



HOSPICE AT HOME  
WEST CUMBRIA

*Enhancing life, excelling in care*

# Hospice at Home West Cumbria

## Strategy 2018 – 2021



## Introduction

I am delighted to share with you the new Strategy for Hospice at Home West Cumbria 2018 – 2021, which marks the end of the 30th year of the organisation, and looks forward as we head into the next 30 years. The strategy will be delivered through annual plans which will set out the work we will carry out in each financial year to help achieve our goals, and we will continue to publish our achievements through our Annual Review.

We are committed to continuing to meet demand for our services, and explore ways we can widen access across all our communities, developing local partnerships to support individual needs. Our strong reputation and positive feedback from patients, carers and bereaved is central to our future success, and our dedicated teams of staff and volunteers ensure that Hospice at Home West Cumbria provides the best care and support for all our service users.

We are grateful for the generous donations and legacies we receive, and to those who take part in fundraising activities, which continue to support our work. Our target of achieving almost £1m income is becoming increasingly difficult with competition from other charities, and we need to find new and innovative ways of engaging with our communities.



The Hospice movement was founded by Dame Cicely Saunders 50 years ago. Her words are as important to us now as they were then

*You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.*

*Dr Robert Walker*

Chair of Trustees

## **Vision**

‘All people in West Cumbria have timely access to personalised high quality palliative and End of Life Care’

## **Mission**

‘To be at the heart of our community and provide Home Nursing, Emotional Support, Complementary Therapies, and Lymphoedema Care when and where needed.

## **Values**

- We provide care for local community
- We allow people a realistic choice regarding end of life care
- We acknowledge a person’s physical, psychological, social and spiritual needs
- We care for families
- We maximise opportunities to work with others
- We share good practice and learn from others
- We safeguard our financial future
- We respect and care for each other

## **Who we are:**

Hospice at Home West Cumbria (HHWC) is registered as a company limited by guarantee at Companies House and is also registered with the Charity Commission.

We provide home nursing, family and bereavement support services and lymphoedema treatments to people in West Cumbria. This is an area from Maryport in the north, to Millom in the south and into the Eskdale, Wasdale, Ennerdale and Buttermere valleys; serving a population of around 137, 000. Our care is delivered to people in their own homes and communities and includes those in nursing homes and hospitals including

- 3 Integrated Care Communities + Millom

- 16 GP practices

- 3 Community hospitals

- 1 District General Hospital

- All care homes; nursing and residential

Our services are delivered free of charge to all those that need them. To support this, we have a marketing and income generation team to raise our profile so that people are aware of our services and know how to support us. Around one fifth of our income comes from the NHS the rest has to be raised through our own income generating activities. All our actions are governed by the knowledge that we have a duty to manage our resources wisely and cost effectively.

**We are rated as GOOD by the Care Quality Commission**

## What we deliver

**We provide specialist and specialised palliative care for adults who are facing the end of their lives and their families.**

Care is provided by 3 integrated care streams:

### Home Nursing provides

- a. Care at home, in care homes, nursing homes, community hospitals and acute hospitals
- b. Care given by registered general nurses, health care assistants and volunteers
- c. Care delivered 24 hours per day, 7 days per week, 365 days per year

### Family and Bereavement Support provides

- d. One to one support in highly complex situations
- e. Family support in highly complex situations
- f. One to one support to manage normal grief and loss
- g. A range of support groups for patients, carers and those bereaved
- h. A range of complementary therapies for patients, carers and those bereaved

### Lymphoedema treatment

- i. For cancer related lymphoedema
- j. Non- cancer lymphoedema (under a separate agreement)

**We are also an integral part of the local specialist palliative care team; we achieve this by:**

- Being a key stakeholder in the weekly multi-disciplinary team
- Making a financial contribution to the specialist palliative care medical team
- Providing administrative support to the community specialist palliative care team

**Where we have been and where we are going:**

Hospice at Home West Cumbria is a unique and special organisation; founded in 1987 our “Hospice without Walls” was created by and for the people West Cumbria. It has become embedded into the fabric of our locality.

Since the last 3-year strategy we have achieved

- A review of the home nursing service following consultation with service users and staff
- Mindfulness support group established
- Donation centre set up for the shops
- Worked with the North Cumbria Clinical Commissioning Group developing the new local service structures
- Rebranding and a new logo
- Continued to ensure that the organisation is compliant with regulatory standards
- Provided a comprehensive set of annual accounts

During 2017/18, there were 283 new patients cared for by our home nurses.

These 283 patients together with the 21 existing patients received 498 days of care and 810 nights of care equating to 8836 hours of direct nursing care. We also saw 165 new lymphoedema patients.

Our Patient Support Volunteers supported 32 patients in their own homes with 223 contacts; significantly more than in previous year.

249 individuals were supported by our Family and Bereavement Support service through a range of therapies and interventions provided by both staff and volunteers.

**In the next 3 years we will focus on:**

## **Service Delivery, Presence & Reputation, Sustainability and Governance**

Our strategy for 2018 – 2021 outlines what Hospice at Home West Cumbria hopes to achieve during the next three years. This strategy is a summary of our general direction and the work that we will do. The strategy will be supported each year by a detailed delivery plan. Each year we will produce an Annual Review which will update you on the progress we are making towards achieving our strategic aims. The review will also include information about HHWC's financial situation.

**There are key external factors, both local and national, that influence our organisations growth and direction, both now and in the future and these have been considered during the development of our strategy. Key considerations are:**

- An ageing population, where it is known that over the next 5 years the number of people over the age of 85 in north Cumbria will grow by 19% and an increasing number of people are living with long-term conditions such as coronary heart disease and dementia.
- Ambitions for Palliative and End of Life Care
- North Cumbria CCG expectations
- The Care Quality Commission review and the new standards and inspection processes for Hospices
- Digital and technological developments
- Economic and policy changes

Strategy for 2018 – 2021

Themes	Service Delivery	Presence & Reputation	Sustainability	Governance
<b>Goals</b>	Deliver the best possible care for our patients and their families	Reach more people through working in partnership and raising awareness	Ensure our organisation is sustainable and relevant in the ever changing external environment	Ensure our organisation is compliant and manages risk
<b>Strategic Objectives</b>	<ul style="list-style-type: none"> <li>➤ Maintain high quality care in our existing services</li> <li>➤ Develop services to meet emerging needs and national and local end of life care priorities</li> <li>➤ Increase use of existing services and facilities to maximise outcomes, reach and early intervention</li> <li>➤ Engage with and respond to the changing commissioning environment</li> </ul>	<ul style="list-style-type: none"> <li>➤ Engage with new and existing partners to develop collaborative working</li> <li>➤ Educate and promote understanding of our organisation within our community and wider stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>➤ Deliver strategies to maximise income generation, voluntary and corporate support</li> <li>➤ Explore opportunities to improve efficiency and effectiveness</li> <li>➤ Implement and work to a suite of performance and financial controls</li> <li>➤ Implement succession plans that support recruitment, retention and development of skilled staff and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ensure compliance with regulatory standards</li> <li>➤ Ensure all areas of strategic risk are identified, reviewed and managed</li> <li>➤ Ensure systems are in place to support our governance framework so that the Board is effective</li> </ul>

## Achieving our goals

### 1. Service Delivery

It is reported that the number of people dying each year is projected to rise and the number of people with a need for expert end of life care is also likely to increase. Changing demographics mean that there will be more people living and dying with multiple conditions with less local family support. All this will change the end of life journey for large numbers of people, and presents a clinical challenge too, as it becomes increasingly difficult to identify the 'dying phase' at end of life.

This has consequences for adults with terminal and life shortening conditions, but also those around them. As our communities and needs change, there is no doubt that families, carers and informal care networks will be expected to do more to care for people approaching the end of their lives. We need to go further in supporting families, carers and local communities in playing this important role.

#### Indicators of success

- Patients, carers and families of those at the end of their life are able to express their needs and wants and receive appropriate support
- Positive feedback from customer questionnaires
- Increase in referrals at an earlier stage
- Increase in the engagement and collaborative working through the new Integrated Community partnerships and other care providers
- Strong and sustainable partnerships are established and Hospice continues to receive the service delivery grant from the Cumbria Clinical Commissioning Group
- Improved knowledge and understanding of local need

## 2. Presence & Reputation

Hospice at Home West Cumbria has been an important service provider in the communities of West Cumbria for 30 years and as such is a recognised and highly regarded brand. In order to be supported at the level to sustain the organisation, it is important to continually engage with new and existing people, and identify innovative ways of encouraging support.

### Indicators of success

- Greater public awareness of the value of hospice care and more public engagement on related issues such as death and dying
- New and diverse income sources including a higher proportion of regular donations are sustained
- Increased number of presentations and educational opportunities
- Engaging programme of fundraising events
- Extend training and education services to care homes and other providers
- Build stronger links with healthcare organisations
- Benchmark with other hospices
- Developed communications strategy

### 3. Sustainability

A sustainable future is essential if we are to achieve our ambitious vision for hospice care for everyone in need in West Cumbria. We must continue to maintain a skilled workforce and volunteers and constantly develop and evolve services, partnerships and networks in order to reach and support more people.

#### Indicators of success

- Use of new technological solutions to support the workforce and provide efficiencies
- Deliver a structured volunteer development programme
- The adoption of modern employment practices for recruitment and retention
- More partnerships and collaborative working to share expertise, best practice and reduce costs
- Innovative and sustainable models of care are launched
- Prudently manage our resources and invest in the future
- Generate income by diversifying and extending the range of income streams
- Hold 6 months operating costs as a reserve

### 4. Governance

Ensuring compliance with standards and regulation is crucial to good management and oversight of the organisation. Systems and procedures must be in place to monitor and review effectiveness, dealing with risk and performance to highlight any potential threats.

#### Indicators of success

- A good or outstanding report from CQC
- Identification and assessments of strategic risks with realistic mitigating actions
- Continuity and business plans in place
- More and better quality data sets available
- Board has effective oversight and constantly reviewing the future
- Increased compliments and reduced complaints

## Appendix

What we have considered:

- Feedback questionnaires and discussion groups with patients and families.
- Feedback from staff, volunteers and trustees.
- Hospice UK strategy and Peering Over the Precipice document
- National policy on Improving Care for People at the End of their Life.
- Board and senior management team away day

The following documents -

- **The National End of Life Care Strategy (Department of Health, 2008)**

The first national plan to improve the quality of care for adults at end of life that introduced key messages regarding workforce development

- **Ambitions for Palliative and End of Life Care.**

A National Framework for local Action 2015 – 2020 (National Palliative and End of Life Care Partnership 2015) - Developed by the National and End of life Care Partnership, Ambitions for Palliative and End of Life Care builds on the Department of Health's 2008 Strategy for End of Life Care and is aimed at local health, social care and community leaders. It responds to the increased emphasis on local decision making in the delivery of end of life and palliative care services, since the introduction of the Health and Social Care Act 2012. The framework sets out six ambitions for how end of life care should be delivered at local level, these are:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is co-ordinated
5. All staff are prepared to care
6. Each community is prepared to help

- **One chance to get it Right (The Leadership Alliance for the Care of Dying People 2014).**

Following the recommendations arising from the review of the Liverpool Care Pathway (the Neuberger Review, leading to More Care Less Pathway, (DH, 2013)) the Leadership Alliance for the Care of Dying People, was formed to produce a system-wide response. Their report, “One Chance to Get It Right” brings together an approach to care of the dying which encompasses five priorities of care; that when it is thought that a person may die within the next few days or hours:

1. This possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person’s needs and wishes, and these are regularly reviewed and decisions revised accordingly.
  2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
  3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
  4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
  5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.
- **Actions for End of Life Care: 2014 – 16 (NHS England 2014)** - Using the NHS England, ‘House of Care’ framework and recognising the work already done by the National End of Life care strategy 2008 this document seeks to be one component of the wider ambition to develop a vision for end of life care beyond 2015. It incorporates the NICE Quality Standard for End of Life Care for adults (2011) and “Every Moment Counts” - the narrative for person centred coordinated care, produced by NHS England for National Voices 2014.
  - **National Institute for Health and Care Excellence.**

Care of dying adults in the last days of life (NICE Guidance, December 2016). The guidance includes recommendations on: recognising dying, communication, shared decision making, maintaining hydration, pharmacological interventions and anticipatory prescribing.

- **What is important to me, The Choice in End of Life Care Programme Board (2015)** was commissioned to provide advice to Government on improving the quality and experience of care for adults at the end of life, their carers and others who are important to them, by expanding choice. This review identifies the issues people approaching the end of life are currently facing and offers, “a blueprint for how greater choice in end of life care can be achieved”. From public engagement the report has identified seven key themes around what choices are important to people at the end of life and after their death.

- **North Cumbria CCG Quality Strategy (February 2018)**

This quality Strategy sets out how the CCG intends to achieve continuous improvement in all commissioned services, reflecting national and local priorities and reinforcing the CCGs commitment to the development of validated quality improvement within and between care settings.



**Hospice at Home West Cumbria covers 400 square miles along the western side of Cumbria from Maryport, right down to Millom and into the Eskdale and Wasdale valleys.**