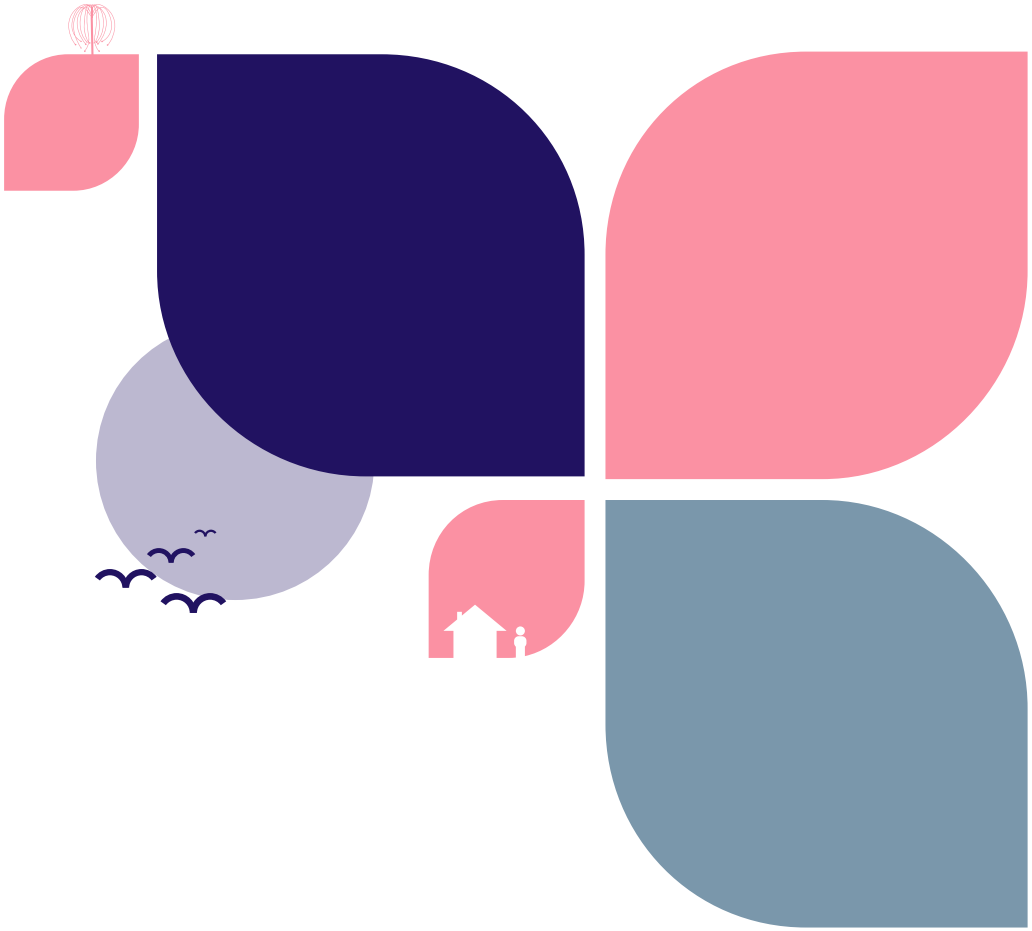
Dorothy House
HOSPICE CARE



Care Services Strategy

2025-2028

Contents

Introduction

The Care Services Strategy encompasses all services across the 'Care Services Directorate' and incorporates all our clinical and care workforce for provision of specialist palliative and end-of-life care (PEOLC). It should be viewed as a core element of the overall Organisational Strategy 2025-2028, which centres around Empower, Collaborate and Deliver. Within that, the transformation objective 'Implementing an operating model fit for the future' is where the Care Services Strategy is central to achieving transformation.

Our vision:
A society where death is part of life

Our purpose:
To empower, collaborate and deliver so that no-one faces death alone

Our Dorothy House **Core Values** are at the centre of the Care Services strategy:

We Care for one another with compassionate, purposeful and authentic leadership

We Create opportunities to innovate, learn and develop together

We Connect with each other and across our organisation to deliver excellence

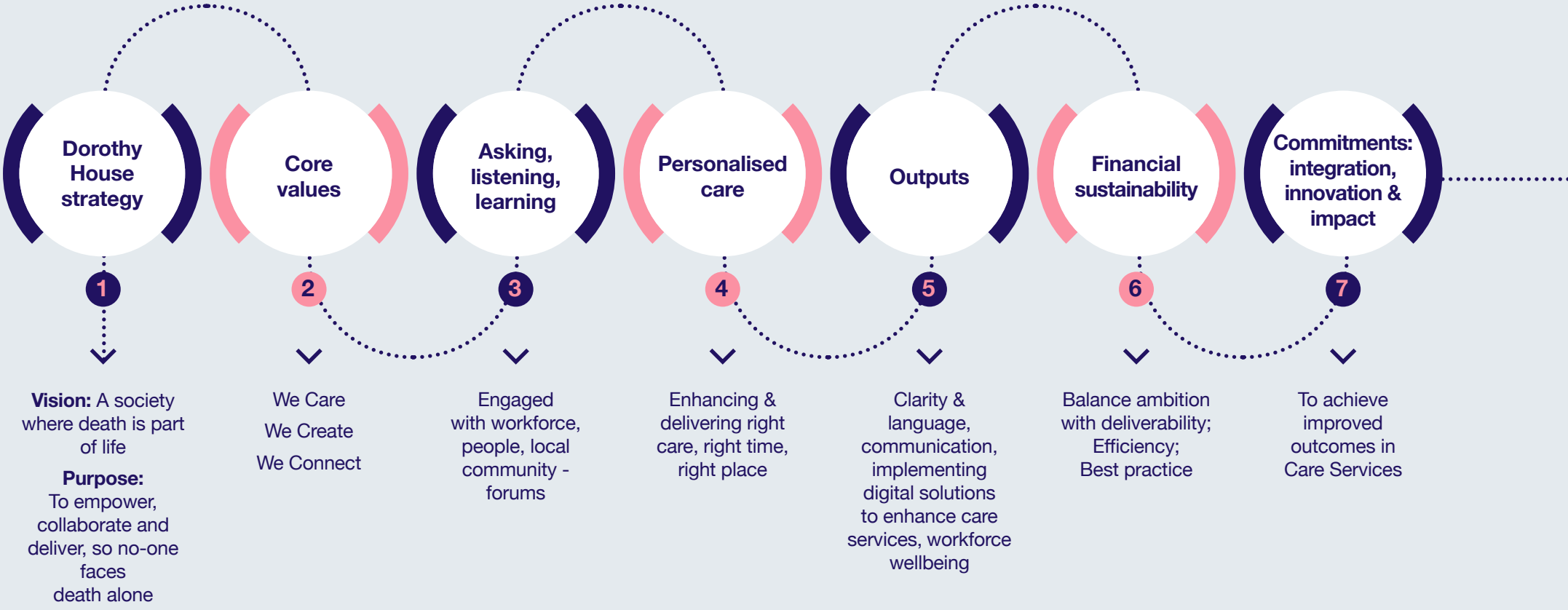
The strategy has been developed through asking, listening, and learning from the workforce, people (patients and families) and the local community through a variety of surveys, listening engagement events and strategy development sessions. The focus is on enhancing and delivering personalised care and 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**
» **Innovation**
» **Impact**

Care Services Strategy 2025-2028



Care Services Strategy Framework

Personalised care and support

Personalised care
Implementation of the Universal Model of Personalised Care and consistency of approach of the six pillars

Comprehensive single assessment
Implement guidelines for thorough and ongoing assessments of peoples' physical, psychological, social, and spiritual needs

Care planning
Develop personalised care & support plans that are regularly reviewed and updated to reflect the changing needs and preferences of people - 'What matters to you?' and using shared decision making, choice and control

Compassionate care
Respect the dignity and wishes of people

Continuity of care
Deliver seamless transitions between different care settings and providers to maintain safe care

Communication and support

Perception of care
Communication and clarity of messaging about what palliative and end-of-life care is, what hospice care encompasses and what our Dorothy House 'Last 1000 Days' offer is

Single point of contact
Having a consistent person (as far as practically possible) to communicate with throughout our care process

Advocacy and organising
Provide support for advocacy and organising services as these are essential to empower people

Community engagement and support
Awareness, engagement and partnership with communities and locality provision

Physical aspects of care

Symptom control & management
Focus on effective management of symptoms to improve quality of life

Comfort and wellbeing
Prioritise interventions that enhance comfort and overall wellbeing

Optimising potential
Enable people to maximise their potential and live and die well

Psychological aspects of care

Emotional support
Provide emotional and psychological support for patients and their families up to level 2.

Therapeutic psychological care
For those people with identified needs - provide emotional and psychological support for patients and their families up to level 3

Bereavement support
Provide a pathway of support to help people navigate the emotional experience of bereavement in various models including group or 1:1 support

Care Services Strategy Framework (cont.)

Social aspects of care

Family, friends and carer's support
Offer information, resources and signposting to enable people to understand, access and make important choices about their needs

Community engagement
Understand, engage and signpost people to community resources

Spiritual aspects of care

Spiritual care
Include spiritual care services to support people with all faiths and none

Cultural sensitivity
Ensure care is culturally sensitive and respects the diverse backgrounds of people

Care of the person nearing the end of life

End-of-life planning
Supportive conversation and planning for end-of-life care, including advance care planning, choice, control and decision-making

Assisted dying preparedness
Awareness of national developments

Quality, safety, governance and regulatory compliance

Governance structure, policy and processes (handbook)
Adherence to all regulatory and CQC quality standards

Quality improvement
Implement continuous quality improvement processes to regularly assess and enhance the quality of care provided

Best practice
In all aspects of personalised care delivery

Education and training

Workforce
Development of our workforce to ensure they have the necessary skills, competence and knowledge to deliver personalised care, by the right person, at the right time, in the right place

Leadership
Develop and enhance leadership capability using the Leadership Framework as a foundation

Evidence based practice
Contributing by leading in education, research and evidencing innovative novel approaches

Continue to address inequalities in provision of palliative and end of life care (PEOLC)

Understand our population
Population demographics and data

Access
Maximise access to our services

Community engagement
Collaborate and partner with communities in localities to optimise care for people, use resources effectively and benefit from experience and expertise

Care Services strategy framework (cont.)

Monitoring and evaluation

Performance metrics
Develop metrics to monitor the effectiveness of the care provided and identify areas for improvement

Engagement

» Provide opportunities for people who use our services to give feedback and contribute to service improvements.

» Enable a flourishing culture to allow our workforce to contribute feedback and ideas for service improvement.

» Actively seek feedback from commissioners and professional partners

Demonstrating impact
Provide mechanisms for feedback including experience of care, compliments, concerns and complaints

» Champion the use of the Outcome Assessment and Complexity Collaborative (OACC)

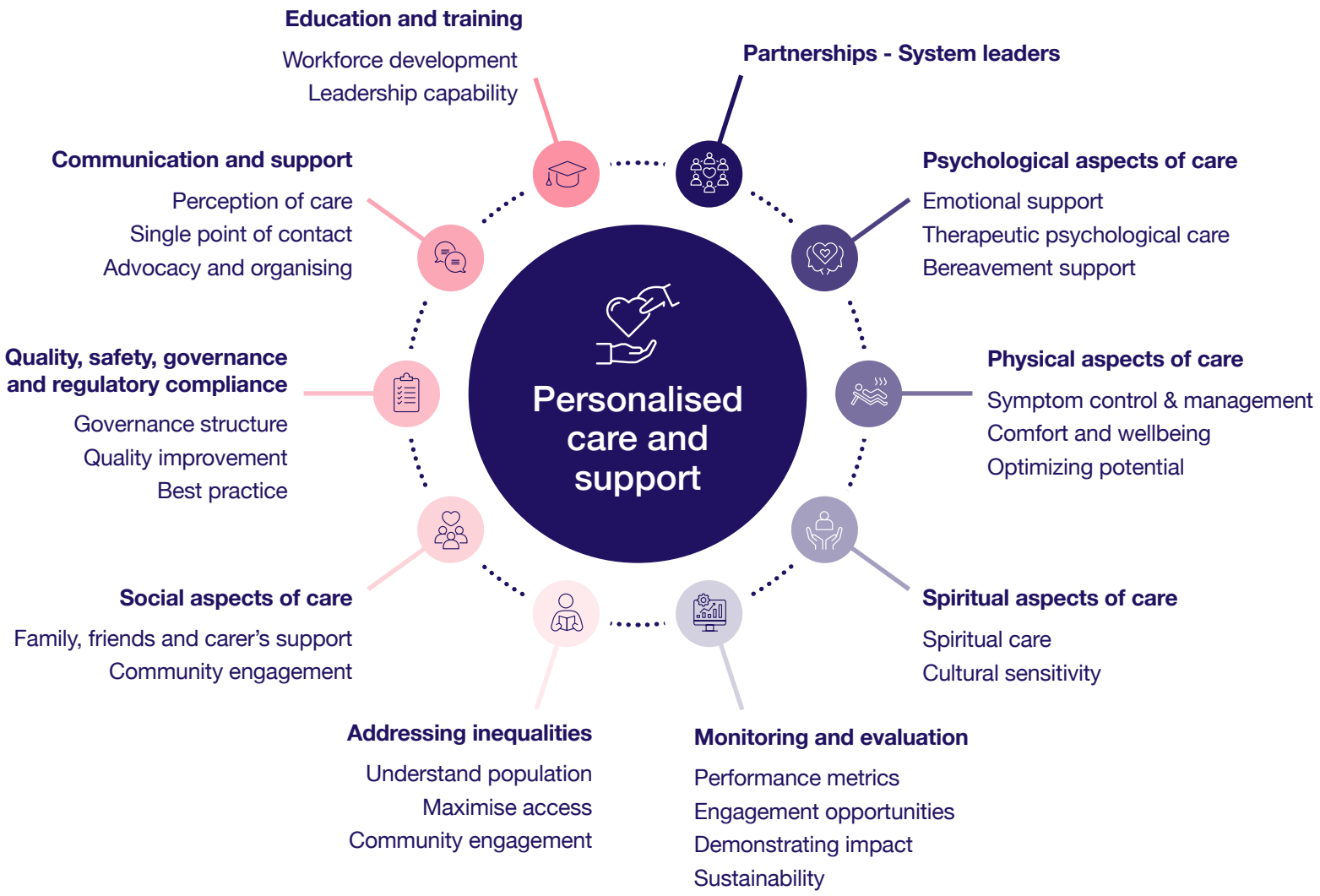
» Learning from patient safety incidents and thematic review utilising the Patient Safety Incident Response Framework

» Enable continuous (quality) improvement to be embedded

Sustainability
Evaluate models of care including potential for ‘Paid for’ services and optimise use of Personal Health Budgets

Partnerships

System leaders
Build our reputation as leaders in specialist palliative and end-of-life care, education and research. Strengthen partnerships with local health and social care providers to enable seamless care provision and workforce development opportunities.



Care Services Strategy Commitments

Integration

Focus on seamless integration and collaboration in care services

Innovation

Embracing new ideas and approaches to enhance our care

Impact

Measuring the effectiveness, value and outcome of care

COMMITMENT ONE

Integration

1

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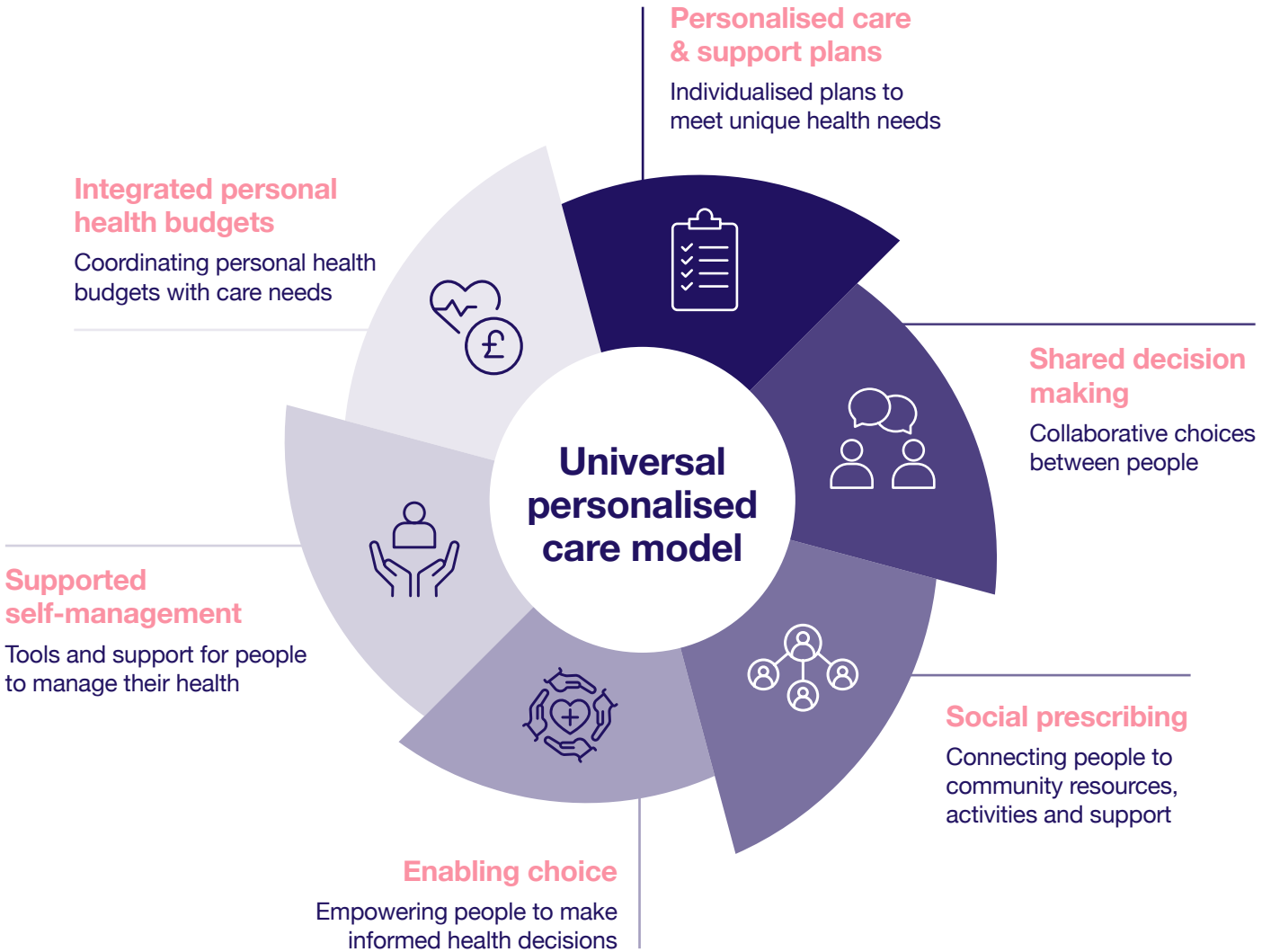
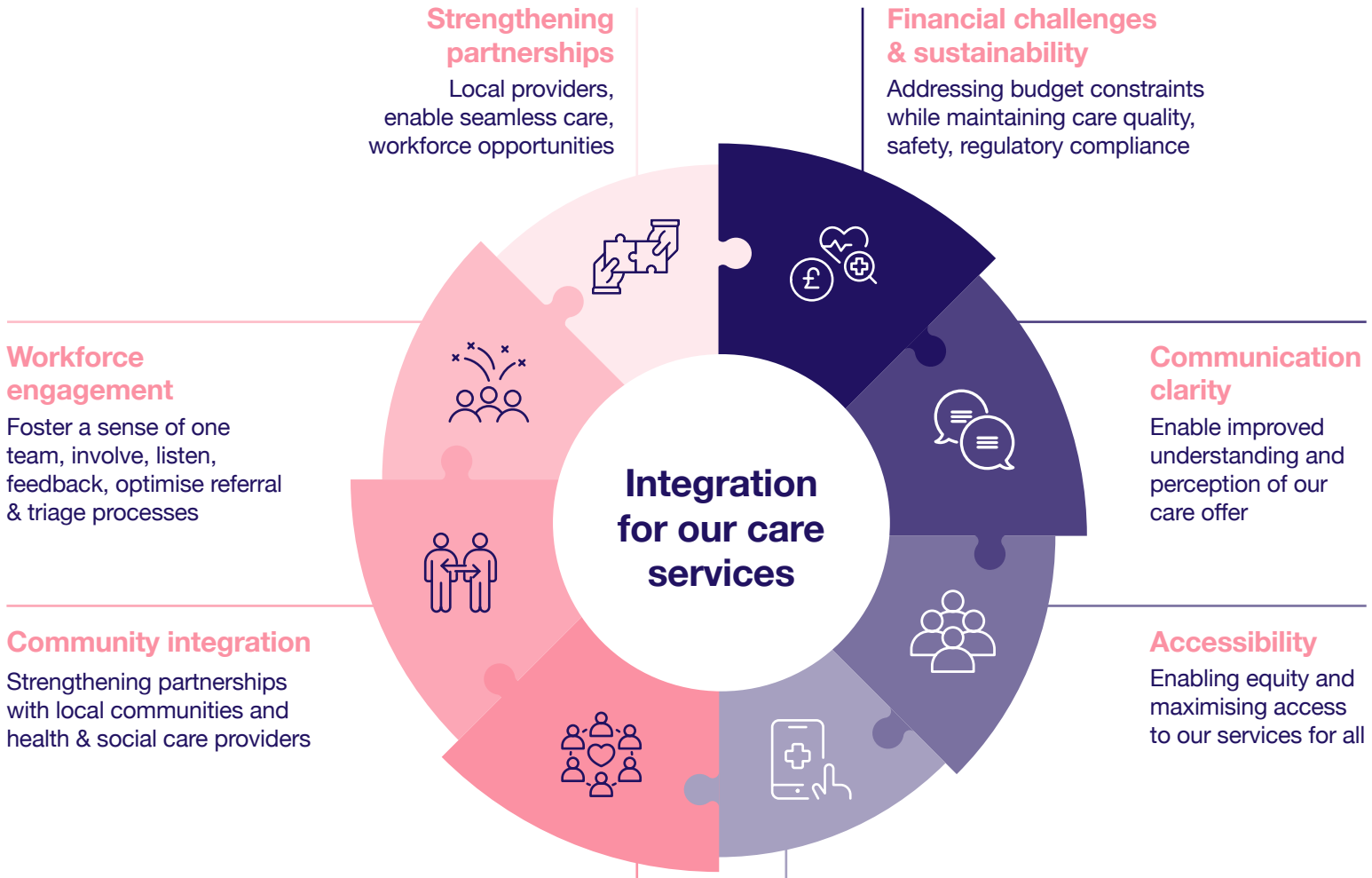
Commitment one – Integration

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.




Strengthening partnerships
Local providers, enable seamless care, workforce opportunities
Financial challenges & sustainability
Addressing budget constraints while maintaining care quality, safety, regulatory compliance
Workforce engagement
Foster a sense of one team, involve, listen, feedback, optimise referral & triage processes
Communication clarity
Enable improved understanding and perception of our care offer
Integration for our care services
Community integration
Strengthening partnerships with local communities and health & social care providers
Accessibility
Enabling equity and maximising access to our services for all
Consistency of care
Consistency in our approach, continuity, seamless integration, collaborative, compassionate
Digital technology
Enhancing care delivery through digital tools

Key aspects for integration

Universal personalised care and support
Communication and integration of the six-pillar model with specialist palliative and end of life care.

Right person, right place, right time
Maximise workforce potential, enabling advanced practice and autonomy. Unified, collaborative working.

Balancing ambition and deliverability
Balance ambition with deliverability, clarifying roles as a provider and enabler.

Financial sustainability and core requirements
Focus on core, contracted requirements to deliver regulatory compliance amidst financial constraints whilst providing quality and safe care.

Collaborative approach
Respect the expertise of all team members, using the multidisciplinary team approach to focus on delivering best care.

Integrating business intelligence
Utilise data for understanding activity, performance, workload, and resource allocation.

Team cohesion and referral processes
Foster a continuous sense of team and optimise referral and triage processes with clear guidance and support for complex cases.

System leaders
Build on our reputation as a system and sector leader, enabling opportunities and partnerships, collaborative research and education, demonstrating strong leadership to maximise the potential of all.

Engaging workforce in direction
Foster open communication about vision and goals, involving staff in decision-making processes and soliciting feedback.

Strengthening partnerships
Strengthen partnerships with local health and social care providers to enable seamless care provision and workforce development opportunities, in particular in integrated neighbourhood teams, primary and secondary care, and VCSE partners.

Community engagement and integration
Champion the Dorothy House 'Vision for Community Development & Engagement' using the 'Asset Based Community Development' (ABCD) strengths-based approach. This will enable a broader presence by integrating volunteer services with system partners, enhancing equity of access to services through population health data, partnering with people and communities.

Community outreach and education
Enhance community outreach and education to raise awareness of services and share learning opportunities.

Education and research integration
Integrate education and research as a collective responsibility within the organisation. Provide increased levels of education to develop and empower the wider workforce

Workforce training and retention
Invest in our workforce training and retention strategies to empower and maintain a skilled, flexible workforce, recognising diverse skills within the team.

Improving understanding of palliative care
Enhance understanding of palliative care, prioritising personalised care while involving people in decision-making to understand wishes and concerns.

Key aspects for integration (cont.)

Consistency and continuity of care
Maintain consistency in our approach and ensure continuity of care for all individuals.

Accessibility and overall experience
Enable service accessibility, enhancing equity of access, and overall experience.

Clarity of communication
Improve perception and understanding of our care offer through clear communication and language.

Understanding our last 1000 days offer
Develop digital technology to support and enhance understanding and delivery of our last 1000 days offer, addressing challenges, identifying gaps, and instilling choice and control for specialist care.

Access and information
Provide comprehensive access and information, including signposting and visibility of partners to enhance awareness and integration of services within communities.

Communication and support
Ensure understanding of available equipment, access, and timescales, with a single point of contact for communication and support for people. Showcase experiences and promote positivity of our approach and value.

Support before and after death
Provide comprehensive support before and after death, including timely referrals and communication about Dorothy House services.

Ongoing feedback mechanisms
Implement qualitative and quantitative feedback mechanisms for measurable success and continuous improvement.

COMMITMENT TWO

Innovation

2

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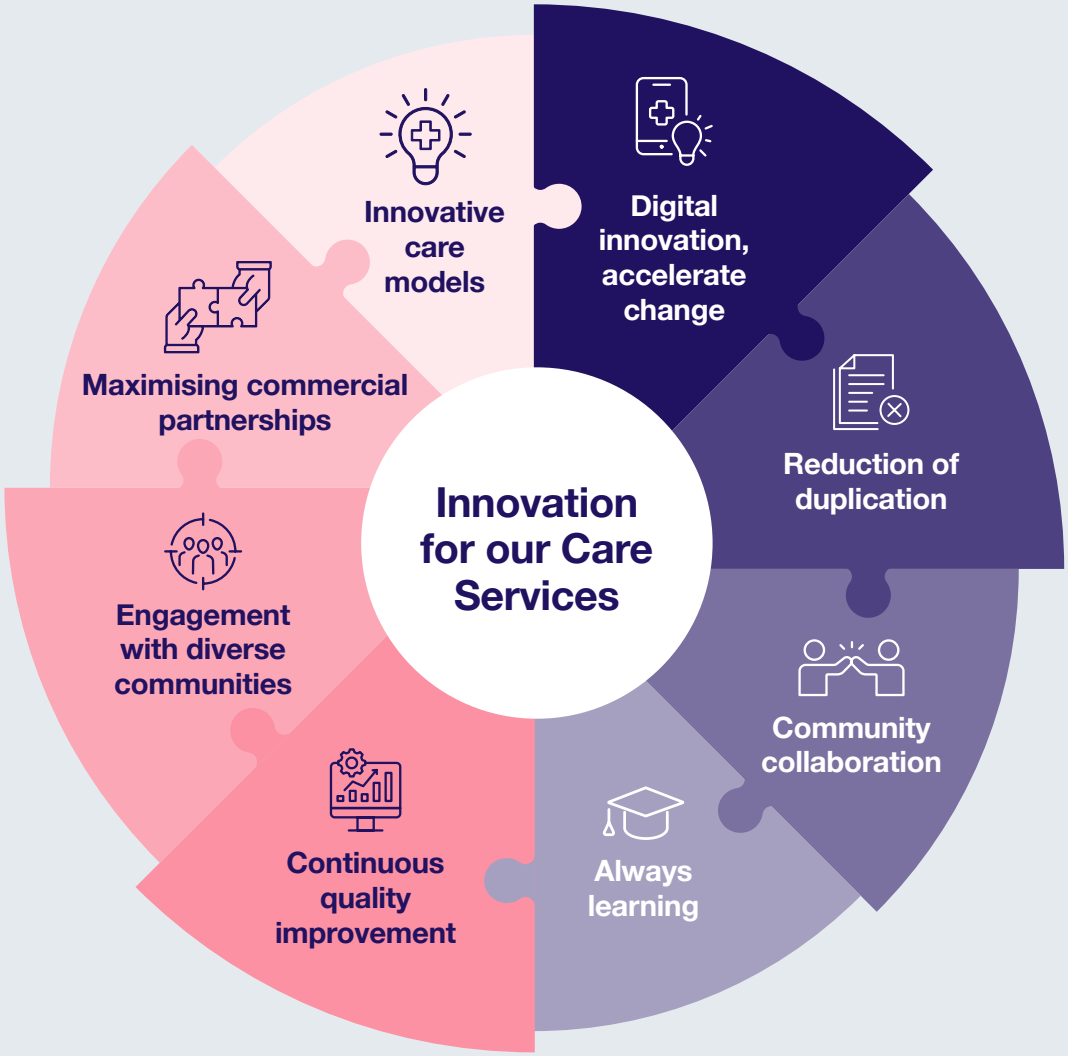
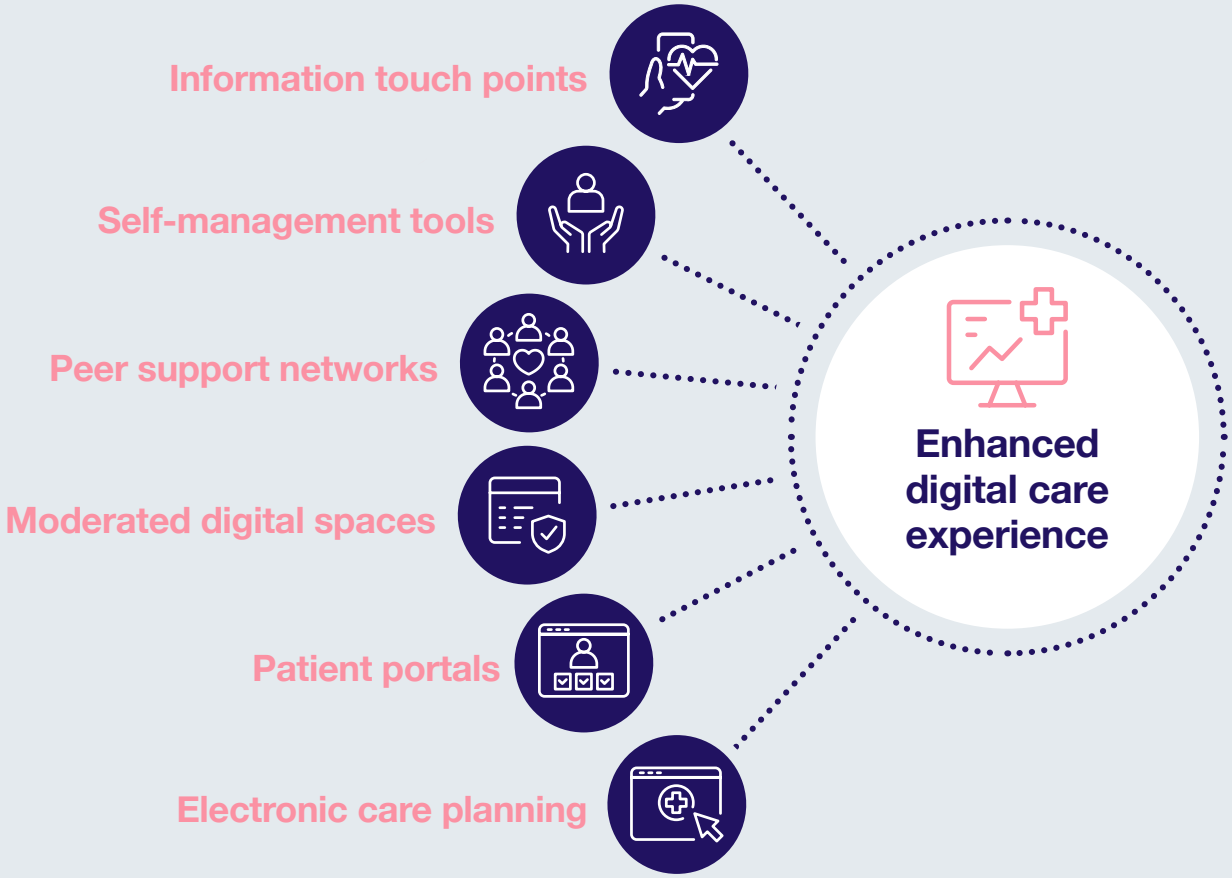
Commitment two - Innovation

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.




Information touch points
Self-management tools
Peer support networks
Moderated digital spaces
Patient portals
Electronic care planning
Enhanced digital care experience

Key aspects for innovation

Digital innovation and intelligence
Utilise advanced digital tools to streamline referral and triage processes, ensuring that people receive timely and appropriate care.

Reduction of duplication
Implement a systematic, collaborative, and trusted approach to minimise repetition in care delivery, enhancing a comprehensive single assessment, improved experience and overall efficiency.

Community collaboration
Work closely with community partners, to establish a digital front door that integrates various care delivery methods, ensuring a seamless patient experience. Realise the Dorothy House 'Vision for Community Development & Engagement' using the ABCD strengths-based approach.

Continuous quality improvement
Foster a culture of continuous improvement embedding practices that support quality improvement across all care.

Learning from incidents
Adopt the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) to improve future care practices.

Engagement with diverse communities
Actively listen to and collaborate with diverse and underserved communities to identify gaps in care and develop initiatives that address their needs.

Innovative care models
Create and implement innovative models of care that are efficient, effective, and sustainable, reaching a broader population, including partner Hospital@Home services. Evaluate models of care including potential for developing 'Paid for' services, to support financial sustainability.

Research
Conducting research developed in-house or by others. Promote a culture of curiosity, engagement in and application of research in clinical practice.

Maximising commercial partnerships
Leverage commercial partnerships to enhance resources and capabilities in delivering care.

Accelerating digital change
Embed and promote digital transformation within care provision to improve accessibility and people engagement.

Expanding Hospice@Home
Promote and expand the innovative Hospice@Home social care model to provide compassionate care in the home.

Workforce innovation
Develop flexible workforce models that partner with local providers, enhancing the skills, confidence, and competence of the whole workforce.

Enhancing digital care experience
Utilise digital innovations such as information touchpoints, self-management tools, peer support networks, electronic care planning, and user portals to improve the patient experience.

Collaboration on innovative digital developments
Engage in partnerships and collaborations to enable the development of innovative digital tools to realise the potential of digital enhancements to support care.

Addressing digital inequality
Actively work to identify and reduce gaps in digital access and literacy, ensuring equitable healthcare delivery.

Incorporating digital options
Identify elements of care delivery that can integrate digital solutions, such as telehealth consultations, online support groups, and mobile applications for symptom tracking and resource access.

COMMITMENT THREE

Impact

3

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Commitment three - 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.

Demonstrating our care impact

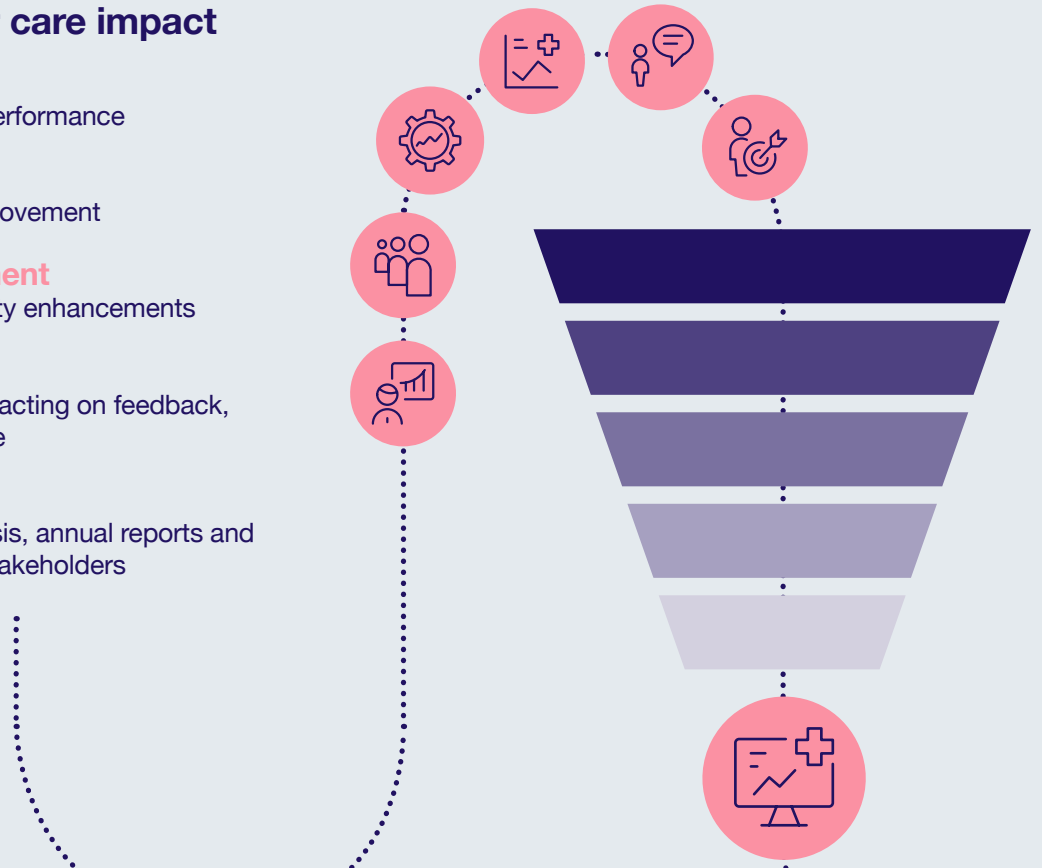
Quantitative metrics
Measuring outcomes and performance

Qualitative data
Gathering feedback for improvement

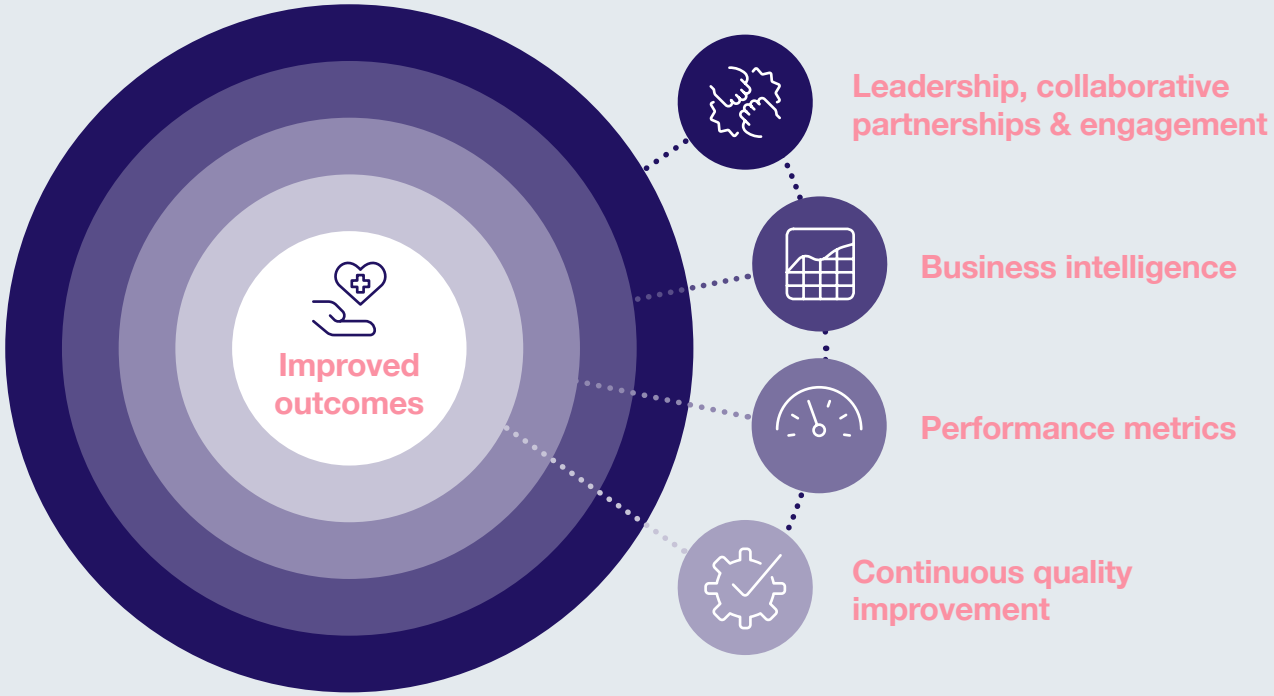
Continuous improvement
Implementing ongoing quality enhancements

Showcase experience
Sharing stories for learning, acting on feedback, enabling a flourishing culture

Regular reporting
Monthly performance analysis, annual reports and communicating impact to stakeholders



Enhancing our Care Services Impact



Key aspects for impact

Define clear objectives

Personalised care
Focus on improving the quality of life for people.

Best practice
Evaluation of our delivery of care – safety, quality, and regulatory compliance.

Inclusivity
Provide equitable access.

Evidence base
Build our evidence base, outputs and reach across education and research.

Performance - quantitative metrics

Patient outcomes:
Champion the use of the Outcome Assessment and Complexity Collaborative (OACC) and other relevant patient reported outcome measures.

Clinical performance:
Develop appropriate metrics to monitor the effectiveness of the care provided and identify areas for improvement.

Operational efficiency:
Monitor demand and capacity utilisation, monthly operational activity metrics including trends and forward trajectories.

Contract performance:
Quarterly reviews.

Performance - qualitative data

Experience of care feedback:
Provide opportunities for people who use our services to give feedback and contribute to improvements and change.

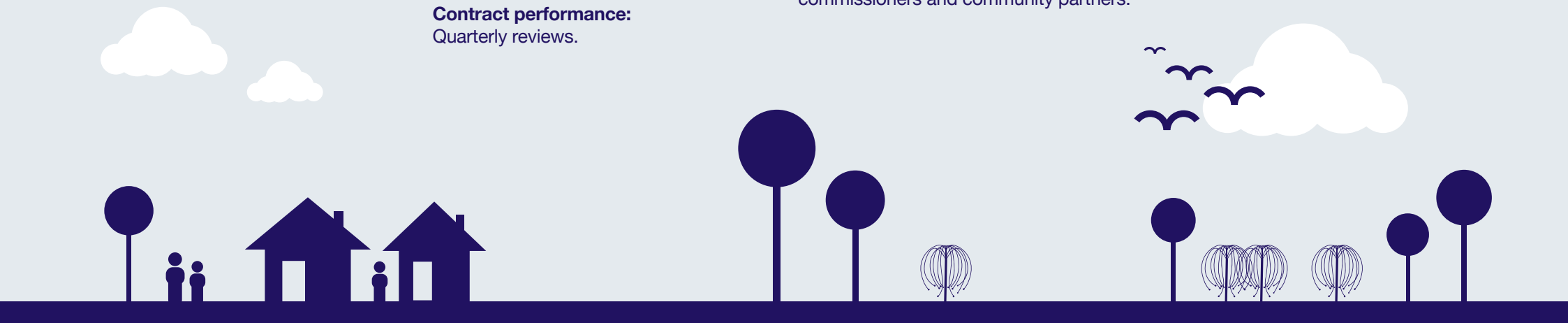
Workforce feedback:
Enable a flourishing culture to allow the workforce to contribute feedback and ideas for service improvement. Embed use of Schwartz Rounds to provide a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare

Stakeholder partner feedback:
Actively seek feedback from commissioners and community partners.

Embed continuous quality improvement

Continuous improvement:
Learning from Patient Safety Events (LfPSE), incidents and thematic review utilising the Patient Safety Incident Reporting Framework (PSIRF) and use the principle of ‘Always Learning’ sharing learning across teams and services to identify areas for improvement and implement changes.

Benchmarking:
Compare our performance against collaborative partners, national standards and best practices.



Key aspects for impact (cont.)

Showcase experience

Stories
Use a balance of stories outlining both positive experiences and where we could have done better, outlining change and improvement required. Include the development of lived experience digital storytelling.

Community engagement
Share success stories with the community through newsletters, social media, and local events.

Regular reporting

Annual reports
Publish annual reports that detail our Care Services successes, challenges, performance and future aims.

Stakeholder meetings
Present impact data to stakeholders, including workforce, commissioners, patients, families, and community partners.

Business intelligence & informatics

Data analytics
Work collaboratively with business intelligence using data analytics tools to identify trends and measure the effectiveness of Care Services.

Influence and dissemination

Share impact
Share the impact of our work at regional, national, international forums.

Appendix

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Appendix 1 – Workplans

Workplans will be developed by each team, and these will be developed in priority order and therefore ‘personalised’ to them.

The team core objectives will be outlined and will capture the strategy aspects to deliver. These will collectively be shared across teams at the clinical leadership meetings and be captured on the Care Services Strategy dashboard, to see progress, key metrics, milestones and realisation of benefits. This will include regular feedback to evaluate the success of the strategy.