

Quality Account

2023–24



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DOROTHY HOUSE
(formerly THE DOROTHY HOUSE FOUNDATION LIMITED)

Company number: 1360961

Charity registration: number 275745

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

Part 1

Deputy Chief Executive Statement of Quality

Deputy Chief Executive Statement of Quality

I am delighted to introduce the fifteenth Dorothy House Hospice Care Quality Account 2023/24 (FY23/24). Our annual Quality Account sets out how we deliver our mission to ensure that everyone has access to outstanding palliative and end of life care. It also sets out the quality improvements that we have introduced this year and those we are planning for the year ahead. The aim of this report is to give clear information about the quality of our services, so that the communities we care for feel safe and reassured that our services are of a high standard and well governed.

At our last Care Quality Commission (CQC) inspection in 2022, we maintained our ‘outstanding’ rating. The quality of our care has been further recognised this year through three Certificates of Excellence from the review site, iWantGreatCare. Our teams work incredibly hard to continually deliver compassionate, person-centred care, always asking ‘what matters to you?’. We are delighted to have these endeavours recognised by the communities we serve.

This year has seen us focus on embedding our new localised service structure, with our 10 Community Palliative Care Teams now fully operational, including nurse-led clinics running across our neighbourhoods. Throughout FY23/24, we have cared for 4,064 people - patients, their families and carers, an increase of 7% compared to the previous year.

There has been so much work and improvement undertaken, but a few highlights stand out:

- A significant change in patient safety has been implemented in line with NHS England’s new Patient Safety Incident Response Framework. This has enabled us to improve our culture of supporting all involved in patient safety incidents, sharing of patient safety themes and feedback to teams on lessons learnt.
- One of our Key Organisational Objectives is to increase the number of patients with a non-cancer diagnosis, offering equitably access to our services. This year we appointed an Admiral Nurse to support patients, families and carers living with dementia and a Heart Failure Nurse to support those with end stage heart failure.
- We have had access to some formal training in quality improvement methodologies following taking part in a B&NES, Swindon & Wiltshire (BSW) benchmarking exercise. This has enabled our workforce to not only deliver quality improvements, but to identify which makes the biggest difference to our patients, families and carers.

Please do read on for more information about the quality improvement work which has been completed this year, and plans for the year ahead.

Tony De Jaeger

Deputy Chief Executive and Director of Finance

Part 2

Priorities for Improvement FY24/25

Priorities for Improvement FY24/25

As always, our focus remains on the Care Quality Commission (CQC) key questions and quality statements of **Safe, Effective, Caring, Responsive and Well Led**.

Dorothy House (DH) has agreed a Quality Improvement Plan for FY24/25 (Appendix 1). Many of the quality improvements span more than one quality statement which we have identified in this document. This plan has been approved by the DH Clinical Audit and Quality Improvement Group (CAQIG), a working group of the Clinical Governance Sub-Committee, which reports to a sub-committee of the Board of Trustees (The Patient and Family Services Committee), set up to monitor quality and development of patient, family and carers services. Our key priorities within the improvement plan have been agreed with these groups and include the following:

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

Quality Statements – Safe, Effective, Caring and Responsive.

How was this priority identified?

This has been identified from investigating complaints, concerns and using the Patient Safety Incident Response Framework methodologies to investigate patient safety incidents. The investigators have highlighted on several occasions documentation in the patients notes must be improved, for example the use of abbreviations, using people's first names and documenting the poignant things, without writing reams. This is to support the more extreme case of providing evidence to a coroner, but also for safer practice day to day to enable other health and social care professionals accessing notes to get a clear picture of the event and the outcome that took place with the patient.

How will this be achieved?

A task and finish group will be started with relevant key workforce members to look at good practice. This group will look at what can be put in place to improve practice. This may lead to understanding the expertise and gaps in this area across the Hospice, seeking external support if needed. Initial thoughts are some documentation champions across teams, an abbreviation policy and some education sessions.

How will this be monitored?

- Get feedback from education sessions
- Involve teams in creating an abbreviation policy
- An audit of patient notes

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

Quality Statements – Safe, Effective, Caring, Responsive and Well Led

How was this priority identified?

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

How will this be achieved?

By using the baseline report and its findings to increase the awareness that Dorothy House is open to patients and their families with dementia and for patients and families to access the service.

How will this be monitored?

By an increase in number of referrals to Dorothy House for patients and or their families with dementia.

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

Quality Statements – Safe, Caring, Responsive

How was this priority identified?

Swallowing as a risk for patients was recognised by our dietician and our Inpatient Unit staff. Some patients are recommended a textured modified diet but do not want to follow the recommendation. We want to understand how we can support our patients, families and staff in this. This has been identified as a risk and is on our risk register.

How will this be achieved?

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

How will this be monitored?

By having research based policies and procedures in place along with education programmes to support our patients, families and staff with this.

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

Quality Statement – Well Led

How was this priority identified?

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

How will this be achieved?

By developing and promoting a Leadership Framework across the organisation.

How will this be monitored?

This will be continually monitored through Performance Development Reviews, further Pulse Surveys and a culture assessment.

Statement of Assurance from the Board of Trustees

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

The Board of Trustees meets quarterly and this is supplemented by the work of seven Trustee-led sub-committees who meet in advance of each Board meeting. Effective governance has become a core component and driver of how the Hospice operates, reflected in the appropriate recruitment of subject matter experts who deliver a balance of knowledge across the committee process and the conduct of regular audit and inspections. This is supported by our Head of Governance. Specifically, clinical governance is led by the Clinical Quality Lead, overseen by a Clinical Governance Sub-Committee and accountable to the Patient and Family Services Committee.

Historically, two Trustees have made a formal visit twice per year to the Hospice at Winsley and other settings where services are delivered. These visits were paused during the Covid Pandemic but our protocol has been reviewed in the reporting period and the reintroduction of formal visits is now being rolled out. Additionally, our Chair of Trustees and Trustee colleagues have made regular, informal visits; shadowing and spending time in our service settings, including taking part in the '15 Steps Challenge'.

Our Services

Trustees see direct interaction with our services and patients as paramount, in order to:

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

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

Dorothy House provides palliative and end of life care services to adults (18+) with a progressive treatable but not curable life-limiting illness or with severe frailty and also their family (including children) and carers. We care for people across our approximately 700sq mile catchment area which covers Bath & North East Somerset and parts of Wiltshire and Somerset.

Every year, we review our service provision in line with our Strategic Plan and with the requirements of our local NHS commissioners. In FY23/24, we cared for 4064 people - patients, their families and carers - with people accessing one or more of our services below including some of our “open access” services, where a formal referral is not required. This is an increase of 7% from the previous year.

Below is a list of the services we provide out in the community or at Winsley. We have continued to take forward our service review ambitions and the expansion of our community staff to include a wider skill mix in our ten community palliative care teams. New nurse-led clinics were developed in the community and this continues to be our focus to get our services embedded across our catchment area.

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

Medical Service: Our doctors deliver care and professional advice at Dorothy House's Inpatient Unit, out in the community and at the Royal United Hospital (RUH) Bath. They also provide support to community colleagues.

Inpatient Unit – Specialist Palliative Care: 10-bed specialist unit at Dorothy House Winsley.

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

Community Palliative Care Teams (CPCTs): Locally focussed, multi-disciplinary teams comprising Nurse Specialists, Community Nurses and Clinical Support Assistants. CPCTs support patients and their families within the community, closely aligned to the NHS's Primary Care Networks (PCNs), GP surgeries and District Nursing teams.

Hospice at Home (H@H): Experienced healthcare assistants providing end of life care – day and night – within homes or residential care settings.

Therapies including:

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

Family Support Services providing access to:

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

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

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

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

Clinical Lead for Heart Failure – To support patients their families and carers living with end stage heart failure and to provide expert advice to the rest of our clinical teams.

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

- The Coffee Connection – 3 venues, Frome, Keynsham and Winsley
- Bereavement Help Points
- Walking Through Grief
- Writing Hour
- Serenity Group

Education, Research & Professional Development:

A key pillar of DH services, we offer:

- The Tulip Standard Essentials of Care Certificate for non-registered clinical staff both internally and within care/residential homes.
- Professional development and palliative care updates for DH clinical staff to maintain a high level of expertise.

- Educational events and training for health and social care colleagues in the community.
- Sessions by education team within under graduate and post graduate teaching in Higher Education institutions as well as accredited Continuing Professional Development (CPD) modules with the University of The West of England.
- A facility to host education programmes, visits and student placements.
- Undergraduate and post-graduate student research placements or internships.
- Support on research projects. By leading and working with partners on research projects and providing advice on conducting research in palliative and end of life care settings.

Clinical Audit and Quality Improvement Group (CAQIG)

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

- **Clinical audit:** This measures patient care against explicit national, local or internal clinical standards.
- **Service evaluation (ideally and often via user experience):** Typically taking the form of questionnaires / surveys to patients, families and carers regarding their views of the care they have received.
- **Patient, family and carer outcomes:** DH continues to collect information directly from patients through the Outcome Assessment and Complexity Collaborative (OACC) suite of tools about how they feel or function in relation to a health condition and its therapy, without interpretation by healthcare professionals or anyone else. OACC sits within the remit of CAQIG. In addition we continue to use iWantGreatCare for timely patient, family and carer feedback.

How are the clinical audits / service evaluations selected?

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

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

How we did in FY23/24

Over the year, Clinical Audit Quality Improvement Group oversaw 57 activities including two new audits.

Clinical audit is an essential tool in improving quality and patient safety, and Administration and Prescribing of Medicines are areas that can be particularly prone to error. We added rigour to our administration and prescribing audits last year and both audits are now more robust, giving assurance about our practice. The Accountable Officer Audit of Controlled Drugs was updated and this year again demonstrated an improvement in compliance.

Safeguarding is an area that Dorothy House needs assurance that practice and procedure is safe. A new Safeguarding Lead, was appointed in 2023 and they have completed The Documentation of Safeguarding on SystemOne Audit this year. It again demonstrated a high

degree of compliance with policy relating to recording safeguarding concerns. This audit has enabled us to separate suicidal ideation concerns to a separate logging and monitoring platform to ensure those displaying these thoughts can gain the right support. The Mental Capacity Act (MCA) Practice Standards Audit was undertaken in 2023 by the new Safeguarding Lead and it identified that more training and education is needed across all teams. This is now in place with advanced MCA training compulsory for selected clinical roles.

Infection Prevention and Control and Handwashing is systematically audited and also Antimicrobial Stewardship which has a high profile in the public health agenda due to the potential impact of antimicrobial resistance globally. We are changing some of our Infection Control audits next year in compliance with the Hospice UK Workbook of Standard Infection Prevention and Control Precautions Audit Tool.

Advance Care Planning (ACP) is a key organisational outcome for the Hospice, and something we audit and regularly monitor. We are seeing an increase in patients under the care of Dorothy House having Advance Care Planning conversations. We were also part of Evaluating the Roll-Out of ReSPECT across B&NES, Swindon & Wiltshire (BSW) audit.

One of Dorothy House's priorities highlighted in the Patient Safety Incident Response Plan is to get an understanding of why our falls rate in our Inpatient Unit is higher than other hospices. To explore this we completed a new audit looking at the quality of

the documentation and assessment before and after a fall. The audit validated there has been an overall improvement in documentation with all required areas being completed.

The NHS England Patient Safety Incident Response Framework has been introduced this year. The framework represents a significant shift in the way the NHS responds to patient safety incidents and this has included hospices. Dorothy House has produced a Patient Safety Incident Response Plan and will have a policy in place in 2024/25. They will both be available on our website once approved.

Finally the new Admiral Nurse Service supporting patients their families and carers with dementia completed a new Admiral Nursing Service ‘VIPS’ (Person-centred care in dementia) Audit. This has enabled us to have a greater understanding of the areas the Admiral Nursing Service needs to focus on including training, environment and individualised care plans.

DH has completed 12 audits this year against NICE guidance and a full report of activities is provided through the Annual Audit Report.

This year Dorothy House took part in the AQUA Survey along with 9 other organisations as part of B&NES, Swindon and Wiltshire (BSW) Integrated Care Board to oversee the successful implementation of a safety culture across the system and Dorothy House. This was not a competition but useful to see where we benchmarked across the other 9 participating organisations. We were pleased to get the highest score in the Layer 1 survey which focused on Person

and Family Centred Care. We scored above average in the Layer 2 survey which focused on Cultural and Infrastructure Essentials and we were second in the Layer 3 survey which focused on the development of an Effective Learning Systems and mechanisms for continuous improvement. This led to us getting some Quality Improvement training provided by BSW for our workforce.

Dorothy House has continued using iWantGreatCare (This includes the NHS Friends and Family test) to gather patient and family feedback across all clinical services. Throughout FY23/24 DH received 281 reviews and the average star score achieved was 4.88 out of a 5-star score. In March 2024, we received 3 Certificates of Excellence from iWantGreatCare in recognition of consistently achieving outstanding patient feedback for the Inpatient Unit, Day Patient Services and our Community Palliative Care Teams.

Research and Education

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

Research activities for FY23/24 included continued recruitment to clinical trials to establish the potential benefits of hydration at end of life (Chelsea II) and the nutritional management for Motor Neurone Disease patients (Opticals). Data was analysed and disseminated from our commissioned population survey on Death Literacy in our region, and an evaluation of the implementation of the DH new services was completed. A new study was initiated which explores the intimacy needs of patients and their partners at end of life. Abstracts were presented at the Hospice UK conference 2023, the ‘Developing a Research Skilled Workforce conference’ 2023 and the Marie Curie Conference 2024.

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

In FY23/24 we have provided NHS England (NHSE) funded student placements for Nurses, Medics and Allied Health Professionals, and placements for Social workers. We continue to deliver Complexities of Supportive and End of Life Care Module for the University of the West of England (UWE), Bristol and the UWE Complexities of Communication Skills module, which ran for the first time in 2023. In FY24/25 we will

run two additional cohorts of the Communication Skills module as part of a new ACCEND (Aspirant Cancer Career and Education Development programme) contract with UWE.

We continue to deliver our highly successful Tulip Standard of Essential Care for non-registered healthcare professionals, including those who are new to care. The Tulip Standard training has been successfully delivered to over 50 Care Home staff working for B&NES Council, with two further cohorts of staff planned for FY24/25.

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

Duty of Candour

All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients when something goes wrong with their treatment or care.

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

Quality Improvement and Innovation Goals Agreed with Commissioners

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

Data Quality

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

All DH data is processed in accordance with data protection legislation including the Data Protection Act 2018, and the UK General Data Protection Regulation (GDPR) requirements. We are committed to confidentiality and the Caldicott principles. DH Information Governance and Information Security policies are reviewed, and an annual continuous improvement review of Information Governance (IG) is undertaken with a report and recommendations approved by the Information Governance Steering Group. Information Governance is fully embedded within the governance structure at DH, with overall accountability lying with the Board of Trustees and quarterly oversight at the Audit Committee. This work is supported by our Head of Governance and a cross-functional information governance team including our Data Protection Officer, Senior Information Risk Owner and Caldicott Guardian and Head of Digital.

In the reporting period DH transitioned to a digital solution to record and report IG breaches, which has provided greater visibility across the organisation and more effective identification of themes and learning outcomes.

Compliance with the Data Security and Protection Toolkit 23/24 will be achieved by the end of June 2024 - as a requirement of our NHS contract.

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

Part 3

Review of Quality Performance

Review of Quality Performance

Below is an update on FY23/24 improvement priorities which formed part of our Quality Improvement Plan **(Appendix 2)**:

Priority 1 – Future Improvement: Implementing an electronic accident and incident reporting system across all services.

Dorothy House needs to implement an electronic recording system for all accidents and incidents across our business including health and social care, all support services, fundraising and retail teams.

Quality Statements – Safe, Caring, Responsive and Effective

How was this priority identified?

DH workforce reported all clinical accidents and incidents including patient safety incidents in paper format that had to be sent via an internal envelope for the next part of the investigation to commence. On one occasion a Serious Incident on the Inpatient Unit was not reported in a timely manner to our external commissioners or to the Care Quality Commission due to the paper form not being escalated. (The patient and family received all the appropriate treatment and support). One of the actions from this incident was to explore a way of stopping this happening in the future. For this reason Dorothy House researched different electronic systems that would alert users to all accidents and incidents to prevent this happening again. After viewing several systems RADAR was selected and implemented in July 2023.

How will this be achieved?

Project management of implementing RADAR has been led by the Head of Governance. The project steering group consisted of the relevant members of the Dorothy House workforce along with support from the company Radar.

How will this be monitored?

The project steering group continues to review and trouble shoot any challenges now the system is working across the organisation. A short in-house training video was produced and is available to all our workforce and we have RADAR champions who are available to support and to answer any questions. Regular reports are submitted back to the Dorothy House Programme Board to enable challenge and further use of RADAR to support with other areas for example, risk management and policies.

Priority 2 – Future Improvement: Improve Inpatient (IPU) Fire Evacuation process and increase number of Fire Marshalls on IPU.

The IPU consists of 8 single rooms and 1 double room giving a capacity for 10 patients and their families. They all have patio doors going out onto a patio area leading out to the grounds.

Quality Statements – Safe, Caring, Responsive, Effective and Well Led

How was this priority identified?

It was identified by our Human Resources Officer for Health and Safety that there needed to be more robust training for staff on how to evacuate IPU in case of a fire across the 24 hour period, where staffing varies across shifts.

How will this be achieved?

The training and process for fire evacuation on the IPU was evaluated and is now supported by a day and night scenario based training to build confidence in the evacuation procedure and ensure any lessons learnt are through a safe test environment. This is complemented by IPU Out of Hours training that is offered throughout the year and includes use of evacuation equipment. An additional two IPU staff were trained with an external provider as Fire Marshals.

How will this be monitored?

This project will be monitored by both the Human Resources Officer for Health and Safety and the Ward Manger with the learning from the testing scenarios.

Priority 3 – Future Improvement: To develop a consistent and research based mouth care resource for the Hospice@Home (H@H) Carers to give out to patients and families as part of the Tulip Standard.

The Tulip standard is a course all unregistered staff undertake if working for Dorothy House in a care role.

Quality Statements – Safe, Caring, Responsive and Effective

How was this priority identified?

One of the H@H Clinical Support Assistants (CSA's) has a background in oral health and with two other CSA's identified the need for a resource pack to support patients and families on good mouth care.

How will this be achieved?

Working alongside the Clinical Coach and Education Facilitator a research based leaflet has been designed on what good mouth care is. In addition, mouth care link workers have been appointed and work across the H@H Team.

How will this be monitored?

By using the mouth care link workers along with the CSA's in the H@H Team to deliver education about the leaflet and to ensure the leaflet is being given out.

Priority 4 – To appoint a Dorothy House (DH) Patient Flow Coordinator Role based in the Royal United Hospital (RUH).

To improve the flow of patients on the end of life care pathway from the RUH to their preferred place of care and preferred place of death. With the aim to introduce DH services earlier, to link into other community providers of care and to reduce delayed discharges.

Quality domains – clinical effectiveness and patient and family experience.

How was this priority identified?

During the COVID-19 Pandemic Dorothy House worked closely with the RUH and other providers within the system to enable patients at end of life to be in their preferred place of care and death. From this work it was identified that a role based in the RUH for patients at end of life would improve patient and family experience.

How will this be achieved?

DH funded a full time nurse from April 2023. They had referrals from 30 wards across the RUH in the first five months, demonstrating how the role is linking to supported care on discharge from DH. Further data will be available at the end of Q1 2024/25

How will this be monitored?

This project will be monitored by the Patient Flow Coordinator working in collaboration with the RUH.

Complaints

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

We have received seven complaints about our services since publication of the last Quality Account, which is two more than we received in our previous year.

These were investigated and responded to within the time limits laid out in our Complaints Policy. They were also shared, anonymously, with the Clinical Commissioning Groups and our Board of Trustees.

Feedback and an apology were given to the complainants. Lessons learnt were fed back to relevant teams and changes in practice were made where necessary.

Dorothy House Performance during FY23/24

Key Organisational Outcomes

In order to chart DH's progress over the life of the 7-year Strategic Plan, we are using a set of Key Organisational Outcomes (KOOs) linked to the five strategic goals against which we measure and improve our performance on an ongoing basis. These outcomes are based on the following areas - patient need, family and carer need, patient outcomes, non-cancer diagnosis, advance care planning, care spend and cost efficiencies. We have also developed a series of measurable outcomes linked to the Services Review changes implemented in April 2022, tracking the impact of the new ways we are delivering our care. At a service level in the 10 new community teams we have area-specific dashboards tracking key metrics such as referral numbers and response times, to ensure our teams are working as effectively as possible.

Throughout FY23/24, we cared for around 7% more people (patients, families, carers) than during the previous year. Our non-cancer patient numbers have remained stable at 31% (30% at the end of FY22/23). We are working to embed our two specialist dementia and heart failure nurses to try to improve this. Our use of Outcome Assessment and Complexity Collaborative (OACC) with patients remained stable at 49% (48% at the end of FY22/23) and we continue to train staff to improve uptake of this tool. We are now using data from the OACC tool to measure the tangible impact of our care on key patient symptoms. We saw a good increase in the number of patients with an Advance Care Planning conversation documented (83% compared to 78%) and continue to train staff in how to record these conversations.

Whilst our progress in many areas is encouraging, we aim to drive further increases, especially in the number of people we care for, throughout FY24/25. For more information on the impact of our care, please refer to our Annual Impact Report on the Dorothy House website: dorothyhouse.org.uk.

Volunteering

We have seen considerable expansion of our volunteer team over FY23/24. During this period there have been 276 new volunteers bringing our total number of volunteers up to 1130. Of this number, 721 support retail operations and 409 are in the community or hospice-based.

During 2023 we helped to set up two new Bereavement Help Points in Bath and Trowbridge. In addition, our North Wiltshire Community Engagement and Volunteer Coordinator has initiated a Bereavement support Group network open to all the volunteers and other groups and organisations in our area. The group has had speakers with expertise on specific aspects of bereavement so they can signpost clients more readily as needed.

We focused on improving volunteer experience following the transition to our new model of care and reintroduced regular quarterly group supervision for patient facing volunteers during 2023. We have worked with volunteers and their managers to improve training compliance from 64% in March 23 to 80% currently. We are doing further work to improve this to meet CQC requirements.

The Volunteer Forum was reorganised into local focus groups, and throughout the year 15 sessions have been held. Reports and ideas from these sessions were shared

with all volunteers. One outcome of these focus groups is a recently produced film of volunteers talking about their roles which will be used as part of the volunteer induction process.

Volunteering baselines on how many volunteers and hours are needed in each shop have been agreed with retail and will now form Key Performance Indicators for the retail team to work to over the coming year.

Since 1st April 2023, volunteers have logged a staggering 113,486 volunteering hours. This is over 2000 hours a week.

The table below shows the number of sessions of different types of volunteering activity that have been completed over the year.

54	Adhoc help
28	Assessments or introductions for a Companion
183	Befriending visits by Companions
110	End of life sitting at RUH
92	Patient transport
138	Befriending telephone calls
61	Training sessions/meetings attended
11640	Retail shifts

In addition to supporting patients and families through volunteering we have widened our approach to embrace asset based community development. Over the year, there have been a large number of signposting referrals dealt with by the Community Engagement team. These include 48 formal requests through SystemOne as well as informal work carried out within Multi-Disciplinary Teams. We have also supported the wider use of alternative transport provision where this is available.

Workforce Engagement

Dorothy House has a **Staff Consultative and Information Forum (Our Voice)** where, as well as discussing issues that directly affect our workforce (e.g. Human Resources policies, terms and conditions of employment, new workforce initiatives), staff views are sought on a range of wider areas including the overall organisational direction and strategy, staff and volunteer support and workforce communications.

This forum has been supplemented with an Equality, Diversity and Inclusivity (ED&I) representative as part of our ED&I strategy to ensure we reflect diversity and inclusivity across our lines of engagement. Our Voice continues to be energised and focussed by the support of the Human Resources team, and Internal Communications team; enabling wider engagement and communication across the organisation. Previously this approach has led to the co-created development of a new charter to underpin the purpose of the forum, enhance representation and raise the forum's profile as a key contributor and influencer of positive change across the organisation.

The forum is often attended by a member of the Executive Team, and as such this demonstrates a visible commitment to listening to our staff and volunteers mirrored by a set of localised **Volunteer Forums** where all matters impacting volunteers are raised. Both groups are represented at the quarterly **People and Development Committee** to provide feedback and share the workforce voice directly to Trustees.

Workforce Survey

Further to our participation in the 2021 independent Birdsong Staff Survey, during 2023 we hosted a series of pulse surveys with the workforce that mirrored the themes previously surveyed. These pulse surveys acted as a timely check in with the workforce to assess whether any of the actions taken since the full survey had resulted in improved engagement, whilst refreshing action plans distilled to directorates, to cover any areas that required further attention.

One of the key themes was leadership and as a result a Leadership framework, called The Deal, has been co-produced and launched across the organisation. The Framework sets out the standards and behaviour expected of leaders at all levels of the organisation as well as describing the expectations of employees in return (i.e. The Deal). This framework, along with resetting the definitions of our organisations values, augment improvements we have made to our digital Personal Development Review appraisal process to support performance and development reporting that will drive improvements to cultural change in the longer term.

The feedback from the 2023 pulse surveys has also contributed to the instigation of a focussed project to review our wellbeing proposition and we have engaged the support of an external wellbeing partner to undertake a detailed survey with the workforce as to how we might create a workforce led solution in the future. We expect the results of this survey to be available in the spring of 2024.

Further improvements in relation to our internal (corporate and local) and external communications strategy are also being considered which build on early success to improvements made to our external website and social media channels. Further pulse surveys will be conducted in 2024 to understand the impact of these initiative further and to understand where other improvements may be considered.

Wellbeing

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

We have renewed our partnership with Mindful Employer Plus (Workforce Assistance Programme) for 2024 and maintained our commitment as a signatory to the Charter for Employers Positive about Mental Health. We have reviewed our lone work practices to ensure people are protected, including the introduction of lone working technology for our Hospice at Home and Retail colleagues. We have also engaged with third party

providers for the delivery of specific wellbeing training and support programmes to raise wellbeing awareness and empower employees with self-help techniques and advice. This includes the continuation of weekly online “Humble Gatherings” hosted by Dr Ash Bhatia in which he focuses on a range of wellbeing topics and techniques, advice and support.

Additionally, we have been increasing our focus, support and awareness for those members of the workforce affected by the menopause. This includes a dedicated and trained Menopause Champion who has introduced specific Menopause awareness training to managers in October 2023, the introduction and communication of Menopause guides for employees and managers available online and the implementation of a Menopause Policy that will be available in the spring of 2024.

As explained above, we have also progressed our wellbeing project designed to engage the workforce on what any future wellbeing proposition might include. This project is being delivered in partnership with an external provider (Wellness for Life) and will include a survey aimed at all volunteers and employees across all functions of Dorothy House. The results of this survey will be subject to analysis in the spring of 2024 with the aim of developing a co-created plan moving forward that will seek to deploy targeted solutions based on the wellbeing needs.

Communication

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

- Weekly email and video updates
- Leadership Team communications – monthly ‘cascade cues’ to disseminate to their teams and quarterly updates from the Executive Team following Board of Trustee Meetings
- Intranet (Dot2Dot) communications
- Communications through the Health and Safety Committee, Our Voice and the Volunteer Forum
- Monthly coffee break sessions where staff receive updates on projects and celebrate success (the latest being in a hybrid of in person and virtual)
- Internal communication posters are up around Winsley and in our shops
- New volunteering software, ‘Assemble’ which has a new feature and key documents hub
- Updated external Dorothy House website
- Dedicated social media channels including Instagram, X and Facebook

Managing Change

In pursuit of our Strategic aims and objectives we recognise the potential these have for introducing complex change across the organisation. These changes are not limited to internal drivers such as our Clinical/ Medical Services reviews, but also consider wider

changes within the broader Health and Social Care sector and local Integrated Care Board arrangements that may impact how services are delivered or the way we operate in a wider system.

To manage these changes in a more integrated, effective and informed way, we have reconfigured our Senior Leadership Team meetings and membership, which now includes the Executive Team and senior leaders from all functions of the organisation. This forum meets every six weeks to discuss, consider and collaborate on the impact of and response to change affecting the organisation and its workforce. This approach ensures solutions are co-created and inclusive of the ideas, experience, skills and knowledge of the collective senior team ensuring at implementation, the change is universally understood.

We have also introduced a structured internal programme management framework for managing projects delivered across the organisation. This framework instils consistent project discipline in the delivery of projects sponsored and led within Directorates and collectively reviewed at organisational level by Programme Board.

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

Training and appraisals

All staff receive an annual Performance and Development Review (PDR) with their Line Manager, which includes three specific points of performance discussion (objective setting at the beginning of each year together with the personal development plan, a mid-year assessment, and an end of year final assessment). Following the introduction of the e-PDR in 2022, we hosted a series of feedback sessions with the workforce throughout 2023 to identify improvements to the process.

This feedback has been used to streamline the process and improve the digital solution for recording PDR discussions in 2024. These improvements, along with the introduction of our leadership framework, will help managers and employees focus on the core intention of PDRs - meaningful conversations and engagement. .

A Training Tracker system records all education and training, sends reminders to staff when their mandatory training is due and also informs the Line Manager if it is overdue. This system has helped to increase compliance and reduce the time spent by managers to ensure that their staff undertake their mandatory training. Where staff, including bank staff, are overdue mandatory training, it is managed very carefully to ensure only competent staff support patients, their families and carers. We are currently examining the effectiveness of how Statutory and Mandatory training is accessed and recorded as well as ensuring the curriculum is focussed correctly to those employees operating in different environments. This with a view to ensuring compliance, efficiency as well as ensuring our workforce is equipped with the skills needed to be successful.

Working Conditions and Arrangements

DH continues to adopt the majority of NHS Agenda for Change terms and conditions for its staff (apart from those working in Retail) and is aligned with the local and national scheme particularly for pay and banding purposes. DH is not formally tied to NHS pay awards, yet we continue to apply the national NHS awards of pay uplifts annually.

We are currently undertaking a pay benchmarking exercise to understand the market rates for roles that are non-retail and non-clinical, with a view to considering options for a more relevant framework that recognises the qualification and skills these roles require. This project is in its concept phase at present and any identified options will be fully assessed during 2024 to understand any potential change in future years.

We have now fully embedded our Pay and Reward framework across our Retail team which has enabled us to better align pay and reward to a more appropriate commercial model which support our growth ambitions, offer career progression and development opportunity and compete more effectively in tight recruitment market conditions.

Recruitment

In August 2023 we introduced our new end to end digital recruitment process and wider improvements to our ability to attract and retain talent to Dorothy House through the implementation of our Recruitment and Retention Strategy.

Digitalising the recruitment process has unlocked potential in delivering recruitment activity enabling an improvement in converting applications to hires much more effectively, whilst ensuring consistency in how recruitment across the organisation is delivered. Transferring responsibility for managing the “candidate journey” to Hiring Managers has also resulted in a much greater engagement with candidates improving the overall experience in the recruitment process.

Allowing the recruitment team to focus on strategic recruitment activity, the introduction of this new process has enabled cost reductions in advertising through effective partnering with external agencies and significant improvements in terms of both cost and time to onboarding through the use of government approved agencies for the automation and digital completion of legislative and compliance pre-employment checks. Pre-planning with internal stakeholders ahead of known pinch points in capacity (winter pressures) has also enabled pro-active solutions to be developed as opposed to reactive (and costly) solutions should these materialise.

We will continue to monitor how these changes impact over 2024 and consider further digital opportunities to improve the candidate journey by automating more of our onboarding activities which may include, contract exchange and undertaking elements of induction before joining. This will ensure new starters are ready and prepared from day 1 to commence their employment journey with us at Dorothy House.

Recognition

In 2023 we introduced our Recognition framework for Dorothy House.

Developed in collaboration with the workforce, this framework aims to adopt an approach to “in the moment” recognition by providing a range of mechanisms that reinforce our values, drive a culture of positivity and continuous appreciation whilst empowering the workforce to recognise individuals and their teams.

The framework enables recognition to be displayed in a number of ways from giving an every day thank you, to recognising those who go the extra mile or those who demonstrate our values and go above and beyond to deliver Hospice, team or personal objectives. Awards to individuals are non-financial and can range from the giving and receiving of thank you cards, vouchers for giving back time and commendations from the Chief Executive at quarterly hosted lunch ceremonies. Individual and team success can be shared with the organisation through our corporate communication channels to further promote recognition and awards can be linked back to PDRs as a way to record individual achievements or performance.

Throughout 2024 we will monitor the impact of this framework and seek feedback from the workforce as to how we might make further changes to improve recognition across the organisation.

Focus for FY24/25:

- Delivery of a workforce plan to support the organisational strategy and beyond.
- Continued development of the Workforce Development Group to manage workforce planning and Learning and Development activity across the Hospice.
- Consideration of a revised Pay and Benefit proposition for our non-clinical and non-retail roles.
- Delivery of our Wellbeing Project and, where appropriate, introduction of additional support resources.
- Maintain delivery of our Equality, Diversity and Inclusivity strategy through annual action planning.
- Continue to develop and exploit functionality offered by our Payroll/HR system (iTrent) including automation of offline forms, time and attendance (rostering).
- Supporting major change as part of the Phase 2 Services Review (education, leadership, values).
- Support to wider people in our community as appropriate.
- Movement to a coaching culture to support leadership and career development.
- Introduce a framework for succession planning and talent management.

What our regulators say about the organisation

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

Dr Emma Frampton (Medical Director) and Maggie Crowe (Director of Patient and Family Services) are Dorothy House's Registered Managers. Whilst the CQC are no longer holding relationship meetings with Registered Managers, we continue to monitor information from CQC about how to inform them about our services to ensure they have an honest and transparent picture of the quality and safety of the care we are delivering.

CQC Inspections

Following the inspection of June 2022, where we received an overall rating of 'Outstanding', placing us in the top 3% of organisations regulated, we have continued to work with our teams to ensure we improve and focus on the two areas where we received a 'good' rating. We have been preparing for the new single assessment brought in by the CQC. With the support of our digital team, we are now using the OACC suite assessment tool to demonstrate the impact of our care on patients that indicates areas where symptoms and concerns improve because of interventions from our teams. We have also introduced our Leadership Framework to ensure both leaders and all staff take accountability for the roles they are in and the role they play in delivering our strategic aims.

The inspection report summary included the following statement:

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

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

What the commissioners say about the organisation

Extract from a statement by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Dorothy House Hospice Care 2023-24 Quality Account. For the full statement please see Appendix 4:

It is the view of the ICB that the Quality Account reflects Dorothy House Hospice’s on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Dorothy House Hospice has been able to make achievements against all their priorities for 2023/24.

The ICB supports Dorothy House Hospice’s identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities.

Strategic and Operational Intent FY24/25

We continue to work within a constantly changing health and social care landscape and are resolute in ensuring that Palliative and End of Life (P&EOL) Services reflect the needs of the population we serve and are important to leaders within the B&NES, Swindon and Wiltshire (BSW) system. The Integrated Community Based Care (ICBC) procurement is an opportunity to shape the future of the way we care for those in the last one thousand days of life. Our focus is in ensuring that we can evidence best practice and affordability within our own organisation whilst influencing our partners in the design of future services.

As an organisation, we have set our priorities to deliver improved P&EOL care and to prioritise the strategies that will ensure our fitness for the future. As the Director of Patient and Family Services Directorate (PFSD) at Dorothy House I have prioritised the key areas that, I believe, will empower staff and clinical leadership and prepare our teams and services for greater integration with our partners and the people we serve.

Our priorities for 2024/5



Annual Organisational Priorities and Objectives.

In 2024-2025 we will focus on:

People who need our care

Deliver our model of care enhanced through phase two of the service review and service improvement to reach more people, maintain high quality and reduce inequalities.

Achieving: More, Local, Earlier, Easier, Together.

Community development

Recognising that death is part of life, Dorothy House will play a leading role in the delivery of direct specialist end of life care (including teaching others), but seek opportunities for “progressive collaboration” which includes enabling, empowering and working with.

Achieving: Prime-provider of appropriately commissioned palliative and end of life care for people in the last 1000 days enabled through “strength based” and “progressive collaboration” approaches to engagement.

People and culture

Deliver our strategic mission through a diverse, motivated, and well supported workforce, working in the best possible environments, whilst committing to our values and competently delivering our model of care.

Achieving: a workforce that is efficient, well-led, happy, skilled, empowered and resilient.

Funding and engagement

Remain agile in developing diverse income streams to deliver long-term financial sustainability by connecting with more people. It’s the foundation for the step change in income we need to see.

Achieving: Financial sustainability and efficiency.

Strategy refresh

Use the ‘discover, develop, decide’ model, to ‘refresh’ the Dorothy House strategic plan ready for launch in 2025.

Achieving: A three year rolling strategic plan, which is fit for purpose in providing clarity of strategic direction and associated first year SMART work-plan.

Integrated Community Based Care (ICBC) Contract

Facilitate the design of a new model of care for all adult and children’s services in B&NES that meets the requirements of the ICBC procurement documentation.

Achieving: Alignment across BSW. Input/lead the design and delivery of a new model of P&EOL (i.e. developing a winning bid with our partners resulting in delivery of improved P&EOL services) in B&NES with Wiltshire with BSW alignment.

Patient and Family Services Directorate (PFSD) Objectives

People who need our care

Deliver our model of care enhanced through phase two of the service review and service improvement to reach more people, maintain high quality and reduce inequalities.

Achieving: More, Local, Earlier, Easier, Together

1. Restructure H@H services: to deliver a high quality, efficient, Social (Palliative) Care Service that is delivered in close collaboration with CPCT and volunteering services. Deliver the medicines support and improve the support and governance of carers.
2. Implement DH Leadership Framework across PFSD: continue to develop clinical leaders to drive cultural and behavioural improvements aligned with DH values and to achieve confident and self managing teams.
3. Ensure the clinical competence of clinical teams: to confidently provide specialist palliative and EoL care and to improve the palliative care skills within partner organisations.
4. Continue to address inequalities in provision of P&EOL Care: Deliver homelessness link role & non-cancer services.
5. Efficiency improvements through workforce and cultural developments: ensuring that we reach more people and reduce cost per patient/client - Targets for reaching more – care homes etc.
6. Contribute to the co-creation of improved P&EoL Care across BSW: ensuring the voice of patients, family, the communities we serve and Nursing and Allied Health Professionals is heard.

7. Continue with Inpatient review: to achieve 2 and 3 and ensure nursing staff are practicing at the top of their Licence and providing confident specialist palliative care 24/7.

Enablers, supporting Dorothy House to deliver the annual organisational priorities and objectives.

Governance

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

Education and Research

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

Digital

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

Maggie Crowe

Director of Patient and Family Services

May 2024

Appendix 1

Dorothy House – Quality Improvement Plan
April 2024-March 2025

Quality Improvement Plan 2024/25

This document demonstrates a selection of some of the Quality Improvement work across Dorothy House Services

Quality Improvement	Expected Outcome	Lead
Implement in practice the Patient Safety Incident Response plan (PSIRF) and policy to DH staff.	The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.	Clinical Quality Lead and Clinical Coach and Education Facilitator
Review the Dependency Scale on Inpatient Unit (IPU).	To ensure that the IPU has the correct staffing for the dependency of patients.	Deputy Director of Patient and Family Services
To ensure that all food that is pre-packaged for direct sale (PPDS) by Dorothy House to workforce, patients and visitors is compliant with Natasha's Law. All PPDS food, including sandwiches and salads, will have the full ingredients listed on the label with all allergens identified by bold type.	That all PPDS provided by Dorothy House will be compliant with Natasha's Law.	Dietitian
To improve the quality of DH clinical documentation practices.	After a review of patient safety incidents, complaints and concerns; documentation was a continual theme in the action plans. Task and finish group to be established to review practices and provide recommendations and actions.	Quality Team
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.	Dietitian
Dorothy House Inpatient Unit falls project.	To understand Inpatient Unit falls and to reach out to other organisations to ensure that both our definition of a fall and our approach to restraint is consistent with how other organisations are approaching these areas.	Contracts Manager as part of their improvement practitioner apprenticeship
To have a plan and direction of travel for independent and supplementary prescribing.	To be able to train the correct number of staff to improve patient care and achieve the DH strategy.	Advanced Nurse Practitioner & Nurse Medical Prescribing (NMP) Lead

Quality Improvement	Expected Outcome	Lead
To scope other cancer treatments and procedures that could be delivered in DH with the Royal United Hospital (RUH) NHS Trust.	For patients with a palliative diagnosis to have access to more treatments and procedures at DH.	Deputy Director of Patient Family Services
Introduction of a new Customer Relationship Management (CRM) system, to store and access all of our non-patient customer information in one easy to access place.	The new CRM system is designed to help us build relationships, streamline processes and ultimately ensure those that have contact with Dorothy House receive the best possible relationship journey.	Head of Fundraising
Implement the National Blood transfusion Audit.	To provide evidence the process for blood transfusions is safe and following policy. To highlight where practice is deviating from guidance.	Clinical Lead, Day Services & Therapies
Incorporate the 20:00 & 22:00hrs Inpatient (IPU) medication rounds in to one.	To improve patient safety with an acknowledgement around patient choice and their medicines.	IPU sisters
To offer dementia education sessions externally and internally for registered and non-registered staff.	To ensure there is access to dementia training to improve patient care and experience. For families and carers to feel supported.	Admiral Nurse
Increase the number of referrals for people with a diagnosis of dementia and their families into a DH service.	For patients, families and carers to feel supported and access excellent dementia care in last 1000 days of life working alongside external agencies.	Admiral Nurse
To complete a baseline report and to understand the gaps and produce an action plan to understand the needs of heart failure patients and their families at end of life.	For patients, families and carers to feel supported and access excellent heart failure care in last 1000 days of life working alongside external agencies.	Clinical Lead Heart Failure
To have submitted a grant application to explore the challenges and opportunities of access to palliative care for people with arthritis to improve quality of life.	Focus groups completed with patients, carers and healthcare professionals and the information used to inform a research funding application.	Head of Education and Research

Quality Improvement	Expected Outcome	Lead
To continue to explore intimacy needs at end of life with patients, their partners, and healthcare professionals.	To have conducted 1:1 interviews with patients, their partners and hospice healthcare professionals from a minimum of five hospices, and use this information to inform a research funding application.	Hospice Researcher
Employ a speech and language therapist on a fixed term basis to undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.	Improved knowledge and understanding of safe swallow for Dorothy House workforce. Robust policies and procedures around swallow to ensure patient safety A comprehensive education package to include online training module and resources for staff and patients.	Deputy Director of Patient Family Services and Dietician.
To provide a consistent approach to how nurses complete and document pain assessments for patients.	To review the current SystmOne pain assessment template and update in line with NICE guidance and evidence based tools.	Clinical Lead – Community Palliative Care Team
To develop a digital skills framework - consisting of digital skills analysis, role profiling, content production and development of a SharePoint learning hub.	Develop the digital skills of Dorothy House staff to improve user confidence, develop digital adaptability and improve efficiency.	Education & Professional Development Lead
To Implement an improved admission process.	Patient safety is compromised when moving from one place of care to another. Admission process to be reviewed.	IPU sisters
Review the IPU handover process.	To increase efficiencies without compromising on safety and to enable more time for patient care.	IPU Sisters
Utilising SharePoint to move from existing on premises file storage to a cloud-based system and move away from current dot2dot intranet product.	Moving to SharePoint will improve accessibility to files when working remotely as cloud servers are accessible wherever you have an internet connection.	Digital Transformation Project Manager
To pilot the new Band 7 / Band 4 Specialist Palliative Care Competency Framework.	12 week pilot task and finish group to review the competency framework with DH workforce and make recommend amendments as agreed.	Education & Quality Team

Quality Improvement	Expected Outcome	Lead
Developing and implementing a Leadership Framework	To embed effective leadership practices across the workforce.	Organisational + People Development Partner, People (HR)
Develop and publish a strategic workforce skill plan to assess and ensure long term future capacity and skills capability.	To ensure the future capacity and skills capability meet the future demands of DH services.	HR Business Partner
Build on our equality, diversity and inclusion proposition for 2023/24 drawing on employee feedback and suggestions.	To improve equality, diversity and inclusion and to enhance the sense of belonging to DH workforce, patients, families and carers to improve their experience.	HR Business Partner
To develop a mouth care video for staff, patients, families and carers.	The mouth care group and a representative from Mouth Care Matters (NHS England), to deliver an online video that will be available on our organisational website.	Education
To launch a new logo for people with Learning Disabilities. The logo has been developed with the charity SWALLOW and the Royal United Hospitals NHS Trust. It has been approved by the Paul Ridd Foundation.	To be used within our organisation to identify and provide tailored support for this patient group.	Education Lead
Working with clinical and non-clinical teams to pilot providing a memory box kit for patients and families admitted on to the Inpatient Unit.	A box to provide: Jewellery bags for the patients possessions Crochet/knitted hearts Glass bottles for a lock of hair Hand/finger printing kit Card from staff Forget Me Not seeds Information about bereavement services and fundraising.	Registered Nurse IPU
Complete the NHS 15 Step Challenge – Quality from a patient’s perspective on Day Patient Unit.	For our workforce, patients, carers and volunteers to improve DH services by using this Quality Improvement Methodology.	Quality Team

Quality Improvement	Expected Outcome	Lead
Improving the ambulance entrance which is the main entrance to the Inpatient Unit (IPU) for patients being admitted.	To make the entrance for patients and families more welcoming.	IPU and Facilities Team
To explore how to ensure hospice offer is accessible to people in prisons.	To embed the existing work done with prisons and to look at resilience to support this work.	Deputy Director of Patient & Family Services
With our newly appointed Homelessness Link Worker to develop links with external agencies to enable DH to work alongside them and offer end of life care to people experiencing homelessness.	To work alongside existing services to enable access for patients experiencing homeless at end of life care.	Homelessness Link Worker
To review and implement the DH offer to carers as part of the Family Services Team review. Involving carers in this work.	To have a flexible and responsive approach to carer support that is needed.	Family Support Team
Community listening exercise in Chew Valley.	To help develop our offer in line with the wishes of the community.	Director of Marketing + Engagement, Income Generation + Communications Management

Appendix 2

Dorothy House – Quality Improvement Plan

April 2023-March 2024

Final Report

Dorothy House – Quality Improvement Plan

April 2023-March 2024

Action	Expected Outcome	Lead	End of Year Update
Dorothy House HR Officer for Health and Safety (HS) will be supporting Julia's House hospice and Oak Haven Hospice in Health and Safety.	Sharing good practice across Health and Safety with other hospices.	Dorothy House HR Officer for Health and Safety	<p>Oak Haven Hospice – H&S Officer working closely with this hospice on their processes and compliance. Work paused in Feb 24 due to H&S officer absence but will re-commence once returned to work.</p> <p>Julia's House – Agreement ceased in December 23 as this hospice recruited a new H&S lead and they are establishing their needs internally. Will review support if Julia's House specify a need going forward.</p>
Implementing RADAR for accident and incident reporting.	For all accident and incident reporting to be on an electronic system with a process for notifications and completion by the correct staff.	Head of Governance	Achieved
Introduce the Patient Safety Incident Response Framework (PSIRF) to replace the Serious Incidents Framework as required by NHS England.	The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.	Clinical Quality Lead and Clinical Coach and Education Facilitator	PSIRF plan agreed by DH board and signed off by BSW ICB. PSIRF policy has been written and is going for approval at DH Clinical Governance meeting 02/05/2024. It will then go to BSW ICB for sign off. Training has started for all staff.
Administration of medicines training and competencies for hospice at home (H@H) staff.	To enhance the care given to patients supported by H@H carers.	Medicines Management Group Lead Consultant and Education Team	<p>Policy has been reviewed and updated by new H@H Lead. Updated draft policy has been approved by the Medicines Management Committee and has had final sign off by Patient Family Services Directorate (PFSD).</p> <p>Training is underway and competencies are being completed.</p> <p>33 out of 60 carers have completed</p> <p>18 out of 60 carers are between 40% and 80% complete</p> <p>5 out of 60 carers have not started</p> <p>4 carers are not at work for various reasons.</p>

Action	Expected Outcome	Lead	End of Year Update
Trialling frailty tool – Rockwood with ‘Time Out For You’ (TOFY) this supports people with longer term conditions.	Greater understanding of how sensitive Rockwood is for palliative patients.	Day Patient Services and Therapies Teams	Continue to collate Rockwood scores for patients attending TOFY and comparing them against Karnofsky score. Results will be available when sufficient have been completed to be able to produce recommendations. This has become business as usual.
Improve Inpatient Unit (IPU) Fire Evacuation process and increase number of Fire Marshalls on IPU.	Improve the availability and quality of Fire Evacuation Process on IPU.	HR Officer for Health and Safety	Achieved
Review the Dependency Scale on Inpatient Unit (IPU).	To ensure that the IPU has the correct staffing for the dependency of patients.	Senior Ward Manager, IPU	Still in progress waiting for Kirkwood Hospice and Establishment Genie to develop a base line model. No date as yet. Delays with Establishment Genie due to sickness.
Scope Electronic prescribing systems.	To understand which system would be the best to work with DH existing computer systems.	Medicines Management Group	Business case prepared for approval by DH executive team to purchase formulary and match to BSW Formulary. Further technical scoping of system required. Stakeholder engagement with GPs commenced. Mobilisation planned in 2024.
To have a plan and direction of travel for independent and supplementary prescribing.	To be able train the correct number of staff to improve patient care and achieve the DH strategy.	Director Patient and Family Services	Ongoing. Strategic plan and delivery to be key objectives for key staff through 2024/25
To develop a consistent and research based mouth care resource for the H@H Carers as part of the Tulip Standard.	To appoint mouth care link workers and develop a mouth care guide for patients and their families.	Clinical Support Assistants H@H Team and Education Team	Achieved

Action	Expected Outcome	Lead	End of Year Update
Asset Based Community Development (ABCD) Training – to introduce training for the wider organisation and testing small projects in some communities.	To demonstrate how we have developed services using the ABCD approach to achieve the DH strategy.	Community Development Officer	Final version of vision paper to be completed in March with clear outcomes for 2024/25 including: <ul style="list-style-type: none"> — Develop a Community of Practice to coordinate, celebrate and communicate this work to the wider organisation — Introduction to ABCD at staff induction and additional training offer developed for all workforce — Use of customer relationship management to build on asset mapping — Develop formal method of recording stories and feedback
Improve access and reporting of statutory mandatory training.	Selected modules in Training Tracker will have the ability to link directly to the eLearning for healthcare (eLFH) platform. This will remove the previous need for a separate eLFH account, allowing simple access to content whilst recording completion of eLFH modules directly to Training Tracker accounts. Each one will be completed on an individual basis.	Education Team	Oliver McGowan on learning disability and autism training is being accessed successfully through the direct link from Training Tracker to eLFH website. Patient Safety Incident Response Framework (PSIRF) training has been built to link to eLFH, but with the added benefit of using the Training Tracker course structure so that a learner will be asked to complete one PSIRF module after each other and full course completion reporting happening after the final module has been completed. This improves clarity for the learner by reducing the number of training options on their account.
Dorothy House Patient Flow Coordinator Role based in the Royal United Hospital (RUH).	To improve the flow of patients on the end of life care pathway from the RUH to their preferred place of care and preferred place of death. To introduce DH services earlier and to link into other community providers of care and to reduce delayed discharges.	Clinical Lead Clinical Co-ordination Team	Achieved

Action	Expected Outcome	Lead	End of Year Update
Develop a model for 7 day working across clinical teams.	To enable DH to support patients and families in an equitable way across 365 days a year.	Assistant Director of Patient and Family Services	Consultation complete and 7 day working for Band 6 Dorothy House Nurse Specialists started 01/02/24. Formal evaluation end of August, although numbers and patient stories are being recorded. 2nd On call consultations commencing 08/05/24 with implementation date 01/08/24. Decision made to not offer Therapies 7-day working at this point in time.
Develop Clinical Team Dashboards in line with the one developed for Community Palliative Care Team (CPCT) as part of phase one services review 2022/23.	Visibility of services Key Performance Indicators empowering team leaders to look at efficiencies enabling improved operational management costs and overall efficiencies.	Head of Business and Programme Development	CPCT dashboard complete with visible Key Organisational Outcomes for 2024/25 with targets. H@H dashboard complete, with some further refinements required. Awaiting Lymphodema dashboard.
Develop a lymphoedema template to be used for all patients admitted to Inpatient Unit (IPU).	To promote early identification and clinical input of lymphoedema service for patients admitted to IPU.	Lymphoedema Team	Care plans went live on S1 on 18/12/23. A lymphoedema clinician reviews the plans 3 times a week with clear instructions for the IPU nursing staff. Lymphoedema staff can now be more reactive to any concerns or changes the patient may have.
Medical staffing review.	The medical team review will form the development of the medical strategy which will ensure medical services are fit for the future.	Medical Director	Final review outcome report to programme board in April 2024. This includes a vision for the medic team for the next 3 years with associated work streams covering Inpatient Unit, acute hospital (RUH) and community.
Launch a new digital strategy.	By using an audit methodology develop a digital strategy to give the direction of travel for DH.	Head of Digital	Achieved

Action	Expected Outcome	Lead	End of Year Update
Day Services review (second part of DH services review) – Task and Finish group to look at the offer of DH Day Services.	To be able to offer Day Services at the right time in the right place with the right staff to support our patients and families in a caring, effective, responsive and well led way.	Assistant Director of Patient and Family Services	Business case approved, but pending funding to implement. Therefore review completed but implementation delayed due to funding constraints although teams have been implementing some changes working within their current establishments.
Increasing access to palliative and end of life care and associated research via community engagement events.	Three community engagement events will be hosted in partnership with Twerton and Whiteway Network. These events will be held at Bath Football ground and Bath City Farm and will provide information on DH services and the research we conduct.	Head of Education and Research	The 11/11/23 event ran successfully at Twerton Football club. Feedback from the public was that they would be keen to be invited to participate in research, as this felt a good thing to do.
Complete the NHS 15 Step Challenge – Quality from a patient’s perspective on DH Inpatient Unit.	For staff, patients, carers and volunteers to improve DH services by using this Quality Improvement Methodology.	Education and Quality Teams	Completed in November 2023; two groups. Participants included DH health and social care professionals (not Inpatient Unit (IPU) staff), volunteers, service users and a trustee. All observations, comments and recommendations were reported to the IPU service manager, clinical audit and quality improvement group and senior leadership team and have been considered as part of the IPU services review and/or have been implemented.
Comfort Packs for patients going home from hospital under Hospice at Home (H@H) Team.	For patients and families to have supplies to support the patient when returning home.	Clinical Lead Hospice at Home	Packs available.
Evaluation of the Use of Virtual Reality (VR) to support patients with symptom control.	For patient to use VR to support their symptom management for pain and anxiety to assess the difference it makes.	Clinical Lead Day Services	Both presentations TEDX and Hospice UK successfully completed. Lots of interest and conversations. Longfield Hospice coming to see demonstration 11/04/2024. Personal outcome measures used each time and continue to demonstrate improvements in pain and anxiety following use.

Action	Expected Outcome	Lead	End of Year Update
Improving the ambulance entrance which is the main entrance to the Inpatient Unit (IPU) for patients being admitted.	To make the entrance for patients and families more welcoming.	IPU and Facilities Team	Funding secured for refurbishment including canopy, walls, ceiling, and signage by end of Q1 2024/25.
To explore how to ensure hospice offer is accessible to people in prisons.	To embed the existing work done with prisons and to look at resilience to support this work.	Assistant Director of Patient & Family Services	Made contact with via Custodial Patient Pathway Team for the Oxleas Forensic and Offender Healthcare service - no response, this will be picked up by the Homelessness link worker – see below. Homelessness link worker appointed in March 2024. This post will also continue the links for people in custody to access end of life care. The post is funded for 12 months.
To have an offer of end of life care to people experiencing homelessness.	To have a consistent way of knowing what the DH offer is to enabling people experiencing homelessness to access services.	Assistant Director of Patient & Family Services	Funding secured. Homelessness link worker appointed March 2024 for 12 months.
Reviewing Children and Young People's Service (CYPS) – looking at a more agile and flexible approach to supporting children and young people related to patients under the care of Dorothy House.	To be able to offer safe, caring, responsive, effective and well led care to children and young people that they want, related to patients under the care of Dorothy House.	Family Support Team	Due to lack of funding resources post the services review the team has started the schools project as a limited offer providing quarterly online training for teachers and pastoral staff focussed on providing pre and post bereavement support for children and young people. A new monthly supporting parents group will start in May and take place on the first Friday of every month. The group is open access and will provide peer support for all parents and carers who are supporting children/young people who are supporting children when a relative has a life limiting illness. Parents and carers can seek advice, interact with others and share experiences with practical and emotional help from the DH Family Support Team.
To review and implement the DH offer to carers as part of the Family Services Team review. Involving carers in this work.	To have a flexible and responsive approach to carer support that is needed.	Family Support Team	Currently organising a family, friends and carers day in June with the aim to develop awareness of DH services that can support carers as well as patients. It will also give an opportunity to get feedback from the participants as to what would be useful to them. The hope is that this will be expanded, if successful, to include community partners. The Carers Support Needs Assessment Tool (CSNAT) is still being trialled within 3 of DH's teams.

Action	Expected Outcome	Lead	End of Year Update
To achieve single nurse administration of controlled drugs on our Inpatient Unit (IPU).	For patients to receive their medication in a more responsive way. Significant evidence suggests that single nurse administration of controlled drugs will reduce errors and create greater efficiencies.	IPU Senior Sister	Single nurse administration of controlled drugs was commenced on 23/10/2023 and has had been well received by the staff. There were some nervous staff at the beginning but they have all embraced it and can see the benefits to the patients with more timely administration as no longer needing to wait for a second person to check. Staff feel confident and empowered to do this after completing their medicines management competencies. They also understand that there are times when it would be safer to have a double check for example an unfamiliar medication.
Advice Line Review.	To review the current operational model for the DH 24/7 advice line and work with system partners across BSW to ensure that the advice line continues to offer a 24/7 safe, caring, responsive, effective and well led service.	Assistant Director of Patient & Family Services	Review completed, new model approved by programme board in February. Plan for implementation in Q2 of 2024/25. This will be an in-house offer at present.
To scope other cancer treatments and procedures that could be delivered in DH with the Royal United Hospital (RUH) NHS Trust.	For patients with a palliative diagnosis to have access to more treatments and procedures at DH.	Assistant Director of Patient Family Services	No further progress.
Defining intimacy needs for patients and partners at end of life. Working with a University of Bath MSc Health Psychology student.	To conduct qualitative interviews with patients and their partners to explore intimacy needs at end of life. This work will inform future staff education.	Research Manager	Recruitment of staff, patients and their partners has progressed well over the remainder of the year. Have successfully secured an external funding grant to extend recruitment to other hospices.

Action	Expected Outcome	Lead	End of Year Update
Recruitment of patients to participate in CHELSEA II research project.	To determine if hydration at end of life reduces delirium.	Medical Consultant and Lead Research Nurse	14 participants had been recruited by end of March 2024. Recruitment was slow through the winter period due to the majority of patients being admitted for symptom control. Other patients did not meet inclusion criteria due to a variety of reasons including: renal disease, heart failure, dehydrated on admission, presence of oedema and ascites. The majority of patients/next of kin who have been approached have been happy to consent. Target is 20 by end of September 2024.

Appendix 3

Friends and Family Test (iWantGreatCare)

Friends and Family Test (iWantGreatCare) 1 April 2023 – 31 March 2023

Dorothy House

Your average score for all questions this period



Reviews this period

281

Your recommend scores

5 Star Score

4.888

% Positive experience

98.2%

% Negative experience

1.4%

Friends and Family Test (iWantGreatCare)

1 April 2023 – 31 March 2023

Adult Services

Service Name	This period		Last 6 months	Questions						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Staff	Safe	Food
Admiral Nursing Dorothy House Hospice Care	-- (2)	5.00	5.00	▲	▲	▲	▲	▲	▲	--
Adult Social Work Dorothy House Hospice Care	-- (1)	5.00	5.00	➤	➤	➤	➤	➤	➤	--
Allotment Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Bereavement Help Point Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Bereavement Support Team Dorothy House Hospice Care	-- (1)	1.00	1.00	▼	▼	▼	▼	▼	▲	▲
Blood Transfusion Service Dorothy House Hospice Care	-- (9)	5.00	5.00	➤	➤	➤	➤	➤	--	--
CHC BaNES Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
CHC Wiltshire Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
COPE Dorothy House Hospice Care	-- (0)	--	--	--	--	--	--	--	--	--
Chaplaincy Dorothy House Hospice Care	-- (3)	4.84	4.86	➤	➤	▼	➤	➤	▲	▲
Childrens and Young Peoples Service Dorothy House Hospice Care	-- (5)	4.94	4.94	▲	▲	▲	▲	▲	▲	▲

Key: Direction of arrow indicates improvement, decline, or same vs previous period ▲ Top 1/3 of services ▲ Middle 1/3 of services ▼ Bottom 1/3 -- No data for comparison

Adult Services continued

Coffee Club	--									
Dorothy House Hospice Care	(4)	4.96	4.96							
Community Palliative Care Team	--									
Dorothy House Hospice Care	(39)	4.81	4.79							
Community Palliative Care Team Clinic	--									
Dorothy House Hospice Care	(9)	5.00	5.00							
Compassionate Companions (RUH)	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Complementary Therapy	--									
Dorothy House Hospice Care	(15)	4.98	5.00							
Creative Therapy	--									
Dorothy House Hospice Care	(4)	4.96	4.96							
Day Patient Unit	--									
Dorothy House Hospice Care	(78)	4.90	4.93							
Dietetics	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Dietician	--									--
Dorothy House Hospice Care	(7)	5.00	5.00							
Heart Failure	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Hospice@ Home	--									
Dorothy House Hospice Care	(18)	5.00	5.00							
Inpatient Unit	--									
Dorothy House Hospice Care	(52)	4.88	4.79							
MND Specialist Practitioner	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Medics	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Non Palliative Care Lymphoedema	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Occupational Therapy	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Palliative Care Lymphoedema	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							

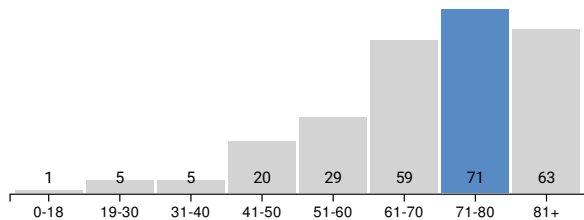
Key: Direction of arrow indicates improvement, decline, or same vs previous period Top 1/3 of services Middle 1/3 of services Bottom 1/3 -- No data for comparison

Adult Services continued

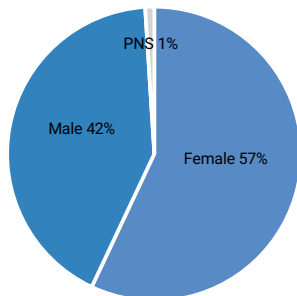
Palliative care clinic	--			--	--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--	--	--	--	--	--	--	--
Physiotherapy	--				↓	→	↓	↓	↓	→
Dorothy House Hospice Care	(14)	4.89	4.84							↑
Psychological Support	--				↓	→	→	↑	→	→
Dorothy House Hospice Care	(20)	4.95	4.98							→
Unknown	--				--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							
Volunteer Companions	--				--	--	--	--	--	--
Dorothy House Hospice Care	(0)	--	--							

Friends and Family Test (iWantGreatCare) 1 April 2023 – 31 March 2024

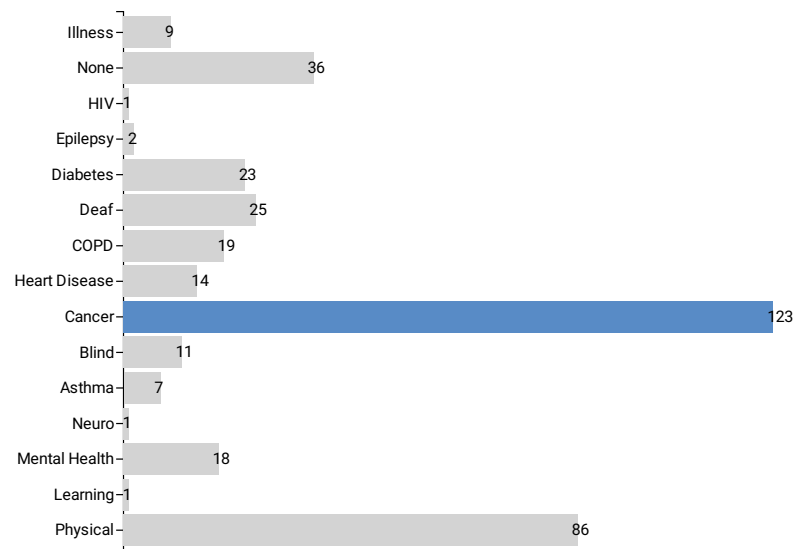
Reviews by patient's age



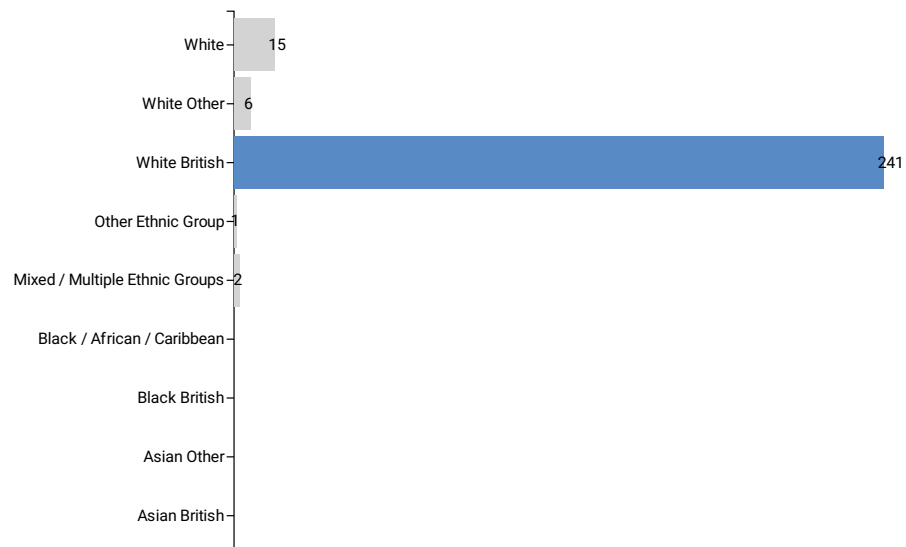
Reviews by patient's gender



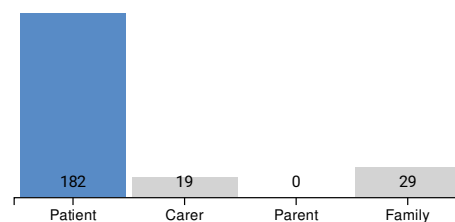
Reviews by patient's condition



Reviews by patient's ethnicity



Reviews by reviewer type



Demographics completion rate

Question	Blanks	% Completed
Age	28	90.04%
Gender	9	96.8%
Ethnicity	16	94.31%
Long-term Conditions	29	89.68%
Reviewer type	51	81.85%

Appendix 4

Statement from Bath and North East Somerset,
Swindon and Wiltshire Clinical Commissioning Group on
Dorothy House Hospice Care 2023-24 Quality Account

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Dorothy House Hospice's 2023-24 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Dorothy House Hospice's Quality Account for 2023/ 2024. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

It is the view of the ICB that the Quality Account reflects Dorothy House Hospice's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Dorothy House Hospice has been able to make achievements against all their priorities for 2023/24 including:

1. Implementing an electronic accident and incident reporting system across all services. The RADAR system was successfully implemented for accident and incident reporting, and this will also support with other areas for example, risk management and policies.
2. Improve Inpatient (IPU) Fire Evacuation process and increase number of Fire Marshalls on IPU. This was supported with new training (including the use of fire evacuation equipment) and two IPU staff were trained with an external provider as Fire Marshals.
3. To develop a consistent and research-based mouth care resource for the Hospice@Home (H@H) Carers to give out to patients and families as part of the Tulip Standard (essentials of care incorporates the full remit of general care training focussing on person-

centred care, privacy and dignity, and specific training in palliative and end of life care). A research-based leaflet has been designed on what good mouth care is and mouth care link workers have been appointed and work across the H@H Team.

4. To appoint a Dorothy House (DH) Patient Flow Coordinator Role based in the Royal United Hospital (RUH). DH funded a full-time nurse from April 2023. They had referrals from 30 wards across the RUH in the first five months, demonstrating how the role is linking to supported care on discharge from DH.

The ICB supports Dorothy House Hospice's identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. To improve the quality of Dorothy House clinical documentation practices.
2. Increase the number of referrals for people with a diagnosis of dementia and their families into a Dorothy House service.
3. Employ a speech and language therapist on a fixed term basis to undertake a comprehensive review of our service provision in relation to dysphagia (swallow) and communication.
4. Developing and implementing a Leadership Framework.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisations Patient Safety Incident Response Plans (PSIRPs).

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Dorothy House Hospice and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25.

Yours sincerely



Gill May
Chief Nurse Officer
BSW ICB

