# Weldmar Hospicecare Quality Account 2025/2026



# Introduction

This is the fifteenth Quality Account of Weldmar Hospicecare. It is produced to help the users of our services and other stakeholders see how we work to improve the service we give, and also as a statutory requirement because Weldmar receives money from the NHS[1].

Our patients receive support from many different sources during their journey, and the quality of the service they experience may be determined by the interaction of different providers as much as by any one provider alone. This report on activity in 2025/2026 covers areas where we alone are responsible and it follows the statutory requirements of the regulatory authority. We hope it will be of interest to our community, our service users and commissioners.

More corporate information about Weldmar Hospicecare, including our latest Annual Report and Accounts, can be found on our website www.weldmarhospicecare.org

*[1]At Weldmar Hospicecare, the NHS commissions a third of our beds and of day and community work carried out by the Charity, but this report covers the whole of our work, the rest being funded from charitable fundraising, retail operations, investments and reserves. Our standards for patients are the same irrespective of the source of funds.*

# What we do

As an independent charity, we provide personalised advice, care, and support to people in Dorset who have complex needs in the last year of life, supporting both the patient and those important to them.

# How we do it

In line with our Values, we work with people in the last year of life to explore what matters to them, by listening to their priorities and delivering the best individual care for them, whether they are at home, in the community, or at our Inpatient Unit.

## Our Values

- **Caring:** We care for the people we support, who support us, each other and ourselves.
- **Integrity:** We act with integrity by building relationships based on being honest and fair with open communication.
- **Welcoming:** We are warm and welcoming to everyone.
- **Adaptable:** We are always seeking ways to improve and develop as a charity and as individuals.

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# Part 1 Joint Statement from the Chairman and Chief Executive

The Board and staff of Weldmar Hospicecare take their responsibilities very seriously to ensure the care and support we provide for patients and those people important to them remain outstanding.

The Board confirmed the continuing critical role Weldmar plays in supporting patients and those important to them in their own homes, community hospitals and at the Inpatient Unit in Dorchester, by providing outstanding care and support and continuing to offer the 24/7 helpline to all care professionals as well as, of course, to our patients and their families. All services provided by Weldmar continue to be provided free of charge and the Board remains extremely proud and grateful for the commitment of all Weldmar staff.

During 2025/2026 we have continued to invest in our services, such as Specialist Hospice at Home, to meet the increasing demand for care in a patient's own home; but we are continuing to experience challenges on obtaining funding. This is becoming more acute, so we will be working towards becoming sustainable with a reduced level of funding.

We are delighted that during 2025/2026 we have continued to support the people of Dorset who need our care, whilst ensuring rigorous clinical governance systems, audit and financial management. Our comprehensive assurance framework maps all Weldmar's activities including, but not exclusively, staff, finance, fundraising and patient services. We are also independently audited to ensure compliance with these assurance processes, and to identify any risks or required improvements.

Internally, our Clinical Governance Committee is charged on behalf of the Board to undertake Clinical Assurance visits in areas where care is planned, organised and delivered at least annually. Based on the same principles and format as CQC the team of trustees assess whether the delivery of care is safe, effective, caring, responsive and well led. The 2025 focus was on changes Weldmar had had to introduce due to reduced NHS Funding in community services. The new structure is working efficiently and meeting the specialist needs of patients in Dorset. The report concluded that effectiveness and responsiveness of care remained strong and appropriate in the community.

We remain committed to ensuring the people of Dorset receive outstanding care and support for themselves and those important to them as they approach the end of their lives. We are aware from reviewing the small number of complaints we receive that poor or inadequate communication is often at the root of the problem. Complex service provision by a variety of agencies, in which Weldmar is only one part, is another theme, which has become ever more acute. We must continue to develop our skills in helping patients and those important to them to navigate and understand these relationships, and ensure we are as clear as we can be where our own commitments and responsibilities start and end.

The Board and staff at Weldmar feel hugely privileged to be able to continue to support the people who need us in Dorset.



**Stephen Baynard, Chair of the Board of Trustees**



**Caroline Hamblett, Chief Executive**

# Part 2 Priorities for Improvement & Statements of Assurance from the Board

## 2.1.1 Progress against priorities 2025/2026

This section looks back at the priorities for improvement in 2025/2026 identified in last year's quality account.

### Priority 2025/1: Implement the new Weldmar Specialist Hospice at Home service, embedding the elements of corporate caseloads, hub working, mixed skilled team, local triage and use of personal care team

#### What we wanted to achieve

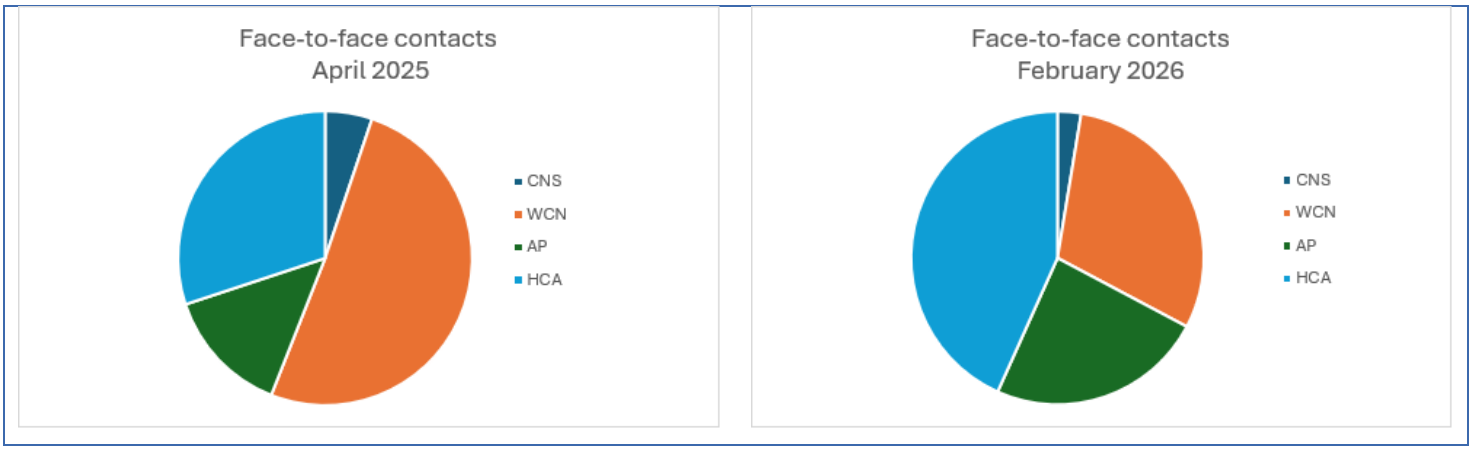
- The new service launched on 1st April 2025. During the first three months there will be a trial of new ways of working and the development of new documentation using technology to assist.

  Each geographical team includes specialist nurses and a care team. Assistant Practitioners (AP) will develop knowledge and skills to assist the specialist nurses in supporting the patient and those important to them.

  Success will be measured using a range of measurement tools, patient feedback and audits.

#### What we have achieved

- Following its launch at the start of April 2025 all elements of the new model have been implemented. The teams are fully recruited and are busy developing and using an Artificial Intelligence (AI) acuity tool to help prioritise patients with the greatest need within their large combined caseload. They have also implemented a patient outcome measure called IPOS to help ensure they are addressing the things that matter most to each person. The different members of each geographical team have taken on new roles[1], as demonstrated by the changes between the two graphs below:




[1] CNS - Community Nurse Specialist; WCN - Weldmar Community Nurse; AP - Assistant Practitioner; HCA - Health Care Assistant

Patient and wider stakeholder feedback has remained extremely positive throughout the implementation period.

### Our plan for the future

- To continue to develop data collection and share the model at regional and national conferences.
- To work closely alongside the Dorset County Hospital (DCH) Hospital at Home service to ensure joined up services, supporting people to remain at home where possible, avoiding inappropriate hospital admissions.

## Priority 2025/2: Reimplementing the use of IPOS

### What we wanted to achieve

- To reintroduce the use of patient led outcome measurements throughout our clinical services. To capture self-reported data from those receiving our services. This will enable us to review our effectiveness and help us to ensure we are focussed on the individual's priorities and what is most important to them.

### What we have achieved

- Objective achieved. IPOS is now being used regularly across the patient services in the community; the patient's own assessment of their symptoms is being used at the weekly multidisciplinary meetings to assess our effectiveness. Training is currently being delivered to staff working in the Inpatient Unit, including the Complementary Therapy team, so that all services will soon be using IPOS.

### Our plan for the future

- To continue to develop how data from IPOS scoring will be used to promote efficiency and effectiveness.

## Priority 2025/3: Use of Artificial Intelligence and automation within patient care

### What we wanted to achieve

- We are currently exploring and generating ideas for the use of Artificial Intelligence (AI) and automation within SystmOne to ultimately improve how we deliver patient care.

  The aim is to bring together automatic regular and real-time reports to provide interactive dashboards and management reports to help determine the best use of resources.

  By using AI and automation, our objective is to identify patient acuity to improve patient outcomes and potentially care for more people more effectively, without an increase in the workforce.

### What we have achieved

- We have introduced an AI-driven acuity tool that automatically extracts key patient information from SystmOne and generates a daily caseload list. By analysing indicators such as IPOS scores, the tool highlights patients most in need of intervention, enabling the team to prioritise care more effectively and consistently.

  Alongside this, we have implemented strategic reporting to deliver an accessible

dashboard that visualises patient demographics and EDI data. This provides the whole team with a clear, real-time overview of our patient population, supporting equitable service delivery and informed decision-making.

### Our plan for the future

- Over the coming months we will extend the use AI to implement an acuity tool for Complementary Therapy, AHPs and our Patient and Family Support Services Team.

  We are currently working on producing dashboards to show both up to date and historical activity, demographic and EDI data. These can be used by clinical managers and also relevant governance groups.

## 2.1.2 Priorities for Improvement 2026/2027

This section looks at the priorities we have identified for improvement during the period 1 April 2026 to 31 March 2027. These have been informed by feedback from patients and the people important to them, our work with partners and commissioners, and are in line with our strategic direction as defined by our Board.

### Priority 2026/1 Use of Assessment Tools, IPOS and outcome measures

### What we want to achieve

- As part of this priority, we will continue to embed IPOS more fully as a routine outcome measure across services. This includes exploring further how it may contribute to the development of an AI-supported acuity tool to inform caseload prioritisation and day-to-day clinical work.

  We will also review and strengthen our approach to the identification and assessment of depression across IPU and community services. This includes how best to use IPOS alongside an appropriate screening and assessment tool for depression and a relevant outcome measure, to support more consistent follow-up and evaluation of care.

### Priority 2026/2 Corneal Donations

### What we want to achieve

- Cornea donation is a form of tissue donation that can occur after death and is suitable for many hospice patients. Unlike solid organ donation, it does not require intensive care support and aligns well with hospice values of patient choice and legacy. One eye donor could save or improve the sight of up to 10 individuals with severe vision loss due to diseases, injuries or birth defects.

  In 2019, a study on Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions (EDiPPPP), found there was clinical potential for patients in palliative care settings to donate their corneas after death. While a high percentage of palliative care patients surveyed in the study said they would welcome a discussion about eye donation, professionals reported that they did not know how to have those conversations. Following such feedback, the NHS Blood and Transplant (NHSBT) brought together a team to work with hospices to implement the recommendations of the EDiPPP study and ultimately increase eye donation from hospice patients.

  The Inpatient Unit has been working closely with the NHSBT regional tissue donation

nurse specialist over the last eight months to increase awareness. This has been through face to face sessions and accessible educational PowerPoints through the NHSBT website, including videos with tips on having conversations regarding corneal donation with patients.

From April 2026 we will aim to identify patients that are eligible for cornea donation, to offer information and choice to our patients in considering eye donation and encourage such discussions to become a norm within our future clinical practice on the IPU.

### Priority 2026/3 Use of Outpatient Spaces

### What we want to achieve

- Following the introduction of a brand new, purpose built outpatient suite in 2025/2026, we will aim to increase the number of outpatient appointments, to include: physiotherapy and occupational therapy assessments; breathlessness support; complementary therapies; counselling; carers support; therapeutic group sessions and specific one to one and group clinics. This will enable us to continue to promote independence whilst increasing capacity to support more people in any given day.

## 2.2 Statement of Assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations of what these statements mean are also given.

### 2.2.1 Review of Services

During the period 1 April 2025 - 31 March 2026 Weldmar Hospicecare provided the following services to the NHS (as per our contract with NHS Dorset Integrated Care Board (ICB):

- Inpatient Unit, 249 inpatient stays (179 in 2024/2025);
- Wellbeing services for patients and their families. There were 2,460 places available across 614 sessions (460 in 2024/2025). Patients took 978 of these places (809 in 2024/2025);
- Community Specialist Palliative Care service – a total of 1,014 patients were seen (1,256 in 2024/2025), with 8,988 face-to-face contacts (5,651 in 2024/2025) and 16,177 contacts by telephone (15,169 in 2024/2025);
- Family and carer support services 704 clients (799 in 2024/2025);
- Outpatients, 155 patients (41 in 2024/2025).

Weldmar Hospicecare has reviewed all the data available to it on the quality of care in all of these NHS services. The income generated by the NHS services reviewed between 1 April 2025 and 31 March 2026 represents 100 per cent of the total income generated from the provision of NHS services by Weldmar Hospicecare for the period 1 April 2025 - 31 March 2026.

### 2.2.2 Income generated

Weldmar Hospicecare was partly funded through NHS contracts for 2025/2026. The direct funding received from NHS Dorset ICB represents approximately 19% of the Charity's total costs (30% of palliative care costs). The remaining income is generated through fundraising, legacies, our range of shops & outlets, lottery activity and investments.

### 2.2.3 Participation in Clinical Audits

Weldmar Hospicecare was not eligible in 2025/2026 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

### 2.2.4 Local Clinical Audits

Clinical Audits have taken place within Weldmar Hospicecare throughout the year and form part of the annual audit cycle programme within the Clinical Governance Structure. The clinical audit cycle programme includes audits such as Falls, Medication Errors, Pressure Ulcers, Discharge Planning and Infection Control. (Further details of these audits are included in section 3.1.4)

Any changes to practice that are recommended following the audits are monitored by the Clinical Governance Committee and Clinical Governance Steering Group to ensure care delivery is safe and effective.

### 2.2.5 Research

From February 2025 we were selected as a research study centre for the METEL study (Investigation of biological changes in cancer towards the end of life). The study is expected to complete in April 2027. There were 20 participants from Weldmar overall.

### 2.2.6 The Care Quality Commission (CQC)

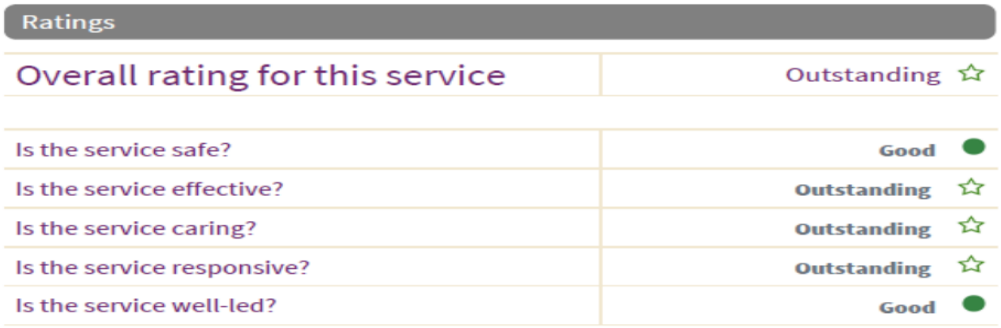
Weldmar Hospicecare is required to register with the Care Quality Commission and its current registration status is 'Hospice Service'. Weldmar Hospicecare has the following conditions on registration:

The service may only be provided for persons aged 18 years or over

A maximum of 18 patients may be accommodated overnight

Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in our Statement of Purpose

Weldmar Hospicecare is subject to periodic reviews by the Care Quality Commission (CQC). The most recent CQC inspection of Weldmar Hospicecare was carried out in March 2016, and a grading of 'Outstanding' was given. On 6 July 2023 CQC carried out a review of the data available to them about Weldmar Hospicecare. They did not find evidence to show that they needed to reassess the rating at that time. The 2016 rating remains valid.




### 2.2.7 Data Quality

Weldmar Hospicecare did not submit records during 2025/2026 to the Secondary Users service for inclusion in the Hospital Episode Statistics, as the Hospice is not eligible to participate in this scheme.

However, Weldmar Hospicecare continues to compile the Minimum Data Set (MDS) for Specialist Palliative Care Services which was previously collected by National Council for Palliative Care for use by Weldmar with the aim of providing an accurate picture of hospice and specialist palliative care service activity. A snapshot of this activity is included within Part 3 of this report.

# Part 3 Other Information

## 3.1 Quality Markers

In addition to the quality measures in the national data set for palliative care (detailed in 3.1.1 below), we actively participate in the national Hospice UK quality benchmarking reporting where d ta is submitted and analysed on an annual basis, and provides a comparison with other similar hospices on falls and medication error incidences.

We have our own set of Key Performance Indicators (KPIs) which are reviewed on a monthly basis by our management team, and also our Board. We also maintain the quarterly NHS Dorset Clinical Commissioning Group monitoring scorecard (detailed at 3.1.4 below).

Any accidents, incidents or near misses reported through our VANTAGE incident reporting system enable us to learn from these and make changes as necessary. Details are included at 3.1.2 below.

Details of the local clinical audits and their outcomes are also included at 3.1.3 below.

### 3.1.1 Minimum Data Sets (MDS) – Hospice UK

| | 2025/26 | 2024/25 | 2023/24 | 2022/23 | 2021/22 | 2020/21 |
|---|---|---|---|---|---|---|
| **Inpatient Unit** | | | | | | |
| Total number of patients | 249 | 179 | 185 | 191 | 171 | 218 |
| New patients | 243 | 174 | 176 | 162 | 164 | 206 |
| % Occupancy | 77.1% | 82.70% | 82.50% | 86% | 84.70% | 70% |
| % Returning home | 24.09% | 27.30% | 26.50% | 26.30% | 25.60% | 27% |
| Average LOS (days) | 13.6 | 15 | 16 | 17.4 | 15.06 | 13.0*1 |
| **Wellbeing Model from October 2022** | | | | | | |
| Number of places available | 2,868 | 3,680 | 3,410 | 1,670 | | |
| Number of sessions | 614 | 460 | 341 | 167 | | |
| Number of places taken by patients/family members/bereaved | 978 | 809 | 840 | 504 | | |
| **Community Services** | | | | | | |
| Total number of patients | 1,014 | 1,256 | 1,173 | 1,452 | 1,147 | 1,168 |
| Total contacts face to face | 8,988 | 5,651 | 5,363 | 4,780 | 4,615 | 6,212*2 |
| Total contacts telephone | 16,177 | 15,169 | 17,655 | 19,359 | 15,432 | 21,707*2 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Average length of care (days) | 100 | 117 | 111 | 108 | 132.8 | 117.3 |
| **Family /Carer Support** | | | | | | |
| Total number of clients | 704 | 799 | 1,785 | 448*3 | 618*4 | 164 |
| Total contacts | 4,182 | 4,466 | 3,045 | 3,604 | 2,978 | 1,009 |
| Average length of care (days) | 143 | 158 | 118 | 98 | 125 | 126.3 |
| **Other** | | | | | | |
| Outpatients | 155 | 41 | 49 | 46 | 36 | 27 |

*1 calculated annually for MDS, but quarterly for CCG reporting *2 no longer included in MDS *3 Family members and significant others only (Patients are included in Wellbeing above) *4 Since the move to SystmOne, the MDS report no longer runs automatically, therefore the figure now includes all family support services, where the previous figure was bereavement only

### 3.1.2 Accident, Incident & Risk Reporting (VANTAGE)

Staff and volunteers are encouraged to complete event reports if they feel there is a concern regarding health and safety or a threat to quality, as well as when there is an actual incident. This allows Weldmar Hospicecare to be proactive in reducing risk.

The online reporting system VANTAGE is used. Specific online training for managers is available, as well as generic training. This online training can be used as a tool at any point should a staff member or manager require additional support in completing event reports.

Events involving other organisations are also reported through the Weldmar Hospicecare online reporting system. Direct liaison takes place with the other organisations as soon as is practicably possible, in order that Weldmar Hospicecare can work in partnership with others to reduce risk. Other monitoring bodies i.e., CQC, NHS Dorset Clinical Commissioning Group are involved as appropriate.

**Summary of Reported Events (1 April 2025 – 31 March 2026)**

The table below show all reported events by event type and by team. This data includes all events, even those which were wholly or partly the responsibility of another organisation – for example, where a drug error was made by a community pharmacy, or a patient was admitted into the Inpatient Unit with a pre-existing pressure ulcer. The reason for this is to ensure we report and learn from all events.

| Service being provided/Department | Fall (patient) | Infection Prevention | Med Error | Moving & Handling | Pressure Areas | Patient Discharge | Patient transport | Aggressive behaviour/ | Anti-social behaviour | Building security | Catering/Food | COSHH | Equipment failure | Fall (non-patient) | Theft | Fire/Fire hazard | Information security | Injury to person | IT/mobiles/devices | Personal Data Breach | Property damage | Vehicle damage/breakdown | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **35** | **12** | **81** | **3** | **102** | **4** | **2** | **18** | **24** | **21** | **6** | **1** | **14** | **21** | **11** | **4** | **6** | **30** | **10** | **13** | **15** | **5** | **438** |
| **Medical** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **1** | **0** | **0** | **0** | **0** | **4** |
| Medical & Advanced Nurse Practitioner (ANP) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Clinical Admin/Reception | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| **Nursing** | **34** | **7** | **81** | **2** | **101** | **3** | **2** | **2** | **2** | **9** | **3** | **0** | **7** | **1** | **1** | **2** | **2** | **10** | **8** | **4** | **0** | **0** | **281** |
| Community | 0 | 0 | 6 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 16 |
| IPU | 34 | 7 | 75 | 2 | 101 | 1 | 0 | 2 | 2 | 9 | 3 | 0 | 7 | 0 | 0 | 2 | 1 | 10 | 7 | 2 | 0 | 0 | 265 |
| **Operations** | **1** | **5** | **0** | **0** | **0** | **0** | **0** | **2** | **0** | **9** | **3** | **1** | **5** | **2** | **0** | **1** | **1** | **5** | **2** | **3** | **2** | **0** | **39** |
| Patient & Family Support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 3 |
| Wellbeing | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Housekeeping | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 15 |
| Catering | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 7 |
| Gardening / Groundworks | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| Maintenance | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 9 |
| **Fundraising** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **12** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **1** | **1** | **0** | **4** | **1** | **0** | **20** |
| **People Services** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **1** | **0** | **0** | **3** |
| **Finance** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **1** |
| **Retail** | **0** | **1** | **0** | **1** | **0** | **0** | **0** | **14** | **9** | **2** | **0** | **0** | **1** | **18** | **10** | **1** | **1** | **15** | **0** | **0** | **8** | **5** | **85** |
| **Executive Office** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **4** | **0** | **5** |

### 3.1.3 NHS Dorset ICB Monitoring

The following table summarises the monitoring information presented to NHS Dorset Integrated Care Board (ICB) during the 2025/2026 financial year.

| Monitoring area | Quality requirement | 2025/2026 |
|---|---|---|
| Complaints | Number of complaints received (all patients) | 2 |
| Patient safety | Number of Never Events (all patients) - summary required | 0 |
| | Number of Serious Incidents (all patients) - summary required | 0 |
| | Adverse Incidents - No harm (all patients) | 126 |
| | Adverse Incidents - Low harm (all patients) | 93 |
| | Adverse Incidents - Moderate harm (all patients) - provide exception report | 52 |
| | Adverse Incidents - Severe harm (all patients) - provide exception report | 0 |
| Staffing | Number of vacancies (clinical staff) | 1.8 |
| | Turnover % Average per quarter (clinical staff) | 3.67% |
| | Statutory/Mandatory training rate (clinical staff) | 93.73% |
| | Staff appraisal rate (clinical staff) | 95.2% |
| Safeguarding | Safeguarding Supervision sessions received by Safeguarding Specialist Practitioners / Leads | 12 |
| | Number of reported safeguarding serious incidents with a safeguarding issue related to children | 0 |
| | Number of reported safeguarding serious incidents with a safeguarding issue related to adults | 0 |
| | Rapid Reviews Child (new this quarter) invited / attended | 0 |
| | Safeguarding Adult Review Scoping (new this quarter) requested / completed | 0 |
| | Domestic Homicide Review Scoping (new this quarter) requested / completed | 0 |
| | Child Safeguarding Practice Reviews engaged in | 0 |
| | Domestic Homicide Reviews engaged in | 0 |
| | Safeguarding Adult Reviews engaged in | 0 |
| | Child Safeguarding referrals made | 1 |
| | Initial Child Protection Conferences attended | 0 |
| | Adult Safeguarding Referrals made | 5 |
| | Adult Safeguarding enquiry meetings attended | 0 |
| | Number of child cases escalated using PDSCP escalation policy | 0 |
| | Number of Nominated Enquiry Forms requested & completed | 0 |
| | Number of adult cases escalated using LSAB escalation policy | 0 |
| | Number of child cases escalated using PDSCP escalation policy | 0 |

| | | |
|---|---|---|
| | Safeguarding adults & children training Level 1 (including DA) | 90.25% |
| | Safeguarding adults & children training Level 2 (including DA, FGM & LPS) | 94.53% |
| | Safeguarding children training Level 3 (including LPS) | 100% |
| | Safeguarding children training Level 4/5 (including LPS) | N/A |
| | Safeguarding Adults training Level 3 (including LPS) | 100% |
| | Safeguarding Adults training Level 4/5 (including LPS) | 100% |
| | Domestic Abuse Training (mandatory) for all eligible staff | 94.53% |
| | MCA DoLS / LPS training for all eligible staff | 98% |
| | Prevent Level 2 training | 98.50% |
| | WRAP Level 3 training for all eligible staff | 100% |
| Referrals | No of new referrals (accepted) | 813 |
| | % non-malignant referrals per quarter | 13.35% |
| | No of Neurological referrals (accepted) | 18 |
| Statistics - IPU | IPU occupancy | 2248 |
| | % IPU occupancy | 77.1% |
| | Number of IPU referrals unfulfilled | 50 |
| Length of Stay (IPU) | Total days stayed | 3126 |
| | Total number of patient stays | 239 |
| | Average length of stay | 13.6 |
| | Number of patients staying more than 30 days | 23 |
| | No of days for patients staying more than 30 days | 999 |
| Statistics - Community | Community F2F contacts | 8988 |
| | Community Telephone contacts | 16177 |
| | Community Total contacts | 25165 |
| Statistics – Day services (Wellbeing) | Wellbeing patients only - actual session attended | 978 |

### 3.1.4 Local Clinical Audits

The following table provides a summary and outcomes of the local clinical audits undertaken during the period 1 April 2025 to 31 March 2026.

| Audit | Annual Summary |
|---|---|
| **Hospice UK: Occupancy, Falls and Medication Errors** | Benchmarking nationally and within the south west continues using the national benchmarking tool via Hospice UK, and their report can be seen earlier in this document. |
| **Falls** | Falls audits continue to be in line with Hospice UK Guidelines. For the period of 1.4.25 to 31.3.26.<br><br>As part of the admission process, the falls assessment needs to be completed for all patients within 24 hours of admission to the inpatient unit. Out of 245 total admissions to unit, 9 patients did not have the falls assessment done within 24 hours of admission to the IPU which equates to 3.67% for the year up to and including March 2026 (previous year was 1.5%). Unfortunately, this is a decrease compared to last year. Out of 245 admissions, the % is relatively small but still an area of improvement for the year going forward. The vast majority have been completed within the expected time of 24 hours which is a fantastic achievement and demonstrates the continuing hard work of the team on the IPU.<br><br>The audits have shown that the reduction in the number of completed falls assessment could be due to a number of factors: the IPU has seen a significant amount of new staff starting on the Inpatient Unit (IPU) over the last 12 months; there have also been some significant changes to SystmOne (S1) over the last year and alongside these changes, staff have been working under immense pressure at times and time constraints to ensure that all medications and assessments are done in a timely manner and unfortunately sometimes things can be innocently forgotten or missed due to communication or lack of training perhaps. The falls champion continues to send out gentle reminders to the team on the IPU to ensure they are remembering to do all assessments as part of the admission process and remain up-to-date with recent findings. Finally, although the number of patients' who did not have their falls assessments one within 24 hours of admission, always had it done weekly and were reassessed as circumstances changed. Staff continue to be vigilant with managing falls risks of patients and adapting accordingly with fall prevention measures.<br><br>Out of 245 admissions to the IPU in the last 12 months up to and including March 2026, 28 patients sustained a fall, with a total of 34 falls due to some patients falling multiple times (11.42% of all admitted patients). The most common causes for the falls have been identified as being likely due to medical conditions; acute exacerbation of symptoms i.e. sudden event or terminal agitation; side effects of medications; incorrect footwear and the desire to remain independent and not ask for help. This has been a slight increase from the previous year (8.42% of patients fell – 23 falls), but the increase is relative to the number of admissions which increased from 190 patients to 245 patients.<br><br>April 2025 and February 2026 saw a sharp spike in falls on the IPU. After carrying out the investigations, the falls champion for the IPU felt that the increase was likely due to the acute admissions of patients during that period of time.<br><br>Some of the patients had multiple falls despite safety measures and precautions being put in place but due to no fault of the staff. The nursing team on the IPU are vigilant with the use of listening monitors and wander-guards where appropriate. However, in some instances, patients wish to remain as independent as possible during a very difficult time despite the risk of falling. Despite staff's interventions and measures put in place, some patient falls can be unavoidable. |

The following number of falls that sustained a type of harm:

- 22 falls sustained no harm
- 10 falls sustained low harm
- 2 falls sustained moderate harm

The majority of falls that occurred on the IPU this year resulted in no harm. Those that resulted in low or moderate harm included superficial grazes, bruises or skin tears that required basic first aid treatments. One patient sustained moderate facial swelling and bruising which was confirmed to be a fractured right sided cheek bone via a CT scan at the hospital. No falls in the last 12 months have led to severe or serious level of harm or death to patients and none have been considered to be RIDOR reportable.

Following the 34 falls on the IPU over the last 12 months up to and including March 2026, the audit has found the following post fall assessments completed following a fall as follows:

- FALLS REPORT post fall – 2/34 = 94.2% compliance
- FALLS ASSESSMENT post fall – 1/34 = 97.1% compliance
- BED RAILS ASSESSMENT post fall – 1/34 = 97.1% compliance

This is a significant improvement from last year where the compliance was 73.91% for falls report, 82.6% for falls risk assessments and only 69.5% for bed rails assessments completed after a fall had occurred.

Out of a total of 34 falls during the last 12 months, 4 patients did not have the assessments or falls report done post-fall. This is likely due to the continued hard work and vigilance of the staff. The falls champion continues to send out regular updates and reminder emails to ensure that staff are continuing to carry out the assessments correctly. Further training has also been provided and planned bitesize refresher training is planned for June 2026.

There have been some significant changes made to the SystmOne (S1) window for falls to make it easier for staff to complete the assessments and falls report for both on admissions and post-fall. This has received positive feedback from staff saying it is easier to complete and remind staff what needs to be completed.

Fall prevention measures continue to be carried out to a high standard throughout the year by all staff to the best of their ability. Staff have continued to be vigilant and have ensured the right steps have been done in order to reduce the risk of falls across the IPU as much as possible including the use of listening monitors, wander-guards and moving patients into more observant room/bay i.e. closer to the nurses' station.

<u>Actions for 2026/2027</u>

- Staff training continues throughout the IPU for new and regular staff – face to face, support and advice and on learning hub;
- Weekly assessments on a Wednesday continue. Advice given to staff when they have not completed an assessment correctly or at all;
- Ensuring all staff know how to use wander-guards and listening monitors correctly and when it is appropriate to use them;
- Carrying out bitesize training in June 2026 for staff to attend;
- Informing staff to ensure they carry out a repeat falls assessment and bed rails assessment on system one after every fall;
- Informing staff to complete a falls report on system one after every fall;
- The falls champion to send email to staff highlighting the results of the audit and areas that need to improve;
- The falls champion to continue to support staff and answer any questions that may arise.
- Ensure staff continue to complete Vantage incident report for every fall.

**Pressure Area & Waterlow Assessments**

NOTE: Change of reporting to Hospice UK 2025/2026

Pressure ulcers continue to be reported in line with the Hospice UK guidelines and we submit all patients with Category 2,3,4 and medical device associated pressure ulcers. We continue to categorise pressure ulcers in line with the National Wound Care Strategy Program Group guidance (Oct 2023) but all skin damage is investigated internally.

The Hospice UK Audit showed that during 2025/2026 there were 12 patients with hospice acquired pressure ulcers (18 in 2024-2025), with no instances of category 3 or 4 pressure ulcers

We continue to use the Purpose T risk assessment for all our patients and in 2025-2026 99% of patients (98% in 2024-2025) were assessed within 6 hours, only 3 patients were outside of this time

We have invested in new specialist alternating mattresses for all patients and can now provide Oska 5 and 6 mattresses which are effective for all categories of pressure ulcer and the Oska 5 provides a tilt function for those patients that find being regularly repositioned difficult or who have complex wounds

We continue to ensure staff have the tools and knowledge to effectively assess and plan excellent holistic pressure relieving care within the IPU by providing ongoing training and resources.

We use the Dorset Wound Formulary to recognize appropriate dressings and have contacts with Dorset County Hospital Tissue Viability Team for advice. We continue to be part of the South West Hospices Tissue Viability Group to network and share best practice.

**Medication Errors**

During 2025/26 there were 73 medication related incidents recorded.

- 47 originated from Staff Nurses
- 6 originated from Doctor/Advanced Nurse Practitioner
- 6 originated from missing/damaged medication
- 5 originated from pharmacy
- 4 originated from external healthcare settings
- 3 originated from a patient
- 2 originated from Electronic Prescribing and Administration (EPMA)

All errors were monitored by the Medicines Management Group (MMG), and reported in line with guidelines through our Clinical Governance structure, as well as to Hospice UK and our commissioners.

The MMG continue to share learning and best practice with the wider team. Themes and trends were analysed. The main themes for medication related incidents in 2025/26 were administration and documentation and as a result, increased education and competency assessment has been put into place, with a focus on syringe driver administration and documentation.

IPU Practice Educator/Sisters team work closely with new staff during their induction period, putting into place a plan depending on their individual requirements, and work alongside new members of the nursing staff to ensure competency and confidence.

CCTV and swipe card access has been introduced at the IPU treatment room.

Reporting of medication errors continues to be consistent and shared learning well received.

Attendance at MMG from all levels of nurses allows for a greater understanding of processes for medicines management which is then shared with the IPU team.

Electronic Prescribing and Administration (EPMA) was implemented in March 2025 with great success.

**Management of Controlled Drugs**

The Hospice UK Management of Controlled Drugs (CDs) audit tool was completed in February 2026.

There were no major concerns, however there were some minor documentation issues around using blue ink not black and signing control drug order sheets which were fed back to the appropriate team members and discussed by the Medicines Management Group in March 2026.

**Controlled Drugs Accountable Officer (CDAO)**

The CDAO Audit was completed in January 2026. Weldmar Hospicecare is fully compliant with the Hospice UK self-assessment audit tool for the Controlled Drugs Accountable Officer and there were no actions arising.

**Individual End of Life Care Plan (IEOLCP)**

The records of all patients who died on the In-patient Unit between April 2025 and March 2026 were audited to ascertain whether they were on the IEOLCP.

Of the 184 patients who died, 175 were on the IELOCP at the time of death. Of the 9 who were not, 7 deteriorated and died suddenly, 2 died within 24 hours of admission.

**Transfer of Care**

During the period a total of 65 transfer of cares were commenced.
42 of the 65 patients returned home because either symptoms had been improved from their hospice admission or their preferred place of death was home.

- 7 of the 65 patients transferred to a Nursing Home where there care needs could be managed once hospice admission was no longer required.
- There was a total of 8 delayed transfers of care.
  -The longest delay was 37 days; this was due to CHC declining the patients desired package of care due to the complexity of needs. Further assessments were required face to face by CHC clinician.
  -Other causes of delays were due to delay in the delivery of equipment. NRS went into administration July 2025 and new service Medequip took over causing delays and backlogs on orders. Care packages unable to start when patient ready to be transferred, a nursing home was unable to accept 1 of the transfers of care on date originally agreed due to their own low staffing levels and FT CHC declining applications for funding and requiring further evidence of rapid deterioration.
- 11 of the 65-patients remained on the IPU for End-of-life care and the transfer of care process was cancelled.
- Due to complexities and ongoing planning, 4 of the 65 transfers of care have been carried over to the new year.

**Infection Prevention and Control**

For Infection Prevention and Control the following audits are completed:

- Sharps – Quarterly
- Hand Hygiene – Quarterly

- Bed and Mattress – Quarterly This year a continuous audit was introduced using Vantage incident reporting system
- Commode – Weekly with monthly report
- Decontamination – Quarterly
- NHS Standard Infection Control Precautions – Annual

Audits have been conducted in line with Hospice UK and NHS guidance, either using audit tools provided or information from this guidance used to make Weldmar's own audit tools. In regards to the Bed and mattress audit this has been based on audit tools used by OSKA and again the information processed into a spreadsheet of our own.

The action plan for 2026-2027 has been completed and agreed by the Infection Prevention Group chair, Infection Prevention Lead and Director of Infection Prevention and Control (DIPC). Objectives include:

- To ensure Infection Prevention (IP) policy and all associated policies/guidelines are up to date.
- To ensure all new staff are given IP training during their induction (at a level commensurate with their role)
- Monitor audit and cleaning schedules as per national guidance.
- Monitor a FIT testing regime within the IP Group
- Monitoring, investigation and Root Cause Analysis (where required) of infection prevention specific vantages.
- Increase awareness of basic IP principles in retail teams

MRSA, MSSA, Covid-19, Clostridium Difficile and Norovirus
Weldmar Hospicecare's infection statistics have remained excellent throughout the year. We have had no hospice acquired infections of the above.

Annual Audit Summary

Sharps
Sharps audits are conducted quarterly using a comprehensive tool derived from Hospice UK and NHS SICPs standards. While the NHS SICPs includes sections on sharps management, additional audits are used due to feedback about comprehensiveness.

Average Compliance: 93.7% (93.25% in 2024/25) – the latest sharps did achieve 100% compliance.
Audits identified the following:

- Temporary closure not in place when in use
- Sharps bins filled over fill line and not disposed
- Not labelled correctly
- Clinical waste discarded in bin such as saline ampoules and dressings

Key Focus Areas for 2026-2027

- Continue to educate staff on the importance of sharps safety. This will be conducted alongside the quarterly audits and through more frequent spot checks when required. This will include labelling and what items should be disposed of in a sharps bin.

Hand Hygiene – Inpatient Unit
The audit tool based on NHS SICPs guidance was introduced last year for the Inpatient Unit to drive high standards as per latest guidance. Transition to the new tool has improved data quality and highlighted specific areas for improvement.
Average Compliance: 98% (95.25% in 24/25)
Audits identified the following:

- Staff not completing the 6 - step technique – staff were reminded at the time
- Some handwashing sinks had evident limescale – these were treated by housekeeping

The final 2 audits of the year were an improvement with 100% compliance for both.

Hand Hygiene – SHAH (South, West, North)
The SHAH team have re-instigated quarterly hand hygiene audits in their respective areas. We know as a team that hand hygiene in the community can be more challenging than in a clinical setting, so on the whole, the results are pleasing.
Average Compliance: Remains at 99% (99% in 24/25)
The audits identified the following:

- 1 staff member didn't fully complete the 6 - step technique – they were reminded at the time of the audit

Hand Hygiene – General
The IP team have utilised the light box twice in the past few months in a drive to improve and raise awareness of hand hygiene as an organisation. In total we have had over 60 clinical and non - clinical team members use the lightbox and receive education from the IP team in the past 3 months.

Key Focus Areas for 2026–2027
Reinforce complete and correct hand hygiene technique using all steps outlined in guidance. Continue to ensure adherence to the uniform policy; ensuring staff aren't wearing jewellery or nail varnish and are 'bare below the elbows'. Utilise the light box to increase and improve awareness of good hand hygiene.

Bed and Mattress
The bed and mattress audits have historically been challenging due to bed capacity and the quarterly timing of the audit. It was felt that the audit should be conducted continually when the bed and mattress are decontaminated after every use. A tool has been developed on the Vantage incident and reporting system and is used by all of the hotel services team when decontaminating a bed and mattress. The audit is live at all times and the team are able to see instantly if a bed/mattress hasn't been decontaminated or tested in the past 3 weeks.

Average Compliance: Since commencing the new audit tool, compliance has now been 100% which is pleasing (87.75%in 24/25).

Key Focus Areas for 2026-2027
Continue to monitor the audit tool on Vantage and ensure it is up to date, liaising with the hotel services team as necessary.

Decontamination
These audits are conducted quarterly to ensure high standards of equipment cleanliness are maintained. Issues identified are promptly addressed through staff communication, maintenance, or hotel services.
Average compliance: 92.25% (97.5% in 24/25). This was a drop from the previous year.
The mains areas of concern were:

- Equipment found to be dusty and not cleaned regularly such as oxygen condensers. They have since been added to the daily cleaning schedule on the IPU, to be cleaned weekly.
- Some areas found to have limescale build up in some sinks – this was rectified at the time by hotel services.
- Dust found on curtain rails – Hotel services supervisor alerted her team about this.
- EPMA drug trolleys not always clean and dust on the wheels – IPU team were notified and reminded about regularly cleaning. They are also on the night team cleaning schedule.

Key Focus Areas for 2026–2027
Continue to monitor with spot checks and during the quarterly audit. IP lead to look at ways of making some of the daily audits electronic to produce an audit trail of the daily IPU cleaning.

Commodes
Commode audits are carried out weekly, with monthly compliance reports.
Average compliance: 98.75% (88% in 24/25)

The IP team did increase the frequency to daily during December 2025 and January 2026 due to a couple of incidences when commodes were found soiled. This was unacceptable and staff were educated around this. Compliance has been 100% since.

Key Focus Areas for 2026-2027
Continue to monitor compliance weekly. The IPU team are aware that the commode audit should be 100% consistently. The team will revert back to daily audits if compliance drops from 100%. Manual handling team are assisting with training on how to take apart and put commode back together for effective decontamination.

NHS Standards of Infection Prevention & Control Annual Audit
Overall Compliance: 97% (97% in 24-25)
The audit is structured into 10 key areas, assessing adherence to IPC standards across the Inpatient Unit. Fully compliant in areas with Hand hygiene technique and Sharps waste management identified as areas for improvement.

There has been an improvement in both hand hygiene and sharps since this audit.

## 3.2 Staff & Volunteers



### 3.2.1 Staff Recruitment & Retention Report

This report covers the twelve months ending 31 March 2026 and analyses the numbers of Clinical starters and leavers for the period. The total number of full and part time permanent clinical staff employed as at 31 March 2026 is 84, out of 259 total staff. The turnover rate for the twelve months to 31 March 2026 was 0.23%. A breakdown of the data is shown below:

| Staff Group | Staff Numbers (as at 31.3.25) | Starters | Leavers/ Transfers | Staff Numbers (as at 31.3.26) | Staff Turnover |
|---|---|---|---|---|---|
| Clinical (incl. Doctors, ANPs, Community and IPU Nurses, OT/Physio and Hospice at Home) | 82 | 30 | 19 | 84 | 2.3% |
| Total Staff | 259 | 61 | 61 | 259 | 0.23% |

### 3.2.2 Patient Care Volunteer Activity (1 April 2025 – 31 March 2026)

| | Tasks Undertaken | Hours Worked | Average time for each for task |
|---|---|---|---|
| Community: | | | |
| Admin duties (finance, fundraising, People Services, Volunteer Forum) | 520 | 1,738 | between 2-6 hrs |
| Bereavement Support (home visits, telephone support, coffee morning) | 53 | 106 | 2 hrs |
| Gentle Touch Massage (Bereavement Coffee Morning) | 6 | 1.5 | 0.25 hrs |
| Transport (own car) | 4 | 8 | 2 hrs |
| Wellbeing Support Service: | | | |
| Carer's support | 19 | 38 | 2 hrs |
| Creative Therapy | 52 | 104 | 2 hrs |
| Complementary Therapy | 62 | 31 | 0.5 hrs |
| Gentle Touch Massage | 203 | 51 | 0.25 hrs |
| Pets As Therapy | 64 | 64 | 1 hr |
| Minibus | 9 | 18 | 2 hrs |
| Transport (own car) | 20 | 40 | 2 hrs |
| Inpatient Unit: | | | |
| Bereavement Support | 46 | 92 | 2 hrs |
| Complementary Therapy | 49 | 25 | 0.5 hrs |
| Flower Arranging | 111 | 222 | 2 hrs |
| Gardening | 145 | 435 | 3 hrs |
| Pets As Therapy | 52 | 52 | 1 hr |
| Reception | 849 | 2,547 | 3 hrs |
| Spiritual Care | 85 | 255 | 3 hrs |
| Ward (includes meal assistant) | 144 | 432 | 3 hrs |
| Totals | 2,493 | 6,259 | |

As can be seen from the table above, Weldmar's patient care volunteers undertook 2,493 tasks and gave 6,259 hours. If we paid our volunteers for their time at Weldmar's standard basic rate of £12.60 per hour (Real Living Wage), this equates to a saving of £78,860..25

The number of hours worked by volunteers is a 5% decrease on the previous year.

## 3.3 Feedback from Patients / Carers

### 3.3.1 Service User Feedback

In 2024/25 we introduced a new way for those accessing our services to provide service specific feedback. This was introduced following the consistent decrease in feedback via the previous Patient Experience Questionnaire.

Following a successful pilot period in 2024/25, this year we rolled out this specific feedback platform across all Weldmar services, with a tailored trigger and criteria for when each survey is sent via SMS or email.

In 2025/26 we received 104 individual responses, a 60% increase in the number of responses compared to the eight months of the pilot last year.

| | | |
|---|---|---|
| Total feedback received | 104 | Response Rate |
| Carers Support | 5 | 45.45% |
| Counselling | 25 | 59.52% |
| Wellbeing Support Sessions | 6 | 21.43% |
| IPU Discharges | 10 | 20.41% |
| Specialist Hospice at Home | 39 | 22.16% |
| Complementary Therapy | 19 | 42.22% |
| Allied Health Professionals | 0 | 0.00% |
| IPU | 3 | QR code |

The total response rate is 57.78%.

All responses said that they felt that they were treated with dignity and respect by Weldmar staff and volunteers.

Some individual responses include:

- “If it wasn't for the support I have received, I don't know where I would be now. There is nothing I can do or say that shows my gratitude.”
- “I cannot thank you enough. I have noticed a difference in myself and my outlook, throughout the time I have received complementary therapy. I had a session with Sarah and several with Annaliese. Both ladies are amazing. My last session with Annaliese was quite emotional. I felt i had a bond with her and that she totally understood me. She is extremely talented, kind, caring and has a very gentle, empathetic approach. She did not judge my emotions and I came away feeling a little lighter than when I arrived. My treatment started when Derek (my father), came to Weldmar as an outpatient. I had complementary therapy whilst he was enjoying his art class. This continued during his inpatient stay and later after his passing. I thank you from the bottom of my heart. What an amazing team you all are. I will never forget the kindness and support I received. It was something I looked forward to during these difficult times. Thank you is not adequate enough!”
- “At nearly 80 years old I’ve never had counselling, I didn’t know what to expect when offered it, I was just getting over having a stroke to be told I have cancer! I’m so glad I said “yes please”. My councillor was amazing, she really helped me to cope with all that is going on, a really lovely person, I shall miss our time together but I know she’s there for me if I need her. Thank you Weldmar”
- “The whole kitchen team were so kind.... especially Jane! Your spag bol that you made especially for me was absolutely yummy and you were so lovely. All the staff were just amazing. A real holistic approach. I was admitted like a ball of pain, mentally and physically, but I left 6 weeks and 2 days later as a new person, despite having stage 4 cancer.”
- “Fantastic, friendly and professional care. I’m a relatively new patient to Weldmar and the nurses have worked tirelessly to try to get to the bottom of my issues. The new bathroom

and stairlift was installed in super quick time - once Weldmar were involved."

In addition to feedback received through Reflection Forms and the SMS Questionnaire, we received a further 108 pieces of feedback through handwritten cards, feedback slips or verbally, all of which we overwhelmingly positive and shared individually with colleagues.

### 3.3.2 Reflections

Reflection forms are a more informal way of providing feedback with leaflets available in all patient packs, across all our sites, and available for both Inpatient and Outpatients too.

From 01/04/2025 to 31/03/2026 we received a total of 60 completed Reflection Forms which is 10% lower than in 2024/25. Some leaflets had comments relating to more than one area of Weldmar Hospicecare, as indicated below:

| **Number of forms received** | **60** |
|---|---|
| Specialist Hospice at Home | 31 |
| Inpatient Unit | 16 |
| Allied Health Professionals | 2 |
| Catering/Hotel Services | 5 |
| Patient and Family Support Services | 26 |
| Complementary Therapy | 7 |
| Wellbeing Support Sessions | 9 |
| 24/7 Advice Line | 8 |
| Non-clinical | 23 |
| General | 5 |

All of the comments received were shared with individual members of staff where they were named and/or departments immediately upon receipt to ensure any remedial responses were followed up on.

All feedback is also posted anonymously on the Weldmar Hospicecare Intranet page so all colleagues across the charity can see the difference that is being made every single day.

### 3.3.3 Compliments

We are pleased to report that we receive a great deal of positive feedback from our patients and the people who are important to them, and below we have highlighted a small selection of comments received across all services which came from the completed Reflection Forms.

- Absolutely would recommend the hospice and staff are wonderful. Peaceful, beautiful place all staff so attentive, caring, the hospice is beautiful, ultra clean but you felt comfortable and at rest.

- I find it difficult to sum up in words, but you all are magnificent. From Andy's stay with you initially that brought us both a 'peace' in our darkest days, through to the wonderful back up and care you are still offering now Andy is at home.

- Your services have been invaluable over the last couple of years as I start to sought to care for both my terminally ill parents at home. Your staff are patient, kind and exceptionally knowledgeable! There is nothing else available and your services make a vital difference.

- The inpatient unit in Dorchester is a remarkable centre of excellence. The doctors, nursing staff, volunteers, everyone involved is dedicated to the caring and welfare of patients and their families. The community nurses and support staff are truly inspirational, dedicated, caring, nothing is too much trouble. Thank you Weldmar for the love and support you have shown.

- The Wellbeing sessions have been so so helpful. I was exhausted physically and mentally from nursing and then the death of my dear husband. There seemed so much to sort out and learn. I was not used to coping with this on my own. The emotional roller coaster of ups and downs and knowing it was the end of 55 years happily married and sharing everything. My Tuesday mornings at Weldmar became my welcoming safe space. I loved being creative and being surrounded by wonderful people. They listened, they understood my difficulties and just knew what to say to make me feel better. Other widows had been through this early stage before me so I gained from their experiences. I am so grateful to Weldmar Hospice for building my confidence and preparing me to move on. I shall remember you all.

- I am very grateful for all the help that we have received from Weldmar since my wife, Claire, developed PSP particularly from your occupational therapy department and neurological nurses. Your help has been practical and friendly, and I will miss the company which they have provided.

- Weldmar Community nurses were a real blessing to have them visit at home. Although since the retracted Government funding their job has become even harder. The IPU was absolutely amazing. They made my Dad feel cared for just like family, absolute angels he called all the IPU nurses! The catering team could not do enough and did their absolute best to make sure all patients had what they wanted. The 24-hour advice line was a lifeline, especially in the middle of the night when you can feel very isolated caring for someone at home.

- I did not realise how much I could benefit from my stay here. The level of care is exceptional, the feeling of being wrapped in a comfort blanket will stay with me. The meals were tempting and delicious and the care was amazing throughout my stay. The Weldmar community nurses have been a huge support in the last few months.

- Your nurses are delightful. In such dark days they shed their warmth and light. Tremendous support they buoyed me up when I most needed them. Your telephone help line was always answered quickly and efficiently taking a tremendous weight off my mind knowing I would be helped immediately. I cannot ever thank you enough for your care. Love to you all



### 3.3.4 Complaints

There were 2 complaints during the year (there were also two in 2024/2025). None of the complainants felt it necessary to take the complaint to the Chairman or the Care Quality Commission. We use the feedback from complaints and other comments/feedback to help us continue to improve our services. A summary of the complaints made and our response is detailed below.

| Complaints | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of complaints received | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| % of complaints acknowledged within 3 operational days | n/a | n/a | n/a | n/a | n/a | 100 % | n/a | n/a | n/a | n/a | n/a | 100 % |
| % of complaints responded to within agreed timescales (20 working days) | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 100 % |
| Date when last complaints summary published on website | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 | Jun 26 |

**Details of lessons learnt and actions taken**

| | Issue | Investigation & Action |
|---|---|---|
| 1 | Expectation around the level of personal care received by a patient in the community. | Investigation by the Director of Clinical Services and contacted the complainant to provide more detail about the patient; no response.<br>Complaint closed as difficult to resolve and to suggest any change in practice; we were unable to identify who the patient was, what care they received, whether the comments applied to Weldmar staff and services, or to other providers. |
| 2 | Expectation of referral of patient by Acute Hospital for additional services at end of life; Weldmar Specialist Hospice at Home (SHAH) included in the complaint; as had visited and discharged patient from our services. | Investigation by Head of Specialist Hospice at Home (SHAH) showed that there was nothing documented within the notes that questions the clinical decisions made by SHAH team; the patient was stable with no unmanaged symptoms at time of discharge from SHAH.<br>Contact made with complainant to offer further discussion following investigation. No response and complaint closed |

Summary
Both complaints related to our new Specialist Hospice at Home (SHAH) service. It is notable that only two formal complaints have been received this year.

# Annex 1: Supporting Statement

## NHS Dorset

**Statement from NHS Dorset Integrated Care Board on Weldmar Hospice care's Quality Account for 2025/2026**

NHS Dorset Integrated Care Board welcomes the opportunity to review and comment on Weldmar Hospice care's Quality Account for 2025/2026. Insofar as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate and is consistent with information presented to the Integrated Care Board through monitoring discussions and established quality governance routes during 2025/26. The ICB also notes that the Account appears to address the expected NHS England Quality Account requirements.

It is the view of the ICB that the Quality Account reflects Weldmar Hospice care's ongoing commitment to continuous improvement and recognises the key achievements and areas of progress in the following areas:

- successful implementation of the new Weldmar Specialist Hospice at Home service, including the embedding of corporate caseloads, hub working, mixed-skilled teams, local triage arrangements and use of the personal care team;
- continued use and embedding of IPOS as a patient-led outcome measure, supporting Weldmar to understand and respond to what matters most to patients and those important to them;
- development and use of Artificial Intelligence and automation to support patient acuity, caseload prioritisation, reporting, service planning and equitable service delivery;
- continued commitment to clinical governance, audit and learning throughout 2025/26;
- delivery of a range of local clinical audit activity and quality monitoring across key areas including falls, medicines management, pressure area care, transfer of care, infection prevention and control, and patient safety reporting. This provides helpful assurance that quality improvement remains embedded within Weldmar's governance arrangements.

The ICB recognises the Trust's 2026/2027 plan and is keen to continue to work closely with Weldmar as a key partner in providing high quality, complex palliative care and support to patients at the end of life. Specific areas identified for further development during 2026/2027 are:

- continued use of assessment tools, IPOS and outcome measures, including further development of AI-supported acuity tools and a strengthened approach to identifying and assessing depression across inpatient and community services;
- planned focus on corneal donations, supporting patient choice, informed conversations and legacy;
- increased use of outpatient spaces to support independence, improve access and increase capacity for patients and those important to them.

NHS Dorset Integrated Care Board remains committed to working in close partnership with Weldmar Hospice care over the coming year, supporting continued collaboration across the health and care system to improve the quality, experience and outcomes of services for people in Dorset. We look forward to seeing the progress made against the quality priorities identified within this Quality Account during 2026/27.