality assurance audits, follow up audits and ten new audits. The results, learning and any actions from all audits are presented and discussed at Clinical Audit and Quality Improvement Group, the minutes of this group are included in the Clinical Governance Subcommittee and a summary is written for the Care Services Committee.

Some highlights of the years clinical audit programme are:

- We had an external audit of safeguarding and this has led to an internal Safeguarding Assurance Panel being introduced.
- The Infection Prevention and Control audits have been updated, and we are using The Hospice UK Workbook of Standard Infection Prevention and Control Precautions Audit Tool. From these there are action plans being actioned by the Infection Prevention and Control Lead working closely with the Facilities Department.

- We were invited to be part of the National Blood Transfusion audit and achieved 100% across all the criteria.
- Inpatient Unit nurses initiated a transdermal patch audit. This is being repeated six-monthly as new charts have been introduced to give assurance patches are being checked regularly.
- The Admiral Nurse Service supporting patients, their families and carers with dementia commenced at DH in 2023 with the appointment of an Admiral Nurse. The Admiral Nurse has undertaken a second audit FY24/25, *Admiral Nursing Service 'VIPS' (Person-centred care in dementia) Audit*. This has shown the improvements in the first year of the Admiral Nursing Service to the key areas.

Patient safety

Patient safety is a key domain of quality in hospice care. All patient safety incidents and near misses are reported on RADAR, our internal reporting system following the Dorothy House Accident Incident Near Miss reporting policy. RADAR was introduced as the electronic method to record incidents in Q3 FY23/24. Patient safety incidents are reviewed, investigated and signed off by the department's manager, Accountable Officer or clinical quality lead. Themes and learning identified are reviewed at the Clinical Governance Subcommittee which takes place quarterly. A patient safety incident meeting has been started for teams to bring any challenges, good practice and share learning.

Patient Safety Incidents

In FY24/25 we recorded 223 patient safety incidents (including 24 patients admitted with pressure ulcers). This is an increase from FY23/24 of 70%. We understand the increase is due to introducing RADAR, the introduction of PSIRF, the training staff are undertaking and the change in culture of reporting, including knowing what to report and near miss reporting.

One of the main themes to emerge this year has been an increase in medication related incidents. These are incidents that do not directly affect patients as they are related to the counting and signing in of Controlled Medications. A working group has been set up including staff from the Inpatient Unit led by the Deputy Clinical Quality Lead using a Safety Engineering Initiative for Patient Safety (SEIPS) approach.

Our PSIRF policy sets out Dorothy House'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. Over this last year we are working with other hospices and the wider system to share themes and learning from patient safety incidents.

Complaints

In FY24/25 there were seven formal clinical complaints, the same as FY23/24. Two were fully substantiated, two were partially substantiated and three were not substantiated.

Whilst we received very few complaints, it is important that we give those raising concerns the opportunity to share their experience and to be listened to. All complaints are investigated by a manager and areas of learning identified.

Learning over the last year has included:

- Adapting the pressure ulcer leaflet used on the Inpatient Unit for patients and families in the community.

- Ensuring early escalation to a senior colleague if patients or families are refusing to allow the carer to follow the care plan in the community.
- Appropriate communication for Hospice @ Home Carers during visits. Our carers must remain professional and boundaried when holding conversations with patients and family members.
- As an organisation, to be clear about what we do and do not offer.

Compliments

In FY24/25 we received 600 written compliments very similar to the previous year. An excerpt from one of the compliments:

"Thank you for your support, kindness and compassion for my Mum. Never have we received such amazing generosity, you are all truly amazing people doing incredibly important work. You all have made this horrible time much easier for her, myself (daughter) and her husband."

Dorothy House has continued using iWantGreatCare (this includes the NHS Friends and Family test) to gather patient and family feedback across all clinical services. Throughout FY24/25 DH received 189 reviews and the average star score achieved was 4.93 out of a 5-star score. In March 2025, we again received three certificates of excellence from iWantGreatCare in recognition of consistently achieving outstanding patient feedback for the Inpatient Unit, Day Patient Services and Community Palliative Care Teams. See Appendix 3 for more information.

Duty of Candour

All healthcare professionals have a Duty of Candour – a professional responsibility to be honest with patients and families when something goes wrong with their treatment or care.

Dorothy House 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 patient safety incidents.

Patient outcomes

Dorothy House is committed to measuring and reporting on the impact we have on the health and wellbeing of people in our care and understanding their experience. We have been using the Outcome Assessment and Complexity Collaborative (OACC) suite of tools developed by the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation. We use three of the measures to demonstrate and reflect on different elements of a person's health status:

- IPOS (Integrated Palliative care Outcome Scale) is used nationally and internationally in different formats. There are versions for patients, carers and staff to assess the impact of interventions on symptom burden. At Dorothy House, the IPOS measure is embedded within a form called 'What matters to you?' which enable us to address a person's priorities and goals as well as their symptom burden by also asking them 'What is important to you right now?' and

'What would you like to achieve in the next short while?' This tool then acts as the driver for holistic assessment and review whilst also acting as a measurement of outcome.

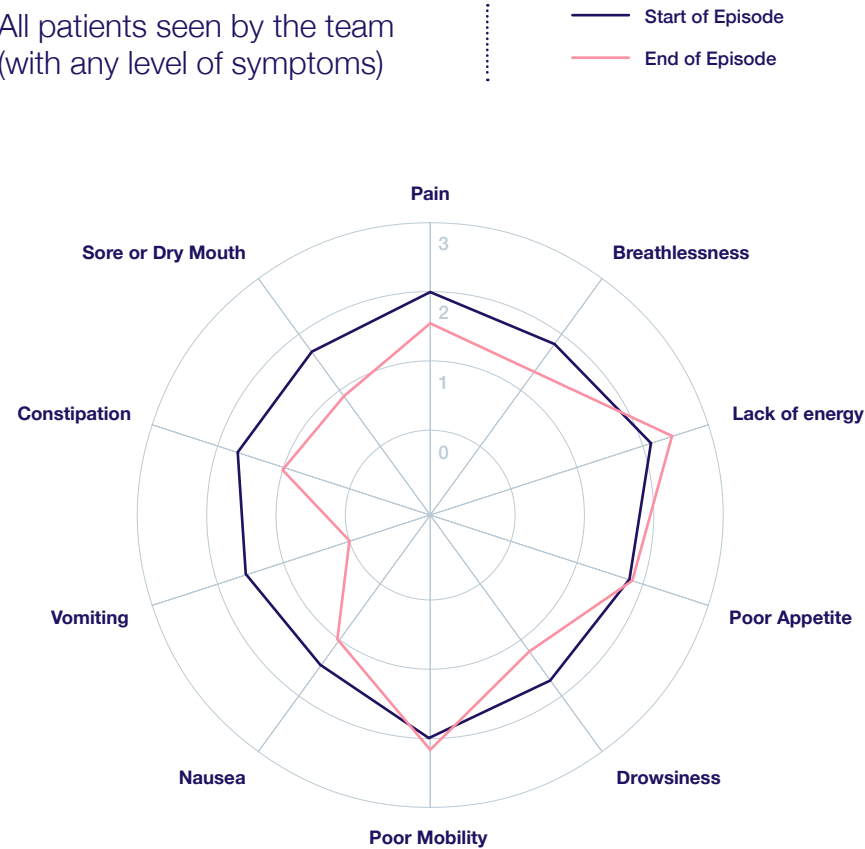
- Phase of illness is a measure which describes the urgency of care needs for a person receiving palliative care. It considers the care needs of both patient and family.
- Australia-modified Karnofsky Performance Scale is a measure of a patient's functional status or ability to perform their activities of daily living.

Within the Admiral Nurse Service they are using IPOS DEM – a dementia specific version of IPOS.

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 following charts demonstrate the impact of our care, with average patient scores at the start of their care, compared to a later score.

Community

All patients seen by the team
(with any level of symptoms)



Constipation

5 out of 10 had Constipation at Episode Start
3 out of 5 had improvement in Constipation by 1st Phase Change



Ability to Share Feelings

6 out of 10 had Ability to Share Feelings at Episode Start
3 out of 6 had improvement in Ability to Share Feelings by 1st Phase Change



Depressed Mood

5 out of 10 had Depressed Mood at Episode Start
3 out of 5 had improvement in Depressed Mood by 1st Phase Change



Practical Problems Addressed

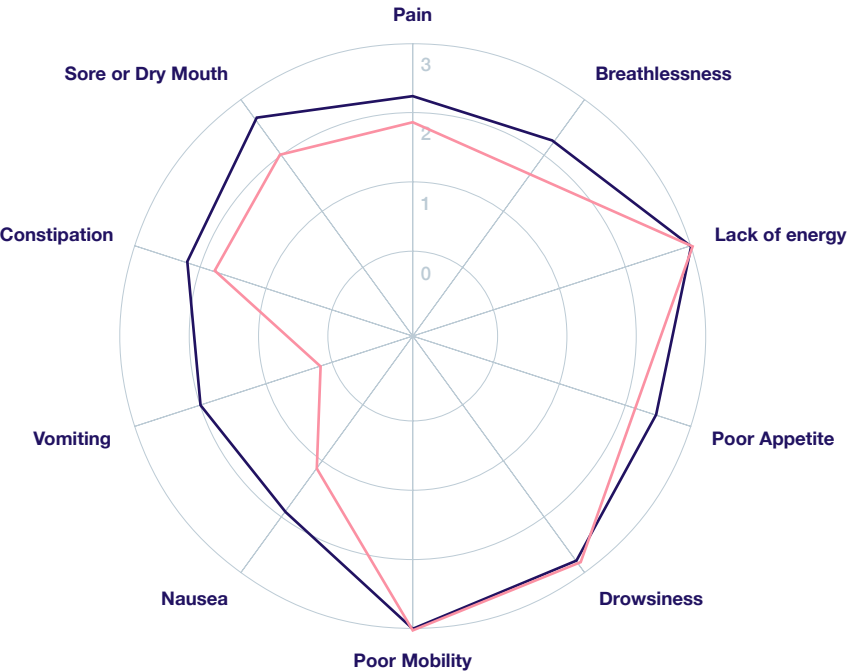
6 out of 10 had Practical Problems Addressed at Episode Start
3 out of 6 had improvement in Practical Problems Addressed by 1st Phase Change



Inpatient Unit

All patients seen by the team
(with any level of symptoms)

Start of Episode
End of Episode



Poor Mobility

6 out of 10 had Poor Mobility at Episode Start
4 out of 6 had improvement in Poor Mobility by Episode End



Lack of Peacefulness

9 out of 10 had Lack of Peacefulness at Episode Start
5 out of 9 had improvement in Peacefulness by Episode End



Anxiety

8 out of 10 had Anxiety at Episode Start
5 out of 8 had improvement in Anxiety by Episode End



Nausea

5 out of 10 had Nausea at Episode Start
3 out of 5 had improvement in Nausea by Episode End



Research and Education

Throughout FY24/25 Dorothy House has moved from an organisation that delivers research to one that is leading research. The Research Team disseminates research activities and impacts via research reports/articles, conference abstracts and presentations, and grants submitted with income received.

Research activities for FY24/25 included completion of recruitment to the national clinical trial which sought to establish the potential benefits of hydration at end of life (Chelsea II) and the nutritional management for Motor Neurone Disease patients (Opticals). An in-house initiated study exploring the intimacy needs of patients and their partners at end of life was completed and the data supported a successful funding bid to extend data collection across seven other hospices. This second study completed in March 2025 and informed a further funding bid to progress this project to a national level. Two further funding applications were successful. One will support the establishment of an National Institute for Health Care Research (NIHR) Supported Incubator for Palliative and End of Life Care to increase research capacity and capability across the UK. The second funding award will explore the supportive and palliative care needs of people with inflammatory arthritis. Other projects that were initiated and are in progress are a service evaluation of the BSW Community Wellbeing Hub Frailty service, and a service improvement project

focused on increasing uptake of hospice services by service personnel. Abstracts were presented at 2024 Hospice UK and Marie Curie conferences.

The Education Team has continued to grow our Education offer to both our own workforce and external colleagues. In FY24/25 we have provided NHS England (NHSE) funded student placements for Nurses, Medics and Allied Health Professionals, and placements for Social Workers. We continue to deliver University of the West of England (UWE), Bristol modules on Complexities of Supportive and End of Life Care and Communication Skills in Supportive and End of Life Care. In FY24/25 we ran two additional cohorts of the Communication Skills module as part of a new ACCEND (Aspirant Cancer Career and Education Development programme) contract with UWE.

We continue to deliver our highly successful Tulip Standard of Essential Care for non-registered healthcare professionals, including those who are new to care. The Tulip Standard training

has been successfully delivered to over 70 Care Home staff working for B&NES Council, with further cohorts of staff planned for FY25/26.

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 Outcomes.

Hospice UK abstracts

In November 2024 a group of our workforce attended the Hospice UK annual conference in Glasgow. We were pleased that four poster presentations were accepted:

- 1 Hospice clinicians' experiences of recruiting to end of life research: barriers and enablers.
- 2 Patient Led Assessment of Nutritional Care (PLANC) in palliative patients in the community.
- 3 Automating Palliative Reporting.
- 4 Visualising Palliative Care Outcome Data.

Data Quality

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

All DH data is managed in line with data protection laws, including the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR). We are committed to confidentiality and adhere to the Caldicott principles. Our information governance and security policies and processes undergo regular review, with findings and recommendations approved by the Information Governance Steering Group (IGSG). The IGSG meets quarterly and comprises the Head of Governance and a cross-functional team, including our external Data Protection Officer, Senior Information Risk Owner, Caldicott Guardian, and Head of Digital.

Information Governance is fully integrated into DH's formal governance structure, with the Board of Trustees holding overall accountability and the Audit and Governance Committee providing quarterly oversight.

We aim to comply with the Data Security and Protection Toolkit 24/25 by the end of June 2025, as required by our NHS contract.

Part 3

Review of Quality Performance

Review of Quality Performance

This is an update on FY24/25 improvement priorities which formed part of our Quality Improvement Plan **(Appendix 2)**:

Priority 1 – Future Improvement: To improve the quality of Dorothy House clinical documentation practices.

How was this priority identified?

From investigating complaints, concerns and patient safety incidents recommendations were made to improve our documentation across all our care services.

Documentation in healthcare is crucial for effective communication, continuity of care, legal protection, and overall quality of patient care. Accurate and complete documentation ensures that all healthcare professionals have a clear picture of a patient's condition and treatment history, facilitating better decision-making and coordinated care.

How did we achieve this?

A task and finish group commenced with relevant key workforce members to look at good practice. For efficiency and clarity this group amalgamated with an existing meeting Clinical Systems Governance led by the Clinical Systems Analyst for SystmOne (our electronic health records system). This has led to a Handling and Accessing Patient Information Procedure which will have guidelines for documentation.

This work is not complete and will continue over the next year to launch the new procedure and guidelines. The Education Team will support this and will lead some training around documentation at the same time as the launch.

How will we continue to monitor and report progress?

- This work is now a standing agenda item on the Clinical Systems Governance meetings which are attended by the Clinical Quality Lead and Head of Governance.
- Once the procedure and guidelines are launched along with training, we can monitor the number of our workforce who attend training.
- Audit a sample of notes against standards after the training and launch of procedure and guidelines.

Priority 2 – Future Improvement: Increase the number of referrals for people with a diagnosis of dementia and their families into a Dorothy House service.

How was this priority identified?

One of Dorothy House's (DH) Key Organisational Outcomes is to increase the percentage of non-cancer patients cared for. An Admiral Nurse was appointed in 2023 and they have established a steering group and a baseline report identifying areas to concentrate on, including the environment, care plans and education.

How did we achieve this?

- By using the baseline report and its findings to increase the awareness that Dorothy House is open to patients and their families with dementia.
- An audit was completed - Admiral Nursing Service 'Values, Individual, Perspective and Social (VIP's) audit.
- Admiral Nurse attending Multidisciplinary meetings.
- Admiral Nurse ran some open sessions for our workforce.
- Scoping and collaboration with external organisations and their needs about supporting patients and families at end of life with dementia.

How will we continue to monitor and report progress?

- In this year, DH cared for 133 people with dementia, which equates to 6.75% of our total number of people cared for. This will continue to be monitored over the next year for comparison.
- Continued collaboration and using the results from audit and reports to guide the future work to enable people affected by dementia to have access to the right people with the right skills in the right place at the right time.
- The Admiral Nurse Steering Group meets quarterly to review the data and the progress of the service.

Priority 3 – Future Improvement: Employ a speech and language therapist on a fixed term basis to undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.

How was this priority identified?

Swallowing at risk for patients was recognised by our dietitian and our Inpatient Unit staff. Patients who are recommended to, need a textured modified diet but some do not want to follow the recommendation. We want to understand how we can support our patients, families and staff with this. It has been identified as a risk and is on our risk register.

How did we achieve this?

Appointed a speech and language therapist for six months to undertake a comprehensive review of our service provision to make sure we are delivering patient centred care safely. The review included development and implementation of evidence-based guidelines, policies and protocols as well as providing education, training and resources around dysphagia and communication to ensure the safety of patients across Dorothy House services.

- Speech & Language therapist now employed on a permanent basis three days per week following a successful business case at the end of the six-month, fixed term period.
- Policy and standard operating procedures updated including templates for staff to use and referral process/criteria to speech & language therapy. Ensuring consistent management of patients with dysphagia.

- Nutrition and dysphagia training programme planned for staff and due to roll out in Q2 FY25/26.
- Diet and fluid information leaflets produced for patients and staff.

How will we continue to monitor and report progress?

- By having research-based policies and procedures in place along with education programmes to support our patients, families and staff with this.
- Speech and language therapist will be completing an audit in 2025, 'Management of patients with swallowing difficulties (dysphagia) on Inpatient Unit.'
- No longer on the risk register.

Priority 4 – Future Improvement: Developing and implementing a Leadership Framework

How was this priority identified?

From an initial workforce survey 'Birdsong' and a series of Pulse Surveys, leadership as a theme was identified as an area for us to develop. In addition, the workforce surveys enabled us to identify some gaps in capability across the organisation.

How did we achieve this?

- We have developed and promoted a Leadership Framework across the organisation.
- The Leadership Framework is embedded in Performance Development Reviews.
- Leader, manager training pathway defined this starts from induction, training during probation and ongoing development.

Be the person who enables the delivery of more care

Take personal responsibility	Improve and adapt	Respectfully challenge and ask why
I am successful when...		
<p>I know our organisation's strategic goals and the key priorities relevant to my own area.</p> <p>I actively engage in performance conversations, embracing my accomplishments and seeking constructive feedback to improve continually.</p> <p>I strive for high standards of performance with a can-do attitude; proactively seeking opportunities for personal growth.</p>	<p>I embrace and respond positively to change, and encourage others to do the same.</p> <p>I seek opportunities to collaborate with colleagues across our organisation to share knowledge, innovate, and implement best practices.</p> <p>I am an advocate for our hospice, seeking collaboration and leveraging strengths in our communities to increase our reach.</p>	<p>I ask questions about how things can be done differently and propose appropriate solutions.</p> <p>I challenge inappropriate behaviours that don't align with our values.</p> <p>I remain calm and objective; I make my views clear whilst staying respectful of my colleagues.</p>
I am less successful when...		
<p>I push accountability upwards and do not take ownership of priorities relevant to my area.</p> <p>I do not clarify performance expectations and am content with 'making do', accepting outdated processes and inefficiencies as the 'norm'.</p> <p>I accept and deliver mediocre standards of performance doing little to further own learning and development.</p>	<p>I actively resist change; I make changes only when absolutely necessary.</p> <p>I focus on my own work, showing little interest in understanding or supporting the work of my colleagues.</p> <p>I see little value in building partnerships or engaging with our communities.</p>	<p>I show little curiosity outside my remit and do not appreciate the connection between my efforts and the organisations strategic goals.</p> <p>I allow inappropriate behaviour to go unaddressed.</p> <p>I get defensive or withdraw when faced with conflicting views or those that do not support my thinking.</p>

How will this be monitored?

- This will be continually monitored through Pulse Surveys, Performance Development Reviews and a culture assessment.
- Well Led is one of the CQC Quality statements and will be looked at during an assessment.
- Continued leadership training.

Dorothy House performance during FY24/25

Key Organisational Outcomes

To chart Dorothy House's progress over the life of the 7-year Strategic Plan, we are using a set of Key Organisational Outcomes (KOOs) linked to the five 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. We have also developed a series of measurable outcomes, tracking the impact of the new ways we are delivering our care. At a service level we have area-specific dashboards tracking key metrics such as referral numbers and response times, to ensure our teams are working as effectively as possible.

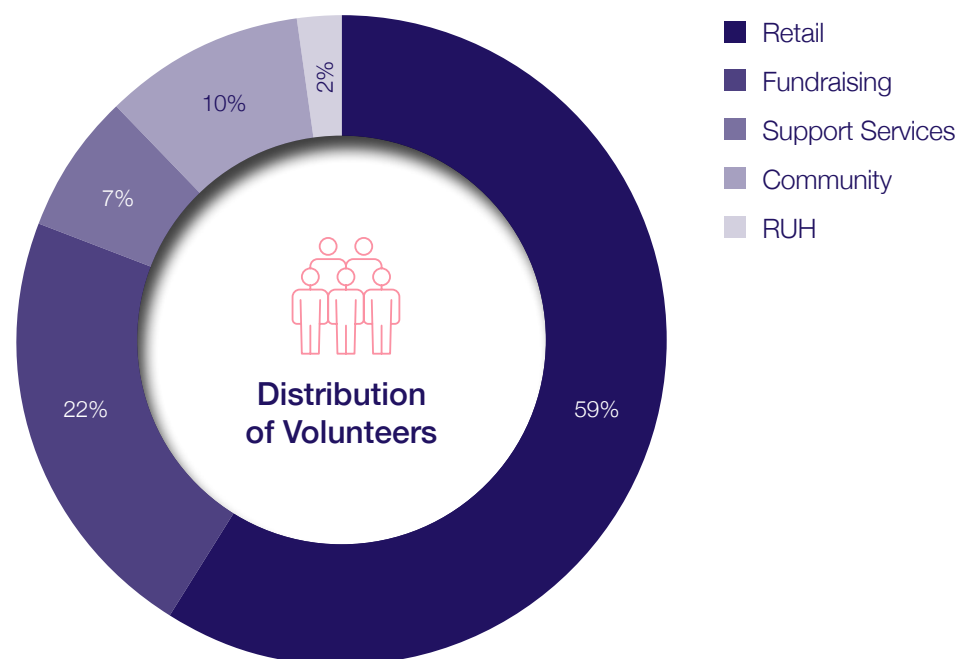
Throughout FY24/25, we cared for around 5% more people (patients, families, carers) than during the previous year. Our non-cancer patient numbers have increased slightly to 34% (31% at the end of FY23/24). Our reporting of

Outcome Assessment and Complexity Collaborative (OACC) with patients has reduced slightly to 41% (49% at the end of FY23/24) and we continue to train staff to improve uptake of this tool. We are now using data from the OACC tool to measure the tangible impact of our care on key patient symptoms (see patient outcomes section of this report). Recording and reporting of Advance Care Planning (ACP) conversations has moved from SystmOne (S1) onto the Integrated Care Record (ICR) End of Life Care Plan, which has seen a dip in our reporting while we move our reporting feed, however an internal ACP audit looking at all patients who died in October 2024 looking at both S1 and ICR records demonstrates 100% of these patients had documented ACP.

For more information on the impact of our care, please refer to our Annual Impact Report on the Dorothy House website: www.dorothyhouse.org.uk

Volunteering

We have observed a steady increase in volunteer numbers over FY24/25, reaching a total of 1,305 volunteers (a net gain of 175 volunteers over the year). Additionally, 27 volunteers have transitioned into employment, with 8 of them now being employed at Dorothy House.



Volunteer activities

There has been a significant increase in the number of volunteer shifts and activities compared to last year:

Activity	Sessions delivered FY23/24	Sessions delivered FY24/25
Assessments or introductions for a Companion	28	116
Befriending visits by Companions	183	871
End of life sitting at RUH	110	299
Patient transport	92	198
Befriending telephone calls	138	232
Training sessions/meetings attended	61	244
Retail shifts	11,640	27,822

Key initiatives and projects

Bereavement Help Points: We have collaborated with the Family Support Team to establish new Bereavement Help Points in Keynsham, Chippenham, and Peasedown St John.

Coffee Connections: The Coffee Connections model is being expanded within the community, with the first new group launched in Trowbridge.

Volunteer Managers Training: Our key project this year involved revising and relaunching a day of training for all staff who manage volunteers. Updated resources are now available on SharePoint, and training sessions commenced in January, running quarterly throughout the year.

Community of Practice Group: A new Community of Practice group has been formed to support the implementation of an asset-based community development approach across Dorothy House. This group includes a broad representation of stakeholders.

Volunteer Survey: We completed our organisation-wide Volunteer Survey in March 2025, with the report to be published shortly. Overall satisfaction levels are high, with 97% of respondents stating their volunteering is fulfilling or very fulfilling.

Impact stories

We have had several touching examples of how our work has supported patients and families. Notably, one patient was reunited with his estranged family through volunteer support and assistance from the local library. This story has been shared in our Impact Report and through communications, along with other similar stories.

Training and compliance

There have been additional training requirements for volunteers, including ‘Prevent’ training as part of the adult safeguarding module and the introduction of ‘Preventing Sexual Harassment’ training. Despite IT access issues due to the migration to SharePoint, training compliance remains at 81%.

Volunteer recognition

We held a successful and uplifting Volunteer Awards ceremony on 25 October, with 40 volunteers attending in person to receive their certificates. This year, we extended the awards to include a ‘Young Volunteer of the Year’ category and six nominations to the Room to Reward Charity.

Volunteer engagement

Volunteers have been regularly consulted through a series of focus groups throughout the year. Together, we reviewed and revised the Volunteering Promise to align with the Leadership Framework, now called ‘Our Volunteer Pledge’. Volunteers also contributed their thoughts and ideas to our new strategy through workshops facilitated by our Organisation & People Development Partner.

Workforce engagement

Dorothy House has an **Employee Forum (Our Voice)** where, as well as discussing issues that directly affect our workforce (e.g. Human Resources policies, terms and conditions of employment, new workforce initiatives), staff views are sought on a range of wider areas including the overall organisational direction and strategy, staff and volunteer support and workforce communications. Our Voice is a critical group, committed to by representatives and their managers in coming together on a self-led, self-governing basis. This forum has been supported by 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, alongside support of the Human Resources team, and Communications Team. Our Voice

co-created new Terms of Reference to underpin the purpose of the forum, enhance representation 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 visible commitment to listening to our staff and volunteers, mirrored by a set of localised **Volunteer Forums** where all matters impacting volunteers are raised. Both groups are represented at the quarterly **People and Development Committee** to provide feedback and share the workforce voice directly to Trustees.

Workforce Survey

With the development of a new Workforce strategy which highlights four key deliverables:

- One workforce, one purpose
- Consistent & compassionate workforce
- Thriving careers and workforce stability
- Nurturing wellbeing and resilience

We will be introducing a range of tools and techniques to deliver our commitment against these objectives, to create the environment for the workforce to contribute and deliver against the aspirations of the Organisational Strategy.

This is a new three-year Workforce Strategy aligned to the Organisational Strategy and therefore we plan to undertake a series of pulse surveys with the workforce across this timeframe.

Wellbeing

Wellbeing, and ongoing support to our workforce, continues to be high on our agenda and a key component of our Workforce Strategy. We promote dedicated resources for mental, physical, social and financial support with a range of providers through our intranet available to our workforce.

We have renewed our partnership with Mindful Employer Plus (Employee Assistance Programme (EAP)) for 2025 and maintained our commitment as a signatory to the Charter for Employers Positive about Mental Health. Our EAP service now supports telephone counselling services and self-directed 'Your Care' platform. The EAP service supports our whole workforce with in-moment support, tailored counselling and enables access to resource materials and a personalised dashboard providing a guided health recognition and improvement journey specific to individual needs.

We continue our work focusing on awareness and support for our workforce affected by the menopause. Menopause guides for employees and managers are available through our intranet, with the implementation of a Menopause Policy.

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 workforce.

In 2025 we will be embarking on a "Year of Self Care" which will cover four themes, Mental Wellbeing, Physical Wellbeing, Financial Wellbeing and Nutritional Wellbeing. Across this coming year our aim is to give back to our workforce, enabling our people to access resources and support to ensure they are fit, healthy and ready to provide the best care for others.

Communication

A range of communication channels as follows are in place and to maximise engagement, these are now utilised in the context of a communication strategy that identifies monthly themes and key messages aligned to the organisation strategy or priorities:

- 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 break sessions where staff receive updates on projects and celebrate success.

- Internal communication posters are up around Winsley and in our shops.
- Volunteering software, 'Assemble' which has a new feature and key documents hub
- Updated external Dorothy House website.
- Dedicated social media channels including Instagram, X, TikTok, LinkedIn and Facebook.

Managing change

In pursuit of our Strategic aims and objectives, we recognise the potential these have for introducing complex change across the organisation. These changes are not limited to internal drivers such as our development of the new Organisational 3-year Strategy, Care Services review and strategy, and Workforce strategy, but also consider wider changes within the broader Health and Social Care sector and local Integrated Care Board arrangements that may impact how services are delivered or the way we operate in a wider system. These have the potential to generate change to the services we provide, ways we work, how our services are accessed and opportunities they provide for partnering along with exploiting opportunities for change aligned with our digital strategy.

To manage these changes in a more integrated, effective and informed way, we have reconfigured our Senior Leadership Team meetings and

membership, which now includes the Executive Team and senior leaders from all functions of the organisation.

People Manager gatherings have also been introduced to support the development of manager capability, and these sessions have been successful in gaining commitment to our approach. External speakers and facilitators have presented on the subjects of readiness for change, resilience and wellbeing which is helping our leaders and managers work well within the requirements of our Leadership Framework. Co-creation and diversity of thought are key aims of these groupings, with the sharing of skills and knowledge proving to be successful.

Progress of the change work streams are governed by a structured internal programme management framework for managing projects delivered across the organisation. This structured internal programme framework enables us to identify change and then plan how these will be introduced through integrated

teams that comprise of skill, expertise and leadership from relevant teams and functions in a “matrix” model.

This approach has enabled clear visibility and understanding of the change activity across the organisation whilst improving evidence-based decision making within the project lifecycle and prioritising where that is necessary to our success. Essentially, this approach has ensured that change affecting the organisation is understood, managed effectively and projects are empowered to deliver change successfully and safely.

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).

Through 2024 we streamlined the digital PDR process from feedback received in 2023 with simplified navigation and reduced process steps for both line manager and employee. The digital PDR captures operational performance as well as behaviours in line with our organisational values and leadership framework. This supports our managers and employees focus on the core intention of PDRs - meaningful conversations, engagement and development.

A Training Tracker system records all education and training. We have introduced a new platform for managers and employees to instantly check their own or teams training status to aid timely completion of training across the organisation. Where staff, including bank staff, are overdue mandatory training, it is managed carefully to ensure only competent staff support patients, their families and carers. We review regularly that the curriculum is focussed correctly to those employees operating in different environments. This is with a view to ensuring compliance and efficiency as well as ensuring our workforce is equipped with the skills needed to be successful.

Working conditions and arrangements

We adopt the majority of NHS Agenda for Change terms and conditions for staff in our clinical settings (BMA for medical staff) and although we are not formally tied to NHS pay awards, we aim to continue to apply the national NHS awards of pay uplifts annually for these staff.

We have recently concluded a consultation to remove all non-clinical / non-retail staff from Agenda for Change and onto a new pay framework based on pay benchmarking and progression, subject to affordability. The review of pay benchmarking to understand the market rates for these roles (enabling services), through consultation, has enabled us to align staff in these roles to the new pay framework, designed to foster a more modern, dynamic, and supportive working environment. The enabling services pay framework fosters better alignment with the varied skill sets

within our organisation, as well as with the evolving expectations of today's professionals.

Our Retail staff operate under a specific Retail pay framework and pay progression framework reflecting the wider retail environment. This framework has enabled us to better align pay and reward to a more appropriate commercial model which supports our growth ambitions, offers career progression and development opportunity and compete more effectively in tight recruitment market conditions.

Recruitment

Throughout FY24/25, our recruitment efforts focused on building upon the previous year's successes, while undertaking a more in-depth analysis of the distinct recruitment challenges and opportunities within each directorate. Whereas the previous year centred around embedding a consistent, end-to-end recruitment process across the Hospice, enhancing candidate experience, compliance, and manager engagement. This year saw a shift towards department-specific strategies, designed to ensure we continue to attract and retain the very best talent at Dorothy House.

One key area of development was the continued enhancement of our vacancy advertisements. By undertaking a more comprehensive review of our Search Engine Optimisation (SEO), we increased the visibility and effectiveness of our adverts. This led

to an improvement in both the volume and quality of applications, with further benefits anticipated into 2025. These enhancements have also contributed to an even further reduction in our recruitment costs, as more targeted and optimised adverts have improved performance across our job boards.

The Recruitment and Selection training introduced alongside our end-to-end recruitment process has now been running for over a year. Manager participation continues to grow, and we are seeing a clear shift in recruitment mindsets, moving away from a sole focus on technical skills towards hiring for values and potential. This approach has resulted in higher-quality hires, improved staff retention, and a stronger team culture across the organisation.

The combined impact of our work over the past two years has not only strengthened our internal processes but has also been externally recognised.

Dorothy House was proud to receive an award for excellence in candidate experience and onboarding, and our success in our recruitment has been highlighted as a case study of best practice within the health and social care recruitment space.

As we look ahead to FY25/26, we remain committed to refining and evolving our recruitment strategy in response to shifts in labour market changes and new workforce legislation. Our goal remains clear: to enable our teams to attract, recruit and retain exceptional individuals, and to ensure they are well supported to thrive in their roles here at Dorothy House.

Recognition

Dorothy House's 'Recognition Framework,' which was developed in collaboration with the workforce supports "in the moment" recognition by providing a range of mechanisms that reinforce our values, drive a culture of positivity and continuous appreciation whilst empowering the workforce to recognise individuals and their teams.

Throughout 2024 we monitored the impact of this framework and sought feedback from the workforce as to how we might make further changes to improve recognition across the organisation. From this feedback we introduced more focus on team recognition with in-moment thank you cards and quarterly team recognition, alongside existing individual recognition tools.

The recognition tools offer a variety of ways to give an everyday thank you, or recognise those who go the extra mile or those who demonstrate our values and go above and beyond to deliver Hospice, team or personal objectives. Individual and team success can be shared with the organisation through our internal communication channels to further promote recognition, and awards can be linked back to PDRs as a way to record individual achievements or performance.

Throughout FY25/26 we are concentrating on building whole workforce recognition and a yearly celebration event recognising all areas of the organisation for our employees and volunteer workforce.

Focus for FY25/26

Completion of service line adaptations across various areas of our organisation which will create efficiencies in services and support our long-term financial sustainability. Staff will be supported through these changes via consultations and outplacement services where it's required.

We will launch the new Workforce Strategy and start to deliver upon the key priorities within it, with Year 1 being driven by three main areas: Leadership development, Manager Capability development and Year of Self-Care.

What our regulators say about the organisation

Our overall “Outstanding” rating with CQC continues following our unannounced inspection in June 2022. Dorothy House is currently registered as an independent healthcare provider under the Care Standards Act 2000. We are working now with the new CQC Single Assessment Framework, which aligns well with our services that span both Health and Social Care.

Dr Emma Frampton (Medical Director) is currently Dorothy House’s Registered Manager. Penny Agent (Chief Operating Officer) will become the Registered Manager in due course. Whilst the CQC are no longer holding relationship meetings with Registered Managers, we continue to monitor information from CQC about how to inform them about our services to ensure they have an honest and transparent picture of the quality and safety of the care we are delivering.

CQC Inspections

Following the inspection of June 2022, where we received an overall rating of ‘Outstanding’, placing us in the top 3% of organisations regulated, we have continued to work with our workforce to ensure we improve and focus on the two areas where we received a ‘good’ rating. We have been preparing for the new single assessment brought in by the CQC.

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 will continue to work with the 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 2024-25 Quality Account. For the full statement please see Appendix 4:

BSW ICB also recognises the breakthrough objectives and areas identified for further development during 2025/26, with a focus on delivering and promoting personalised care as set out in the new Care Services Strategy 2025-28. Focusing on personalised care and support enhances the overall experience for patients, ensuring they receive the appropriate care at the right time.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Dorothy House Hospice Care and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Strategic and operational intent FY25/26

Strategic landscape

The wider Health and Social Care landscape is undergoing considerable change nationally and locally and we await the new national 10-Year Health Plan (launching in June 2025) which will set out the long-term vision for the future of health and care. Hospice funding has been significantly challenging, and we receive less than 20% of our total funding from the Government. We continue to work closely with Hospice UK to lobby for sustainable and appropriate hospice funding models.

The BSW Palliative and End of Life Care (PEoLC) Alliance (chaired by Wayne de Leeuw, CEO of Dorothy House) launched 'Our Vision for adult Palliative and End of Life Care in Bath and North East Somerset, Swindon and Wiltshire (BSW) 2024-2028' towards the end of 2024, with work plan streams in place to develop core aspects of the vision, including a focus on data, education and training, compassionate communities, service developments and personalised care planning.

Across the BSW system, following the Integrated Community Based contract procurement process, HCRG Care Group have been appointed by the ICB to deliver an integrated, harmonised, community-based care service across BSW with a focus on prevention and early intervention, fairer health and wellbeing outcomes and excellence in health and care. Dorothy House has been sub-contracted by HCRG to be the lead provider of Adult Palliative and End of Life Care (PEoLC), with a one-year contract (plus optional eight-year extension) in place. We continue our focus on caring for those in their last 1000 days of life and welcome this opportunity to lead on PEoLC across our communities. As Dorothy House is the lead provider, we have also now subcontracted Prospect Hospice to deliver services across the Swindon and northeast Wiltshire communities.

Our Organisational Strategy 2025-28

Our new organisational strategy has been launched, with an unchanged vision where we are committed to living in *'A society where death is part of life'* and now includes our unique purpose *'To empower, collaborate and deliver so that no-one faces death alone'*.

Empower:

As we look ahead after a time of significant change, it is important that we challenge ourselves about how we will do things differently in the future. With smaller teams in some areas, we can't continue doing things in the same way that we have done for the past few years. Let's each seek opportunities to empower ourselves, our colleagues and the communities we serve.

Collaborate:

Our colleagues, our partners, and communities themselves bring rich and varied strengths and opportunities. Let's think about who our partners should be? How do we knock down some existing internal barriers. Which people and organisations do we know externally who will enrich our work or indeed who might be better placed to deliver some things, leaving us to have greater impact in places only we can? How can we strengthen those relationships? What should we stop doing?

Deliver:

How can we all contribute to the development of the new ways of working required to meet the needs of our communities? How can we make our voices heard when we have good ideas or want to ask why things are done a certain way? What is the positive difference that we will make each day?



The strategy is underpinned by four Transformation Objectives:

- 1 Implementing an operating model fit for the future
- 2 Achieve financial sustainability
- 3 Enhance our strategic influence and alliances
- 4 Further develop our leadership and culture

Care Services Strategy 2025-28

A key aspect of 'Delivering an operating model fit for the future' has been to develop the new **Care Services Strategy**. It encompasses all services across the 'Care Services Directorate' and incorporates all of our clinical and care workforce for the provision of specialist palliative and end of life care.

The strategy has been developed through asking, listening, and learning from the workforce, people (patients and families) and the local community through a variety of surveys, listening engagement events and strategy development sessions. The focus is on enhancing and delivering personalised care and support, improving clinical and care services, and ensuring that people receive the right care, at the right time, in the right place.

Outputs from the development sessions highlighted the need for clarity in care service offerings and language, effective communication with referrers, and the integration of digital solutions to enhance care, whilst ensuring workforce well-being.

We need to balance our ambition with deliverability, acknowledging that financial sustainability and efficiency is key. By focusing on personalised care and support, we aim to improve the overall experience for people, ensuring they receive best practice and appropriate care at the right time.

A comprehensive **Care Services Strategy Framework** has been developed, and the delivery of the strategy focuses on three **core commitments**:

Integration

We commit to enabling a strategic framework for seamless service integration within our care services, which includes everyone and every team in the Directorate, emphasising personalised care and support. There are challenges posed by financial constraints which must be delivered while ensuring quality care and regulatory compliance. The focus is on enhancing communication, accessibility, and overall experience for all individuals, alongside fostering partnerships and community engagement to improve integration and service delivery.

Innovation

We commit to a comprehensive approach to actively embrace curiosity and implementation of innovation to enhance our delivery of care. This includes leveraging digital innovation and intelligence to maximise its potential. It emphasises the importance of collaboration, continuous improvement, and the integration of community resources to create more efficient, effective, and equitable palliative and end-of-life care. By focusing on innovative models of care and addressing digital inequalities, we aim to optimise referral and triage processes, enhance patient experiences, and ultimately improve people's overall experience at end of life.

Impact

We commit to measuring, demonstrating and enhancing our impact across all our care activity and delivery. There are several interdependences across key areas of Dorothy House such as workforce, care, finance, education, research, culture and leadership. By focusing on clear objectives and using data-driven approaches, consistent evaluations, analysis, and community engagement strategies, our Care Services can effectively demonstrate and communicate our impact and value to all our stakeholders.



Care Services strategy commitments



Integration

Focus on seamless integration and collaboration in care services



Impact

Measuring the effectiveness, value and outcome of care



Innovation

Embracing new ideas and approaches to enhance our care

Appendix

Appendix 1 - Quality Improvement Plan 2025/26

Quality Improvement	Expected outcome
Inpatient Unit (IPU) to introduce a Quality board for display on IPU.	Quality Board on display in IPU. Safety metrics (Patient Falls, Pressure Ulcers & Acquired infections.) Quality and effectiveness. Patient experience and engagement.
Review the Dependency Scale on IPU.	To ensure that the IPU has the correct staffing for the dependency of patients.
A need has been identified for an update for staff around the International Dysphagia Diet Standardisation Initiative (IDDSI). Patients with swallowing difficulties.	Improved knowledge and understanding of IDDSI leading to better patient safety around texture modified diets. 2 Levels of mandatory training to be rolled out for all registered & non-registered clinical staff on management of nutrition and dysphagia in palliative care including basic nutritional care, use of supplements, thickening drinks, texture modification and feeding techniques.
To continue to improve the quality of DH clinical documentation practices.	After a review of clinical documentation last year, documentation is now an agenda item on the Clinical Systems Governance group.
To embed the new approach to first assessment in Hospice at Home (H@H.)	For all patients accessing Hospice at Home service to receive a holistic assessment from a Senior Carer prior to the H@H service starting. This will enable staff to outline expectations of the service and maintain patient safety within the home.
To embed the Hospice at Home observational staff checks in to practice.	Hospice at Home Senior Carer to provide support and assess carers practice every 8 Weeks. Audit includes Infection Prevention & Control, Uniform, Moving & Handling & communication.
To implement the Rockwood Frailty scale for people over the age of 75yrs on IPU, which is recommended as best practice.	All patients over 75yrs admitted to the IPU will be assessed using the Rockwood Frailty scale.
To ensure that all staff delivering training and education across the workforce are aware of, and actively consider, the diverse needs of all learners from an inclusivity and accessibility perspective.	<p>Increased Awareness: 100% of training facilitators complete inclusivity & unconscious bias.</p> <p>Inclusive Content: All training materials are reviewed & adapted (where needed) to reflect inclusive language, accessible formats, & diverse representation.</p> <p>Learner Feedback Integration: Feedback mechanisms are implemented after all training sessions, with a focus on inclusivity, & results are reviewed quarterly to inform improvements. Improved .</p> <p>Learner Experience: At least 90% of learners report feeling that their individual needs (cultural, neurodiverse, language, physical ability, etc.) were considered in training delivery.</p> <p>Ongoing Support: A named inclusivity lead or champion is established within the education team to provide ongoing advice & support to training staff.</p>

Quality Improvement	Expected outcome
To develop a webpage for parents, carers children & young people to support those experiencing grief & bereavement.	Access to Resources to support those experiencing grief & bereavement. A platform signposting to other external agencies and forums that provide bereavement support.
Working in partnership with Lumin&us (play-based parenting app for families) to enable those under the care of Dorothy House to access the app.	To enable families & carers to access the platform for support when pre-bereaved/ bereaved children are struggling with their mental health.
Undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.	Improved knowledge and understanding of safe swallow for Dorothy House workforce. Development of further policies and procedure, particularly in relation to eating and drinking with acknowledged risks. A comprehensive education package to include online training module (and explore opportunity for external attendees). Resources for our workforce and patients. Roll out of a communication workshop for patients with Dementia and their families and carers.
To digitalise the recording of Clinical competencies.	To enable surveillance of competency compliance, produce quarterly reporting and improve manager oversight. Assurance to the organisation that staff have the relevant competencies completed.
To develop and implement a hospice research toolkit. (In collaboration with St. Peters Hospice) Funded by the NIHR Regional Research Delivery Network SWC. Development of a one stop shop of research resources and education for hospices in the Southwest Central (SWC) region.	To enable hospices in the SWC without dedicated research staff to undertake research projects with confidence. Ensuring correct governance procedures are followed, data collection, informed consent etc. The resources will be available on a website. Project funded for a year, ending May 2026. Resources available within 6 month: October 2025.
Military community project: To understand current levels of awareness of hospice services, palliative care needs within the community and levels of interest, willingness to take part in research.	Understanding gaps in knowledge hospices and the services they provide amongst the military community. Understanding military status data collection amongst SWC hospices. Understanding of current collection of consent to approach to research amongst SWC hospices. Beginning to understand if military personnel and families have specific palliative needs, compared to general population. Potential to create additional project to understand needs further and identify opportunities for areas for research.
Community Palliative Care Team (CPCT) Peer review project.	To improve team working & efficiencies.
To ensure that all staff responsible for delivering training & education across the workforce are equipped with the skills, confidence, and support needed to facilitate sessions effectively and consistently.	Skills Development: 100% of educators and facilitators complete a structured 'train-the-trainer' or facilitation skills programme. Improved Confidence: Post-training evaluations show at least a 30% increase in facilitator confidence scores related to session delivery, learner engagement, and handling challenging situations. Standardised Best Practice: A toolkit or set of guidance documents on effective facilitation techniques will be developed, disseminated, and adopted across all departments. Positive Learner Feedback: 90% of learners rate training sessions as "good" or "excellent" in terms of delivery and facilitation effectiveness. Ongoing Peer Support: A peer observation and feedback system is introduced, enabling facilitators to observe and learn from each other at least twice per year.

Quality Improvement	Expected outcome
Dorothy House 3-year Care Services Directorate Strategy includes embedding and improving on delivering and promoting personalised care into everything we do.	To implement and empower the DH workforce to understand and provide personalised care & support.
Wider workforce and skills planning being developed alongside new 3-year overarching Dorothy House Strategy and development of Workforce strategy.	To ensure the future capacity and skills capability meet the future demands of DH services.
To develop a mouth care video for our workforce, people who access our service and other professionals.	The mouth care group and a representative from Mouth Care Matters (NHS England), to deliver an online video that will be available on our organisational website.
The introduction of Nursing Support Volunteers on IPU.	To establish a team of trained nursing support volunteers on IPU. To develop a robust induction and education programme. To formally evaluate the process and role to ensure a robust workforce.
Understanding your grief evenings.	Bereaved people will have increased awareness and understanding of the impact of grief and be reassured that their feelings and reactions to their loss are part of a natural process. Bereaved people will be able to talk to other people who are bereaved and feel better supported. Bereaved people will experience improved access to bereavement information. Bereaved people will learn about the further bereavement support provided by Dorothy House Hospice Care and Cruse and about support available in their local community.
The introduction of Children & Young People (CYP), Emotional Support volunteers in FST.	To have an established team in place to support CYP practitioners in the delivery of face-to-face bereavement support for CYP.
Repeat the NHS 15 Step Challenge – Quality from a patient's perspective on IPU.	For our workforce, patients, carers and volunteers to improve DH services by using this Quality Improvement Methodology.
Homelessness Link Worker to develop links with external agencies to enable DH to work alongside them and offer end of life care to people experiencing homelessness.	To work alongside existing services to enable access for patients experiencing homeless at end-of-life care. Engagement with stakeholders to establish and enable co-production of training and resources. Improve referral & accessibility to End of Life services.
To improve offer for families and unpaid carers.	To have a flexible and responsive approach to carer support. Carers will benefit from peer support. Carers will understand more about symptoms, treatments and get practical hints and tips to understand what is involved when caring for someone at end of life. Carers will learn about planning for EOL. Carers will feel supported to focus on self-care.

Appendix 2 - Quality Improvement Plan 2024/25

Quality Improvement	Expected outcome	End of year update
Implement in practice the Patient Safety Incident Response plan (PSIRF) and policy to DH staff.	The 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.	Achieved.
Review the Dependency Scale on Inpatient Unit (IPU).	To ensure that the IPU has the correct staffing for the dependency of patients.	First workshop 22 January 2025. A second workshop was held on 6 March 2025 to review initial time estimates for patient care and the results of a baseline audit in the Inpatient Unit (IPU). The audit assessed the time Registered Nurses (RNs) and Health Care Assistants (HCAs) spend on patient care across different illness phases. A follow-up audit will be conducted to compare results and will then be reviewed in a further workshop in which we will be defining appropriate staffing levels in IPU based on patient dependency.
To ensure that all food that is pre-packaged for direct sale (PPDS) by Dorothy House to workforce, patients and visitors is compliant with Natasha's Law. All PPDS food, including sandwiches and salads, will have the full ingredients listed on the label with all allergens identified by bold type.	That all PPDS provided by Dorothy House will be compliant with Natasha's Law.	Achieved.
To improve the quality of DH clinical documentation practices.	After a review of patient safety incidents, complaints and concerns, documentation was a continual theme in the action plans. Task and finish group to be established to review practices and provide recommendations and actions.	After a review, DH is developing an organisational documentation policy. Quality team to attend all clinical team meetings to discuss standards of clinical documentation/ assess need for further education within teams.

Quality Improvement	Expected outcome	End of year update
A need has been identified for an update for staff around the International Dysphagia Diet Standardisation Initiative (IDDSI). Patients with swallowing difficulties.	Improved knowledge and understanding of IDDSI leading to better patient safety around texture modified diets.	Nutrition and hydration policy updated to include information on the management of dysphagia and eating with acknowledged risk. Training to be rolled out for all non-registered clinical staff on management of nutrition and dysphagia in palliative care including basic nutritional care, use of supplements, thickening drinks, texture modification and feeding techniques. Training will be mandatory and delivered face to face. Similar training will be rolled on to registered staff at a later date.
Dorothy House Inpatient Unit falls project.	To understand Inpatient Unit falls and to reach out to other organisations to ensure that both our definition of a fall and our approach to restraint is consistent with how other organisations are approaching these areas.	The team is exploring a number of different factors that they have identified as potential contributors to falls. One of these is looking at the falls risk assessment questionnaire to see if an additional question set based on knowledge and experience of hospice inpatients could help predict falls risk more accurately. A three-month pilot using an additional 8 questions took place from Jan-Mar 2025.
To have a plan and direction of travel for independent and supplementary prescribing.	To be able to train the correct number of staff to improve patient care and achieve the DH strategy.	Admiral nurse qualified, on register and in process of obtaining FP10s. DHNS has started course Jan 2025. ANP is being Designated Practice Supervisor. Consultant is being Designated Medical Practitioner.
To scope other cancer treatments and procedures that could be delivered in DH with the Royal United Hospital (RUH) NHS Trust.	For patients with a palliative diagnosis to have access to more treatments and procedures at DH.	Work still ongoing with RUH Bath.
Introduction of a new Customer Relationship Management (CRM) system, to store and access all of our non-patient customer information in one easy to access place.	The new CRM system is designed to help us build relationships, streamline processes and ultimately ensure those that have contact with Dorothy House receive the best possible relationship journey.	Completed - First phase of build and implementation complete with Fundraising, Comms, Community support and Education live. Further roll out to Exec Team for business development underway, expected to complete March 25.
Implement the National Blood transfusion Audit.	For patients with a palliative diagnosis to have access to more treatments and procedures at DH.	Achieved.
Incorporate the 20:00 & 22:00hrs Inpatient (IPU) medication rounds in to one.	To improve patient safety with an acknowledgement around patient choice and their medicines.	Achieved.

Quality Improvement	Expected outcome	End of year update
To offer dementia education sessions externally and internally for registered and non-registered staff.	To ensure there is access to dementia training to improve patient care and experience. For families and carers to feel supported.	<p>Roll out of Dementia training sessions continue. Learning outcomes include;</p> <ul style="list-style-type: none"> • Understanding the national picture of dementia • Aetiology of dementia • Advance care planning • Recognising signs and symptoms of end-of-life dementia / support the patient and family • Financial advice and support for families • Bereavement support for yourself, colleagues and families • Non-pharmacological interventions and a guide to hand massage
Increase the number of referrals for people with a diagnosis of dementia and their families into a DH service.	For patients, families and carers to feel supported and access excellent dementia care in last 1000 days of life working alongside external agencies.	Referral numbers have steadily increased for people with a dementia diagnosis so this has been achieved. Evidenced in the annual Dementia service report.
To complete a baseline report and to understand the gaps and produce an action plan to understand the needs of heart failure patients and their families at end of life.	For patients, families and carers to feel supported and access excellent heart failure care in last 1000 days of life working alongside external agencies.	Clinical lead role not to be replaced. IPU medic taking lead role for this area of care. Resources on website from education team to support teams. CPCT to link with HF specialist teams to work in partnership way to support patients.
To have submitted a grant application to explore the challenges and opportunities of access to palliative care for people with arthritis to improve quality of life.	Focus groups completed with patients, carers and healthcare professionals and the information used to inform a research funding application.	<p>Submitted a response to reviewer comments/feedback on 14th January 2025.</p> <p>March 2025 Application funded. Project starts in 1st July 2025.</p>
To continue to explore intimacy needs at end of life with patients, their partners, and healthcare professionals.	To have conducted 1:1 interviews with patients, their partners and hospice healthcare professionals from a minimum of five hospices, and use this information to inform a research funding application.	<p>We have completed 22/26 interviews with patients, partners, bereaved, healthcare professionals with six hospices across England. On 18 December 2024, we had a panel review meeting with the Research Support Services re: RfPB application. We plan to submit the RfPB application on 5 March 2025.</p> <p>Completed expected outcomes. Recruited 25 participants so just short of our target and submitted a NIHR Research for Patient Benefit application for further funding 29 February 2025, which we are awaiting the decision on by end of May 2025.</p>
Employ a speech and language therapist on a fixed term basis to undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.	<p>Improved knowledge and understanding of safe swallow for Dorothy House workforce.</p> <p>Robust policies and procedures around swallow to ensure patient safety.</p> <p>A comprehensive education package to include online training module and resources for staff and patients.</p>	Speech & Language therapist now employed on a permanent basis three days per week. Updated policy and SOP produced including templates for staff to use and referral process/criteria to speech & language therapy. Ensuring consistent management of patients with dysphagia. Nutrition and dysphagia training programme planned for staff and due to roll out in Q1. Diet and fluid information leaflets produced for patients and staff.

Quality Improvement	Expected outcome	End of year update
To provide a consistent approach to how nurses complete and document pain assessments for patients.	To review the current SystmOne pain assessment template and update in line with NICE guidance and evidence-based tools.	New pain assessment care plan and resources launched on SystmOne. All clinical staff to access and implement March 2025 – completed.
To develop a digital skills framework - consisting of digital skills analysis, role profiling, content production and development of a SharePoint learning hub.	Develop the digital skills of Dorothy House staff to improve user confidence, develop digital adaptability and improve efficiency.	SharePoint Learning Hub live with resources available. Resources align with in-person training provision. Training calendar available, all digital courses contain course overview and direct link to iTrent booking page.
To Implement an improved admission process.	Patient safety is compromised when moving from one place of care to another. Admission process to be reviewed.	IPU launched a revised admission checklist on the 13.01.2025 with a 2-week consultation with staff.
Review the IPU handover process.	To increase efficiencies without compromising on safety and to enable more time for patient care.	Layout of the handover sheet has been changed – the ADLs are not the main body of the form which staff have found useful. The team stick to the assigned time to handover, ensuring that we minimise interruptions.
Utilising SharePoint to move from existing on premises file storage to a cloud-based system and move away from current dot2dot intranet product.	Moving to SharePoint will improve accessibility to files when working remotely as cloud servers are accessible wherever you have an internet connection.	Intranet has now been moved over to SharePoint, and the old intranet is being backed up and archived at the end of January 2025. Migration of files from the shared drive will commence from February 2025, with an aim to complete by end of April 2025. This is dependent on DH teams being ready to migrate, with old files being archived, and users feeling sufficiently trained - with multiple training options on offer.
To pilot the new Band 7 / Band 4 Specialist Palliative Care Competency (SPCC) Framework.	12 week pilot. Task and Finish group to review the competency framework with DH workforce and make recommend amendments as agreed.	Overall feedback from teams; the SPCC framework document is a useful tool. It was noted that the time taken to complete may vary depending on the individual's previous experience and exposure to learning opportunities. In 2025 plan to formalise and roll out to other clinical teams.
Developing and implementing a Leadership Framework.	To embed effective leadership practices across the workforce.	Leadership framework embedded in PDR's. Leader-Manager training pathway defined to include induction, training during probation and on-going development. ShiftWorks on-demand Leadership Development programme procured. Leadership COP established and are inputting into Leader-Manager development as well as People Gathering events. Two gatherings organised with external speakers.
Develop and publish a strategic workforce skill plan to assess and ensure long-term future capacity and skills capability.	To ensure the future capacity and skills capability meet the future demands of DH services.	Succession planning of critical roles completed across all directorate areas to identify critical roles and potential internal successors. Vulnerability and risk assessed to review timescale to backfill identified critical roles and risk of role becoming vacant. Critical roles review will become a bi-annual activity across all directorate areas. Talent management phased of this project has been paused to review alongside Organisational and workforce strategy commencing 2025.

Quality Improvement	Expected outcome	End of year update
Build on our equality, diversity and inclusion proposition for 2023/24 drawing on employee feedback and suggestions.	To improve equality, diversity and inclusion and to enhance the sense of belonging to DH workforce, patients, families and carers to improve their experience.	Our Voice forum engaged throughout the year with an ED&I champion attending all forum meetings. Suite of measures launched and published October/November to fulfil duty to prevent sexual harassment in the workplace. Review of ED&I Strategy commenced March 2025 with action plan under development for FY25/26. Elements being developed under strategy review: <ul style="list-style-type: none"> • Menopause • Data collection and benchmarking • Neurodiversity and disability inclusion • Equity of outcome
To develop a mouth care video for staff, patients, families and carers.	The mouth care group and a representative from Mouth Care Matters (NHS England), to deliver an online video that will be available on our organisational website.	March 2025 mouth care video aims agreed and script written. May 2025 Video review meeting planned to set filming date.
To launch a new logo for people with Learning Disabilities. The logo has been developed with the charity SWALLOW and the Royal United Hospitals NHS Trust. It has been approved by the Paul Ridd Foundation.	To be used within our organisation to identify and provide tailored support for this patient group.	Our Voice, consultants are happy, Care Services have not disagreed. LD/Dementia/ frailty committee to confirm how they would like to roll this out.
Working with clinical and non-clinical teams to pilot providing a memory box kit for patients and families admitted on to the Inpatient Unit.	A box to provide: Jewellery bags for the patients possessions, crochet/knitted hearts, glass bottles for a lock of hair, hand/finger printing kit, card from staff, Forget Me Not seeds, information about bereavement services and fundraising.	Memory boxes are fully integrated as part of IPU after death care and are being restocked regularly.
Complete the NHS 15 Step Challenge – Quality from a patient’s perspective on Day Patient Unit.	For our workforce, patients, carers and volunteers to improve DH services by using this Quality Improvement Methodology.	Achieved.
Improving the ambulance entrance, which is the main entrance to the Inpatient Unit (IPU) for patients being admitted.	To make the entrance for patients and families more welcoming.	All completed – the IPU ambulance entrance has been refurbished.
To explore how to ensure hospice offer is accessible to people in prisons.	To embed the existing work done with prisons and to look at resilience to support this work.	No further engagement. Homeless link worker introduction sent.

Quality Improvement	Expected outcome	End of year update
With our newly appointed Homelessness Link Worker to develop links with external agencies to enable DH to work alongside them and offer end of life care to people experiencing homelessness.	To work alongside existing services to enable access for patients experiencing homeless at end-of-life care.	<p>Continued engagement with community and key stakeholders in order to understand services and needs. Since Oct, attended roughly 17 further engagement opportunities, totalling around 50 since beginning the project in May 2024. Each engagement opportunity has been valuable and insightful in relation to better understanding the needs of the homeless community.</p> <p>Co-production still to be launched with key stakeholders in order to hear from members of the homeless community about lived experiences. As it stands, currently discussing this with Rackfield House (supported accommodation) and Genesis Trust, and would like to re-engage with Julian House (Barnabas House and Manvers Street). Proposed offer still consists of a 2-day training course that includes ½ day for stakeholders to explain the work they are doing in the homeless community, followed by a full day of training delivered by DH staff (clinical and education), and ending with ½ day reflection. Training material is dependent upon the feedback and information we receive through the co-production carried out initially. Following the delivery of a training offer, a resource pack will be issued to participants.</p> <p>Since October - attended the One Stop Shop (BaNES Housing, Welfare Support, and Advice Service) on 5 separate occasions to date, in the hope of offering support and guidance to members of the public around homelessness and health. Accompanied on 3 of these dates by a Dorothy House Clinical Support Assistant. Further dates have been arranged for January and early February. Continued engagement and support for Dorothy House FST referrals, including new and existing since October 24, mostly centred on housing support and guidance, resulting in a small caseload of clients.</p>
To review and implement the DH offer to carers as part of the Family Services Team review. Involving carers in this work.	To have a flexible and responsive approach to carer support that is needed.	Carers Working Group being re-launched in a more strategic form. Carers groups being trialled April 2025. Assessment tool being re-considered as CSNAT did not work for our patient cohort.
Community listening exercise in Chew Valley.	To help develop our offer in line with the wishes of the community.	Proactively engaged community partners to increase awareness of our service coverage in the local area, including attending community events to distribute end of life planning materials. Responded to community feedback by running an Estate Planning Clinic.

Dorothy House 01 April -31 March

01 April -31 March

5 Star Score

4.93

% Positive Experience

98.4%

% Negative Experience

1.1%

Your average score for all questions this period

Reviews
this period

189

1 2 3 4 5 4.94

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

 top 1/3 of services,
 middle 1/3,
 bottom 1/3, -- no data for comparison

Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Admiral Nursing	--			➤	➤	➤	➤	➤	➤	⬆
Dorothy House Hospice Care	(5)	4.87	4.79							
Adult Social Work	--			➤	➤	⬇	⬇	➤	➤	⬆
Dorothy House Hospice Care	(12)	4.96	4.94							
Allotment	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							

Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Bereavement Help Point	--									
Dorothy House Hospice Care	(0)	-	-	-	-	-	-	-	-	-
Bereavement Support Team	--			▲	▲	▲	▲	▲	▲	▲
Dorothy House Hospice Care	(9)	4.94	4.93							
Blood Transfusion Service	--			➤	➤	➤	➤	➤	▲	▲
Dorothy House Hospice Care	(5)	5.00	5.00							
CHC BaNES	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
CHC Wiltshire	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
COPE	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
Chaplaincy	--			➤	➤	▲	➤	➤	➤	▲
Dorothy House Hospice Care	(2)	5.00	-							
Childrens and Young Peoples Service	--			➤	➤	▲	▲	➤	➤	-
Dorothy House Hospice Care	(3)	5.00	-							
Coffee Club	--			▼	➤	▼	▼	➤	➤	▼
Dorothy House Hospice Care	(24)	4.93	4.93							
Community Palliative Care Team	--			▲	▲	▲	▲	▲	▲	▲
Dorothy House Hospice Care	(35)	4.91	4.88							
Community Palliative Care Team Clinic	--			➤	➤	➤	➤	➤	➤	▼
Dorothy House Hospice Care	(3)	4.79	5.00							

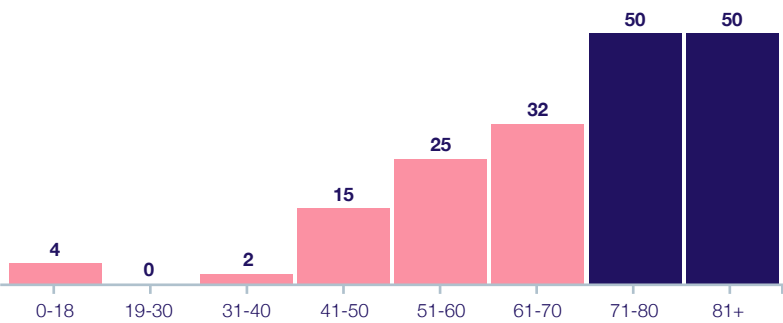
Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Compassionate Companions (RUH)	--									
Dorothy House Hospice Care	(0)	-	-	-	-	-	-	-	-	-
Complementary Therapy	--			➤	➤	⬆	⬆	➤	➤	➤
Dorothy House Hospice Care	(5)	5.00	5.00							
Creative Therapy	--			⬆	➤	➤	➤	➤	➤	➤
Dorothy House Hospice Care	(7)	5.00	5.00							
Day Patient Unit	--			⬆	⬆	⬆	⬆	⬇	⬆	⬇
Dorothy House Hospice Care	(29)	4.94	4.95							
Dietetics	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
Dietician	--			➤	➤	➤	➤	➤	➤	-
Dorothy House Hospice Care	(1)	5.00	-							
Heart Failure	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	--	-							
Hospice @ Home	--			➤	➤	➤	➤	➤	➤	➤
Dorothy House Hospice Care	(2)	5.00	5.00							
Inpatient Unit	--			⬇	➤	⬆	⬆	➤	⬆	⬇
Dorothy House Hospice Care	(18)	4.89	4.84							
MND Specialist Practitioner	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
Medics	--			⬆	⬆	⬆	⬆	⬆	⬆	-
Dorothy House Hospice Care	(1)	5.00	-							

Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Non Palliative Care Lymphoedema	--			⬆	⬆	⬆	⬆	⬆	⬇	⬆
Dorothy House Hospice Care	(7)	4.98	-							
Occupational Therapy	--			⬆	⬆	⬆	⬆	⬆	⬆	⬆
Dorothy House Hospice Care	(1)	5.00	5.00							
Palliative Care Lymphoedema	--			⬇	⬆	⬆	⬆	⬆	⬆	⬆
Dorothy House Hospice Care	(7)	4.91	5.00							
Palliative care clinic	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
Physiotherapy	--			⬆	⬇	⬆	⬆	⬇	⬇	⬆
Dorothy House Hospice Care	(5)	5.00	5.00							
Psychological Support	--			⬆	⬇	⬇	⬆	⬇	⬇	⬇
Dorothy House Hospice Care	(8)	5.00	5.00							
Unknown	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							
Volunteer Companions	--			-	-	-	-	-	-	-
Dorothy House Hospice Care	(0)	-	-							

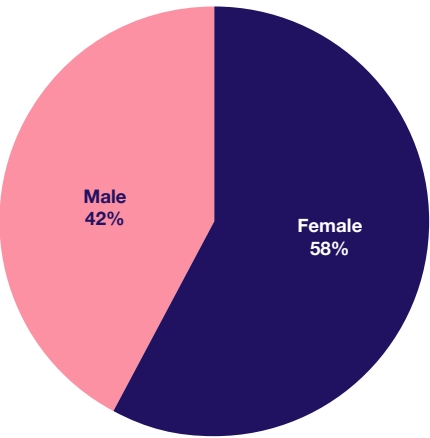
Key: Direction of arrow indicates improvement, decline, or same vs previous period

⬆ top 1/3 of services, ⬇ middle 1/3, ⬇ bottom 1/3, -- no data for comparison

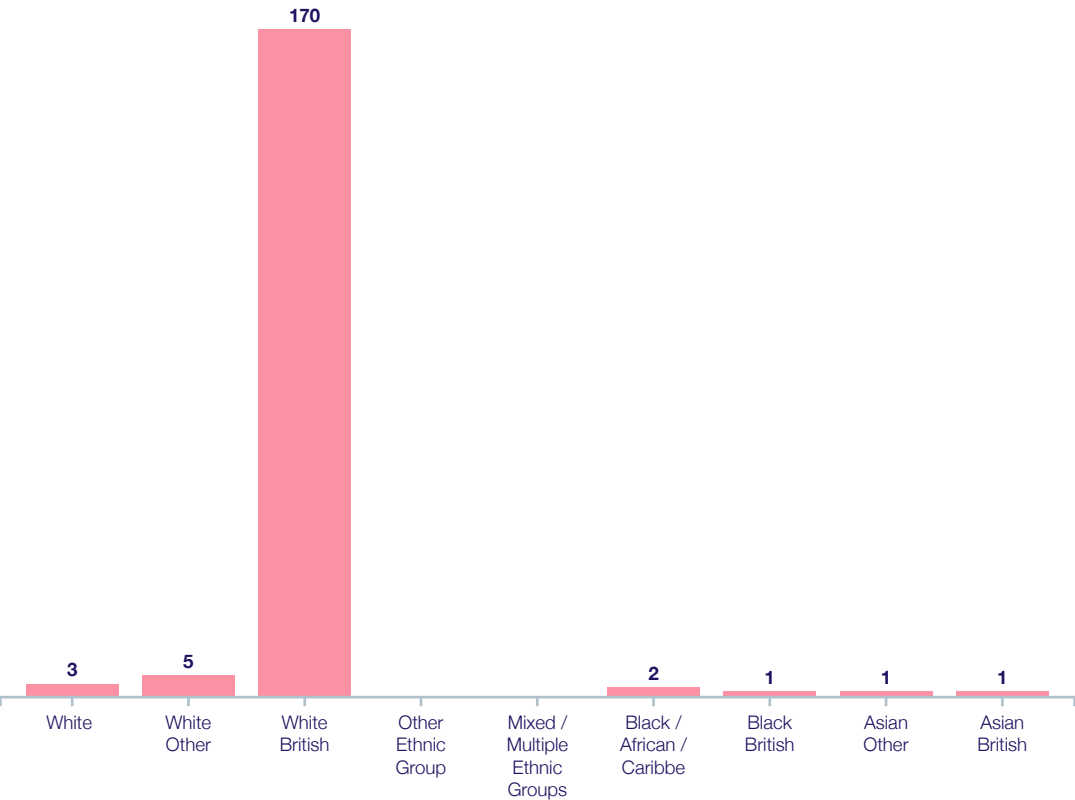
Reviews by patient’s age



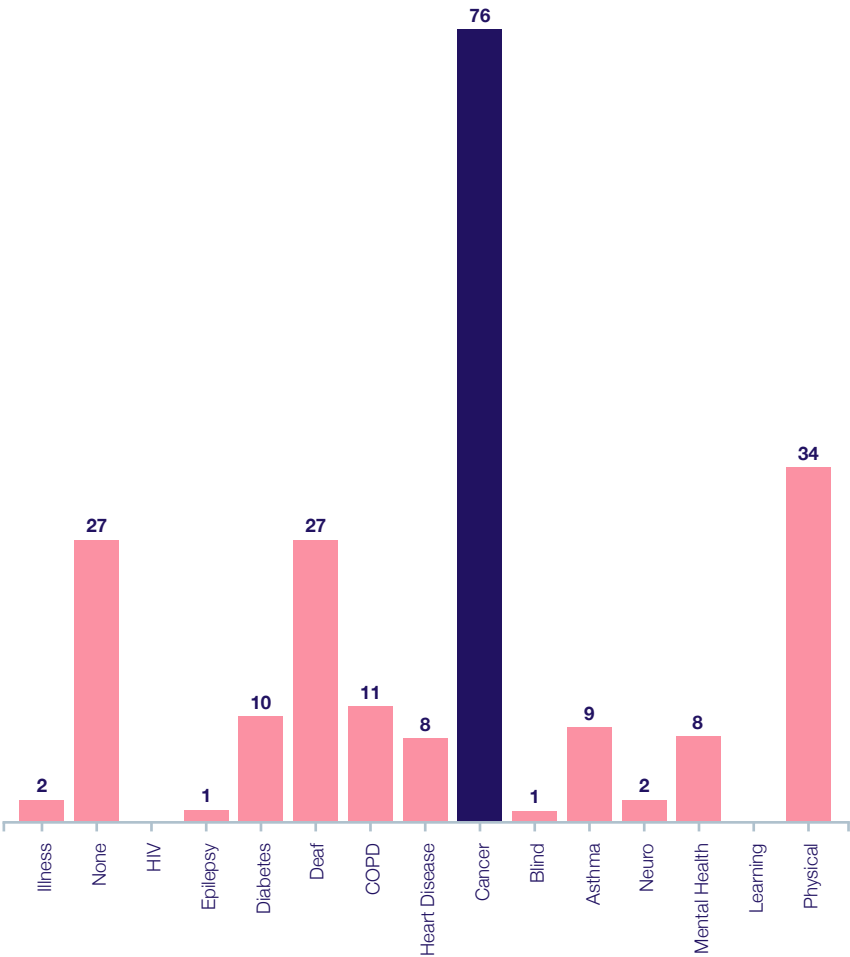
Reviews by patient’s gender



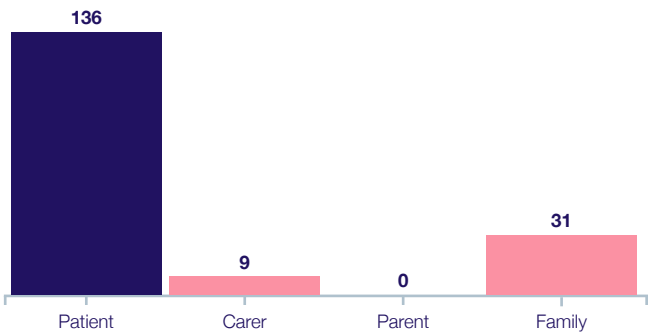
Reviews by patient’s ethnicity



Reviews by patient’s condition



Reviews by reviewer type



Demographics completion rate

Question	Blanks	% Completed
Age	11	94.18%
Gender	2	98.94%
Ethnicity	6	96.83%
Long-term Conditions	21	88.89%
Reviewer type	13	93.12%

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 on Dorothy House Hospice Care 2024-25 Quality Account

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Dorothy House Hospice Care Quality Account for 2024/ 2025. 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 aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of the achievements, challenges and future priorities, aimed at providing continued delivery of high-quality care.

It is the view of the ICB that the Quality Account reflects Dorothy House Hospice Care's ongoing commitment to continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- Increasing referrals for people diagnosed with dementia has been an identified priority, with the appointment of an Admiral Nurse supporting improved outcomes.
- Evidencing of shared learning as a result of an identified potential risk, resulting in Dorothy House Hospice Care appointing a Speech and Language Therapist to assure evidence-based guidelines, policy and protocols. An audit is scheduled for the upcoming year with training focused on nutrition and dysphagia.
- Dorothy House Hospice Care has reported a 70% increase in the number of reported patient safety incidents, however this is potentially linked to the implementation of the RADAR reporting system and a resulting improved reporting culture. It is noted that the new system aims to improve the efficiency of incident investigations and follow-ups, promoting reporting and learning. The Integrated Care Board (ICB) will continue to seek assurances on incident reporting, themes and learning as per the BSW quality assurance framework.
- The achievement of three certificates of excellence from IWantGreatCare, reflecting the commitment to outstanding patient feedback, evidenced by 600 written compliments and a minimal number of complaints.

BSW ICB also recognises the breakthrough objectives and areas identified for further development during 2025/26, with a focus on delivering and promoting personalised care as set out in the new Care Services Strategy 2025-28. Focusing on personalised care and support enhances the overall experience for patients, ensuring they receive the appropriate care at the right time.

The ICB supports the priorities for 2025/26 to address these challenges, including:

- As part of the new Care Services strategy to embed and improve on delivering and promoting personalised care.
- To develop a mouth care video for the workforce, people who access the service and other professionals.

- To develop and implement a hospice research toolkit (in collaboration with St. Peters Hospice)
- To enable people accessing Dorothy House to have access to Lumin&us a new play-based parenting app for families.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Dorothy House Hospice Care and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Yours sincerely,



Gill May
Chief Nurse Officer
BSW ICB

