



Strategy

2022 - 2025



“One moment you might be enjoying a family day out and the next, two of the most important people in your life need round the clock care. That’s what happened to us..”



Jess' Story

When my mum, Clare, was diagnosed with motor neurone disease she was just 53 years old and I was in my final year of my A-Levels. The diagnosis was as devastating as you might imagine. Throughout it all, **Hospice in the Weald was very important to us.** Every part of the care is designed to support patients and their families.

We shared meals with other people who were also experiencing challenging times. It sounds strange, but **it really helps to spend time with other people** who are going through similar things. Having these precious moments and spending time with Mum was very special and meant **I was able to be her daughter, not just her carer.**

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1 Introduction

The goal of Hospice in the Weald has always been and will always be to ensure that those living in our community who need Hospice care are able to access what they need and that the care provided is safe, effective, and responsive to their needs. You can read more about this in our mission on [page 8](#).

In setting out our strategy for the next three years, it is important to acknowledge the significant impact of the COVID-19 pandemic. Through the last two years our staff and volunteers have coped with numerous additional pressures caused by the pandemic. They have followed stringent infection prevention and control measures to keep everyone safe, and most notably, have worked hard to continue to provide Hospice care and keep families together throughout multiple government restrictions and lockdowns. We are particularly proud of maintaining visiting for patients at Cottage Hospice and the In-Patient Ward throughout the pandemic. This meant that no patient of Hospice in the Weald had to die alone during the pandemic. This was down to the hard work, commitment and care of our staff and volunteers, and we are grateful for every single one of them. Everybody played their part. Our workforce makes all of our activity possible, and one of our strategic aims in this business plan will focus on ensuring Hospice in the Weald is a great place to work and volunteer.

There are a number of lessons and new ways of working to take forward from the last two years; for example, we have changed and increased our use of technology to provide more flexible access to Hospice care. This includes continuing to offer counselling and support via video or phone call, a way of working which became useful during the pandemic but has continued to improve access to support for patients and their loved ones. Our physiotherapists are also working via video call and will continue to do so where this is best for the patient, along with a return to home visits and in-person appointments.

Our lessons learnt from the COVID-19 pandemic have made us more efficient and responsive in what we do; enabling us to deliver Hospice care in new ways, and to make our administrative tasks more efficient. By making better use of technology to 'work smarter', we can spend more time with the families who need Hospice care. We will also continue to give patients and families choice in how we work with them, focusing on supporting and empowering adults with terminal illness, who often feel disempowered by their diagnosis or symptoms. We will focus on empowering patients to celebrate life and dignify death.

This year, 2022, will be the first year that Hospice in the Weald provides Hospice care for children. We have been developing this new service for the past two years. Whilst there are some differences involved in providing Hospice care for children, there are many similarities too. Most importantly a focus on meeting the needs of each child as an individual, and providing safe, effective, and responsive care. We will offer care for children and their loved ones under three main themes: home visits, emotional support, and a Children's Centre which will provide space for activities such as play or sensory work, and family or sibling groups. With the number of children needing Hospice care set to grow significantly over the next few years, there is a real and urgent need for this new service.

Overall, this is a Strategy about getting back on track after a number of years of significant change, whilst continuing to look forward and do more to provide adult and children across West Kent and Northern East Sussex with the Hospice care they need and deserve. This is an exciting time to be working and volunteering at Hospice in the Weald. As a leadership team we have developed the objectives in this strategy to ensure that local people have access to safe, effective, and responsive Hospice care and we are excited to make this happen.



Nick Farthing
Chief Executive



Gary Withers
Chair

2 Executive summary and strategy at a glance

The foundation for this strategy is our Mission:

“Hospice in the Weald strives to provide care, advice, and support for everyone in our community living with terminal or life limiting illness, together with their loved ones. We empower people to celebrate life and make the most of the precious time they have for living.”

We have updated the wording slightly, but our goal remains as it has always been, to ensure that those living in our community who need Hospice care receive the care that they need and that the care is safe, effective, and responsive to their needs. You can read more about our Mission on [page 8](#) of this document.

From our Mission we have devised six strategic aims which act as a structure for our work over the next 3 years. Our strategic aims have been developed with input from the Trustee Board and in alignment with relevant local national strategies. You can read more about this on [page 10](#) and [page 17](#) of this document.

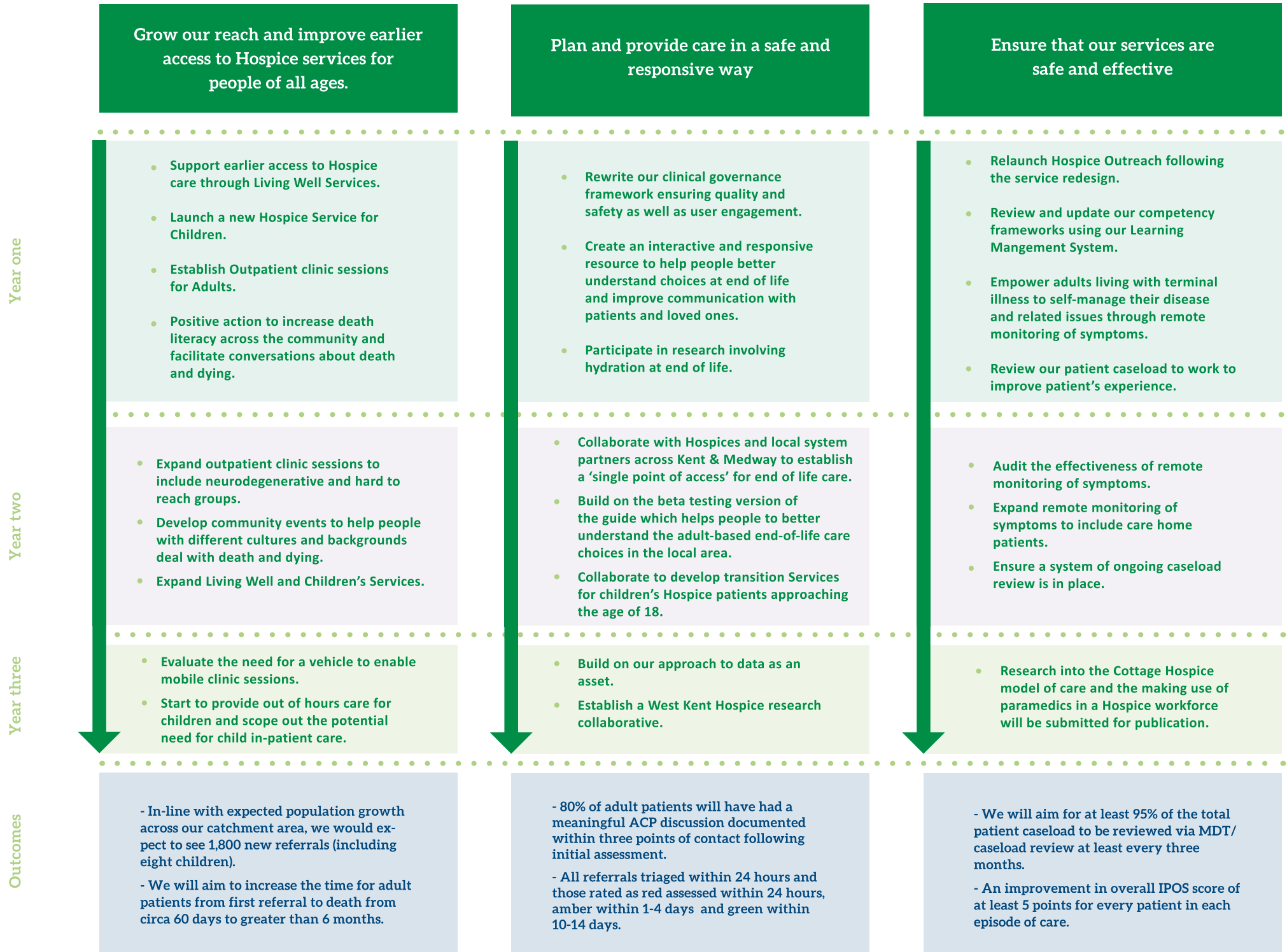
This year, 2022, will be the first year that Hospice in the Weald provides Hospice care for children. We have been developing this new service for the past two years. Participation, which is identified by the United Nations as one of the fundamental rights for all children, has been built into the service from the outset. With the number of children needing access to Hospice care set to rise by 35% by 2030¹, there is a clear need for additional Hospice care for children and their loved ones. We will work with existing children’s Hospices and local system partners to better meet the needs of children and their loved ones across Kent and Sussex. You can read more about the launch of Hospice in the Weald for children on [pages 13 and 14](#).

We have set out objectives for year one 2022 - 2023 in detail across [pages 19 to 35](#) of this document. We have also set out in broader terms our intentions for years two and three. The current year two / three wording acts as a framework to which more detail will be added, and the objectives made SMART in the three-month period preceding each financial year.

To illustrate this, we have included a diagram on the next two pages. The strategic aims are set out as six workstreams with activity over the next three years set out in each stream. These lead to the outcomes which we are striving to achieve through this strategy. As part of good governance and monitoring implementation of this strategy, the Trustees of Hospice in the Weald will receive a dashboard report against these twelve outcome measures every month. You can read more about how we measure and monitor implementation of this Strategy on [pages 36 and 37](#) of this document.

“Hospice in the Weald strives to provide care, advice, and support for everyone in our community living with terminal or life limiting illness, together with their loved ones. We empower people to celebrate life and make the most of the precious time they have for living.”







3 Mission and key concepts

3.1 Our Mission:

Hospice in the Weald strives to provide care, advice, and support for everyone in our community living with terminal or life limiting illness, together with their loved ones. We empower people to celebrate life and make the most of the precious time they have for living."

Our mission describes what we do. It underpins all actions that we take across the organisation, and it is at the core of everything you will read in this Strategy. It can be considered in three parts:

i. Hospice in the Weald strives to provide care, advice, and support for everyone in our community living with terminal or life limiting illness

When we say we "strive", this reflects the reality that we cannot yet directly provide Hospice Care to all the people - adults and children - in our area we would like to reach. It is widely recognised that within a given population, slightly less than 1% will die within the next yearⁱⁱ, of which approximately 76% would benefit from palliative careⁱⁱⁱ. With circa 360,000 people living in our notional catchment area, the number in the last year of their life who could potentially benefit from our care is around 2,500 people every year.

ii. ...together with their loved ones.

Providing advice, support and hope for patients is central to what we do, and we will always provide the same for the loved ones of patients too. A death will not just affect the person that is dying but those around them too.

iii. We empower people to celebrate life and make the most of precious time they have for living.

For all of us our time is limited and precious, death is a certainty. For our patients and their loved ones this is brought into sharp relief. Adjusting to a terminal diagnosis is hard and, in their distress, sometimes people retreat into themselves and may stop living. We work with patients and their loved ones to overcome this in all aspects and help to ensure that both adults and children have opportunity to make the most of the precious time they have for living.

3.2 Our culture of empowerment:

The culture of an organisation is its personality and character. Organisational culture is made up of shared values, beliefs, and assumptions about how staff and volunteers should behave and interact between themselves as well as with patients and their loved ones. Having a culture of empowerment means working in ways that encourages all people to develop and become more capable and more confident.

We want the culture of empowerment to be felt by everyone at Hospice in the Weald. For patients and their loved ones, this may involve becoming more capable and more confident in setting their own goals and achieving them, with the help of our workforce and the advice, care, and support available through Hospice in the Weald.

Staff and volunteers are encouraged to identify gaps in their knowledge, skills, and abilities, and to address those gaps using our Workforce Development Policy. We are committed to the provision of training and development opportunities, so that everyone has the opportunity to develop and become more capable and more confident.

3.3 Our values:

Our organisational values are effectively a code of conduct which, together with our culture of empowerment, guide our decision making and our behaviours, making it clear how people working and volunteering at Hospice in the Weald should behave.

- **Honest** – we are a trustworthy and reliable organisation that treats people with respect and candour.
- **Kind** – kindness is central to the compassionate care we provide and is evident in all of our daily interactions.
- **Learning** – we strive to continually learn in all aspects of our work and embrace the changes needed to become even better.
- **Ambitious** – we will never stop working to provide people with access to the care they want and need.
- **Sustainable** – meeting the needs of the present without compromising the ability to meet future needs. There are three aspects to our approach to sustainability – environmental, social, and economic.
- **Effective** – enabling adults and children in Kent and Sussex to access the most effective Hospice care, celebrate life and have a dignified death.



4 Strategic Aims

Our Strategic Aims represent the goals which we want to achieve through this strategy.

- Grow our reach and improve earlier access to Hospice care for people of all ages.
- Plan and provide care in a safe and responsive way that meets the needs of each individual and the communities we serve, working with local system partners to plan care.
- Ensure that our care is safe and effective, having meaningful impact for patients and their loved ones.
- Develop reliable sources of income so that current and future expenditure is sustainable.
- Make best use of resources, maximise capacity and utilisation, and operate cost effectively.
- Build our social and environmental sustainability.

The first three of these aims relate to the care that we provide to people living with terminal illness and their loved ones. Over the next 3-years, the lifecycle of this strategy, we want to grow our reach and provide Hospice care to more people and sooner after their diagnosis. We know that the earlier we are involved the greater impact we can have for patients and their loved ones, providing greater opportunities to celebrate life and achieve a dignified death. In striving to reach more people we will ensure that our care remains responsive to the needs of every individual, developing personalised care plans and avoiding a one size suits all approach. We will also consistently audit and evaluate our care to ensure that it remains safe and high quality and that we maximise the impact and benefit for individuals and the communities we serve, as we strive for continuous improvement.

The final three aims are primarily concerned with ensuring that Hospice in the Weald continues to be the sustainable, well-run organisation that people across West Kent and East Sussex have come to rely upon. After two plus years of the global COVID-19 pandemic we must rebuild our fundraising and continue to grow profit from our charity shops. We will focus on making best use of our resources, operating more efficiently in order to be more cost effective. We could not achieve any of what we do without our hardworking staff and volunteers. We are proud of our workforce right across the organisation, in every service and department and in every role, for them we will make Hospice in the Weald a great place to work and volunteer.



5 Our approach to providing Hospice care

During the lifecycle of this 3-year Strategy we will start, for the first time ever, to provide Hospice care for children and young people, as well as adults. Generally, adults receiving Hospice care will have a terminal diagnosis and be in the last year of life, whereas children may have either terminal or life limiting illness and a longer prognosis. Here we set out our approach to providing Hospice care for both groups of patients.

5.1 Providing Hospice care for adults

We provide personalised care and support for adults diagnosed with a terminal illness, whatever shape or form that care and support might entail. Our care encompasses physical, psychological, social, spiritual, and practical issues throughout an illness and into bereavement for loved ones.

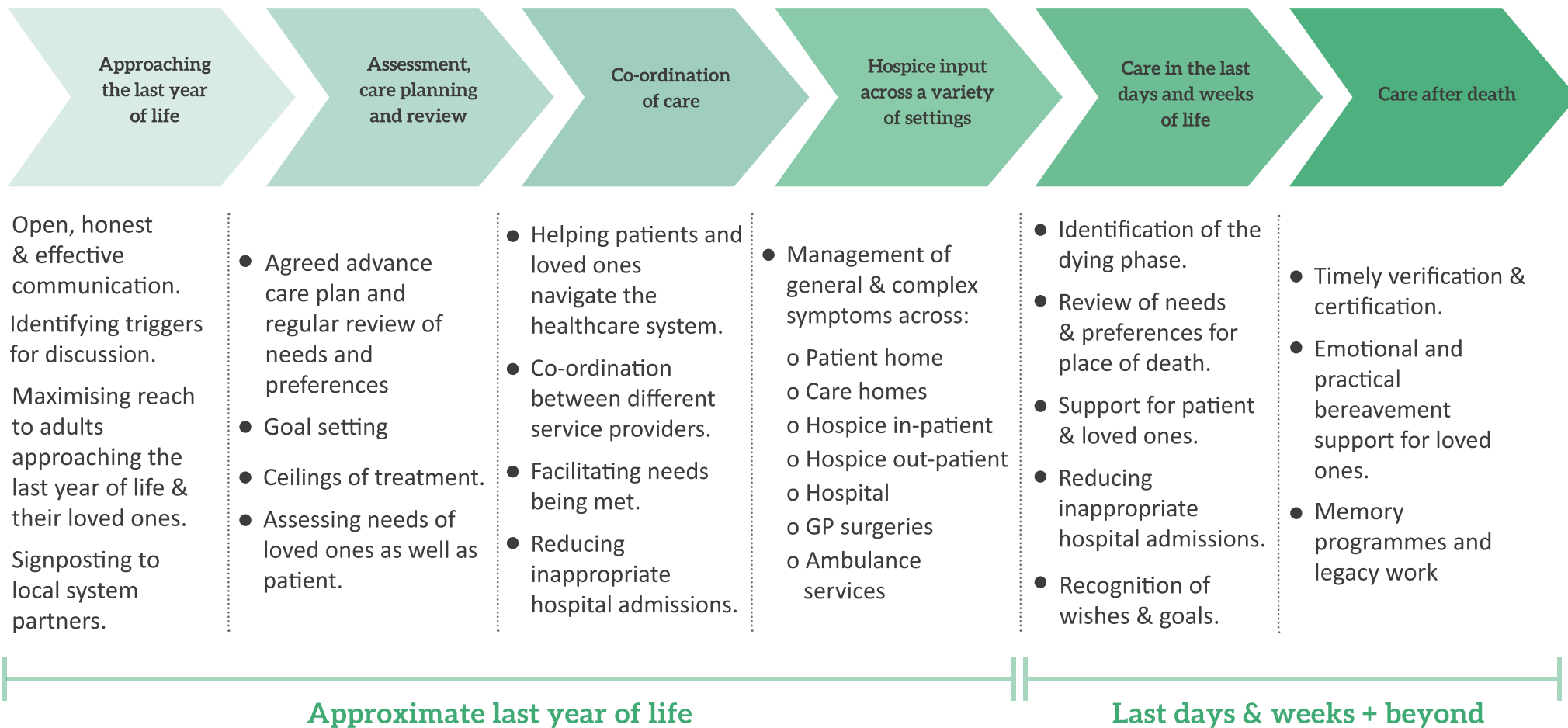
For some patients under our care, it may be supporting them to make decisions about whether to continue with treatments that may no longer prolong their life; for others, this may be offering symptom control and goal setting either in their own home, the In-Patient Ward at Pembury, the Cottage Hospice in Five Ashes, or through our Living Well service. For others, it may be spending time answering their questions, empowering them and their loved ones to make choices that they feel matter, perhaps about their preferred place of death.

For many patients, this is one of the most difficult times of their life and we support them and their loved ones to live their life while dying, maintain and improve their quality of life and prepare for their death in whatever way is best for them. We think of this as 'celebrating life, dignifying death' and the concept is so integral to the way that we deliver care that we include it in our logo as a constant reminder.

In the past we have referred to our five services but in reality, we offer far more than just five services. The full extent of what we can offer to adult patients and their loved ones over the last year of life includes:

- In-patient care for symptom control, end of life, scans and procedures, and emergency carer support.
- Care at home and in care homes.
- Outpatient appointments, telephone support, with video support and appointments coming available in 2022.
- Advice and guidance on benefits and financial assistance as well as advice on and signposting to services available from other local system partners.
- Liaison with the GP and hospital teams.
- We also provide creative and occupational therapies as well as physiotherapy, complementary therapies, counselling and talking therapies.
- Chaplaincy and spiritual support, as well as bereavement care.

Rather than a lengthy list of services it can be helpful to consider our care in stages based on need, and we have set this out in an illustration on the following page. We know that Hospice care for adults has the greatest benefit when we are involved as early as possible in the approximate last year of life. For this reason, a number of objectives in this Strategy relate to providing adults with earlier access to Hospice care, i.e., further on the left in the diagram on the next page. This will be an important aspect of our work for the next 3-years as earlier access to Hospice and palliative care is associated with better outcomes for patients and their loved ones^{iv}.



5.2 Providing Hospice care for children

In 2022 we will launch our service to provide Hospice care for children and young people aged 0-18. Hospice care for children has some key differences from Hospice care for adults; children may live for long periods of time with their illness or condition and may live into adulthood. This is why we have added the phrase: “life limiting illness” to our mission statement. There are also typically more organisations involved in each child’s care, for example a tertiary centre hospital, schools, or social workers. The diagram on [page 14](#) indicates how Hospices fit into this complex landscape.

There are also many similarities between Hospice care for children and adults, most importantly a focus on meeting the needs of each child as an individual and providing outstanding care.

We will offer care for children and their loved ones under three main themes: home visits, emotional support, and the Children’s Centre to be developed in 2022.

Participation

Participation is one of the fundamental rights of the child and will be built into our service from the outset. Participation means the rights of the child to be heard in decisions which affect them, which boosts their security and self-confidence.

We have met with a number of families in the last year to hear their experiences and feedback, and we have tailored our service design accordingly. We will continue to talk with families, and particularly children, as the service becomes operational.

The service will provide care for children from 0-18, not including neonates, under three main ‘strands’: home visits, emotional support, and our Children’s Centre.

Home visits

Hospice care, provided in the familiar surroundings of the child’s own home, can reduce the need for trips to the local hospital and provide ‘at home respite’, enabling parents to rest, spend time with their other children, or run errands.

Emotional support

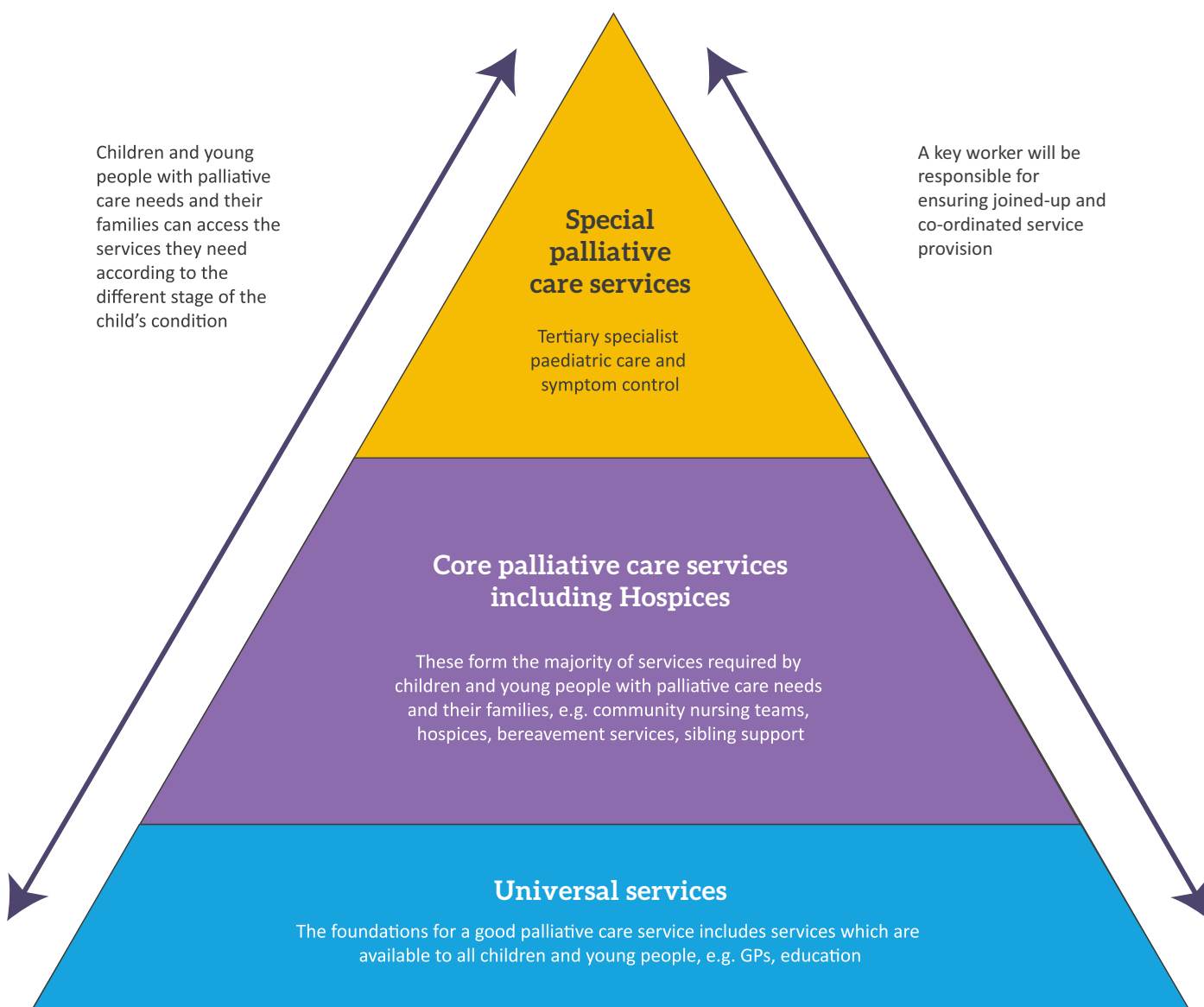
This type of support is crucial for helping families navigate the challenges of caring for a child with a life-limiting condition. Families fed back to us about the strains on relationships that caring responsibilities place on them, and how they currently struggle to access support. To begin with, we will use the skills and resource of our counselling team to provide support to the parents or other adults connected to our child patients. In time, we will extend this offer to include counselling for children.

The Children's Centre

At present, many children wanting to access day activities in Kent & East Sussex must either travel to Demelza or Chestnut Tree House hospices. For families in Tunbridge Wells and the surrounding areas, this is a significant journey. Feedback from families shows that at present, this journey time prevents them from accessing day activities such as play or sensory work, family, or sibling groups, all of which are vital for the development of a child and to ease pressure on families by providing safe space for play.

We will create a self-contained children's centre in our Pembury building to provide this space for children and their loved ones. Some sessions of care will be delivered allowing parents to drop children off for an agreed period of time, whilst other sessions will be more interactive for parents and siblings to participate in.

When providing Hospice care for adults, Hospice in the Weald is usually the specialist provider. By contrast, in Children's palliative care, the specialist provider will usually be a tertiary care centre, for example the Evelina, Great Ormond Street, or Marsden Hospitals in London. Hospice in the Weald for children will provide care for children as part of a core palliative care team, with care plans developed in conjunction with a tertiary centre. This will be a different way of working for us, which will require constant and consistent collaboration with other providers. The approach is illustrated in the diagram below.



6 Branding for adults' and children's Hospice care

6.1 Branding for adult Hospice care

The phrase 'celebrating life, dignifying death' features prominently in our logo as a strapline. We think that everyone will know that our Hospice is about dignifying death. We strive to ensure all our patients have a good death and dignity is at the centre of that. There are few things anyone wants more for themselves or their loved ones, when faced with it, than a good death. If we think about life as a journey, then death is a part of that journey and as with any journey you need to prepare for it.

Fewer people recognise that Hospice in the Weald is as much about celebrating life. Every one of us knows that the reality is we are all going to die; it is a certainty. But all of us are uncertain as to when. Through our advice, care and support we aim to help adult patients with terminal illness, and their loved ones, find peace in this uncertainty and to live more fully or be comfortable with the knowledge that death may be close. The Hospice is about living everyday whilst you are dying.

Over the past 40 years, our logo has benefited from slight updates to modernise it but has otherwise remained fundamentally unchanged and is arguably one of the most recognisable healthcare brands across our catchment area.



6.2 Branding for children's Hospice care

Many children receiving Hospice care will outlive the paediatric provision and live well into adulthood. And so, whilst the concept of 'celebrating life' remains as important in providing Hospice care for children, 'dignifying death' is less appropriate. In addition, inclusion of the word 'death' in the logo of a service aimed specifically at children is likely to cause that patient audience upset and distress.

For these reasons, our service for children will operate under a different brand and logo, but the service will still be very much an integrated part of Hospice in the Weald. The different branding is more appropriate for children, young people and their siblings and will also help build awareness in the general public and for sources of referral. The children's service and associated children's centre will have the same logo to help us achieve best brand recognition in the early stages. In time, the children's centre may be renamed if a suitable opportunity arises.

In developing this new logo, we have sought to create something age appropriate and welcoming, whilst retaining the highly recognisable elements of our existing logo.



7 Alignment with local & national strategies

In developing this 3-year Strategy, the Hospice Leadership Team have read widely on local and national strategies for palliative and end of life care. We have striven to ensure that the strategic aims and objectives set out in this document are aligned with work being planned and undertaken by others.

In September 2020 Hospice UK published the discovery phase of their 'Future Vision Programme', which included an 11-pillar model of 'Principles of Sustainability' for Hospices. Following this, in May 2021, NHS England published 'Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026' which sets out six ambitions for end of life care. In developing our strategic aims we sought to ensure that they relate to and fulfil the spirit of Hospice UK guidance and national ambitions, but we have not replicated either in their entirety. Instead, our strategic aims reflect our unique circumstances as an independent Hospice, which is not part of the NHS, and also take into account local considerations.

As a health care provider, we are of course highly regulated and the objectives in this strategy closely follow the key lines of enquiry (KLOEs) set out in the Care Quality Commission (CQC) sector specific guidance for Hospices. The objectives are also informed by guidance from other relevant bodies, including the following NICE guidelines:

- End of life care for adults
- Care of dying adults in the last days of life
- End of life care for infants, children, and young people

In February 2022, the Health and Care Act 2022 was amended to require every part of England to provide specialist palliative care⁵. Whilst we welcome this decision and the statutory funding that it must inevitably entail, we are mindful that increased statutory funding can sometimes come at the expense of organisational independence. Over the 3-year lifecycle of this Strategy we will collaborate with commissioners and local system partners to implement locally the Commissioning & Investment Framework for Palliative and End of Life Care, as well as palliative and end of life care service specifications for both adults and children.

Finally, Kent and Medway ICB are due to publish in mid-2022 a palliative and end of life care strategy for adults and children in Kent and Medway. All Hospices across Kent and Medway have contributed to development of that strategy and the objectives which are set out in this Hospice in the Weald 3-year Strategy are in line with the Kent and Medway ICB aims and intentions.

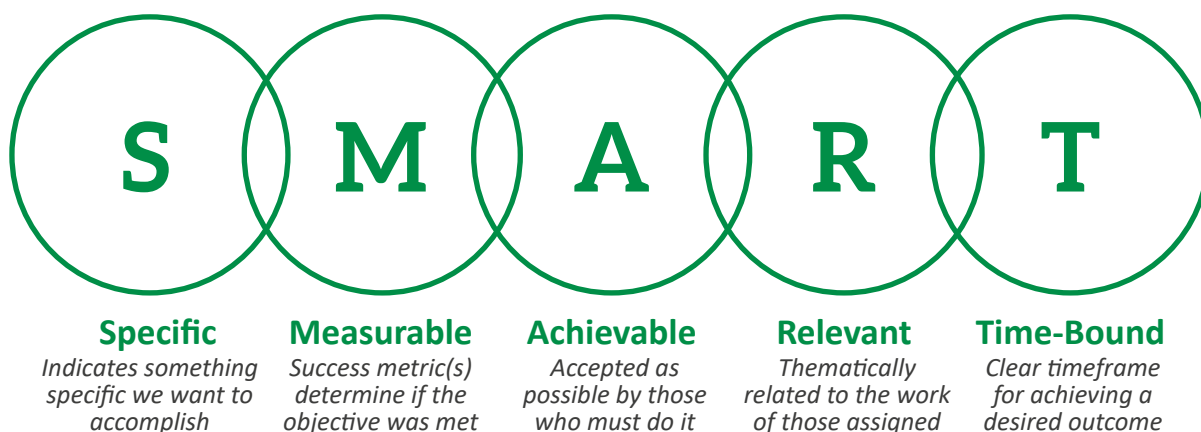


"Counselling gave me the tools to handle my feelings, and to make the adaptations, knowing that I am dealing with everything in the right way. My children have been incredibly supportive, but they both have families and jobs. And there are things you might not want to say to a family member about your life, or your wife, and that's where counselling was my outlet. I'd recommend it to anyone, it's as simple as that"

**Stuart, Husband of Maureen,
a Hospice in the Weald patient.**

8 Maintaining an action focus

Hospice in the Weald is proudly action focused in all that we do, it is enshrined the Terms of Reference for all operational and management meetings. We use SMART objectives to maintain our action focus and each of the twenty-four year-1 objectives set out in this Strategy follow this structure. There are five Directors at Hospice in the Weald which equates to each Director leading on four to five objectives. Every member of staff has an annual review during which SMART objectives are agreed to guide that individual's work for the year. Annual review objectives are derived from the objectives set out in this Strategy.



The tables used throughout this Strategy help us to fulfil all aspects of SMART. Each of the objectives is agreed by the Director which will lead on the objective, ensuring that they are achievable.

What do we want to achieve?

In this column we set out the specifics of what we want to achieve and the criteria for determining when the objective has been met.

How does this help achieve the strategic aim?

Here we set out the rationale for each objective and how it relates to the respective strategic aim. This ensures relevancy and that we remain on track with delivering this Strategy and ultimately our Mission.

Target date

Agreed target dates for specific elements of the objective ensure that we are 'time-bound'.

9 Objectives

9.1 Objectives to grow our reach and improve earlier access to Hospice care for people of all ages.

Why is this important?

It is a matter of historical fact that there was rapid population expansion in the UK following the second World War. This generation, often referred to as 'baby boomers' will be turning 76 in 2022. As the younger baby boomer generation continues to age the 65+ age group in Kent is set to increase by more than 40,000 (12%) over the next five years and increase by almost a third over the next ten years. Coupled with this, the population across Kent continues to grow by approximately 0.5 – 0.8% per year^{vi}. All this means that demand and need for our Hospice care will continue to increase exponentially for the foreseeable future.

As well as increasing need for adult Hospice care, the number of children in the Southeast in need of Hospice care is forecast to rise by 35%ⁱ.

The objectives set out below will help us to keep pace with the changes in the population across our catchment area and provide adults and children with earlier access to Hospice care.

Objective 1

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Develop our Living Well Service to enable patients and their loved ones to access the service earlier on their journey. To achieve this we need to:</p> <ul style="list-style-type: none"> Work closely with local system partners to identify adults who would benefit from the service Develop and maintain a meaningful timetable of activities that enables those who attend, to achieve their goal via their personalised programme. Service users' input/feedback sought in developing this. Start Living Well activities at Cottage Hospice for those living nearby. Launch pre and post bereavement groups for loved ones of patients. 	<p>The Living Well Service is key to reaching and attracting patients and their loved ones before they require greater levels of clinical input from our Outreach team or as In-Patient care. The service follows a psychosocial goal focused model and plays a key part in helping people to celebrate life and live every day whilst they are dying.</p> <p>The service was relaunched at the start of 2021, to reduce confusion over referral and eligibility criteria. Living Well is suitable for anyone in their last year of life but particularly beneficial for adults soon after receiving a diagnosis. Our work on this objective will include reaching and supporting more patients and loved ones from diverse backgrounds.</p> <p>The service has historically focused predominantly on patients, but in year 1 of this Strategy we will expand this to include the loved ones of patients, to curb isolation and facilitate support networks amongst individuals with similar experiences.</p>	<p>Collaboration to identify adults who would benefit from the service will occur throughout the year.</p> <p>Timetable finalised by end August 2022</p> <p>Living Well at Cottage Hospice launch in October 2022</p> <p>Pre/post bereavement groups launch in January 2023</p>

Objective 2

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Launch our Service to provide Hospice care for Children with life-limiting and life-threatening conditions. Open the Service in summer 2022 by:</p> <ul style="list-style-type: none"> Achieving CQC registration for the Children's Service Work with local system partners to take first referrals and establish a caseload of at least eight children by the end of the year. Involve children in the design and development of a new Children's Centre and start providing emotional support for parents Work with at least one tertiary centre to deliver clinics in the Children's Centre 	<p>We know there is a greater demand for Hospice care for children in the local area than can be met; commissioners and existing children's hospices have documented that they cannot provide Hospice care for all children who need it in the local area.</p> <p>In addition, the number of children in the Southeast in need of Hospice care is projected to rise by 35%, meaning demand will increase further. Developing our Children's Service will address some of this unmet need.</p> <p>The Children's Centre will provide a space for families who currently must travel for an hour or more to access suitable day activities. We will start to provide emotional support, initially for parents, when the Children's Centre is opened. Enabling parents to access support whilst knowing their child is cared for.</p>	<p>Registration submitted by end June</p> <p>Caseload of at least eight by 30th March 2023</p> <p>Children's Centre to be open by March 2023</p> <p>Clinics arranged with tertiary centre by March 2023</p>

Objective 3

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Collaborate with local system partners to improve early identification of adults in or approaching the last year of life. Providing episodes of care as needed.</p> <ul style="list-style-type: none"> This will commence with clinics for the frail and elderly. Extend to adults with long term respiratory conditions and heart failure. Restart clinics for adults with cancer. We aim to see fifty adults in clinics between October 2022 and January 2023. We will also work with GP practices to earlier identify patients in the last year of life, using the SPICT tool^{vii}, or similar. 	<p>Frailty is the leading cause of death in older people^{viii}. In Kent, 55% of the Kent population aged 75+ are classified as having mild to severe frailty^{ix}. Despite this, frailty is often not recognised nor considered at end of life.</p> <p>End-stage cardiac and respiratory diseases are common in the UK. Adults with these end-stage conditions may experience similar, or in some cases worse, symptomatic suffering compared to cancer patients but are less likely to receive specialist palliative care.^x Across Kent, cancer along with respiratory and circulatory diseases are a factor in almost 70% of deaths in the 65+ age bracket.^{xi}</p> <p>Developing clinics for the most common causes of death will mean that we are able to provide Hospice care to more people who need it.</p>	<p>May to end September 2022, engage with local system partners to establish clinics.</p> <p>Clinics sessions to commence in November 2022</p> <p>Work with West Kent GP federation to confirm identification tool by end Oct 2022</p> <p>We will review and evaluate the effectiveness of these interventions in March 2023.</p>

Objective 4

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Facilitate conversations about death and dying in the community to increase death literacy across our notional catchment area. To achieve this aim, we will:</p> <ul style="list-style-type: none"> Look at the Death Café model with a view to organising similar events at the Hospice or in community settings. Plan and deliver an online death literacy campaign, which includes resources for future use. Include the potential to adapt resources for more targeted use amongst under represented communities. 	<p>Discourse and discussion on the topic of death destigmatises it and empowers people to ask questions, seek support from organisations and those important to them and allow for better planning and in the end, a good death.</p> <p>A ‘good death’ being one where opportunity to set and achieve preferences, greater opportunity for symptom control and emotional well-being^{xii}.</p> <p>Facilitating conversation about death and dying is one of the best ways to help people to explore their mortality and overcome some of the fear that is often associated with this. Introducing the benefits of Hospice care as part of this can lead to more people accessing Hospice care and earlier.</p>	<p>The first Death café or similar event to be held by end February 2023.</p> <p>Online campaign to run across January - March 2023</p>

In year two we will build on this by:

- Plan evaluation of the effectiveness of frailty, respiratory, heart failure and cancer clinics already commenced and use this evidence to structure ongoing clinics. Expand clinic sessions to include neurodegenerative conditions.
- Develop a community event where members of different cultures and backgrounds present how they deal with death and dying, as well as workshops for staff and volunteers. This will also be supplemented by an online media campaign celebrating such annual events, promoting that Hospice in the Weald is inclusive and that everyone is welcome.
- Evaluate the need to expand the Living Well Service through greater use of volunteers, e.g. compassionate neighbour scheme, or similar, and potentially running the service six days a week.
- Increase the children’s Hospice service caseload to fifteen per year.

In year three we will build on this by:

- Evaluate the need for a vehicle to enable mobile clinic sessions delivered in a similar way to NHS mobile screening services.
- Plan next steps for the development of our Hospice care for children, which may include out of hours care, in-patient care, or further work on transition care.

- 9.2** Objectives to plan and provide care in a safe and responsive way that meets the needs of each individual and the communities we serve, working with local system partners to plan care.

Why is this important?

Patients, both adults and children, and their loved ones can expect to receive personalised care that is responsive to their needs from Hospice in the Weald. This entails assessing needs of each person as an individual, planning their care accordingly with input from the individual themselves and having processes in place to recognise and respond when those needs change. Timeliness is also key to providing responsive care, as is proactively seeking, listening, and responding to feedback from patients and those important to them.

The objectives in this section will empower people to be more involved in and engaged with the planning of their care. As well as strengthening our systems and processes to ensure we are providing quality care both now and in the future.

Responsive care involves planning for outcomes: planning for each person as an individual and planning to meet the needs of communities at large.

Objective 5

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Rewrite our clinical governance framework ensuring a focus on quality and safety as well as user engagement.</p> <ul style="list-style-type: none">Research different models of Clinical Governance Frameworks; produce a paper to be discussed at the Clinical Governance Committee, and then rewrite our Clinical Governance Framework.With a new Clinical Governance Framework, develop methods to listen and respond to feedback from patients and their loved ones, including implementing a system for improved reporting on incidents, comments and complaints; using all this to improve the quality of our care.	<p>Clinical governance is the process by which organisations ensure the quality of their service provision and deliver high standards of care. A robust clinical governance framework is fundamental to providing safe and responsive care, as well as ensuring clinical excellence.</p> <p>There are many models for clinical governance and throughout the year the Executive Leadership Team will work with Trustees to establish an up-to-date framework for Hospice in the Weald, covering both adult and children's Hospice care. Many of the modern approaches to clinical governance include a focus on 'timeliness' which will be a new dimension for Hospice in the Weald.</p> <p>Through updating our approach to clinical governance we will gather greater feedback from patients and their loved ones, which will help ensure that we provide effective care which has meaningful impact.</p>	<p>Paper with proposed framework discussed at October Clinical Governance Committee</p> <p>New system for reporting on incidents, comments complaints implemented by end Oct 2022</p> <p>Start gathering feedback in quarter three, with report analysing that feedback produced at end of March 2023.</p>

Objective 6

What do we want to achieve?

Adopt a user experience (UX) approach to improve our communication with patients and to help adults better understand the end-of-life care choices in the local area.

- Use our existing data to identify common trends and develop patient profiles.
- Conduct user interviews to establish what different patients currently know about decisions at end of life and how they currently identify and make those decisions.
- Create empathy maps for profiled audiences, mapping out current experiences, the information they receive from us and when. Use these to identify gaps.
- Create a beta online guide for testing.
- Use UX principles to review wider communication with patients and loved ones, ensuring that all that we offer is presented simply and in an easy to understand format.
- Gather feedback from users to explore their experience of the guide and topics covered to inform future development of the tool.

How does this help achieve the strategic aim?

The Hospice movement is founded on the concept of “total pain”, which was first described by Cicely Saunders, and includes the physical, emotional, social, and spiritual dimensions of distress^{xiii}.

Much of our work to date has focused on physical aspects of pain and this objective is about doing more to better understand and respond to the emotional, social, and spiritual needs and wants of patients and their loved ones. This will also help us ensure that people experience a culturally competent Hospice.

We know that the end-of-life landscape can be very confusing, and people are often faced with decisions they may not be ready to make. Advance Care Plans (ACP) and ReSPECT conversations are just two of the tools we currently use to help people navigate this difficult time. However, there is more that we can be doing to help adults better understand their choices which feed into these important conversations.

Reviewing our communication and developing an interactive guide will help to ensure that we are providing useful resources and reliable advice which help people with the choices they face.

This is a novel and innovative approach; we are not aware of any other Hospice or organisation undertaking similar. We will share the outcomes of our evaluations so that others may learn from our work.

Target date

Information gathering, interviews and patient profiles complete by end November 2022

Mapping work complete by end December 2022

Create a beta online guide by end Jan 2023

New communications to roll out across Q4

Gather feedback and evaluate need to further develop the guide by March 2023

Objective 7

What do we want to achieve?

Participate in the CHELsea II study - a cluster randomised trial of clinically assisted hydration in patients in the last days of life.

How does this help achieve the strategic aim?

This is a national study^{xiv}, the aim of which is to assess whether giving patients in the last days of life fluids via a drip (clinically assisted hydration) is effective at preventing them from developing delirium / terminal agitation. This study is important as there is currently no high quality research to show whether clinically assisted hydration improves (or worsens) end-of-life care. The outcomes of the trial will be shared widely and ensure that future end of life care is responsive to patient needs.

Target date

Appropriate insurance in place ahead of participation with data submitted throughout the year.

In year two we will build on this by:

- Collaborate with Hospices and local system partners across Kent & Medway to establish a 'single point of access' for end of life care, which will increase service availability outside of core hours.
- Build on the beta testing version of the guide which helps people to better understand the adult-based end-of-life care choices in the local area. Identify ways to make this more interactive and explore whether artificial intelligence could be used for improved user outcomes. We know that similar tools have been developed for use by arthritis patients, but there is currently nothing similar for palliative and end of life care (PEoLC).
- Work with other children's Hospices and local system partners to start a 'managed clinical network' to ensure equitable provision of high quality, clinically effective care for children and their loved ones, as well as addressing the need for greater provision of transition care for patients moving on from children's Hospice care at the age of eighteen.

In year three we will build on this by:

- Building on our approach to data as an asset ([objective 9.5.c](#)), use the data collected around protected characteristics in comparison with the 2021 census to ensure that we are offering support to all the 'hard to reach' groups thereby extending our reach to the 1% of the population likely to be in the last year of life in our catchment area.
- Establish a West Kent Hospice research collaborative to identify and grow research capacity between hospices in the region, support the development of ideas and activities, and create a research active environment to better respond to the PEoLC needs within our communities.

9.3 Objectives to ensure that our care is safe and effective, having meaningful impact for patients and their loved ones

Why is this important?

If responsive care involves planning for outcomes, then effective care is about the steps taken to ensure those outcomes can be met. We can monitor effectiveness of care through regular multi-disciplinary team (MDT) meetings and improvements in overall IPOS scores, aiming for at least a 5-point improvement in each episode of care^{xv}.

In order to achieve effective care, it is necessary to have a well-trained workforce and maintain an appropriate caseload which enables the right people to be deployed around each patient.

In terms of achieving goals, we know that loss of independence can leave many patients feeling disempowered. Therefore, under this strategic aim we have set an objective to address this through introducing remote monitoring of symptoms.

Objective 8

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Deploy the right staff and volunteers around the patient at the right time in order to provide effective and safe Hospice care.</p> <p>We will achieve this via redesign of our Hospice Outreach to achieve the following:</p> <ul style="list-style-type: none">● Establishing a red/amber/green response to referrals according to urgency● Establish a daily support hub (doctor/ ANP of the day) who can provide video support to team members seeing adult patients face to face● Review of information given to adult patients when assessed for the first time● Regular caseload reviews and MDT's	<p>Ensuring that we are able to deploy the right staff and volunteers around the patient enables us to offer personalised care that is safe and effective in achieving goals that are important to the individual.</p> <p>The Hospice Outreach service redesign will build on the 'Patient Initiated Follow Up' (PIFU) process, established via a caseload review (see objective 9.3.d) which empowers patients to access care when they need it. Resulting in more episodes of care rather than a burgeoning caseload. Which in turn enables our workforce to give the necessary time to adult patients with complex needs and/or acutely dying.</p> <p>The ongoing active and 'patient initiated follow up' caseloads will be maintained by improved multi-disciplinary team (MDT) reviews, with each patient reviewed at MDT at least once every three months.</p> <p>We will use patient feedback and outcome scores to determine the right time to discuss with patients moving to the 'patient initiated follow up' caseload.</p>	<p>Service relaunch in October 2022 with evaluation at 1-, 3- and 6-month intervals.</p>

Objective 9

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Ensure our clinical and care workforces continue to be safe and effective practitioners by:</p> <ul style="list-style-type: none"> ● Reviewing competencies across the organisation ensuring relevancy for each specific service ● Updating competencies and migrate them to the Learning Management System (LMS) ● All staff working to the new competencies with annual refresher ● Implementing electronic prescribing across the In-Patient Ward, Cottage Hospice and Hospice Outreach service. 	<p>Competency frameworks address the common core competencies and the wider range of skills, knowledge and behaviours staff at Hospice in the Weald need, to be not only safe and competent, but also to ensure we deliver care with kindness, honesty, and compassion, in line with our values.</p> <p>Our new learning management system provides a space for interactive learning which is more engaging than our previous paper-based competency frameworks. The LMS also makes it easier to measure uptake, completion rates, and learner progress. Detailed reporting means that we can more easily ensure that staff remain completely up to date with competencies.</p> <p>Informal learning will also occur through regular MDT reviews.</p> <p>Electronic prescribing is associated with lower incidences of drug errors and more timely administration of medication to patients.</p>	<p>Review of competencies to be complete by end September 2022</p> <p>Updates and migration to LMS Oct – Dec 2022</p> <p>All staff clinical and care staff to complete appropriate competencies Jan – March 2023</p> <p>Electronic prescribing implemented by end December 2022</p>

Objective 10

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Empower adults living with terminal illness to self-manage their disease and related issues. We will do this by the introduction of remote monitoring of symptoms for patients in their own homes.</p>	<p>Remote monitoring will empower adult patients to update us when things are not so good. It provides an empowering way to engage with Hospice in the Weald when we are needed. Clinically, it also provides safe and effective monitoring of holistic needs in an unobtrusive way.</p> <p>We will base our approach to remote monitoring of symptoms around validated tools such as IPOS.</p> <p>Empowerment at the end of life is very important. Terminal illness often robs people of their independence. In addition, seeing oneself as a patient can have a significant impact on an individual's sense of wellbeing. Remote monitoring can reduce the stigma felt in both ways and increase independence where this may be an important goal for an individual.</p>	<p>In quarters one and two we will engage with Kent and Medway ICB to explore feasibility of adapting their approaches to remote monitoring.</p> <p>Based on the outcomes of conversation above we will implement remote monitoring across Q3-4.</p>

Objective 11

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>We will undertake a multi-disciplinary review of our current patient caseload to measure the safety and effectiveness of the care that we are currently giving.</p> <ul style="list-style-type: none">● Patients not needing our care will be moved to patient initiated follow-up (PIFU).● Future care needs for individual patients will be assessed through use of validated tools such as iPOS.● We will provide training to the workforce on the importance of goals focused care and the relevance of iPOS and other validated tools, to deliver personalised care.	<p>Our care is focused on the last year of a person's life. However, this is sometimes difficult to prognosticate, and each individual will require different levels of care, advice, and support from the Hospice. As part of this caseload review, we will use validated tools such as iPOS to better understand the needs of each individual which will enable us to deliver more effective care tailored to individual needs.</p> <p>As a result, some patients will experience a greater number of episodes of care, some will experience fewer episodes of care, whilst some will continue to receive continuous care, all based on individual needs.</p>	<p>Initial caseload review to be completed by end June 2022</p> <p>PIFU conversations will commence Summer 2022</p> <p>Future care assessments to be completed by end Sept 2022</p> <p>Training around use of iPOS to commence Sept 2022</p>

In year two we will build on this by:

- We will audit the effectiveness of remote monitoring of symptoms against traditional methods of symptom control, with reference to how quickly we have been able to reduce iPOS scores. We will share our findings by producing an abstract to be submitted for presentation at the Hospice UK conference 2023.
- If audit of remote monitoring of symptoms indicates safer and more effective care for patients, the approach will be adapted and expanded to provide Care Homes.
- Ensure a system of ongoing caseload review is in place, in line with our approach to delivering greater episodes of care whilst maintaining a manageable caseload.
- As the first patients supported through the Children's Hospice annualise, we will establish a system of annual caseload reviews to ensure that we are having meaningful impact in terms of delivering goals based care for those patients and their loved ones.

In year three we will build on this by:

- Research into the Cottage Hospice model of care and making use of paramedics in a Hospice workforce will be submitted for publication.
- Establish reciprocal training arrangements with other Hospices for Clinical staff.

9.4 Objectives to develop reliable sources of income so that current and future expenditure is sustainable

Why is this important?

We have set objectives to facilitate people accessing the Hospice care that they need sooner, grow our reach, and provide quality care that is safe, effective, and responsive. Our current costs associated with this provision of care is £8m per year, of which less than 12% is from statutory sources. The majority of our costs (88%) are met through our fundraising activity and profit from our charity shops. In order to continue to provide Hospice care it is vital that we continue to develop and maintain sources of income so that people living across West Kent and East Sussex can feel confident that Hospice in the Weald will always be available to care for them and their loved ones at end of life.

Objective 12

What do we want to achieve?

Focus on the following income streams to grow fundraising contribution by 20%

- £450,000 from Major investors
- £587,000 from increased lottery membership
- £740,000 via in-memory fundraising
- £507,000 via supporter led fundraising
- £100,700 through business partnerships

How does this help achieve the strategic aim?

We know that there is potential for growth across all fundraising income streams, particularly as we come out of the global COVID-19 pandemic and people are once again able to organise their own 'supporter led' fundraising activities. This may include events such as bake sales or sponsored challenges.

In setting an income budget for the year we have targeted increases across five key areas which represent the greatest opportunities for growth. Giving habits across these income streams also means that these five areas are likely to be relatively insulated from the cost-of-living crisis.

Target date

Progress reviewed quarterly



We are your local Hospice, independent from the NHS. We generate more income through our charity shops than we receive in Government funding.

Objective 13

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Prepare for the future with a Gift in Will (GiW) fundraising plan.</p> <ul style="list-style-type: none"> ● Implement 'quick wins' ahead of developing a fuller plan. Including: literature revised and distributed, and improved visibility for GiW on our website ● Identify a Gift in Will specialist to work with on developing a plan ● A draft plan taken to January 2023 Finance and Commercial Committee ● Significant GiW campaign launched in Q4 2023 	<p>Gift in Will income is a growth area where we underperformed for a number of years. Instead of a one-off campaign we need to develop a plan to grow sustainable income in this area.</p> <p>As identified earlier in this Strategy, our population is ageing and as a result GiW income is expected to grow significantly for many charities over the next 10 years. There have also been significant increases in property values over the past 20 years which have yet to be fully realised in the GiW income stream. Despite these promising trends our income from GiW will not grow unless we develop a plan.</p>	<p>Quick wins implemented by end Dec 2002</p> <p>GiW specialist appointed by end October 2022 Draft plan by January 2023 Campaign launch in Q4 2023</p>

Objective 14

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Grow retail net profit by 22% by:</p> <ul style="list-style-type: none"> ● Opening a pop-up shop in Tunbridge Wells ● Developing online sales ● Signing up an additional 1,000 'Your Hospice Card' holders ● Maximising Gift Aid opportunities to generate £292k income via this scheme 	<p>Retail profit has increased significantly over the past 10 years, and we know that there is potential to grow this even further.</p> <p>We generate more profit through our network of twenty-nine charity shops than we currently receive in statutory funding. We can grow this further to support our charitable activities.</p>	<p>Pop up shop to open in July 2022</p> <p>Online sales to launch in November 2022</p> <p>Progress on card holders and Gift Aid income measured quarterly</p>

Objective 15

What do we want to achieve?

Work collaboratively with other Hospices in Kent to renegotiate levels of statutory funding. Aiming for at least £1m additional funding over the next 3-years.

How does this help achieve the strategic aim?

In February 2022, the Health and Care Act 2022 was amended to require every part of England to provide specialist palliative care. Whilst we welcome this decision and the statutory funding that it must entail, we are mindful that increased statutory funding can sometimes come at the expense of organisational independence. Over the 3-years of this Strategy we will collaborate with commissioners and local system partners to implement locally the Commissioning & Investment Framework for Palliative and End of Life Care.

Target date

Quarterly updates on progress to the Board

In year two we will build on this by:

- Target 11% growth in fundraising income to achieve £4m (excl. GiW). Also targeting at least 30 GiW sign ups via the website per annum on an ongoing basis.
- Introduce 'volunteer board fundraising' as a new income stream to support ambitious but achievable plans for growth in fundraising income.
- Plugins have recently been developed for Raiser's Edge (our fundraising database) which utilise algorithms to better identify supporter pipelines. In year-2 we should conduct a controlled test of at least one plugin and if successful roll out this approach more widely.
- Open at least one new charity shop under new 'Hospice in the Weald for Children' branding.

In year three we will build on this by:

- Generate at least £2million net profit from retail operations.
- Develop relations with local system partners to facilitate income generation opportunities through the new build project on acquired land ([see objective 9.5.d](#)).

9.5 Objectives to make best use of resources, maximise capacity and utilisation, and operate cost effectively

Why is this important?

We know that we are not currently meeting the full extent of the demand for Hospice care. We are also aware that in some instances we have access to resources that we can be making better use of to meet some of the excess demand.

Having set out ambitious but achievable income targets we must also operate cost effectively. We are careful with the money that people donate to us and provide reassurance for supporters around value for money. This includes making best use of our data as an asset to make informed decisions, taking good care of our buildings and the tools we use to provide care.

Objective 16

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Help patients to better understand their options around preferred place of death (PPoD), leading to increased utilisation of our in-patient beds and a monthly occupancy of 80-85% in both Cottage Hospice and the In-Patient Ward in Pembury, from end Dec onwards.</p> <ul style="list-style-type: none">● Run training for clinical staff on how to carry out ACP / ReSPECT conversations and how to discuss PPoD.● Review the process for daily in-patient bed allocations.● Engage with local system partners in Heathfield and surrounding area, building on our existing working relationship with the Heathfield GP practice to improve understanding of the Cottage Hospice.● Review how we provide care at Cottage Hospice and explore the potential to expand the referral criteria without adversely impacting occupancy and throughput on the In-Patient Ward in Pembury.	<p>Research shows that home is the most common first preference for place of death. However, it is a polarising option, for 16% of people it is the least preferred place of death. In-Patient palliative care units are the second most preferred place, and are rarely the least preferred place, yet this preference is often not achieved^{xvi}.</p> <p>We also know that across Kent and Medway, over the past five years 40-45% of death occurred in hospital, 20-25% were at home, with a similar percentage in care homes. Only circa 10% of deaths were in Hospice in-patient settings^{xvii}.</p> <p>Hospice in the Weald has twenty-five in-patient beds. Fifteen of which are on the In-Patient Ward in Pembury and ten beds at Cottage Hospice. Each of these beds provides an opportunity for an adult with terminal illness to die in a Hospice in-patient setting.</p> <p>Cottage Hospice is ideally suited for several groups of patients, most notably: patients with non-complex symptoms that would prefer to die at home but are unable to. As well as patients with non-complex symptoms that would prefer to die in a Hospice in-patient setting.</p> <p>Whilst achieving a PPoD should not be the predominant factor in determining a 'good death' it is nonetheless an important aspect. Taking all of this into account, it is clear that there is more for us to do in terms of directing adult patients in existing cohorts to the type of care best suited to their needs and preferences.</p>	<p>Training to start in April 2022 and complete by Sept 2022</p> <p>Review bed allocation processes by October 2022</p> <p>Explore with Heathfield GP surgery the potential for joint funded posts by end Dec 2022</p> <p>Review Cottage Hospice model during Q2 for roll out during Q3 and Q4</p>

Objective 17

What do we want to achieve?

Develop a resource planning tool to improve our understanding of the relationship between capacity and resources, enabling us to better plan workforce levels and future developments in Hospice care.

We will identify capacity potential across all the specific roles in Hospice Outreach Service, considering variables such as travel time, video/telephone appointments, and clinics, to produce a tool which allows for future planning.

How does this help achieve the strategic aim?

We currently have no systems for planning and measuring resource allocation and there are often times where such a system would aid in making informed decisions on allocation and/ or reallocation of resources.

Once completed the resource planning tool will be a significant asset for developing workforce establishments during the annual budget setting process.

Target date

A working model available in early November for beta testing across Q3 and Q4.

Objective 18

What do we want to achieve?

Develop our approach to 'data as an asset'.

- Complete a data 'stock take' to better understand and evaluate use of data that we currently collect.
- Consider implications across the local EoLC system, including which validated tools we will use and why.
- Improve the visibility and use of data across the organisation, ensuring the right people have access to the right information at the right time. Draw up a list of data requirements for each Director & Head of Service.

How does this help achieve the strategic aim?

We currently collect significant quantities of data; it is not always clear why and what the data is used for. This plan will help us ensure that data is tied to our strategic aims and that we are operating effectively and efficiently, reducing unnecessary and low value administrative burdens.

Target date

Data stock take to be complete by 30th June 2022.

Produce weekly and monthly data reports for meaningful metrics from October 2022 onwards.

Objective 19

What do we want to achieve?

Maintain the facilities which enable us to provide current levels of care and expand those facilities in order to build our capacity to deliver increasing levels of care in the future.

- Develop a fully costed five-year maintenance budget.
- Catch up with planned preventative maintenance (PPM) and redecoration of the Hospice building in Pembury.
- Implement new helpdesk processes to ensure more proper maintenance of assets and facilities.
- Tunbridge Wells Borough Council has safeguarded land for our future development we should seek to acquire this land by year end.

How does this help achieve the strategic aim?

Our primary purpose is the provision of Hospice care to those living across West Kent and East Sussex with terminal or life limiting illnesses. In order to continue delivering current levels care we need to maintain our existing facilities, namely the Hospice building in Pembury and Cottage Hospice in Five Ashes.

It is a matter of historical fact that there was rapid population expansion in the UK following the second World War. This generation, often referred to as 'baby boomers' will be turning 76 in 2022. We know that 55% of people in Kent aged seventy-five and over are living with mild to severe frailty, a key precursor of end of life care needs. As the baby boomer generation ages, we will need to expand beyond our existing land and buildings in order to meet the increasing need for Hospice care.

Target date

Budget developed by October 2022

Commence PPMs and redecoration in July 2022

New helpdesk system implemented by December 2022

Acquire safeguarded land by March 2023

In year two we will build on this by:

- Further increase utilisation of Cottage Hospice by developing continuing professional development (CPD) events, provided by Hospice in the Weald during local (to Cottage Hospice) GP practices 'protected time' on EoLC topics to increase their awareness of Hospice care and promote Cottage Hospice to ensure that more patients and family members experience a good death as part of the family caregiver model whilst making best use of our in-patient beds.
- Undertake work to map data from the 2021 census against the current patient population.
- Review and implement new software to improve our finance processes.
- Carry out a comprehensive review of all contracts in place to ensure we are achieving value for money.

In year three we will build on this by:

- Work with local system partners to ensure that Hospice in the Weald data is shared via the Kent and Medway care records system, allowing for joined up care between local system partners and improved outcomes for patients and their loved ones.

Why is this important?

To be sustainable by meeting the needs of the present without compromising our ability to meet future needs, is one of our organisational values. We have identified three strands to this – social, environmental, and financial sustainability, sometimes referred to in popular press as ‘people, planet, profit’. As a charity, Hospice in the Weald does not make a profit, but must generate enough income each year to continue to provide vital care and support.

The focus of the objectives in this section are on environmental sustainability, and social sustainability – the process of creating sustainable, successful places that promote wellbeing, through greater understanding of what people need from the places where they live and work.

Objective 20

What do we want to achieve?	How does this help achieve the strategic aim?	Target date
<p>Make Hospice in the Weald a great place to work and volunteer, where everyone feels empowered in their role, and everybody at all levels is respected and valued.</p> <ul style="list-style-type: none"> Improved training and development opportunities and clearer career progression plans Improve workforce stability with a target to reduce staff turnover by 20% compared to previous year Greater focus on workforce engagement Recruitment & greater use of volunteers Develop and launch a leadership development programme Staff and volunteers to experience Hospice in the Weald as a diverse and inclusive place to work and volunteer 	<p>Our workforce is our greatest asset, and we want to foster an environment where staff and volunteers feel that Hospice in the Weald is a great place to work and volunteer, a workplace where people can grow and develop their career, if that is what they want to do.</p> <p>The specific elements of this objective are informed by a ‘great place to work’ survey carried out in December 2021; follow up listening sessions with specific groups of staff, and input from our workforce consultative group.</p> <p>Over the past 10 years Hospice in the Weald has experienced higher than expected levels of staff turnover and so a key aspect of this objective will be to improve workforce stability by reducing staff turnover and increasing retention.</p>	<p>Review workforce development policy by end Oct</p> <p>Set out career development diagrams for each service / department by Dec 2022</p> <p>Report monthly on staff turnover</p> <p>Launch pulse surveys from June 2022</p> <p>Review of volunteer role descriptions and volunteer recruitment campaign in Jan 2023</p> <p>First cohort on leadership development programme by end July 2022</p> <p>Produce an equality, diversity, and inclusivity plan by Dec 2022</p>

Objective 21

What do we want to achieve?

Improve our ICT infrastructure by:

- Carrying out review of existing ICT infrastructure
- Setting our ICT aims for the future
- Carrying out a tender process for ICT provision
- Writing an ICT strategy for next 3 years

How does this help achieve the strategic aim?

Our current systems are outdated and a significant cause of workforce frustration. We can improve staff and volunteer satisfaction by improving our ICT provision so that the day-to-day use of ICT is easier for our workforce, and we can put a plan in place to avoid falling behind with our ICT systems and maintenance again in the future.

Target date

ICT aims to be complete by end June.

Infrastructure review to be complete by end August.

Tender by October 2022

Strategy to be published 30th March 2023.

Objective 22

What do we want to achieve?

Improve our environmental sustainability by:

- Reducing the carbon emissions from our heating systems in the Pembury building.
- Focusing on way to reduce our energy consumption.
- Installation of photovoltaic panels in the Pembury building
- Moving to use an ICT supplier or data centre with a lower carbon emission output

How does this help achieve the strategic aim?

This is part of a commitment, set out in Our Values, to work in ways which enable us to meet the needs of the present without compromising our ability to meet future needs. This also gives staff and volunteers pride in the organisation.

Target date

Existing aged boiler to be replaced by end July

Climate control installed in patient facing areas by end March

Internal communications campaign to reduce energy consumption during Q3 and Q4

Work started on photovoltaic panels at Pembury by end March 2023

ICT tender process to commence in October 2022.

In year two we will build on this by:

- Make green credentials a mandatory aspect in our procurement processes. Assess and fully understand our carbon emission output and set appropriately challenging reduction targets.
- Evaluate the need to run an international recruitment campaign for nursing staff. This could also include providing development opportunities for qualified palliative care nurses working in underdeveloped countries and looking to grow their knowledge base by working alongside our care and clinical staff.
- Having developed and launched a leadership development programme in year-1 of this Strategy, in year-2 we will open the course to staff from other Hospices to share our learning and raise our national profile, ahead of setting out plans to become a teaching Hospice in year-3.

In year three we will build on this by:

- Ensure that any new build on safeguarded land ([see objective 9.5.d](#)) runs on a carbon neutral basis.
- Set out plans to become a teaching hospice, raising our profile nationally and sharing our knowledge of palliative and end of life care with others for the betterment of patients with terminal or life limiting illness and their loved ones.



Every Hospice in the Weald patient, and their loved ones, receives care based on their needs; everybody is treated as an individual to help our patients achieve a dignified death.

10 Monitoring implementation of the strategy

The modern Hospice is a complex organisation, and we routinely monitor and respond to over one-hundred individual data points. These measures include 'Quality Markers', which help to ensure that we deliver consistently outstanding care, as well as income targets for fundraising events and campaigns, retail, and income via Gift Aid. We also monitor activity including occupancy rates, critical incident reporting and solicit regular feedback.

However, much like any complex organisation, Hospice in the Weald is continuously evolving, and our suite of measures was last comprehensively reviewed approximately 10-years ago, much has changed since then. With the appointment of new Head of Data and Insights in early 2022, we are ideally poised to carry out a systematic review of all our data points, measures, and indicators, in year-1 of the strategy, as part of our plans to make data an asset.

The Trustees of Hospice in the Weald set the strategic direction for the organisation and monitor implementation of this strategy via twelve outcome measures, which the executive management team report on monthly. The Outcome measures are high level indicators tied to the strategic aims set out in this Strategy. Likewise, all of the objectives in this Strategy relate to at least one strategic aim and therefore contribute to achieving the outcome measures. This approach to monitoring is straightforward yet effective. By ensuring that all aspects of this Strategy are linked it becomes easier to ensure that we remain 'on track' and do not drift from our mission. The outcome measures are set out overleaf.

“When we settled into the In-Patient Ward, there was no hesitation about whether or not I could stay. I felt that they were there for me, as well as Mark. I felt that I had the freedom to be there and to be whatever I wanted to be.”

Debbie, wife of Mark, a Hospice in the Weald patient



We would not be able to achieve all that we do without our hardworking and dedicated staff and volunteers.

Outcome measures for year 1 - 2022-2023

Strategic Aim	Outcome Measures	Red/amber/green criteria						
Grow our reach and improve earlier access to Hospice care for people of all ages.	<ul style="list-style-type: none"> In-line with expected population growth across our catchment area, we would expect to see 1,800 new referrals (including eight children) We will aim to increase the time for adult patients from first referral to death from circa 60 days to ≥ 6 months 	<table> <tr> <td><80%</td><td>80-89%</td><td>$\geq 90\%$</td></tr> <tr> <td><40%</td><td>40-49%</td><td>$\geq 50\%$</td></tr> </table>	<80%	80-89%	$\geq 90\%$	<40%	40-49%	$\geq 50\%$
<80%	80-89%	$\geq 90\%$						
<40%	40-49%	$\geq 50\%$						
Plan and provide care in a safe and responsive way that meets the needs of each individual and the communities we serve, working with local system partners to plan care.	<ul style="list-style-type: none"> Adult patients will have had a meaningful ACP discussion documented within three points of contact following initial assessment. All referrals triaged within 24 hours and those rated as red assessed within 24 hours, amber within 1-4 days and green within 10-14 days 	<table> <tr> <td><70%</td><td>70-79%</td><td>$\geq 80\%$</td></tr> <tr> <td><90%</td><td>90-95%</td><td>$\geq 95\%$</td></tr> </table>	<70%	70-79%	$\geq 80\%$	<90%	90-95%	$\geq 95\%$
<70%	70-79%	$\geq 80\%$						
<90%	90-95%	$\geq 95\%$						
Ensure that our care is safe and effective, having meaningful impact for patients and their loved ones.	<ul style="list-style-type: none"> We will aim for at least 95% of the total patient caseload to be reviewed via MDT / caseload review at least every three months An improvement in overall IPOS score of at least 5 points for every patient in each episode of care 	<table> <tr> <td><90%</td><td>90-95%</td><td>$\geq 95\%$</td></tr> <tr> <td><75%</td><td>75-84%</td><td>$\geq 85\%$</td></tr> </table>	<90%	90-95%	$\geq 95\%$	<75%	75-84%	$\geq 85\%$
<90%	90-95%	$\geq 95\%$						
<75%	75-84%	$\geq 85\%$						
Develop reliable sources of income so that current and future expenditure is sustainable.	<ul style="list-style-type: none"> Achieve the retail net profit budget of £1,670,000 (measured monthly year to date) Achieve the Fundraising contribution budget of £3,614,000 (measured monthly year to date) 	<table> <tr> <td><70%</td><td>70-89%</td><td>$\geq 90\%$</td></tr> <tr> <td><85%</td><td>85-94%</td><td>$\geq 95\%$</td></tr> </table>	<70%	70-89%	$\geq 90\%$	<85%	85-94%	$\geq 95\%$
<70%	70-89%	$\geq 90\%$						
<85%	85-94%	$\geq 95\%$						
Make best use of resources, maximise capacity and utilisation, and operate cost effectively.	<ul style="list-style-type: none"> Achieve or beat the operating budget (budgeted deficit of -£781,000) (measured monthly year to date) We will aim for a monthly occupancy of 80 – 85% in both in-patient settings, from December onwards. 	<table> <tr> <td><80%</td><td>80-89%</td><td>$\geq 90\%$</td></tr> <tr> <td><2</td><td>2-2.5</td><td>≥ 2.5</td></tr> </table>	<80%	80-89%	$\geq 90\%$	<2	2-2.5	≥ 2.5
<80%	80-89%	$\geq 90\%$						
<2	2-2.5	≥ 2.5						
Build our social and environmental sustainability.	<ul style="list-style-type: none"> 20% year on year reduction in staff turnover We will target a 5% decrease in electricity used during Q3 and Q4 of 2022 – 2023 compared to the same period in 2019 - 2020 (last non-covid year). 	<table> <tr> <td><13%</td><td>13-19%</td><td>$\geq 20\%$</td></tr> <tr> <td><1%</td><td>2-4%</td><td>$\geq 5\%$</td></tr> </table>	<13%	13-19%	$\geq 20\%$	<1%	2-4%	$\geq 5\%$
<13%	13-19%	$\geq 20\%$						
<1%	2-4%	$\geq 5\%$						

11 Glossary of terms

The healthcare system is renowned for its use of jargon and abbreviations. At Hospice in the Weald, we are aware of this and try to avoid doing so ourselves, we do not want to further burden and add to the confusion that people may already be experiencing. Some use of technical terms is inevitable though and this glossary may be of use to those reading this strategy and/or engaging with the wider healthcare system.

ACP	Advanced Care Planning. A process which makes clear, a person's wishes in the context of anticipated deterioration.
ANP	Advanced Nurse Practitioner – a senior and highly experienced nurse that is able to prescribe medications.
CCG	Clinical Commissioning Group (now superseded by ICB / ICS – see below)
CHELsea II study	Research exploring the provision of assisted hydration at end of life.
Continuing Care	An NHS/Social Services term for those people requiring fully funded care outside the acute hospital setting.
CPD	Continuous Professional Development
CPMS	Care Plan Management System
CQC	Care Quality Commission
CSS	Counselling and Support Services
Death café	A scheduled get-together for the purpose of talking about death over food and drink, usually tea and cake. The goal of these sessions is to educate and help others become more comfortable with discussing their finite lives and ultimately their end of life wishes. The concept is an excellent fit with our approach to 'celebrate life and dignify death'
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation. This refers to a form widely used as a means of communicating the decision a patient/family/clinician have made together NOT to attempt resuscitation in the event of a cardiopulmonary arrest.
EMIS	Electronic Medical Information Systems.
EoLC	End of Life Care. Generally referred to as the last year of life. Encompasses all services and activities used to support those with advanced, progressive, incurable illness to live as well as possible until they die. This includes the patient and their families and carers.
E-Prescribing	Shorthand for electronic prescribing / prescription, which refers to the process of replacing paper based prescriptions.
GIW	Gift in a Will, sometimes referred to as a legacy gift
Goals focused care	An approach to care that is based on achieving individualised goals that are created through collaborative conversations between patients and providers in health care settings.
GSF	Gold Standards Framework. The highest possible standard of care expected for adult patients nearing the end of their lives. GSF is an evidenced based approach for those living and then dying in the community.
HitW	Hospice in the Weald
HLT	Hospice Leadership Team
ICB / ICS	Integrated Care Boards / Integrated Care Systems are part of the commissioning framework which replaced CCGs (see above) in mid-2022. Responsible for decisions about allocation of statutory funding (see below). The commissioning landscape is complex and dynamic, any of the Directors at Hospice in the Weald will be happy to provide further information for those keen to understand more.

ICT	Information and communications technology
IPOS	Integrated Palliative Outcome Scale: A resource which we use for teaching, research and measuring complexity of care.
IPW	In Patient Ward
KLOEs	The CQC approach to their Key Lines of Enquiry
KPI	Key Performance Indicator. A set of standards or metrics by which we are measured.
Learning Management System (LMS)	An electronic system for making training resources available online to specific groups of people.
Malignant	Relating to a cancer, tumour or growth which usually spreads to other tissues.
Managed Clinical Network (MCN)	A group of health professionals and organisations from primary, secondary, and tertiary care, working in a coordinated way that is not constrained by existing organisational or professional boundaries to ensure equitable provision of high quality, clinically effective care. The emphasis shifts from buildings and organisations towards services and patients.
MDT	A Multidisciplinary Team Meeting is a meeting of the group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.
MTW	Maidstone and Tunbridge Wells
NHS	National Health Service
NICE	National Institute of Clinical Excellence
PEoLC	Shorthand for Palliative and End of Life Care. End of life care is generally accepted as being the last year of someone's life, palliative care may be provided over a much longer period.
PIFU	Patient initiated follow-up is when a patient initiates an appointment when they need one, based on their symptoms and individual circumstances.
Portfolio	A range of works and investments
Psychosocial	An inherently goals focused (see above) and empowering approach to PEoLC (see above) that encourages patients to express their feelings about the disease, while at the same time providing ways by which the psychological and emotional well-being of such patients and their loved ones are improved
PPM	Planned Preventative Maintenance
PPoD	Preferred place of death
Quality Markers	Statistical measures defining priority areas for quality improvement.
RAG	A rating system of three levels – red, amber and green. Red is viewed least favourably, green most favourably.
ReSPECT	ReSPECT is an acronym standing for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process involves setting out one's wishes for clinical care in emergency situations where the individual might not be able to make decisions or express their wishes.
SMART	Specific, Measurable, Achievable, Relevant, Time-bound - other versions of SMART exist, and this is the version we have chosen to use.
SPICT tool	Supportive & Palliative Care Indicators Tool. SPICT™ helps identify people with deteriorating health due to advanced conditions or a serious illness.
Statutory Funding	Money made available to Organisations through Government
UX	User Experience

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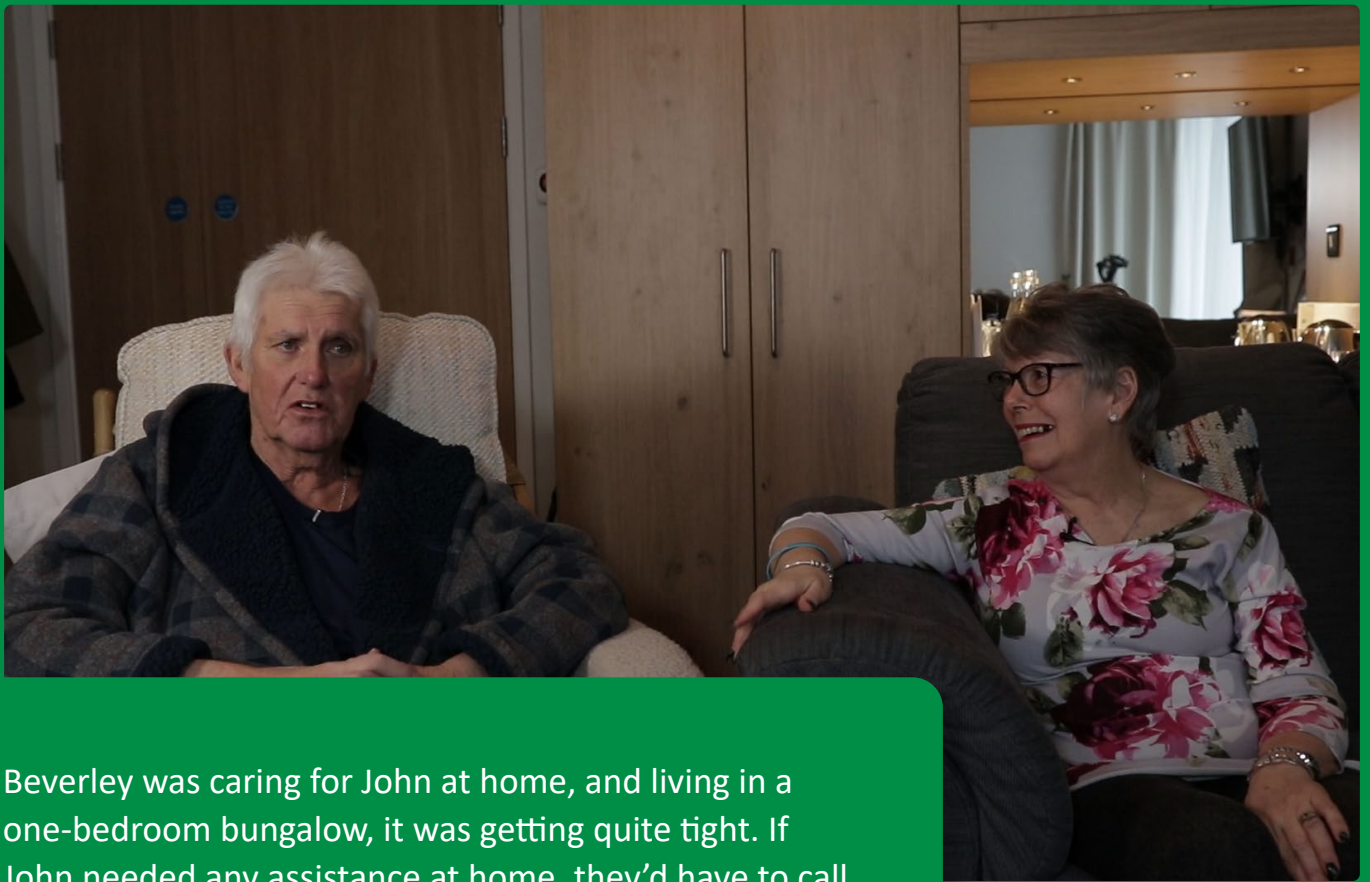
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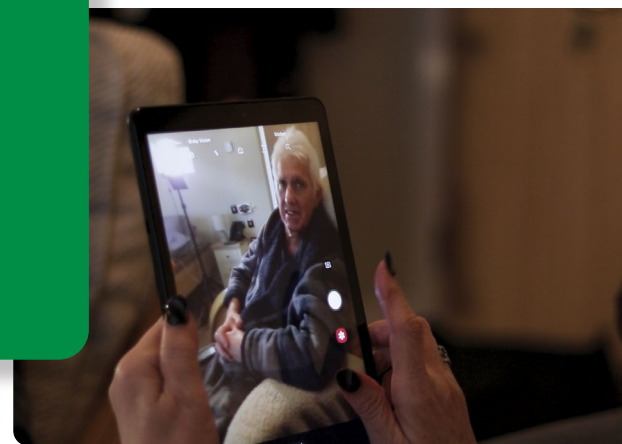
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John & Beverley's Story



Beverley was caring for John at home, and living in a one-bedroom bungalow, it was getting quite tight. If John needed any assistance at home, they'd have to call for nurses to come and help Beverley to care for John.

At Cottage Hospice, knowing that they had the instant support from the nurses made caring so much easier for Beverley and meant that they could have visitors who wouldn't have been able to visit when at home. Cottage Hospice brought John out of a rut and in his words, it "changed my life, to a degree".



John's grandchildren, including Grandson Ernie visited when they stayed at Cottage Hospice which meant a great deal. John could see Ernie able to run around and play, in their room at Cottage Hospice making him feel normal and making memories with the whole family. The family could visit any time, day and night and spend time with John and Beverley in their home from home room. This just wouldn't have been possible for them at home and helped John and Beverley to feel that relief, knowing that everything was being taken care of, in a safe environment.



**For any queries relating to this Strategy please contact
Amy Dedman, Executive Assistant on 01892 820552**

**Full up to date management and governance contacts can be found
on our website by following the menu links to 'About' > 'Our People'.**

Hospice in the Weald
Maidstone Road
Pembury
TN2 4TA

Switchboard: 01892 820500
www.hospiceintheweald.org.uk

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Registered in England No. 1499846

