
Quality Account

2025-26



Contents

Part 1: Chief Executive Statement of Quality	3
Part 2: Our priorities for improvement FY26/27	7
Clinical Quality	11
Part 3: Review of Quality Performance	17
Strategic and operational intent FY26/27	26
Appendices	28

DOROTHY HOUSE
(formerly THE DOROTHY HOUSE FOUNDATION LIMITED)

Company number: 1360961

Charity registration: number 275745

Principal address: Winsley, Bradford-on-Avon, Wiltshire BA15 2LE

Part 1

Chief Executive Statement of Quality

Chief Executive Statement of Quality

I am pleased to introduce Dorothy House's Quality Account for 2025/26. This report reflects the hard work of our teams of staff and volunteers and their continued commitment to delivering safe, compassionate and person-centred palliative and end of life care for the people, families and carers who rely on our services across Bath and North East Somerset, and parts of Wiltshire and Somerset.

This year has brought challenges and the need for innovation and change and I am proud of the way our teams, volunteers and partners have remained focused on what matters most: providing high-quality care, learning from experience, and continually improving how we support those at the end of life through listening to the feedback from those in our care and undertaking audit, education and research. This past year, we have successfully met the four key priorities we set for 2025/26:

1. As part of the new Care Services strategy to embed and improve on delivering and promoting personalised care.

2. To develop a mouth care video for our workforce, people who access our service and other professionals.

3. To develop and implement a hospice research toolkit. (In collaboration with St. Peters Hospice)

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

Overall, our care services teams cared for 5% less people than in 2024/25, however this was a planned reduction brought on by the changes required to manage the ongoing financial challenges facing hospices across the UK. Importantly the quality of our care remained of the highest standard and at the time of writing the hospice remains rated as "outstanding" by the Care Quality Commission (CQC) in the "caring" that it provides to its community.

The account that follows sets out our progress, our four priorities for improvement, and our determination to deliver the very best care with openness, accountability and compassion. The Board and Executive team wish to thank all of our staff and volunteers for their commitment and hard work as we continue to provide palliative and end of life care to our communities.

Wayne de Leeuw

**Chief Executive and
Accountable Officer**

Statement of Assurance from the Board of Trustees

The Board of Trustees is responsible for ensuring that Dorothy House is well led and delivers safe, effective, caring, and responsive services in line with its charitable purpose.

The Board is supported by a clear governance framework, including seven trustee-led sub-committees, providing robust scrutiny of quality, safety, performance, and risk. Clinical governance is overseen through established committee structures, ensuring that learning, quality, and safety are effectively monitored and escalated.

Trustees maintain regular engagement with frontline services, providing direct insight into care, workforce experience, and service delivery.

Drawing on a range of assurance sources, including quality data, audit findings, risk reporting, safeguarding oversight and direct observation, the Board is able to assess performance and hold the executive team to account.

Based on the assurances received during the reporting period, the Board is confident that Dorothy House provides high-quality, person-centred care and is committed to continuous improvement, sustainability and accountability.



About Dorothy House

Dorothy House provides specialist palliative and end of life care to adults (18+) living with a progressive, life-limiting illness or severe frailty, as well as support for their families (including children) and carers. Our services cover an area of approximately 800 square miles across Bath and Northeast Somerset, and parts of Wiltshire and Somerset.

We review our services annually to ensure they meet our strategic priorities and the requirements of our NHS commissioners.

We deliver care both at our Winsley hospice and within local communities, with over 90% of care provided in community settings, including patients' homes and care homes.

Our Services

We provide a range of integrated services to meet the needs of patients and those important to them, including:

- **Clinical Coordination Centre** managing all referrals
- **Specialist Medical Team** providing expert palliative care
- **Inpatient Unit** (10 beds) at Winsley
- **24/7 Advice Line** offering support to patients, families and professionals
- **Community Palliative Care Teams** delivering care in partnership with primary and community services
- **Hospice at Home** providing end of life care in people's usual place of residence
- **Allied Health Professional team** provides holistic rehabilitation and support, including physiotherapy, occupational therapy, dietetics and speech and language therapy.

- **Family Support Services**, including social work, bereavement support, psychological and spiritual care, creative arts and services for children and young people.
- **Day Services and Open Access programmes** provide wellbeing, therapeutic and bereavement support within local communities, with many services accessible without referral.

We are committed to inclusive care and provide specialist support through roles such as **Admiral Nurses**, a **Motor Neurone Disease Specialist Practitioner**, and a **Homelessness Link Worker**, helping us to reach and support people from diverse and under-represented communities.

Education, Research & Professional Development:

A key pillar of Dorothy House services:

Education and research are key to improving care.

- We lead and contribute to national research to improve supportive, palliative and end of life care.
- We deliver statutory and mandatory training and support ongoing professional development for our workforce.
- We provide undergraduate and postgraduate education programmes for health and social care professionals, working in partnership with Higher Education institutions, including the University of the West of England and the University of Oxford.
- We support education and research by offering training opportunities and student placements for undergraduate and postgraduate health and social care professionals.

Part 2

Our priorities for improvement FY26/27

Our priorities for improvement FY26/27

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

Priority 1 – Future improvement: Implement GRACE digital platform

How was this priority identified?

This Quality Improvement Project has been identified through ongoing work to strengthen personalised care planning at Dorothy House. Current service evaluation has highlighted opportunities to improve both:

- Patient and family experience
- Staff efficiency and time allocation

How will this be achieved?

This will be achieved through a structured, phased implementation approach using the Plan-Do-Study-Act (PDSA) cycle, combining co-design, pilot testing, and continuous evaluation to ensure the system meets both patient and staff needs:

- Co-designing with users
- Piloting and refining in practice
- Measuring impact on patient experience and staff efficiency
- Scaling sustainably across services

How will we monitor and report progress?

Progress will be monitored through a structured measurement framework and reported via existing governance processes to ensure transparency, accountability, and continuous improvement.

This will be achieved through:

- A clear set of measures (process, outcome, balancing)
- Regular structured reviews at operational and strategic levels
- Transparent reporting via governance routes
- Continuous refinement based on real-time feedback and data

Ensuring the project delivers measurable improvements in patient experience and staff efficiency.

Priority 2 – Future improvement: Care Services workforce video

How was this priority identified?

It was recognised that people within the local community, including health and social care professionals, may not always have a clear understanding of the scope and purpose of hospice services. As hospice care has evolved over time, this project aims to provide clear information about what Dorothy House does and does not offer, using authentic workforce voices. A member of the Community Palliative Care Team previously participated in a similar video project during the COVID 19 pandemic within an acute trust for patients receiving chemotherapy. Feedback from that project was reported as positive. Based on this

experience, it was identified that a comparable approach could be beneficial for Dorothy House services.

How will this be achieved?

The video will be developed collaboratively between Care Services and the Communications Team, incorporating:

- Clear messaging and structure
- Staff interviews to reflect real experiences
- Ethical considerations, including consent and confidentiality
- Professional production and editing

How will we monitor and report progress?

- Progress tracked against agreed project milestones
- Risks and issues monitored and managed
- Updates reported through governance and service reporting structures

Priority 3 – Future improvement: Care after death (multiple deaths on Inpatient Unit)

How was this priority identified?

Learning from the implementation of the David Fuller Report identified challenges in maintaining dignity, safety and compliance when more than one patient death occurs on the Inpatient unit within a short period.

How will this be achieved?

A multidisciplinary Task and Finish Group will:

- Review current capacity and demand patterns
- Identify safe and appropriate arrangements for multiple deaths

- Explore the feasibility of a designated, compliant space
- Reinforce policy awareness and staff responsibilities
- Ensure compliance with fire safety, infection prevention and governance standards

How will we monitor and report progress?

- Audit of compliance with revised processes
- Incident reporting and learning reviews
- Reporting through clinical governance structures

Priority 4 – Future improvement: Communication workshop (neurological conditions)

How was this priority identified?

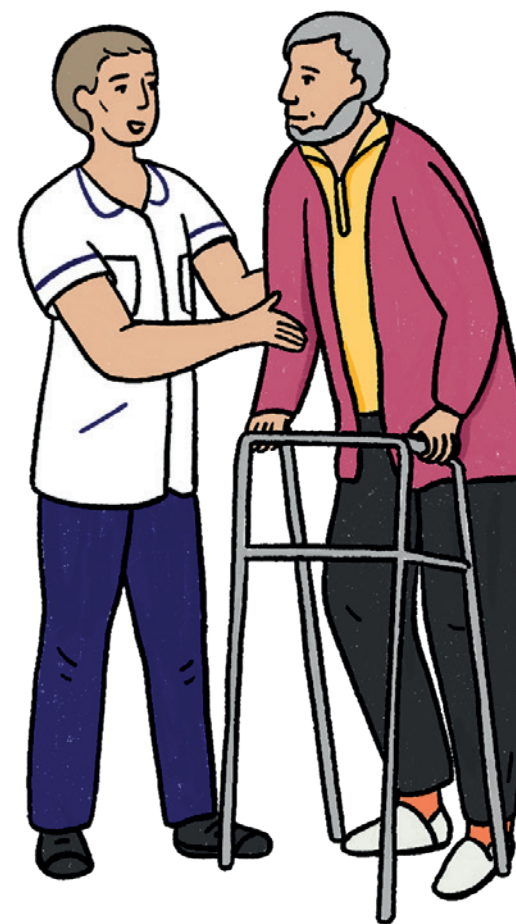
Building on the success of a dementia communication workshop, a need was identified to adapt this model for people living with progressive neurological conditions and their communication partners.

How will this be achieved?

- Review learning from the dementia workshop
- Engage clinical teams to identify specific needs
- Adapt content and materials for accessibility
- Pilot the workshop and refine delivery

How will we monitor and report progress?

- Feedback from participants and facilitators
- Ongoing evaluation and improvement
- Reporting through service development governance routes
- Monitoring impact, including improvements in Advance Care Planning uptake



Clinical Quality

Clinical quality

Data quality

Dorothy House provides quarterly contract activity data to HCRG, in line with agreed reporting requirements and formats, to support oversight, performance monitoring, and commissioning assurance.

All Dorothy House data is managed in accordance with UK Data Protection legislation, with confidentiality maintained in line with the Caldicott Principles. Information governance and security arrangements are reviewed regularly through the Information Governance Steering Group (IGSG), which meets quarterly and includes the Head of Governance, external Data Protection Officer, Senior Information Risk Owner, Caldicott Guardian, and Head of Digital.

Information governance is embedded within Dorothy House's governance framework, with overall accountability held by the Board of Trustees and oversight from the Audit and Governance Committee.

We are working towards compliance with the 2025/26 Data Security and Protection Toolkit by June 2026, in line with NHS contractual requirements.

Clinical audit

Clinical audit helps us ensure the care we provide is safe, effective and of a high standard. It involves regularly reviewing our services to confirm that we are working in line with national guidance and best practice. We take a structured approach to selecting audit topics, focusing on NHS requirements, delivering high-quality palliative care, and learning from patient safety incidents and complaints and concerns to improve patient safety.

Learning and improving through clinical audit

We use the findings from clinical audits to continuously improve our services and the care we provide. Learning is reviewed and shared through governance processes and translated into improvements in practice.

Over the past year, **53 clinical audits** have been completed across our services. These audits help us monitor standards, identify opportunities for improvement, and ensure our services remain **safe, caring, responsive, effective and well-led**.

Key areas of focus this year include:

- **Medicines management** – An external audit provided assurance and identified areas for improvement. A Medicines Assurance Panel will be introduced in 2026/27 to strengthen oversight.
- **Infection prevention and control** – Audits using the Hospice UK tool have led to clear action plans, now being implemented to maintain a safe environment.
- **Safeguarding** – Our audit confirmed that processes are working effectively. Future work will focus on improving the quality of documentation.
- **Nutrition** – 96% of patients admitted to the Inpatient Unit received a nutritional assessment using the PLANC tool, supporting personalised care.

Patient safety

Patient safety is a core priority and aligns with the NHS Patient Safety Strategy's focus on creating a **culture of openness, continuous learning and improvement**. All patient safety incidents and near misses are reported through our internal system (RADAR), in line with Dorothy House policies. This supports a **systems-based approach to safety**, ensuring that incidents are used as opportunities to understand underlying causes and improve care.

Incidents are reviewed and investigated by the relevant manager, Accountable Officer or Clinical Quality Lead, with a focus on identifying contributory factors, embedding learning, supporting everyone involved and reducing the risk of recurrence. Oversight is provided through the Clinical Governance Sub-Committee, which reviews patient safety themes on a quarterly basis, ensuring that learning informs **service improvement and leadership decision-making**.

We have also introduced a dedicated patient safety forum, providing teams with the opportunity to share challenges, highlight good practice and discuss learning. This supports a **learning culture**, where the workforce feels able to report, reflect and improve. Through these processes, we are committed to strengthening our patient safety systems, enhancing learning, and continuously improving the care we provide.

Patient safety incidents

Our Patient Safety Incident Response Framework (PSIRF) policy and Patient Safety Incident Response Plan set out our approach to responding to incidents to support learning and improvement. We continue to work collaboratively with other hospices and system partners to share learning and strengthen patient safety across the wider system.

In 2025/26, we recorded **255 patient safety incidents** (excluding 38 pressure ulcers present on admission), a **14% increase** from the previous year. This reflects the continued implementation of the **PSIRF** and a stronger reporting culture, supported by staff training and increased awareness of incidents and near misses.

In line with PSIRF, we take a **systems-based approach**, focusing on learning and improvement. Increased reporting is viewed positively, demonstrating a more **open, learning-focused culture** and strengthening our ability to improve patient safety.

A key theme identified this year is an increase in patients experiencing multiple falls within our Inpatient Unit. In response, a multidisciplinary working group, led by the Deputy Clinical Quality Lead, has been established using a **Safety Engineering Initiative for Patient Safety (SEIPS)** approach to better understand and address contributing factors.

Complaints

In 2025/26, we received **five formal clinical complaints**, a **29% reduction** compared to the previous year. Of these, one was fully substantiated, two were partially substantiated, and two were not substantiated. The partially substantiated complaints related to care delivered across the wider system, not solely Dorothy House services.

Although complaint numbers are low, we recognise the importance of ensuring that people feel heard and that complaints are taken seriously. All complaints are investigated by an appropriate manager, with learning identified and used to improve services.

Key learning this year has included:

- Strengthening communication within the Hospice at Home service to ensure patients and families have a clear understanding of the support available.
- Improving discharge planning from the point of admission, supported by clearer and more consistent communication.

- Leading a system-wide After-Action Review (AAR), resulting in reflection and refinement of Dorothy House's role within multi-agency reviews.
- Working collaboratively with system partners to review and improve the availability of oxygen for patients at end of life.

We remain committed to using feedback and complaints as an opportunity to learn and improve the care we provide.

Compliments

In FY25/26, 400 written compliments were received. This represents an approximate 30% decrease compared to the previous year. Despite this reduction in volume, the quality, detail, and sincerity of the feedback remain consistently high. The strength and robustness of these compliments continue to reflect the positive experiences of patients, families and friends as demonstrated in the examples below/overleaf:

We felt truly heard in your care of Mum (and us) during her last ten days of life that were spent at the hospice. Once we had made a few loops of the grounds, we all knew it was just the right place for Mum and somewhere she could die in peace. The thoughtfulness and care was very special, it felt as though we were being cared for by friends and family."

It is three weeks to the day since he died and his funeral and burial will be on 27th at 1.30. Please pass my loving thanks on the ones who came to us. I so very much wish I could remember their individual names but that is not quite possible! With very Best Wishes ..."

Dorothy House has continued to utilise iWantGreatCare (including the NHS Friends and Family Test) to gather patient and family feedback across all care services. During FY25/26, 204 reviews were received, with an average rating of 4.95 out of 5. This consistently high score reflects the positive experiences reported by patients and those close to them and demonstrates the organisation's ongoing commitment to delivering high-quality care.

Duty of Candour

All health and social care professionals have a statutory Duty of Candour, requiring openness and honesty when something goes wrong in a patient's care.

Dorothy House is compliant with Duty of Candour requirements in line with organisational policy, regulatory standards, and the NHS PSIRF. Duty of Candour is embedded within a systems-based, learning-focused approach, ensuring timely, compassionate engagement with patients and families and consistent application across all patient safety incidents.

Patient outcomes

Dorothy House is committed to measuring and reporting the impact of its care on patient health, wellbeing, and experience. The service uses the Outcome Assessment and Complexity Collaborative (OACC) suite of tools, developed by the Cicely Saunders Institute, to support a structured and holistic approach to outcome measurement.

Three key measures are routinely used:

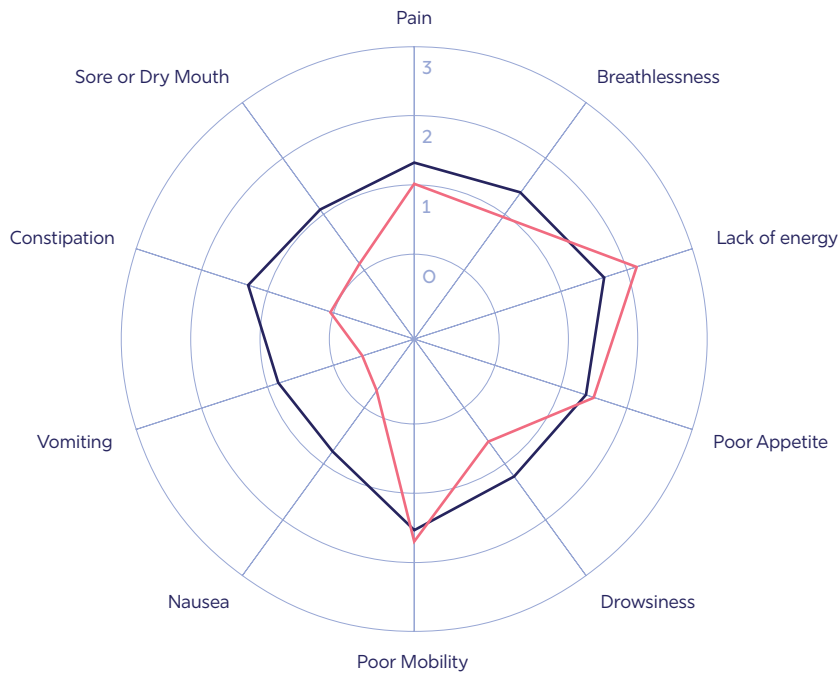
- **IPOS (Integrated Palliative Care Outcome Scale):** Used to assess symptom burden and the impact of care interventions. At Dorothy House, IPOS is embedded within the "What matters to you?" assessment, enabling a focus on individual priorities, goals, and holistic needs.
- **Phase of Illness:** Describes the urgency of care needs, considering both the patient and their family.
- **Australia-modified Karnofsky Performance Scale (AKPS):** Measures functional status and ability to carry out activities of daily living.

Within the Admiral Nurse Service, **IPOS-Dem** (a dementia-specific version) is utilised.

These tools allow for regular assessment and tracking of patient outcomes over time. Comparative scoring from the start of care to later review points demonstrates the impact of Dorothy House's interventions on symptom management and overall patient wellbeing. This is demonstrated in the diagrams overleaf.

Community

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



Pain

3 out of 10 had Pain at Episode Start

2 out of 3 had improvement in Pain by 1st Phase Change



Constipation

4 out of 10 had Constipation at Episode Start

3 out of 4 had improvement in Constipation 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



Lack of Information

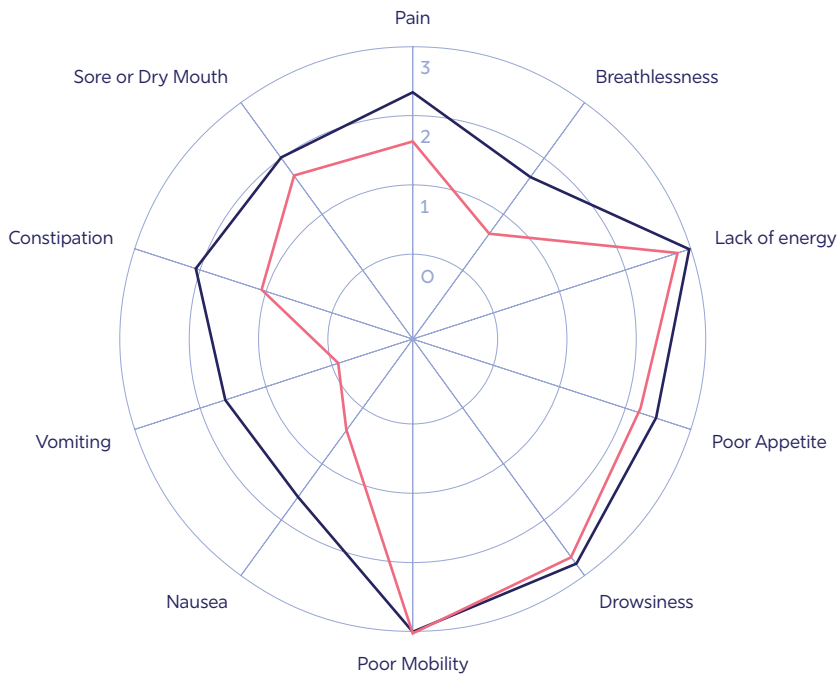
6 out of 10 had Lack of Information at Episode Start

3 out of 6 had improvement in Lack of Information by 1st Phase Change



Inpatient Unit

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



Pain

9 out of 10 had Pain at Episode Start

4 out of 9 had improvement in Pain by Episode End



Breathlessness

6 out of 10 had Breathlessness at Episode Start

4 out of 6 had improvement in Breathlessness by Episode End



Anxiety

8 out of 10 had Anxiety at Episode Start

4 out of 8 had improvement in Anxiety by Episode End



Nausea

6 out of 10 had Nausea at Episode Start

4 out of 6 had improvement in Nausea by Episode End



Part 3

Dorothy House performance during FY25/26

Review of Quality Performance

This is an update on FY25/26 improvement priorities which formed part of our Quality Improvement Plan (Appendix 2):

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?

This priority was identified to ensure we continue to deliver high-quality, person-centred care aligned with the NHS Long Term Plan. Personalised care supports individuals to have greater choice and control, focusing on what matters most to them and their individual strengths and needs.

How did we achieve this?

Education sessions were delivered to support staff in embedding personalised care, including shared decision-making, personalised care planning, enabling choice, social prescribing, supported self-management and personal health budgets.

How will we continue to monitor and report progress?

- Oversight through Clinical Systems Governance meetings
- Monitoring of training uptake
- These sessions will be evaluated to identify strengths and areas for further development
- Clinical audits to assess implementation and impact on patient care

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?

This priority was identified to improve the quality and consistency of mouth care in palliative care, supporting comfort, hydration and overall quality of life. Hospice at Home carers highlighted the need for practical, accessible guidance for staff, families and carers.

How did we achieve this?

Hospice at Home carers worked in partnership with Mouth Care Matters, the Education Department and the Communications Team to successfully develop and publish a mouth care video resource for staff, patients, families and external professionals. This builds on previous work, including the mouth care leaflet and the establishment of the Mouth Care Group.

How will we continue to monitor and report progress?

- The video is available via the Dorothy House website and YouTube
- Engagement is monitored by the Communications Team
- Feedback from families and carers is gathered to assess usefulness and inform ongoing improvement

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

How was this priority identified?

This priority was identified to support hospices across the Southwest Central region that do not have dedicated research staff and may lack confidence in undertaking research. The toolkit provides a centralised resource to guide good practice, including governance, procedures, data collection and informed consent.

How did we achieve this?

The project was led by the Dorothy House Lead Research Nurse, with one-year funding from the National Institute for Health and Care Research (NIHR) Regional Research Delivery Network SWC. The toolkit was successfully launched in September 2025.

How will we continue to monitor and report progress?

- Feedback from hospice professionals to assess usability and impact
- Monitoring increased participation in research across partner hospices over 500 at time of this report
- Ongoing refinement of the toolkit based on user feedback and emerging requirements

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?

This priority was identified to strengthen support for children and young people affected by pre-bereavement and bereavement, providing accessible tools to support emotional wellbeing. Dorothy House Children and Young People Support Workers support children of patients, including those who are pre-bereaved or bereaved. To enhance this support, the need was identified for additional accessible tools to help families and carers support children experiencing emotional and mental health challenges. The Lumin&us app provides an additional, play-based resource to complement existing support.

How did we achieve this?

Dorothy House successfully worked in partnership across the Communications Team and Children and Young People Support Workers to enable access to the Lumin&us play-based parenting app for families. This has expanded the range of support available, offering an additional, accessible resource to help families support children's mental health.

How will we continue to monitor and report progress?

- The app is now available to Dorothy House families
- Children and Young People Support Workers gather feedback from families to assess usefulness and impact

Dorothy House performance during FY25/26

Key Organisational Outcomes

To track Dorothy House's progress throughout the 2025/26 financial year and beyond, we are utilising the revised Key Organisational Outcomes (KOOs) for 2025–28.

1. Everyone within our diverse communities feels empowered, prepared and confident to support others when someone is dying.
2. People diagnosed with a life-limiting condition have their individual needs identified and met, supporting them to achieve what matters to them in life, followed by a peaceful death.
3. Families, friends and carers are supported, including through the death of a loved one and beyond so they can manage the emotional, practical and psychological impact of death.
4. Dorothy House utilises collaboration and strategic partnerships to influence the wider health and social care system, government policy and society to see 'death as part of life'.

5. Dorothy House has a workforce that is well-led, happy, skilled, empowered, resilient and efficient.

6. Dorothy House has sufficient resources and appropriate governance to best achieve our strategic vision and purpose.

We have introduced new measurable outcomes, allowing us to monitor and demonstrate the impact of our evolving delivery models. At a service level, area-specific dashboards continue to capture key metrics, such as referral volumes and response times—to ensure teams remain effective and responsive.

In FY25/26, we supported 5% less individuals (patients, families, carers) compared to the previous year. The proportion of non-cancer patients is 32% which is slightly less than the previous year (34%). Our reporting of Outcome Assessment and Complexity Collaborative (OACC) where patients have two or more completions stands at 49%. We are now leveraging OACC data more extensively to evidence the positive impact of our care on key patient symptoms (see

patient outcomes section of this report). Advance Care Planning (ACP) conversations are now fully recorded within the Integrated Care Record (ICR) End of Life Care Plan. An internal Advance Care Planning (ACP) audit for October 2025 confirmed that 100% of patients who died had documented ACPs across both SystemOne and ICR records.

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

Workforce and organisational development

Volunteering

During 2025/26, Dorothy House made significant progress in strengthening its volunteering service in line with Year 1 of the Workforce Strategy. Volunteer numbers increased to 1,366 (net gain of 61), reflecting improved recruitment, retention, and engagement.

A One Workforce Approach has been introduced to promote inclusion, shared purpose, and consistency across paid and voluntary roles. This includes a structured recognition framework, enhanced engagement through Volunteer Connect, and improved leadership capability through aligned manager development. These initiatives have strengthened volunteer contribution, experience, and organisational impact.

Workforce engagement

Dorothy House maintains strong workforce engagement through established mechanisms that ensure staff voice informs decision-making. The Our Voice Employee Forum meets regularly, enabling staff to raise issues and influence organisational priorities.

Key themes are reported to the Board of Trustees via the People & Development Committee, providing clear governance oversight.

Staff feedback is further captured through regular pulse surveys, focusing on leadership, wellbeing, and delivery of the Workforce Strategy. Findings are used to inform targeted improvement actions. Staff are also involved early in designing new initiatives, supporting a culture of co-production and continuous improvement.

Wellbeing and resilience

Wellbeing remains a strategic priority, with a comprehensive and evolving support offer in place. This includes access to an Employee Assistance Programme, specialist counselling services, and digital wellbeing resources.

The Year of Self Care programme delivered a range of initiatives focused on mental, physical, nutritional, and financial wellbeing, including expert-led sessions, wellbeing communications, and practical support such as financial advice drop-ins. Policy enhancements, including menopause support, bereavement leave, and pregnancy loss provision, have strengthened organisational support.

Improvements to lone working arrangements, alongside digitised return-to-work processes and enhanced management oversight through data dashboards, enable earlier intervention and consistent support. Further work is ongoing to strengthen clinical supervision and support following traumatic events.

Communication

Internal communications have been strengthened through a structured and coordinated approach aligned to organisational priorities. A range of channels, including regular updates, leadership communications, intranet resources, and staff engagement sessions ensure information is accessible, timely, and consistent.

This approach supports staff awareness, engagement, and involvement in organisational developments, contributing to a more connected and informed workforce.

Strategic change and governance

Dorothy House has strengthened its approach to managing strategic change to support delivery of organisational priorities. This includes implementation of a Directorate Leadership Team, improving alignment and decision-making across the organisation.

A Programme Board governance model is embedded across all directorates, providing structured oversight of projects, risks, and interdependencies. This ensures that change is well governed, proportionate, and aligned to strategic objectives, supporting safe and effective service delivery.

Recruitment

Recruitment processes have been further developed to support a targeted, directorate-led approach while maintaining organisational consistency. Improvements in advertising and candidate attraction have increased application quality and reduced costs.

Values-based recruitment is embedded, supporting cultural alignment and improved retention. Recruitment performance remains strong, with reduced time to hire and efficient onboarding processes (average pre-employment checks completed in 12.9 days).

The recruitment model has received national recognition and is being extended to support a standardised volunteer recruitment pathway.

Recognition

Dorothy House has implemented a structured One Workforce Recognition Framework, ensuring consistent and meaningful recognition across organisation-wide, team, and individual levels.

Recognition initiatives support staff morale, engagement, and alignment to organisational values. This inclusive approach ensures that both paid staff and volunteers feel valued and acknowledged for their contribution to delivering high-quality care.

Research and Education

Dorothy House is a research-leading hospice and a recognised provider of palliative and end of life care education across the Southwest and beyond.

During FY25/26, research activity included the launch of the National Institute for Health and care Research (NIHR)-supported *Incubator for Palliative and End of Life Care*, aimed at strengthening research capacity and capability across the UK. The Incubator has grown to over 500 members and delivers regular training and networking opportunities. Additional success included securing funding for two further NIHR projects and one Arthritis UK-funded study.

These are focusing on intimacy at end of life, care for people with Parkinson's, and the needs of those living with inflammatory arthritis. Dorothy House continues to support NIHR Portfolio studies, higher degree research, and student placements, alongside active dissemination through publications and conference presentations.

The Education Team delivers a comprehensive programme of training for both the organisation and the wider healthcare community. Partnership working with the University of the West of England (UWE), Bristol, supports delivery of postgraduate modules in supportive and end of life care, including communication skills development. During FY25/26, approximately 180 healthcare professionals accessed this specialist training, reflecting increased demand and expanded provision.

Education provision also includes ongoing training for B&NES care home staff and a developing link role offer, enabling care home staff across the region to access regular education updates at Dorothy House.

Summary

Dorothy House continues to strengthen its workforce through strategic investment in recruitment, engagement, wellbeing, leadership, and governance. These developments support a positive organisational culture, high levels of staff engagement, and the delivery of safe, effective, and compassionate care.

In 2026/27, we will embed Year 1 foundations of the Workforce Strategy, strengthening our One Workforce culture, leadership capability, career pathways and wellbeing support. Priorities include consistent behaviours, integrating the competency framework, expanding mentoring and mobility, and sustaining recognition practices.

We will also ensure full compliance with new employment legislation and mark Dorothy House's 50th anniversary as a key moment to celebrate and reinforce our workforce culture.

What our regulators say about the organisation

Care Quality Commission (CQC)

An unannounced CQC inspection took place on 13 January 2026. At the time of writing, formal feedback and the overall rating are awaited. Initial feedback was highly positive, highlighting strong clinical governance across services, with care described as safe, caring, effective, responsive and well-led. Staff were recognised as committed, thoughtful and highly responsive to patient needs.

Dorothy House was last inspected in June 2022 and rated "Outstanding". We are now operating under the CQC Single Assessment Framework, reflecting our integrated health and social care provision. Penny Agent (Chief Operating Officer) remains the Registered Manager, and six-monthly relationship meetings with CQC have been re-established.

What the Commissioners say about the organisation

HCRG Care Group welcome the opportunity to comment on the Quality Account which has been prepared by our subcontracted partner Dorothy House Hospice for the year 2025 – 2026.

We have been pleased to hear about the commitment to ongoing quality improvement which is evident throughout the quality account. The clear focus on person centred care; advancement of knowledge and skills for colleagues; and the engagement with the wider community is well illustrated throughout the document.

Each of the stated priorities demonstrate a clear rationale, methodology and evaluation measures.

The priority to embed personalised care planning for patient care is an important recognition of the ongoing need to ensure that care supports the needs of each individual person and their family. The progress made during the year will be continued by the implementation of the Grace platform and the use of a PDSA cycle to promote co-design will continue to strengthen the ability to personalise care during 2026 - 2027.

It was good to hear about the development and realisation of a mouth care video which is also available for care givers outside of the hospice. This is such an important part of care and often not given the priority it should have.

The launch of the Research toolkit in partnership with St Peter's hospice will support research into palliative care by colleagues who do not have access to dedicated research resource. It would be good to see more local collaboration too as this moves forward.

The bereavement app will be of huge benefit to parents and carers who struggle to know how to support children and young people who are bereaved, when they are grieving themselves.

We were pleased to see the increased opportunities for the development and support of colleagues through the training and wellbeing initiatives and the One Workforce Initiative. Recognising the key contribution of volunteers within this too is a demonstration of how valued they are as part of the workforce.

The use of clinical audit to monitor continuous improvement and the focus on patient safety is clear within the document and the use of the SEIPS model within the PSIRF framework will

further strengthen incident investigations and support clearer understanding of the events which led to the incident and how these can be addressed.

The feedback received shows that Dorothy House is well regarded by the people who have been supported by its services during the year.

The stated priorities for 2026 -2027 are well considered and build on the work completed during 2025-2026.

We look forward to hearing more about these in the coming months.

Regional Director (BSW) HCRG Care Group

Strategic and operational intent FY26/27

Strategic and operational intent FY26/27

The operating environment for 2026/27 continues to be shaped by financial pressures across the hospice sector, rising costs, and ongoing workforce challenges. At the same time, there are increasing expectations within the NHS to deliver more care closer to home and improve equitable access to palliative and end of life care.

The anticipated Modern Service Framework (MSF) for palliative and end of life care, intended to support sustainable funding, has been delayed until autumn. Dorothy House continues to contribute to its development through Hospice UK, ensuring the impact and value of hospice care is clearly evidenced at a national level.

Within the Bath and Northeast Somerset, Swindon and Wiltshire (BSW) system, Dorothy House remains an active partner in delivering the Adult Palliative and End of Life Care Strategy (2024–2028). This includes collaborative work on data improvement, education and training,

compassionate communities, service development, and personalised care planning. Opportunities for further collaboration are also being explored across the wider Integrated Care Board (ICB) cluster of BSW, Somerset, and Dorset.

Dorothy House continues to operate as a subcontractor to Health Care Resource Group (HCRG), the lead provider for hospice and end of life care across BSW and maintains subcontracting arrangements with Prospect Hospice. During 2026/27, focus will be placed on strengthening integrated pathways, improving data quality and consistency, and ensuring timely access to appropriate care.

Strategic intent for 2026/27

Dorothy House will continue to embed its organisational strategy, “It’s Personal”, with a focus on delivering care that is safe, compassionate, and responsive to what matters most to patients and families. This is underpinned by strong partnership working, continuous learning, and high standards of clinical governance.

Within Care Services, delivery of the Care Services Strategy will continue, focusing on measurable improvements aligned to three core commitments: Integration, Innovation, and Impact. This includes maintaining high-quality, person-centred care while strengthening systems for improvement and assurance.

Strategic objectives 2026/27

Key organisational objectives for the year are to:

- Reduce inequalities in end-of-life care by embedding the operating model, supported by innovation, collaboration, and research-informed practice.
- Strengthen community connection and engagement, including maximising opportunities presented by the organisation’s 50th anniversary to sustain long-term impact.
- Secure financial sustainability through strong leadership, strategic influence, and effective partnerships.
- Develop workforce capability and culture through the One Workforce approach, prioritising talent, leadership, and organisational alignment.

Appendices

Appendix 1 - Quality Improvement Plan 2026/27

Quality Improvement	Expected outcome
Inpatient Unit Quality Board.	Quality Board on display in IPU. Safety metrics (Patient Falls, Pressure Ulcers & Acquired infections.) Quality & effectiveness. Patient experience & Engagement.
IPU Dependency scale review.	To ensure that the IPU has the correct staffing for the dependency of patients. 3 workshops planned for 2026.
Staff update: IDDSI – Safe care for patients with swallowing difficulties.	Supportive training tracker module to be written and published to support non-registered staff training ongoing.
To establish a Medicines Assurance Panel (MAP) that complements (not duplicates) our existing Medicines Management Operational Group.	For the Medicines Assurance Panel to provide strategic oversight, assurance, and governance for medicines safety, while the Medicines Management Operational Group remains operational.
Transfer of all DH policies on to RADAR system.	Centralise all policies into one system (RADAR). Improve staff compliance and access. Strengthen governance and audit trails. Reduce risk of outdated or duplicate documents.
Care after death (Multiple deaths on Inpatient Unit).	<p>To ensure that during periods of multiple deaths, the care, dignity, identification, and management of deceased patients are:</p> <ul style="list-style-type: none"> ▪ Safe ▪ Respectful ▪ Fully traceable ▪ Compliant with governance standards <p>In line with the Fuller Report and Dorothy House policy.</p>
Allied Health Professional (AHP) & Exercise Practitioner self-help videos for Dorothy House website.	<p>To provide short, accessible, clinically safe videos that support patients and families to:</p> <ul style="list-style-type: none"> ▪ Manage symptoms at home ▪ Reinforce professional advice ▪ Improve confidence and independence
To strengthen support for people with a learning disability (LD) who either have a palliative/end-of-life (EOL) diagnosis, or have a relative receiving palliative care.	Co production of a hospice explainer video + virtual tour with Brandon Trust, while ensuring it remains led by them and adaptable at this stage.
ENRICH Research Study: Supportive & Palliative Care Needs in Inflammatory Arthritis.	<p>To explore the potential role of Palliative and Supportive Care for people with inflammatory arthritis.</p> <p>Describe any unmet patient need.</p> <p>Develop clinical and research recommendations to help people with inflammatory arthritis to live well over the course of their disease.</p>

Quality Improvement	Expected outcome
<p>Expansion plan for the Intimacy Study, focused on scaling a co-designed intervention that supports conversations about intimacy between hospice service users, their partners, and healthcare professionals (HCPs).</p>	<p>Formal contractual agreement in place. All governance and ethical approvals secured. Fully established oversight structure. Completed and approved study documentation. Recruitment-ready communication materials (including video). Research Fellow in post.</p>
<p>RESTORE study Evaluating the benefits of resilience training for hospice staff.</p>	<p>To evaluate whether an Acceptance and Commitment Therapy (ACT)-based resilience intervention improves:</p> <ul style="list-style-type: none"> ▪ Staff wellbeing ▪ Coping strategies ▪ Psychological resilience <p>within the hospice workforce.</p>
<p>Implement GRACE a person-centred digital platform specifically designed for hospice settings.</p> <p>This is a person-centred digital platform focused on giving patients and families what matters most: control, time and clarity. The system also aims to reduce the administrative burden on clinical teams, allowing staff to spend more time where it truly matters — with patients and families</p>	<p>Project team will safely implement GRACEVoice and GRACEPlanner with all community and relevant clinical staff and implement and offer MyGRACE to all relevant patients.</p>
<p>Community Palliative Care Team (CPCT) - Evaluating Impact on Service Users, Families/Carers, and Organisational Partners.</p>	<p>To assess the quality, effectiveness, and value of the CPCT service across key stakeholder groups:</p> <ul style="list-style-type: none"> ▪ Patients ▪ Families and carers ▪ Organisational/system partners
<p>Implementation of Community Palliative Care Team (CPCT) peer review process.</p>	<ul style="list-style-type: none"> ▪ Improve clinical quality and consistency ▪ Provide a forum for constructive professional challenge ▪ Identify learning opportunities and best practice ▪ Strengthen team collaboration and confidence ▪ Support continuous quality improvement
<p>Workforce Strategy Objective 1 - "One Workforce, One Purpose".</p>	<ol style="list-style-type: none"> 1. Stronger cross team connection demonstrated by more staff and volunteers reporting increased understanding of how roles contribute to shared purpose 2. Improved sense of inclusion and belonging through aligned expectations and consistent recognition across paid and voluntary colleagues (happy, empowered). 3. Greater integration of volunteers with clear, supportive check-ins driving improved engagement and retention 4. More consistent organisational culture with The Deal and the Volunteer Pledge embedded across teams, increasing alignment in behaviours and collaboration (well led, efficient).

Quality Improvement	Expected outcome
<p>Workforce Strategy Objective 2 - "Consistent & Compassionate Leadership".</p>	<ol style="list-style-type: none"> 1. More confident, capable leaders evidenced by stronger engagement feedback on trust, support and management capability 2. More consistent leadership practice across departments as formal development and SLT alignment drive shared expectations and behaviours 3. A more open and psychologically safe culture with a strengthened Freedom to Speak Up mechanism and broader uptake of speaking up channels. 4. Enhanced support for volunteer managers, improving the volunteer experience and quality of people oversight.
<p>Workforce Strategy Objective 3 - "Purposeful Careers & Workforce Stability".</p>	<ol style="list-style-type: none"> 1. A smoother, more consistent onboarding experience improving early engagement and reducing first-year turnover. 2. Clearer development pathways and enhanced digital capability increasing confidence and role readiness. 3. Greater workforce stability as improved induction, capability building, and mobility pathways support retention across key roles. 4. More equitable experience across all settings, strengthening belonging and fairness in the employee and volunteer journey.
<p>Workforce Strategy Objective 4 - "Nurturing Wellbeing & Resilience".</p>	<ol style="list-style-type: none"> 1. More consistent access to emotional and wellbeing support, reducing variance across teams and roles (resilient, happy). 2. Better informed wellbeing interventions driven by data, resulting in targeted initiatives that reduce stress related absence (efficient, resilient). 3. A stronger culture of open and reflective practice, supported by robust clinical supervision and cross workforce wellbeing conversations (well led, resilient). 4. Cocreated wellbeing priorities increasing engagement and a sense of ownership in shaping a healthy, supportive working environment (empowered, happy).
<p>Maintaining Legislative compliant workforce Governance Framework.</p>	<ol style="list-style-type: none"> 1. Our workforce governance framework consistently meets all updated ERA statutory requirements, with fully implemented policy changes covering leave entitlements, SSP, probation, dismissal and harassment provisions 2. All HR processes operate in full compliance with ERA reforms, including accurate statutory calculations and aligned starters, leavers and probation procedures. 3. Managers apply statutory obligations confidently and consistently, ensuring fair, lawful and transparent people management decisions under the updated ERA framework. 4. Robust harassment prevention measures are embedded across the organisation, meeting new duties relating to sexual harassment and third party harassment. 5. Non compliant legacy practices—such as Fire & Re Hire—are eliminated, ensuring all organisational change processes align with current employment law. 6. Whistleblowing channels reflect updated statutory protections, enabling qualifying disclosures related to harassment to be raised safely and appropriately. 7. All pay related statutory updates, including ERA calculation changes and pay award processes, are delivered accurately and in line with legal requirements.
<p>Care Services Video</p>	<p>This project will produce clear, accessible information outlining what Dorothy House does and does not offer, using structured messaging, staff insights, robust ethical standards, and professional production.</p>

Quality Improvement	Expected outcome
H@H service will implement the Nourish system to support safer patient scheduling and enhanced care planning.	This will improve coordination of visits, optimise clinical decision making, and strengthen quality and safety across the service.
Communication Workshop (Neurological Conditions).	<ul style="list-style-type: none">▪ Build staff confidence and competence▪ Improve patient experience and involvement▪ Support safe, person-centred care Align with wider priorities: <ul style="list-style-type: none">▪ Learning disability work▪ personalised care▪ communication improvements

Appendix 2 - Quality Improvement Plan 2025/26

Quality Improvement	Expected outcome	End of year update
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 & effectiveness. Patient experience & Engagement.	IPU Team plan to take forward in 2026-27. Change of management structure on IPU and the new IPU Matron will take this on.
Review the Dependency Scale on IPU.	To ensure that the IPU has the correct staffing for the dependency of patients.	A further 3 workshops planned for 2026.
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.	Training for non-registered staff is complete with almost all staff being trained. Training sessions for registered staff have commenced and are scheduled over the next 6 months. There is an application in to make the training compulsory.
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. This will oversee this work.	Teaching sessions rolled out to IPU. Plan for community teaching to rollout in 2026-27. Published policy. CLINICAL DOCUMENTATION ON ELECTRONIC RECORD. Plan to review of System1 templates.
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.	Completed. First assessment is now standard practice.
To embed the Hospice at Home observational staff checks in to practice.	H@H Senior Carer to provide support and assess H@H carers practice every 8 Weeks. Audit includes Infection Prevention & Control, Uniform, Moving & Handling & communication.	Completed. H@H Observational staff checks 'Spot checks' are now standard practice. Report on 'Spot Checks' submitted to CGSC Q1 2025.
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.	January 2026 rollout of Rockwood Frailty scale at IPU weekly MDTs. Completed.

Quality Improvement	Expected outcome	End of year update
<p>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>	<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.</p> <p>Improved 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>	<p>Completed. First facilitation training is March 2026. Developing further training based on feedback.</p>
<p>To develop a webpage for parents, carers children & young people to support those experiencing grief & bereavement.</p>	<p>Access to Resources to support those experiencing grief & bereavement.</p> <p>A platform signposting to other external agencies and forums that provide bereavement support.</p>	<p>CYPS Hub was completed and went live Dec 2025.</p>
<p>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.</p>	<p>To enable families & carers to access the platform for support when pre-bereaved/ bereaved children are struggling with their mental health.</p>	<p>Completed.</p>
<p>Undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.</p>	<p>Improved knowledge and understanding of safe swallow for Dorothy House workforce.</p> <p>Development of further policies and procedure, particularly in relation to eating and drinking with acknowledged risks.</p> <p>A comprehensive education package to include online training module (and explore opportunity for external attendees).</p> <p>Resources for our workforce and patients.</p> <p>Roll out of a communication workshop for patients with Dementia and their families and carers.</p>	<p>Eating and Drinking with Acknowledged Risks policy has now been ratified and published.</p> <p>We are planning to open the nutrition and swallowing training externally.</p> <p>Biozoon Air with Flavour (for use with people who are otherwise unable to take any food or drink orally). A draft SOP, risk assessment and care plan have been written for these and will go to the next CAQIG meeting for ratification. Training will then be rolled out for staff across IPU so that Biozoon can be safely introduced.</p>

Quality Improvement	Expected outcome	End of year update
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.	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.	Completed.
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. Plan: Survey (Open) Face to face workshop (May 2025) Online workshop & report (August 2025)	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.	Completed.
Community Palliative Care Team (CPCT) Peer review project.	To improve team working & efficiencies.	Project not fully completed due to Clinical Lead changes. Project will continue next year.

Quality Improvement	Expected outcome	End of year update
<p>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.</p>	<p>Skills Development: 100% of educators and facilitators complete a structured 'train-the-trainer' or facilitation skills programme.</p> <p>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.</p> <p>Standardised Best Practice: A toolkit or set of guidance documents on effective facilitation techniques will be developed, disseminated, and adopted across all departments.</p> <p>Positive Learner Feedback: 90% of learners rate training sessions as "good" or "excellent" in terms of delivery and facilitation effectiveness.</p> <p>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.</p>	<p>Bite size videos - outlines have been done and had first discussions with Comms, however now on hold due to capacity of team whilst the modules are running.</p> <p>To be revisited in May 2026. Started 360 feedback as a pilot - the forms will need to be amended and the pilot will continue. Education champions is still a work in progress, we are up to 3 and discussed this at the team away day, this is something that will be a longer-term project.</p>
<p>Dorothy House 3-year Care Services Directorate Strategy includes embedding and improving on delivering and promoting personalised care into everything we do.</p>	<p>To implement and empower the DH workforce to understand and provide personalised care & support.</p> <p>-Universal Personalised Care Model</p>	<p>Achieved 2025-26 objectives it is explicit in the care services strategy and we submit a quarterly report on personalised care and support which will go biannually to HCRG as part of our quality reporting.</p>

Quality Improvement	Expected outcome	End of year update
<p>Wider workforce and skills planning being developed alongside new 3-year overarching Dorothy House Strategy and development of Workforce strategy.</p>	<p>To ensure the future capacity and skills capability meet the future demands of DH services.</p>	<p>One Workforce / Volunteer Integration Volunteer Services fully integrated into the People function, embedding a unified One Workforce approach. Organisation-wide Recognition Framework launched and embedded across all roles. Volunteer Check-In Framework co-designed and developed with volunteers and coordinators.</p> <p>Leadership & Culture Leadership Pulse Survey insights reviewed, with directorates committing to three locally owned leadership actions each. ShiftWorks leadership programme successfully completed for the pilot cohort and transitioned to business-as-usual. Senior Leadership Team Action Learning Sets established and transitioned into self-managed groups continuing into 2026.</p> <p>Employee & Volunteer Journey / Capability Frameworks Core induction (including People Manager induction) fully refreshed and relaunched under the One Workforce approach. New core competence framework developed, including digital competency foundations aligned to future skills needs.</p> <p>Wellbeing & Resilience Framework Real-time sickness absence dashboard launched with accompanying manager toolkit. Discovery phase for wellbeing framework completed, consolidating themes across Care, Enabling and Retail. Cross-functional wellbeing focus groups initiated across four priority areas (clinical supervision, peer support, trauma resilience, self-care). Full review of Clinical Supervision completed with a new model design and stepped implementation plan created.</p> <p>Reward, Pay & Benefits Non-Clinical Pay Framework implemented, including benchmarking, governance, systems, training, and communications. Annual Leave Buy/Sell scheme fully implemented, integrated into HR systems, and now operating as business-as-usual.</p> <p>Strategic Workforce Planning External environment scan completed across all functions to assess future workforce challenges and opportunities. Internal workforce analysis completed with executive engagement to identify service impacts and workforce risks.</p> <p>Recruitment & Retention Recruitment Strategy 2026–2028 developed, incorporating volunteer recruitment and achieving national recognition for recruitment excellence. KPI metrics developed to record and measure quarterly performance across the recruitment lifecycle.</p>

Quality Improvement	Expected outcome	End of year update
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.	Completed.
The introduction of Nursing Support Volunteers on IPU.	<p>To establish a team of trained nursing support volunteers on IPU.</p> <p>To develop a robust induction and education programme.</p> <p>To formally evaluate the process and role to ensure a robust workforce.</p>	Nursing support volunteers are now embedded into the IPU team.
Understanding your grief evenings.	<p>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.</p> <p>Bereaved people will be able to talk to other people who are bereaved and feel better supported.</p> <p>Bereaved people will experience improved access to bereavement information.</p> <p>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.</p>	<p>The UYG evenings continue and are well attended, it has helped with the quality and flow of 1:1 referrals.</p> <p>We seem to have less inappropriate bereavement referrals than before they were started. People are more aware of the help points they can access and of their own needs. Some will still access 1:1 support, others access the help points after the UYG evenings.</p> <p>The bereaved parent group is up and running, it is at the moment a small intimate group, held by a member of staff. Moving forward the idea was for this to be a peer support group without the need of a staff member. So far it hasn't felt appropriate to not have the staff member there to hold the space.</p> <p>The feedback from the parents is good, they enjoy the space, but one feels the group needs to be bigger for it to continue to work.</p> <p>But it has been very useful for the parents to meet and open up and relate to each other.</p>
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.	<p>Started a therapeutic group for parentally bereaved children, arts-based activities combined with some therapeutic elements and outdoor play.</p> <p>To elevate the caseload pressures for CYPS and at the same time meet the need and demand there is. It started running earlier this month and been very well received.</p> <p>Only have 1 CYPS volunteer remaining as 2 volunteers had to withdraw support.</p>
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.	Completed PLACE in October 2025.

Quality Improvement	Expected outcome	End of year update
<p>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.</p>	<p>To work alongside existing services to enable access for patients experiencing homeless at end-of-life care.</p> <p>Engagement with stakeholders to establish and enable co-production of training and resources.</p> <p>Improve referral & accessibility to end of life services.</p>	<p>Continued management and support of a caseload of patients and clients. Theme of emotional and practical support being provided in this quarter, particularly with a patient who was on the IPU. Continued support around housing related concerns in this quarter, placing relatives of DH at risk of homelessness.</p> <p>Ongoing engagement with existing partners along with new engagement opportunities attended and new staff members introduced. New links and relationships continuing to form with plans to develop going into next quarter.</p> <p>UWE Complexities of Palliative and EOLC module session delivered on 21/01/26.</p> <p>Draft pilot has been created with Education, with key stakeholders being approached to gauge interest and involvement. Sessions to run across 3 months (2.5-hour session per month on individual topic). First session scheduled for 25/02/26 with 20 colleagues attending.</p>
<p>To improve offer for families and unpaid carers.</p>	<p>To have a flexible and responsive approach to carer support.</p> <p>Carers will benefit from peer support.</p> <p>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.</p> <p>Carers will learn about planning for EOL.</p> <p>Carers will feel supported to focus on self-care.</p>	<p>Started a therapeutic group for parentally bereaved children, arts-based activities combined with some therapeutic elements and outdoor play.</p>

Appendix 3 - iWantGreatCare report

Dorothy House 01 April -31 March 2026

Your experience scores

5 Star Score	% Positive Experience	% Negative Experience
4.95	99.5%	0.5%

Your average score for all questions this period

4.93

Reviews this period

204






Adult Services

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

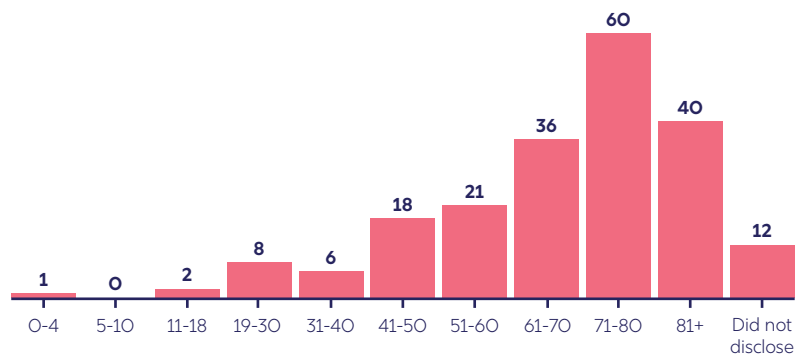
Service Name	This period		Last 6 months	Questions
	Responses	Average Score	Average Score	Experience
Admiral Nursing Dorothy House Hospice Care	-- (0)	--	4.79	-
Adult Social Work Dorothy House Hospice Care	-- (13)	4.91	4.94	⬆
Allotment Dorothy House Hospice Care	-- (0)	-	-	-

Service Name	This period		Last 6 months	Questions
	Responses	Average Score	Average Score	Experience
Bereavement Help Point Dorothy House Hospice Care	-- (0)	-	-	-
Bereavement Support Team Dorothy House Hospice Care	-- (4)	5.00	4.93	↑
Blood Transfusion Service Dorothy House Hospice Care	-- (14)	4.95	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	-- (0)	-	-	-
Childrens and Young Peoples Service Dorothy House Hospice Care	-- (5)	4.96	-	↑
Clinical Support Assistant Dorothy House Hospice Care	-- (2)	4.83	4.93	↑
Coffee Club Dorothy House Hospice Care	-- (19)	4.85	4.93	↑
Community Palliative Care Team Dorothy House Hospice Care	-- (25)	4.85	4.88	↑

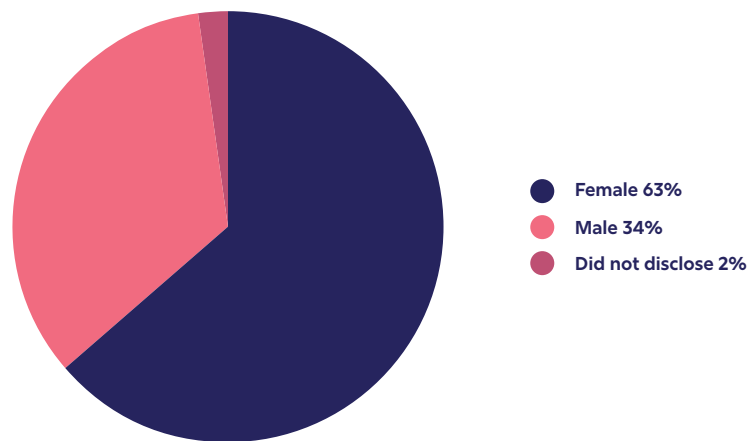
Service Name	This period		Last 6 months	Questions
	Responses	Average Score	Average Score	Experience
Community Palliative Care Team Clinic Dorothy House Hospice Care	-- (2)	5.00	5.00	
Compassionate Companions (RUH) Dorothy House Hospice Care	-- (0)	--	--	--
Complementary Therapy Dorothy House Hospice Care	-- (27)	4.96	5.00	
Creative Therapy Dorothy House Hospice Care	-- (0)	--	5.00	--
Day Patient Unit Dorothy House Hospice Care	-- (37)	4.96	4.95	
Dietetics Dorothy House Hospice Care	-- (0)	--	--	--
Dietician Dorothy House Hospice Care	-- (0)	--	--	--
Heart Failure Dorothy House Hospice Care	-- (0)	--	--	--
Hospice @ Home Dorothy House Hospice Care	-- (0)	--	5.00	--
Inpatient Unit Dorothy House Hospice Care	-- (17)	4.91	4.84	
MND Specialist Practitioner Dorothy House Hospice Care	-- (1)	5.00	--	

Service Name	This period		Last 6 months	Questions
	Responses	Average Score	Average Score	Experience
Medics	--			
Dorothy House Hospice Care	(1)	5.00	--	▲
Occupational Therapy	--			
Dorothy House Hospice Care	(2)	5.00	5.00	▲
Palliative Care Clinic	--			
Dorothy House Hospice Care	(0)	--	--	--
Physiotherapy	--			
Dorothy House Hospice Care	(1)	4.83	5.00	▲
Psychological Support	--			
Dorothy House Hospice Care	(33)	4.96	5.00	▲
Rehab Service	--			
Dorothy House Hospice Care	(0)	--	--	--
Speech and Language Therapy	--			
Dorothy House Hospice Care	(1)	5.00	--	▲
Unknown	--			
Dorothy House Hospice Care	(0)	--	--	--
Volunteer Companions	--			
Dorothy House Hospice Care	(0)	--	--	--

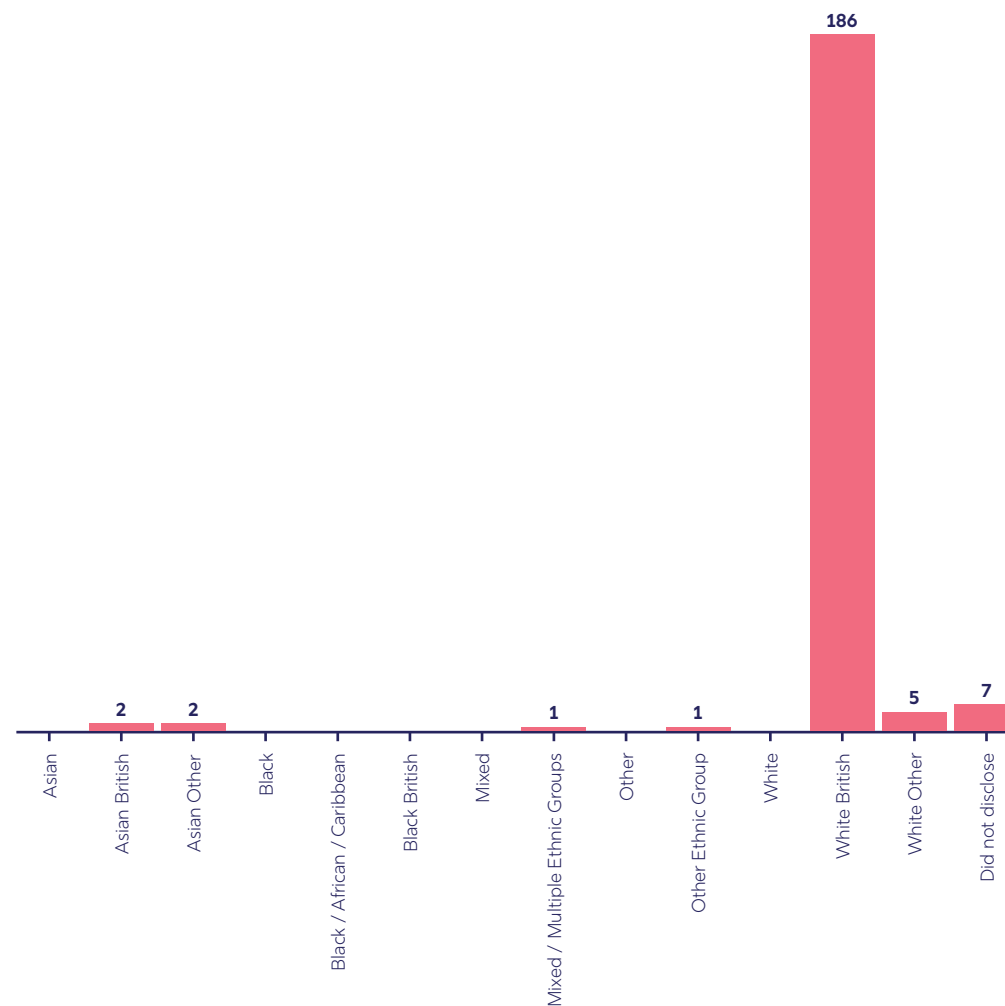
Reviews by patient's age



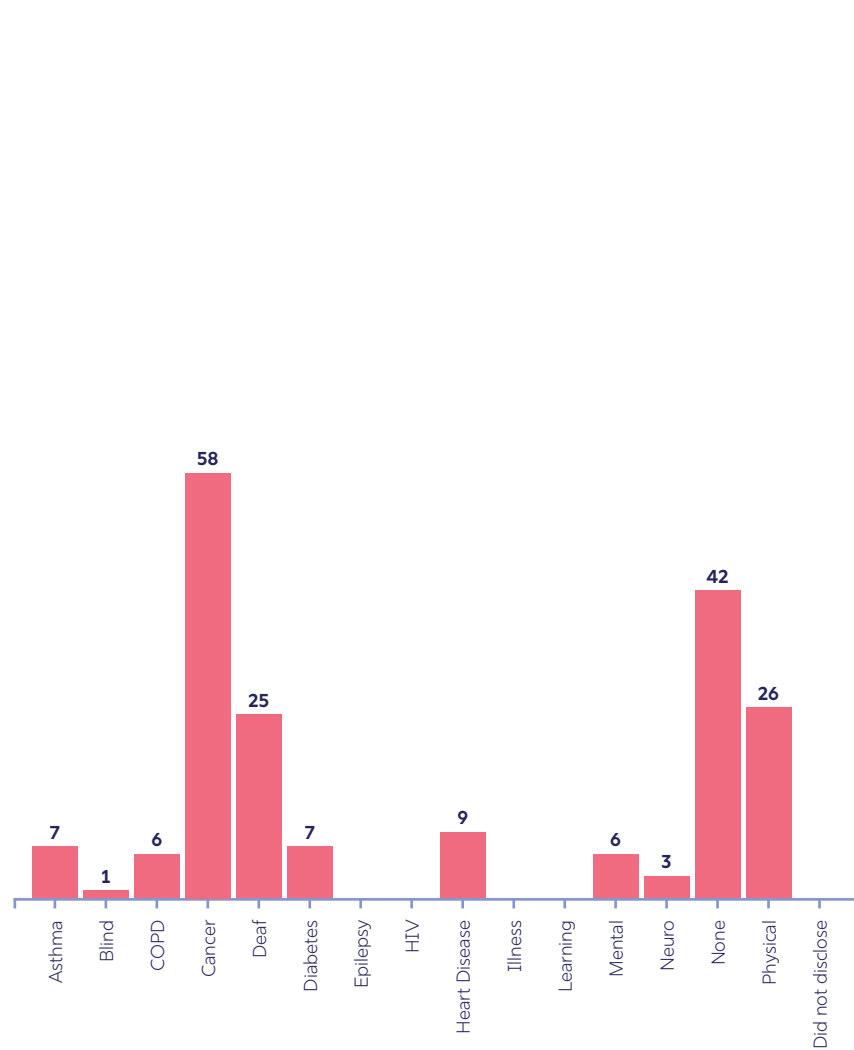
Reviews by patient's gender



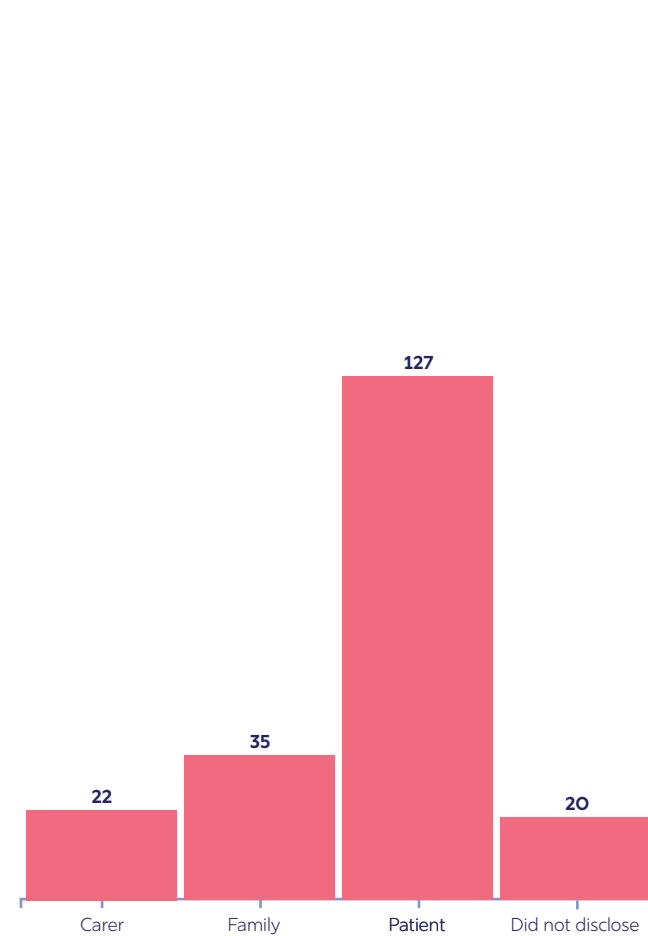
Reviews by patient's ethnicity



Reviews by patient's condition



Reviews by reviewer type





Dorothy
House