



Strategy and Business Plan 2020-2023

Honest Effective Comfort Teamwork Spiritual
Community Support Holistic
Kind Warm Safe Caring Learning Hope
Loving Personalised Care Nursing Dignity
Celebrate Sustainable Supportive Volunteers Care Ambitious
Compassion Family



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Hospice in the Weald Strategy and Business Plan 2020 - 2023

FOREWORD

Hospice in the Weald is a well-established local charity serving the communities in West Kent and northern East Sussex for 40 years. The people in these communities know that we are an outstanding Hospice offering an extensive range of Services. Those who know us realise we are, and will remain, outstanding because we continually strive for excellence in all we do.

In recent months COVID-19 has presented as a new challenge – nationally and internationally. There will be no person, charity or business unaffected by the pandemic. Hospice in the Weald is not immune to that and even as we play our part in responding to the unfolding crisis, we realise that it will impact the plans and objectives that we have set out in this Strategy and Business Plan.

What follows in this document is as it was mid-March 2020. It was at this time that COVID-19 first began to have significant operational impact for Hospice in the Weald. The focus of work shifted from finalising the Strategy and Business Plan, to managing day by day to ensure that we were able to continue to provide existing patients and those important to them with Hospice care, as well as increasing our capacity to see new patients - those dying from COVID-19 and not already known to Hospice in the Weald.

Several omissions will be noticeable in this document, most noticeable of which will be the budget. Given current circumstances, it does not seem appropriate to set out a budget for the next three years when we know that so much of it will need to change. Many of the objectives set out in this Strategy & Business Plan, particularly capital projects such as Foundations for the Future, will be put on hold.

We will set an operational emergency budget in response to COVID-19 by May 2020. And, commit to reproducing this Strategy and Business Plan, in full including budget, by the end of March 2021. Between now and that time we will consider whether the final document will cover a period of two or three years. In this regard we will treat the financial year 2020 – 21 as a holding year. We still intend to deliver all that is written in this Strategy and Business Plan but recognise that many of the timeframes will need to shift.

The Hospice movement is a very British success and Hospice in the Weald is the best of the best. We are able to provide world class Hospice Palliative Care because of the people who make up our workforce, our staff and volunteers, who themselves are enabled by the generosity of the people in the communities we serve. This is as true now during the time of COVID-19 as it has been at any other time.

Only 11% of the funding required to deliver our Services, comes from the NHS. However, we will, as in the past, not let this lack of government funding limit our ambitions to serve. We will continue to make the case for more statutory funding and continue to be careful with the money people give us, spending 90p in every £1 raised, directly on care. We measure our success not by the amount of money coming in, but by the high quality of care we are able to provide for everyone in our community living with a terminal illness, and for those important to them.

Hospice in the Weald Strategy and Business Plan 2020 - 2023

CONTENTS

		Pg. #
	FOREWORD	
1.	INTRODUCTION (and illustration)	
2.	MISSION & STRATEGY	
	2.1 Our values	
	2.2 Our culture	
	2.3 Our strapline	
	2.4 Our mission	
3.	HOSPICE PALLIATIVE CARE	
4.	STRATEGIC AIMS	
5.	DIAGRAM OF HOSPICE IN THE WEALD STRUCTURE	
6.	MEDICAL DIRECTORATE	
	6.1 Review of Activity during the 2017 – 2020 Strategy	
	6.2 Planning ahead: 2020 - 2023	
7.	CARE DIRECTORATE	
	7.1 Review of Activity during the 2017 – 2020 Strategy	
	7.2 Planning ahead: 2020 - 2023	
8.	FINANCE DIRECTORATE	
	8.1 Review of Activity during the 2017 – 2020 Strategy	
	8.2 Planning ahead: 2020 - 2023	
9.	INCOME GENERATION DIRECTORATE	
	9.1 Review of Activity during the 2017 – 2020 Strategy	
	9.2 Planning ahead: 2020 - 2023	

Hospice in the Weald Strategy and Business Plan 2020 - 2023

10.	HR DEPARTMENT 10.1 Review of Activity during the 2017 – 2020 Strategy 10.2 Planning ahead: 2020 – 2023	
11.	CHILDRENS HOSPICE IN THE WEALD 11.1 Review of Activity during the 2017 – 2020 Strategy 11.2 Planning ahead: 2020 – 2023	
12.	BUDGETING	
13.	MONITORING & EVALUATION OF THE STRATEGY & BUSINESS PLAN	

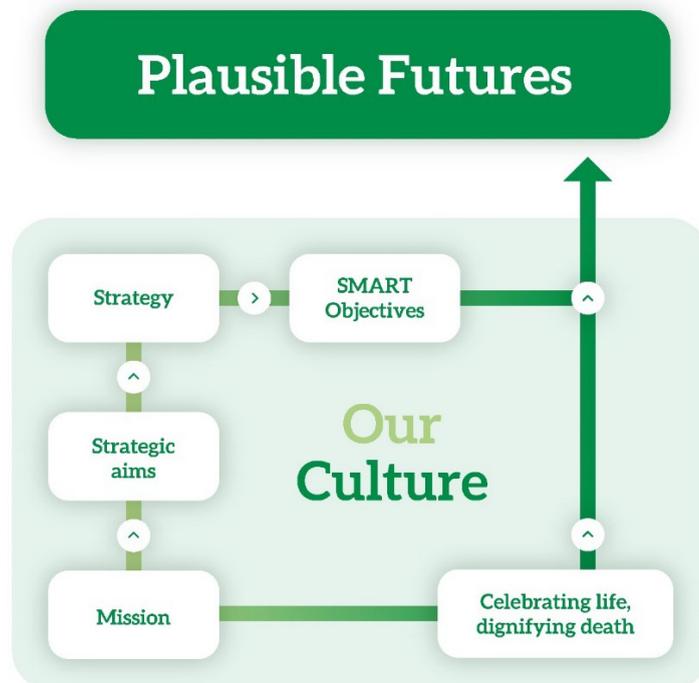
1. INTRODUCTION

Hospice in the Weald has now been through three cycles of three-year Business Plans, which have helped to ensure that the Hospice continues to meet its strategic aims and continues to be a business- like and successful charity. Our previous Business Plans and Strategies have helped to ensure that we continue to see more people from across the communities we serve in West Kent and East Sussex.

In 2019 we undertook a root and branch review of our mission, values and strategic aims, ahead of publishing this: our new three-year Strategy & Business Plan. Our mission is to provide compassionate, personalised and holistic care for everyone in our community living with a terminal illness, and for those important to them. There are four themes underpinning our Strategy:

- ☐ Continuing to meet more and more unmet need
- ☐ Good communication to ensure that every patient, and those important to them, are aware of the full range of services available to them through Hospice in the Weald.
- ☐ Continuing to be a leader in Hospice Palliative Care, whilst building organisational resilience and developing our whole workforce
- ☐ Integration with Primary Care Networks

We said in previous Business Plans that we think strategy and strategic thinking are about plausible futures and playing our part in shaping that future. We try hard to shape the future for the benefit of people in our community with a terminal illness. The diagram below illustrates how the multiples strands of this Strategy and Business Plan contribute to shaping plausible futures.



2. MISSION AND STRATEGY

2.1 Our values:

One of the biggest challenges for successful strategy is that the individual people within organisations often have a hard time translating "big ideas" into specific actions. A well thought out set of organisational values offers a roadmap for achieving strategic aims through day to day interactions between colleagues as well as patients, and those important to them. Setting organisational values which feel authentic and can be practised on a day by day basis will, over time, drip feed the culture of an organisation.

- **Honest** - we are a trustworthy and reliable organisation that treats people with respect, manages risk appropriately and lets people know when we make a mistake.
- **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 people in Kent and Sussex to access the most effective Hospice Palliative Care and enjoy good quality of life.

Our organisational values are a de facto a code of conduct which, together with our culture of empowerment, makes clear how people in this charity should behave.

2.2. Our Culture - Empowerment:

The culture of an organisation is its personality and character. Organisational culture is made up of shared values, beliefs and assumptions about how people should behave and interact. In simple terms it is: 'the way things are done around here'.

The Hospice Leadership Team, comprised of the CEO, Directors and Heads of Services/Departments, has resolved to have a culture of empowerment at Hospice in the Weald throughout the lifetime of this Strategy and Business Plan.

Having a culture of empowerment means working with patients and those important to them, as well as staff and volunteers, in a way that encourages all people to develop and become more capable and more confident.

We are clear in wanting the culture of empowerment to be felt by everyone at Hospice in the Weald. For patients and those important to them, 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 services of 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 firmly committed to the provision of training and development opportunities, so that everyone has the opportunity to develop and become more capable and more confident.

2.3. Our strapline: Celebrating Life, Dignifying Death

We think that everyone will know that this 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. We often see death as a mystery of life, an endorsement of the value of human beings.

However, fewer people recognise that Hospice in the Weald is as much about Celebrating Life as it is Dignifying Death. The people who have been seen by one of our Services (Hospice in the Home, In-Patient Ward, Counselling and Support Services or the Hospice Day Service) know this very well, but it's not clear to people generally.

Every one of us knows that the reality is we are all going to die; it's a certainty. But all of us are uncertain as to when. It is possible to 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. In many respects, we can all dignify death by celebrating life.

2.4. Our Mission:

Compassionate, personalised and holistic care for everyone in our community living with a terminal illness, and for those important to them.

We have updated our mission based on conversations with patients, those important to them, and our own workforce. In general, the work and the services that Hospice in the Weald provides will remain unchanged. We feel that our updated mission describes what we do in a more modern and encompassing way.

3. HOSPICE PALLIATIVE CARE

At Hospice in the Weald, we define Hospice Palliative Care as ‘personalised care and support for a person 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 those important to the patient.

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 excellent symptom control and goal setting either in their own home, Hospice Day Service, the Hospice Ward at Pembury or the Cottage Hospice in Five Ashes; for others, it may be spending time answering their questions, empowering them and those important to them 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 Hospice Palliative Care aims to support them and those important to them to live their life while dying, maintain and improve their quality of life and to prepare for their death in whatever way is best for them.

4. STRATEGIC AIMS

- Develop and deliver our services so that each year we reach more people who are in the last year of their life, and those important to them.
- Provide a fully integrated 24/7 Hospice Palliative Care service that is available equally across the communities we serve.
- Be a leader in Hospice Palliative Care and End of Life Care. Collaborating with other relevant organisations for this purpose, where appropriate.
- Improve our infrastructure to build organisational resilience and develop our whole workforce to deliver high quality service.
- Build our financial strength so that everyone in the community we serve can be confident that Hospice in the Weald will always be available to care for them and their loved ones at end of life.
- Raise awareness of the importance of good Hospice Palliative Care, so that people living in the communities we serve have the best opportunities to celebrate their lives and die with dignity.

5. DIAGRAM OF HOSPICE IN THE WEALD STRUCTURE

Not included at this time – see foreword on page 3.

6. MEDICAL DIRECTORATE

6.1 Review of activity during the 2017 – 2020 Strategy

The main thrust for the Medical directorate for 2017-2020 was on Clinical Leadership. This has been achieved in a number of ways with the most prominent being the establishment of the Clinical Leadership Group in September 2017. This group has brought together all the Heads of Clinical services with the Medical Director, Care Director and CEO to lead and shape the delivery of services to patients, carers and families under Hospice in the Weald. Other aspects of leadership and innovation include the development of the role of Advanced Nurse Practitioner (ANP) and Non- Medical Prescribing (NMP) which sits under the Medical Directorate. We now have two NMPs working within Hospice in the Home and have evidence to show that this is safe and improving access to medications for patients especially at the end of their life.

In 2017 we set about trying to reduce the number of Hospice patients dying in the acute Trust. We established a model, known as the Hospital transfer bed, where dying patients could be quickly transferred from Maidstone and Tunbridge Wells Acute Trust and given priority to do so by having one bed allocated for this purpose. This worked really well and in 2018-19 the HTB had an occupancy of 70%. Since opening in 2017, 111 patients have been able to use this facility and to die at HitW rather than in the hospital. Overall deaths of Hospice patients in the acute trust has gone from 16% (Apr 16-Mar 17) to 11 % (Apr 19- Oct 19).

The Cottage Hospice opened in December 2019 and we have established a robust model for medical support to ensure availability of medications and ability to complete death certificates after death. We had some initial discussions with local GPs, seeking to work collaboratively with them but this was quickly rejected due to ever increasing pressure on GP workloads. Instead we have employed a Specialty Doctor to work partly in HitH and the CH, ensuring continuity and good cover during absences.

Over the past 3 years we have been working on embedding outcomes measures into routine clinical practice. We have adopted and implemented IPOS (Integrated Palliative Outcome Score) which is now entered into the electronic patient record and can easily be seen to track changes in a patient's symptoms over time. Work is ongoing as to how to use this data at a population level to inform changes to services and prove efficacy of the care we give. We have developed and refined our clinical dashboard which illustrates some of our key quality markers. This information is looked at by the Clinical Leadership Group and the Clinical Governance Committee to ensure best use of resources.

Hospice in the Weald Strategy and Business Plan 2020 - 2023

Audit work remains very strong across the Hospice, led by the Medical Directorate. We carry out audits into medicines management, clinical guidelines, and record keeping along with other topics as they arise. The medical team have a weekly journal club and feedback from conferences and meetings and the ANPs lead on this aspect of training and development within HitH. We have not been able to be involved in as many portfolio research studies as we would have liked over the past 3 years due to some issues with indemnity for independent Hospices, but we worked with Lancaster University on the development of the Cottage Hospice model and are planning to do further research into the practicalities and cost effectiveness of this innovative service.

6.2 Planning ahead: 2020 to 2023

We want to build our relationships with other healthcare providers, aiming to significantly contribute to joined-up palliative care provision. We will be looking to the newly formed Primary Care Networks (PCNs) to work together to embed early identification of palliative care patients in primary care. We will look to expand our Advanced Nurse Practitioner (ANP) workforce in order to achieve this and have them working alongside the GPs and practice staff.

We will also be liaising with Maidstone and Tunbridge Wells NHS Trust (MTW), to look at out of hours provision of palliative care expertise to patients in hospital. We will be offering to invest in this alongside the Trust, in order to improve access to support and advice at weekends and overnight.

Managing clinical risk and ensuring patient safety remain paramount in all that we do. Later in this Strategy & Business Plan, we will look to explore and implement an e-prescribing system for the Ward (and where appropriate Cottage Hospice) in order to reduce process errors and improve documentation. We will work in conjunction with our pharmacy provider to procure the optimum system and ensure inter-operability with our electronic care record.

Year 1: The overarching aim for the Medical Directorate in 2020-21 will be:

6.3 SMART Objectives for Medical Directorate

Year 1: The overarching aim for the Medical Directorate in 2020-21 will be:

Strengthen the role of the Advanced Nurse Practitioner (ANP) at Hospice in the Weald and embed this role within the 4 Primary Care Networks in our traditional catchment area, looking to increase access to Hospice services for all patients considered to be in their last year of life.

We will be looking to the newly formed Primary Care Networks (PCNs) to work together to embed early identification of palliative care patients in primary care. We will look to expand our Advanced Nurse Practitioner (ANP) workforce in order to achieve this and have them working alongside the GPs and practice staff. We envisage that this will smooth the transition for patients to palliative and Hospice care and reduce any barriers to referrals from primary care.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Agree with West Kent Health and each individual PCN the concept of HitW placing an ANP within each PCN and agree a funding model.	Write to the clinical leads in the PCNs to agree the concept and have this agreed.	Helen McGee	April 2020
	Submit a paper to the HLT for agreement	Helen McGee	April 2020
	Agree with the PCN clinical leads and the current ANPs, a job description, job plan and optimum way of working to ensure the role is embedded in the PCN but remains valuable to HitH and uses the ANPs' advanced clinical skills to the full.	Helen McGee	April 2020
	Have the proposal discussed at relevant CCG meetings in order to ensure full integration with existing teams	Helen McGee	April 2020

Hospice in the Weald Strategy and Business Plan 2020 – 2023

<p>2. Increase the number of ANPs employed from 2 to 4, to fit in with the newly formed Primary Care Networks (PCNs).</p>	<p>Advertise and recruit for 2 further ANPs</p> <p>Complete induction & probation periods, ironing out any issues that arise.</p> <p>Work with West Kent Health to set up access to GP systems and diaries in order to allow the ANPs to record palliative care parameters on the GP systems</p>	<p>Helen McGee</p> <p>Helen McGee</p> <p>Helen McGee</p>	<p>April 2020</p> <p>June 2020</p> <p>May 2020</p>
<p>3. Work with the PCN clinical leads, West Kent Health and the individual ANPs to embed the job within the PCN to enable earlier identification of palliative care patients and improved access to Hospice Palliative Care.</p>	<p>Establish a baseline of referrals and other outcome measures from each PCN / individual practice and compare this with referral habits after 6 months and 1 year of the new roles.</p> <p>Submit a report to the Board, and relevant CCG meetings, looking at referral rates, length of time known to HitW, and other relevant palliative care outcomes to ensure the role is fulfilling its brief.</p>	<p>Helen McGee</p> <p>Helen McGee</p>	<p>April 2020</p> <p>April 2021</p>

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 2: The overarching aim for the Medical Directorate in 2021-22 will be:

Aim to have a 7-day a week palliative care face to face service operational within Maidstone and Tunbridge Wells NHS Trust (MTW) that is fully integrated with Hospice in the Home (HitH) services across the MTW catchment area. Explore ways to work with MTW to improve 24/7 access to palliative care for hospital in-patients.

We will be liaising with Maidstone and Tunbridge Wells NHS Trust (MTW), to look at out of hours provision of palliative care expertise to patients in hospital. We will be offering to invest in this alongside the Trust, in order to improve access to support and advice at weekends and overnight.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Meet with key personnel at MTW to explore the issues around a 7 day a week palliative care service and agree if and how HitW can help to provide this.	Agreement from Trust management that HitW can work with MTW Trust to help provide 7 day a week palliative care at the Trust.	Helen McGee	April 2021
2. Write a business case for Hospice in the Weald to be a co-commissioner for palliative care within the Trust, detailing logistics, resources, costs and funding arrangements	Business case written and taken to the appropriate authority within the Trust and agreed.	Clare Wilkins	September 2021
3. If Business Case approved, implement as per timetable within Business Case	Business Case implemented 7 day a week service operational within the Trust and more robust system in place for 24/7 palliative care advice for hospital in-patients.	Helen McGee	April 2022 and ongoing

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Medical Directorate in 2022-23 will be:

Explore systems for electronic prescribing on the Hospice Ward (and where appropriate the Cottage Hospice). Implement an electronic prescribing system on the Ward as agreed with Hospice Leadership Team

Managing clinical risk and ensuring patient safety remain paramount in all that we do. We will look to explore and implement an e-prescribing system for the Ward (and where appropriate Cottage Hospice) in order to reduce process errors and improve documentation. We will work in conjunction with our pharmacy provider to procure the optimum system and ensure inter- operability with our electronic care record.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Look at several systems in use in different locations and discuss inter-operability with EMIS.	Make contact with companies offering e-prescribing systems and see these in action wherever possible. Include pharmacy provider in these demonstrations and discussions.	Clare Wilkins	May 2022
2. Write a business case for the Hospice Leadership Team to consider.	Business case written and approved by Hospice Leadership Team.	Clare Wilkins	Sept 2022
3. Implement the Business Case as appropriate.	e-prescribing system procured with training rolled out to all staff who need it.	Clare Wilkins	Dec 2022
	e-prescribing system in place	Clare Wilkins	Feb 2023

7. CARE DIRECTORATE

The key focus for the Care Directorate for 2017 to 2020 was to continue to develop our services to ensure that we can provide a high-quality service for all our patients and continue to meet the needs of our patients. A major development has been the opening of our 5th service, the Cottage Hospice, in December 2019, with the effective accomplishment in the recruitment all members of our work force team both staff and volunteers. This new and innovative service is very different to our other services, focusing on being volunteer-led and supporting family caregivers to provide the care for their loved one in a home from home environment.

Our significant achievement in the recruitment of the volunteer workforce for the Cottage Hospice has enabled us to use this as a learning opportunity to consider how we might apply this approach to volunteering across the Care Directorate as a whole and particularly on the ward, maximising opportunities for direct patient care roles.

Over the last 3 years we have been working to create services which focus on individual patient need, which has been implemented within Hospice Day Service, where we are now able to offer all our patients a tailor-made outcome-focused programme dependent on need.

A key achievement for the Hospice is that we have been able to support many more patients and families than we have in previous years, seeing a 6% increase year-on-year over the last 3-year period. This has resulted in over 1800 new patients being seen in 2019-2020. We have been actively working to improve our referral process to ensure that its easier and simpler for our patients and families to access care, this has now resulted in the numbers of patients and families who self-refer increasing substantially over the last three years.

As an organisation we are constantly striving to look at ways that will improve patient experience and care both through direct methods but also using technology. Recently we have reviewed and changed some of our working practices by changing the way that teams operate, enhancing technology and using mobile devices and supported and improved communication between ourselves and other health care professionals. In conjunction with these changes has been the introduction of geographical working for our Hospice in the Home team which has enabled us to see more patients.

As part of our ongoing commitment to improving services for patients we have been keen to explore how to make the best use of the skills of the individuals within each team. We recognise that we need to make best use of our resources and ensure that the right person sees the right patient. This has resulted in us reviewing and revising our workforce and structure within each of our 5 services and successfully creating several new opportunities within the organisation, including Hospice Support Workers and Hospice Paramedics. This approach has enabled us to continue to provide a more responsive service, for our patients.

7.1 Planning ahead: 2020 - 2023

Overall

Although considerable change has occurred over the last 3 years within the Care Directorate, Hospice in the Weald as an organisation is working in an external political and social environment that is under increasing pressure and is currently going through change. With the imminent dissolving of Clinical Commissioning Groups (CCG) and the restructure of commissioning bodies including establishing Primary Care Networks (PCNs) combined with the increased pressure on resources, unmet demand staff.

This means that our efforts to retain and recruit of our workforce is a significant priority. This will be achieved by being an employer of choice by “growing our own”, upskilling, training and development opportunities through informal and formal learning experiences, focusing on creating new opportunities for all our workforce staff and volunteers.

We appreciate that going forward our 5th new service, Cottage Hospice, will enable us to gain a new understanding of what patients want and the choices that they and their families wish to make. Over the next 3 years we will empower and enable patients by developing a cohesive approach across all our services. This will be achieved by moving away from our services working in isolation, to a new ‘whole offer’ to patients and those important to them. A key aspect will be to create an ethos focused ensuring everyone understands the whole offer of all our five Services and everything in them. Which enable and empower patients, creating choices and offering them the information to make informed decisions for them and their family.

Over the next three years we will build on what we have achieved increasing referrals by 6% a year and meeting unmet demand to ensure that we see more patients and that they receive compassionate, personalised and holistic care for everyone in our community living with a terminal illness, and for those important to them.

SMART Objectives for Hospice in the Home

Year 1: The overarching aim for Hospice in the Home 2020 - 21 will be:

Embed the new team structure integrating HitH aligning with Primary Care Networks (PCNs) and measuring the improvement they bring to patients and those important to them.

This new way of working has been designed to create local partnerships and encourage collaboration and working together to improve health within designated localities. The aim being to give better, more personalised care for patients, closer to home. To provide co-ordinated, planned, anticipatory care for patients with a limited life expectancy (12 months) enabling patients to have a dignified symptom free death in their Preferred Place of Death.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Agree and identify how the current HitH teams/patches will align with the new PCN's	<ul style="list-style-type: none"> • Establish current patient population per patch • Compare current patient population to new planned PCN's • Identify size of new PCN's compared to previous teams/patches 	Louise Buck – Head of HitH	May 2020
2. Re allocate HitH staff to new PCN's ensuring each PCN has appropriate staffing levels dependent on patient population	<ul style="list-style-type: none"> • Re allocate staff to new PCN's configuring a staff mix of CNS/CPS, SN/HP, NA's – right person, right place, right time 	Louise Buck – Head of HitH	May 2020
3. Amalgamate the Care Records (CR's) team with HitH to improve stakeholder engagement and increase referrals.	<ul style="list-style-type: none"> • Redecorate HitH office space • Refurbish HitH office space including new desk space for HitH and CR's staff emphasizing that HitH staff work 'remotely' • Allocate CR's staff to new PCN's 	Louise Buck – Head of HitH	April 2020

Hospice in the Weald Strategy and Business Plan 2020 –

<p>4. Increase current ANP team from 2 to 4 to cover each new PCN</p>	<ul style="list-style-type: none"> • Increase number of ANP's to cover all four new PCNS's • Allocate ANP's to new PCN's • Review ANP JD • Increase number of patients identified as being in the last year of their life • Monitor and record number of new referrals / ACP's completed / clinic attendance as carried out by ANP's 	<p>Helen McGee – Medical Director</p>	<p>May 2020</p>
<p>5. Embed new ways of working in HitH following alignment with new PCN's</p>	<ul style="list-style-type: none"> • Identify and record source of referrals to establish where HitH staff should focus regarding increases to NEW referrals 	<p>Louise Buck – Head of HitH</p>	<p>June 2020</p>

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for Hospice in the Home 2021-22 will be:

A full review of the workforce establishment within HitH to ensure that levels and skills are what is required now and in the next few years.

To structure the current establishment and realign the teams considering the practice population to ensure HitH are working collaboratively with other primary care providers to identify EoLC as early as possible. To make best use of staff and volunteers when considering the increase to the NEW referral outcome measure by ensuring the workforce has a full understanding of the Workforce Development Policy to encourage development opportunities. To employ the right people, with the right qualifications and experience within their field to reduce staff turnover and ‘grow our own’.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Consider current workforce establishment given the increase to the outcome measure for NEW referrals at an increase of 6% per year	<ul style="list-style-type: none"> Identify workforce establishment over past 5 years given the increase to outcome measures to calculate how the workforce should or should not be increased Identify staff who show they are keen to progress and to provide development opportunities to upskill and ‘grow’ our own 	Louise Buck – Head of HitH	May 2021
2. Review how volunteers support HitH and how the volunteer numbers can be increased	<ul style="list-style-type: none"> Increase number of volunteers in HitH as per the Volunteer establishment document on Hospice Web Review volunteer role description for HitH volunteers Provide more opportunities for HitH volunteers – identifying how volunteers could support the HitH team. Provide more development opportunities for volunteers who wish to engage 	Louise Buck – Head of HitH	June 2021

Hospice in the Weald Strategy and Business Plan 2020 –

3. Review ALL job descriptions for ALL HitH staff	<ul style="list-style-type: none">• Review JD's for ALL HitH staff ensuring all JD's are current and accurate• Review interview questions used for ALL HitH staff to ensure the questions asked are relevant and allow best use of the interview opportunity	Louise Buck – Head of HitH	October 2021
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Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for Hospice in the Home in 2022-23 will be:

Explore Hospice in the Weald providing “home care”, including: assistance with dressing, feeding, washing and toileting, as well as advice and encouragement in patients own homes.

Most homecare is currently paid for by the local authority and provided by the independent sector. Homecare may be provided by family and carers. Funding may be available for patients with the highest needs and lowest assets. There is a rising demand on OoH service providers to meet more unmet need. HitW could provide homecare to include personal care allowing patients to maintain dignity and respect in the safety of their own home whilst supporting families and carers. This could potentially improve outcomes for patients choosing to stay at home whilst also providing a positive experience reducing pressure on care providers who do not have the capacity to meet patient’s needs.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Design a project plan outlining the service that HitW aims to provide in respect of ‘home care’ services.	<ul style="list-style-type: none"> • Agree project manager • Agree project sponsor • Initiate plan • Explore risks attached to the development of a home-care service within HitH 	Louise Buck – Head of HitH	May 2022
2. Engage with local providers and healthcare professionals to identify and explore current availability within our community.	<ul style="list-style-type: none"> • Explore patient choice available • Identify how many patients would need a Hospice home-care service • Collaborate with external healthcare providers to ensure a joined-up service 	Louise Buck – Head of HitH	July 2022
3. Develop guidelines and structured assessments to allow patients to express their preference about their PPOC.	<ul style="list-style-type: none"> • Write guidelines for staff to use when assessing patients wishing to request Hospice homecare • Develop a Hospice workforce which ensures staff and volunteers are equipped to do their jobs and roles effectively 	Louise Buck – Head of HitH	October 2022

SMART Objectives for Ward

Year 1: The overarching aim for the Ward in 2020-21 will be:

To create a new look and feel to match the modern look and feel of Cottage Hospice

The current rooms look tired and generic. They are in need of redecoration to bring them alongside what the Cottage Hospice offer. We also need to explore what the patients' loved ones and those important to them require when they are staying at the Hospice.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Redecorate 2 patient rooms and the guest rooms.	All rooms will be redecorated with the emphasis on individuality and comfort.	Emma Allwright and Shay Valler	Nov 2020
2. Refresh and update the Wards lounge to improve the offer for all users.	Living room will be refreshed and in line with the plans for the redecorated patient rooms. The food/drink offer will be appropriate.	Emma Allwright	Sept 2020
3. Gather feedback from Ward users to improve our offer to patients and families.	Feedback forms completed and changes made as appropriate.	Emma Allwright	Aug 2020
4. All patient rooms will be checked for cleanliness and that everything is in working order before admissions. Rooms will be 'dressed' to a standard.	Checklist created and used by active support staff. Room standard created and to followed by all Ward staff.	Emma Allwright and Ward Team Leaders	June 2020
5. Procedure Room G29 will be redecorated and usage will improve.	Room modernised and all required equipment in place.	Emma Allwright	May 2020

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for ward in 2021-22 will be:

To understand the impact of the Cottage hospice on the Ward and explore a tool to measure complexity and benchmark against resources.

With patients being admitted to the Cottage Hospice for EOLC, the Ward will be taking more complex EOLC and symptom control admissions. Clinical assessment tools are needed to optimise the management of and help with informed decision making as to the allocation and skill set required to nurse these patients.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. To investigate clinical assessment tools and compare to determine potential option for the ward.	Number of examples available to compare against to be able to shortlist into an options appraisal with benefits associated.	Shay Valler	June 2021
2. Paper to be written determining the option for the clinical subgroup for approval.	Options paper presented at Clinical Subgroup.	Shay Valler	August 2021
3. Implementation of a clinical assessment tool including learning for all staff to understand rationale, methodology and SOP.	The Ward will have its own Clinical Assessment Tool, and this will be used for every patient.	Shay Valler	October 2021
4. Clinical assessment tool should be able to be used prior to admission by HitH staff.	Complexity of patients will be taken into account at the morning admissions meeting. Skill mix will be sufficient.	Shay Valler	October 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Ward in 2022-23 will be:

To explore integration between the Ward and HitH

To review ways of working between Hospice in the Home to improve patient experience and ways of working between the teams, including Hospice in the Home supporting patients who are admitted.

SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. To define what is meant by the terminology “integration”.	Definition agreed and proposal drafted.	Emma Allwright	June 2022
2. Develop working group to explore potential options.	Working Group established.	Emma Allwright	June 2022
3. Proposal drafted and taken to Clinical Subgroup making recommendations.	Proposal presented at Clinical Subgroup.	Emma Allwright	September 2022
4. Guidelines drafted and implementation commenced.	New ways of working implemented.	Emma Allwright	November 2022

SMART Objectives for Cottage Hospice

Year 1: The overarching aim for the Cottage Hospice 2020-21 will be:

Understanding of the health economics (efficient and effective) and quality of care for the Cottage Hospice Service in year 1 by utilising the research post to examine the benefits to the patients and Family Caregivers.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. To secure the agreed minimum optimum occupancy rate of 50% or more.	Improved referral rates consistent and timely reports to CHSG.	Michelle Ford	Ongoing from April 2020
2. To fully integrate the Cottage Hospice as the fifth of all Clinical Services.	Improved referrals to >50%. Greater levels of interest and understanding across all services. Undertake a 6-monthly workforce questionnaire driven by Holly and HR and publish internally for both CHSG and HLT.	Holly Cowen	June 2020 Ongoing every 6 months, from April 2020
3. Create a service of excellence and renown, which enables the workforce to be fully responsive and effective.	Create systems and ways of working (algorithms) which facilitate the Cottage Hospice to become recognised as a safe, caring and well-led service for all those who chose it as a preferred place of death. Written LOPs will be formulated and accessible on Hospice Web, to be used as necessary by the workforce, which will result in far less questioning and uncertainty. Stable recruitment and retention of workforce; driving down volatility.	Holly Cowen	April 2020 April 2020

Hospice in the Weald Strategy and Business Plan 2020 –

	Quarterly testing via team briefings and end of probation reviews Weekly Hollys Heads up.	Holly Cowen	Monthly from April 2020 Weekly for first 6 months from April 2020 (or as required)
4. To monitor quality of Services delivered	To collate all quality feedback questionnaires received as sent by Care Records Report monthly findings to CHSG and via internal communications to workforce e.g. Hollys Heads Up	Holly Cowen	Monthly from April 2020

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for the Cottage Hospice in 2021-22 will be:

A root and branch review of ‘The Informed Guide, understanding what worked well not so well and make recommendations for changes.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Collate dynamic user feedback on the effectiveness of the informed guide	Circulate CHSG approved questionnaire which gathers positive and negative to HitH and all users HitH to collect the questionnaire from families. Prospective feedback before admission via HitH and Retrospectively after death utilising care records. Work with families when in residence.	Holly Cowen	Monthly from April 2020 with an annual review commencing in April 2021
2. Using the feedback collate a version 2 as necessary utilising any fresh research	Following Steering Group comments and advice from year 1 produce a draft for Year 2 version 2	Holly Cowen	July 2021
3. To agree through CHSG circulation and promotion of brand	Holly to work monthly with Head of Communications to ensure the Informed Guide is externally promoted and recognised as a cornerstone of cottage hospice by patients, GPs, Families	Holly Cowen	Jan 2022

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Cottage Hospice 2022-23 will be:

To move towards a truly volunteer lead service by empowerment and enablement of volunteers as shift leads. Leading the registered staff member.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. To maintain high levels of volunteer recruitment as per agreed establishments	To ensure that the volunteer led aspect of Cottage Hospice is fully embedded, enabling volunteers to feel empowered, confident and able to lead others, both volunteers and paid staff whilst on duty. To conduct exit style interviews with all, following all resignations of staff and volunteers.	Holly Cowen	Monthly from April 2020 and ongoing
2. To secure robust, self-perpetuating strong teams	For volunteers to lead on recruitment of volunteers speak from experience around being part of the Cottage Hospice Service, sharing stories and promoting the Service positively and appropriately. Delivery of Hollys Heads Up	Holly Cowen	April 2022
3. To ensure the building and its purpose are maintained and maximised	For volunteers to play the “key role” in the maintained establishment and embedding of the Cottage Hospice Service: By knowing the building. Making decisions on the most efficient and effective ways of working, whilst complying with LOPs and HitW Policies.	Volunteers part of CHSG Named Volunteers to do all future recruitment sessions with Holly and Jos input	From April 2022

Hospice in the Weald Strategy and Business Plan 2020 –

	Utilising their experiences and knowledge positively. Monitoring by quizzes, adherence to LOPs policies, procedures and guidelines already in place at Hospice in the Weald.	Holly and Registered Staff	
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SMART Objectives for Counselling and Support Service

Year 1: The overarching aim for Counselling and Support 2020-21 will be:

The implementation of “CORE” to develop what we offer.

CSS have been using CORE evaluation forms for several years. We are capturing lots of data and doing very little with this.

CSS arranged for CORE to deliver training to CSS staff and volunteers to deepen the understanding of CORE and for it to become more than just a form.

One of their recommendations was that we run a pilot to explore the value of a more clinical approach to measurement for a period by running a pilot. During the pilot counsellors would use the form with 3 clients each; complete the measures for each client for the first 4 sessions. Then get together to reflect on the pros and cons of the pilot in relation to the benefits for the client, counsellor and service.

This pilot may also mean that CORE is not the measurement tool that works in a Hospice setting and this may mean looking at Adult Attitude to Grief / Adult Attitude to Change models instead.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Work with CORE to devise the parameters of the pilot	A clear outlined plan is produced that ensures staff and volunteers know the reasons for the pilot.	Paul Madden	April 2020
2. Data is collated post pilot	All staff and volunteers have completed 4 Core forms with 3 clients (1 st 4 sessions) and that this information is collated.	Paul Madden	September 2020
3. Data is presented to CLG/HLT	A document is prepared for CLG/HLT.	Paul Madden	December 2020

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for Counselling and Support in 2021-22 will be:

To review and develop the of support service elements of the Counselling and Support Service

CSS provides one to one counselling to patients, and those important to them. They also provide a monthly support group for those who've been recently bereaved. CSS will look at other ways of supporting people, especially for those who may find counselling something they may not feel is right for them.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Review all supports offered to patients and those important to them	Review all feedback from counselling sessions (from CSS Customer Quality S	Gail	April 2021
2. Explore other options of support	Review what other supports can be offered based on team size, room availability and in consultation with patients, and those important to them	Gail	July 2021
3. New avenues of support	To provide more options of support to complement what CSS currently offer	Gail	September 2021

Year 3: The overarching aim for Counselling and Support 2022-23 will be:

A fundamental root and branch look at appointments and systems that support them

CSS currently offers short term counselling in the Hospice in the Pembury. 6 sessions and then up to 12 sessions are offered after an initial assessment. CSS no longer offers counselling in clients' homes – but we do offer telephone counselling.

CSS will explore technologies that can provide an extra element to telephone counselling i.e. the ability of the counsellor to see the client and vice versa, via platforms like Skype and/or Zoom.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Ascertain if there is a need or desire or willingness to engage with such technologies amongst current caseload	Devise a survey to ask current caseload if they would engage with these types of sessions	Kevin	April 2022
2. Figure out what platform/s work best	Work with AKITA to find out the safest and most user friendly platform available	Kevin	June 2022
3. Present findings to HLT	Paper to be delivered to HLT and a decision to be made whether to go ahead with this as an added service for CSS	Paul	Oct 2022

SMART Objectives for Hospice Day Service

Year 1: The overarching aim for Hospice Day Service 2020-21 will be:

To relocate the service (to allow the major building project – Foundations for the Future) and create a revised service offer in a new location.

To facilitate the building of the new look HDS (Foundations for the Future {FFtF}) HDS will need to relocate. This ensures that the service HDS provides will continue – that we continue to support patients, and those important to them in a space that isn't affected by the noise etc. of a building site.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. PID is developed for the decamping of HDS.	PID is completed	Chris Sharp	April 2021
2. Information is disseminated to all patients, and those important to them, staff and volunteers.	Letter is sent to patients, and those important to them. Staff and volunteers are met with	Paul Madden	May 2021
3. HDS is relocated at Cottage Hospice.	A level of service is functioning at new location: Cottage Hospice	Paul Madden	June 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for Hospice Day Service in 2021-22 will be:

To move Hospice Day Service back into the new purpose-built facility and implement the increase in numbers of people attending to 40 per day.

Moving from the Cottage Hospice into the newly built Hospice Day Service will be an exciting time. We want to ensure that staff and volunteers are familiar with the new build as it will present a whole new way of working. The workforce will be orientated before receiving patients and family members.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. PID is developed for the re-camping of HDS	PID is presented to HDSLIT	Chris Sharp	July 2021
2. Information is disseminated to all patients, and those important to them. Workforce (and not just HDS workforce) are met and informed about the move and the new way of working within the purpose-built facility	Letters sent to patients, and those important to them. Meetings are held in the new building with workforce – orientating them into the space. Wider workforce sessions to be held to ensure that not just HDS staff and volunteers are familiar	Paul Madden	August 2021
3. Patients and family members use the new build	The number of patients/family members and carers is reached	Paul Madden	September 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for Hospice Day Service 2022-23 will be:

An exploration of the effectiveness and health economics of the service using external research from a university.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Determine what the project scope is for Hospice Day Service in relation to health economics.	Project scope drafted.	Paul Madden	July 2022
2. Proposal developed and presented at Clinical Subgroup.	Proposal taken to Clinical Subgroup.	Paul Madden	September 2022
3. Develop tender to engage with third party academic.	Tender drafted and process launched.	Paul Madden	November 2022
4. Academic provider to be appointed.	Work commenced.	Paul Madden	January 2023

8. FINANCE DIRECTORATE

8.1 Review of activity during the 2017 – 2020 Strategy

For 2017-2020 the Finance Directorate has focused on the implementation of new systems to keep Hospice at the forefront of technology in all we do.

To enable true mobile working we replaced our aging exchange style phone system with 3cX Voice over IP address (VoIP) telephone system. We then moved our servers and IT infrastructure to Akita IT Consultants to be hosted externally and to complete the move to true mobile working implemented Logon Anywhere. We have also outsourced our ICT support helpdesk to Akita and have developed an internal integrated Helpdesk request support system using Microsoft Dynamics covering facilities, catering and housekeeping functions. Alongside the development of the integrated Helpdesk is the replacement modules for our aging facilities management system Tabs FM.

Our HR database ADP has also been replaced with Microsoft Dynamics 365 HR and the payroll function has been outsourced to Practical Payroll. Our intranet Hospice Web (HW), has been upgraded to Sharepoint2.

To help manage our Care staff an e-rostering system has been developed and implemented on the in-patient ward called the Shift Booking System.

The lift at the Hospice has been updated and refurbished with electronic controls and emergency call system. The backup generator has been replaced with a more efficient and effective model.

A new process for the banking and processing of donations is in place that enables integration with The Raisers Edge fundraising database that replaced another aging database Donorflex. An internal audit system has been implemented whereby finance audit non-clinical processes in other services / departments. Our current finance processes led to a clean audit report from our external auditors RSM for the year to March 2018.

A “Buying and Entering into Contracts” policy has been written and will be implemented from April 2020. This policy standardises “Buying” and creates processes to ensure we get the best value for money (VfM) when making purchasing decisions and entering into contracts.

In August 2019 the decision to not replace the Personnel Director was made and the catering and housekeeping functions (then known as Hospitality) came under the management of the Finance Directorate. A full restructure has been undertaken and a new department has been created called

Hospice in the Weald Strategy and Business Plan 2020 –

the Active Support department. Catering, facilities, housekeeping and ICT are all part of the Active Support department managed by the Head of Active Support. Active Support coordinators manage the integrated helpdesk request system dealing with all four functions. An e-rota has been implemented separately for both catering assistants and housekeeping assistants. The offer of food for the workforce has been changed to a café style offering. The main kitchen has been updated and refurbished to enable the serving of this café style food.

8.2 Planning ahead: 2020 to 2023

The newly formed Active Support department has been set up to deliver first class support to internal and external customers. The integrated helpdesk enables a one stop place for all support requirements regarding catering, facilities, housekeeping and ICT. As the department name states we will be active in our support rather than reactive by ensuring that seven days a week catering staff are present on the ward to prepare nutritious food for the patients and their visitors, that housekeeping staff are available should a patient room clean be required to be able to admit a new patient, that facilities are available to attend to issues at short notice and that ICT issues will be responded to appropriately. The Active Support workforce are to fully understand this new way of working ensuring that patients and those important to them are supported appropriately and in a timely manner. The Active Support workforce will communicate these new ways of working to the whole organisation, so they understand the timely support offered.

The Finance department is to focus the whole organisation on Value for Money (VfM) using the “Buying and Entering into Contracts” policy, this policy is to be implemented by April 2020. As the Finance department undertakes audits of processes outside of the finance function, they are to identify where VfM decisions will reduce both cost and time taken, whilst not impacting negatively on quality. Finance are to identify where the implementing of the bespoke Dynamics systems has also saved time and cost and show how the management information produced has been used to improve quality at HitW. The review of the “Buying and Entering into Contracts” policy in year 2 will follow on from these audits in identifying where costs have been reduced by the implementation of the policy and identify any non-compliance issues. Our accounting system “Sage Accounts” is a stand-alone system which isn’t automatically linked to our Dynamics systems, Finance will look into whether we should buy off the shelf software, create a bespoke accounts package or stay with Sage Accounts using VfM as the main driver.

8.3 SMART Objectives for Active Support Department

Year 1: The overarching aim for the Active Support Department in 2020-21 will be:

Embed new structure to make the best use of the new Dynamics based software to deliver better more proactive support to customers both internally and externally.

Having implemented new Dynamics bespoke systems the Active Support Department are to ensure that these systems are fit for purpose, future proof HitW in regards to providing support to internal customers, enable monitoring of this support against internal standards and improve the management of external contractors to ensure compliance with HitW policies.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
4. Develop both quantitative and qualitative internal standards	Internal standards agreed and published on Hospice Web	Head of Active Support	July 2020
5. Use monitoring stats from old and new systems to see how implementing Dynamics has improved the support given from both quantitative and qualitative points	Customer Service satisfaction survey undertaken, and results reviewed and published on HW	Head of Active Support	Oct 2020
6. Make a plan of improvement and share with HLT	Plan documented and shared	Head of Active Support	Dec 2020

Year 2: The overarching aim for the Active Support Department in 2021-22 will be:

Develop a performance improvement plan for each element of the Active Support Department, Catering, Facilities, Housekeeping & ICT

Once the Active Support department has been embedded a review of how each element is performing will be undertaken. The report produced at the end of each three-month period will contain recommendations for improvements and be used to create an action plan to make sure these improvements are implemented.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
4. Decide which 3-month period during the year each element will be focussed on and then inform HLT	Timetable produced HLT informed	Head of Active Support	April 2021
5. Recreate the customer survey and update / upgrade based on current knowledge. Get a new customer satisfaction survey for each element to fit into the 3-month period	New surveys created	Head of Active Support	March 2022
6. Have a performance improvement plan for each element based on the survey findings and report on progress after 6 weeks and again at the end of 3 months. Have the 3 months report discussed at HLT as the period ends (Jun, Sep, Dec 2021, Mar 2022)	Progress reports produced Discussed at HLT	Head of Active Support	March 2022

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Active Support Department in 2022-23 will be:

Implement the recommendations made in the “Working Effectively” project with regards to improving remote working and making the best use of space at the hospice building in Pembury.

A “Working Effectively” project is being undertaken before March 2022 to identify how HitW can improve mobile working, identify innovative systems in relation to mobile working and make the best use of the space in the hospice building at Pembury. The recommendations from this project will be implemented by the Active Support department.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
4. Review recommendations and produce an action plan to implement the recommendations and share with HLT	Action Plan completed Shared with HLT	Head of Active Support	June 2022
5. Complete action plan actions, produce a report showing what benefits have been gained from implementing the “Working Effectively” project, discuss at HLT	Actions completed Report produced Discussed at HLT	Head of Active Support	March 2023

8.4 SMART Objectives for Finance Department:

Year 1: The overarching aim for the Finance Department in 2020-21 will be:

Using the data from the internal audit function, support all Services and Departments to streamline processes and free up staff time across the Hospice by making the best use of the new Dynamics based software creating more efficient and effective electronic systems that work together seamlessly.

During 2019-20 the Finance department undertook an audit of a system, Donations Processing. The learning from this audit will be used to improve processes in other services/departments. The focus will be on auditing how the new Dynamics based software is being used in processes and how the management information gained from this new software is being used in making VfM decisions.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Using 1 st Audit data identify processes to streamline, set out baseline indicators	Processes identified and documented Baseline indicators documented	Head of Finance	Jun 2020
2. Use old and new monitoring systems and develop a measure (or proxy measure) to indicate the improvement	Measures documented	Head of Finance	Oct 2020
3. Report to HLT on VfM aspects of the Dynamics software including changes from the baseline and details on the measure developed	VfM aspects identified Report created and taken to HLT	Head of Finance	Jan 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for the Finance Department in 2021-22 will be:

Undertake a full review of how the “Buying and Entering into Contracts” policy is working

The “Buying and Entering into Contracts” policy will have been in place for a year. The Finance department are to undertake a full review of the implementation and embedding of the policy and produce a report containing recommendations. The Finance department are to create actions based on the recommendations in the report and complete the actions.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
7. Use survey monkey to devise two surveys one for those who can utilise buying and contracts and one for the rest of the workforce. Discuss results at HLT	Two surveys created and published Results discussed at HLT	Head of Finance	Jun 2021
8. Produce a report of the full review and make recommendations for improvements. Have the report discussed at the F&CC	Report produced Recommendations documented F&CC discussion at meeting	Head of Finance	Jan 2022
9. Implement recommendations	Action list produced Actions completed	Head of Finance	Dec 2022

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Finance Department in 2022-23 will be:

Look at replacing our current accounts software, Sage Accounts

The Finance department are to investigate sourcing new software to replace our current accounts software Sage Accounts. A weighted list is to be produced of “off the shelf” software that fulfils all our accounting needs. A specification and costings are to be produced for a bespoke accounts package using Dynamics software. A decision is to be made regarding whether we should stay with Sage Accounts or move to another system.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
6. Identify accounts software that is currently available, review each of these to see if they fulfil our accounting needs, produce a list with weighted scores.	List produced and weighted	Head of Finance	June 2022
7. Produce a specification for a bespoke system using Dynamics and have this costed.	Costings prepared against specification	Head of Finance	September 2022
8. Evaluate Sage Accounts against the highest weighted off the shelf system and the bespoke Dynamics system. Make an informed decision on whether to replace Sage accounts and if so whatwith.	Decision made	Head of Finance	March 2023

9. INCOME GENERATION DIRECTORATE

9.1 Review of activity during the 2017 – 2020 Strategy

During 2017 the retail and fundraising departments were merged to form the Income Generation Directorate and our we:train commercial activities were transferred to the Personnel Directorate. This meant the end of our previous structure and of the Commercial Directorate as we had known it.

Over the period of the previous Strategy, objectives for Fundraising focused largely on developing long lasting and close relationships with supporters to build sustainable fundraising income. We reviewed our use of the Fundraising database and moved away from the old Donorflex system, to the market leader “Raiser’s Edge”. This, coupled with the General Data Protection Regulations (GDPR) which became law in 2018, provided opportunity to become better fundraisers through establishing good practices around data hygiene and identifying ways that we can make better use of supporter data. Specific objectives relating to generating fundraising insights from data proved to be more ambitious than first realised and are carried over to this current Strategy & Business Plan.

In 2018 we recruited for the first time a Head of Communications and developed a Communications Strategy to help deliver our Strategic Aims. We also developed our ability to produce great quality, cost effective video and film in-house. We were proud to win Charity Film of the Year 2019 in a national award ceremony.

There have been three central themes to our work in Retail over the past three years: developing the skills of our workforce; review of the retail estate, and customer service - all related back to targeted growth in net profit to Hospice. All financial targets across the three years were successfully met. The review of our retail estate led to the planned closure of two shops that were found to be high resource and low profit. Additional shops were identified and opened leading to a total of 26 shops at the beginning of 2020.

Our retail loyalty scheme – “Your Hospice Card” is central to our efforts to improve customer experience and we now have over 40,000 registered card holders. We also developed and published a range of “Style Guides” which provided training for our workforce on how to deliver great customer service. However, beyond these Style Guides, our efforts to undertake a training needs analysis for every member of staff and volunteer in retail faltered and we will incorporate workforce development as we look ahead to 2020 – 2023.

In the summer of 2019, after two years of lacklustre financial performance, we:train was subsumed into the Income Generation Directorate. The funding landscape for training and development has

shifted considerably over the past three years. The biggest and most noticeable change being the roll-out of new apprenticeship standards replacing the old framework way of working. we:train is on the Register of Apprenticeship Training Providers (RoATP) and will welcome the first cohort of apprentice learners in early 2020. Efforts to consolidate the overall 'offer' by we:train and deliver cost effectiveness were not successful. The next two years will be critical for we:train in terms of delivering a complete turn around and demonstrating the viability of operations.

9.2 Planning ahead: 2020 to 2023

As one might expect for a directorate with the title of Income Generation, the general thrust for all three departments will be growth in income and thus in turn profitability. There is a commonality that runs through our plans to achieve this – we will start by building our understanding of customer / supporter needs and wants. Through this understanding we will then be well placed to develop product offers that meet these needs and wants. In Fundraising this will entail analysis of data from Raiser's Edge so that insight and understanding of supporter behaviour is improved, leading to greater return on investment for fundraising initiatives.

The approach in retail will continue to see Your Hospice Card as central to customer development. We will cross-fertilise data from Your Hospice Card with fundraising insights to better understand the relationship between customers and supporters. We will see and take opportunities for continued physical expansion as they arise.

we:train effectively has two customer groups – learners who experience the training provision, and employers – those who make decisions about which training provider to use. Both groups are of equal importance. Learners need to feel well supported to enjoy the process of training and development. Employers want to see the benefit of training and development play out in the workplace. We will ensure that we deliver against the needs and wants of both groups whilst ensuring a focus on income generation and cost control.

9.3 SMART Objectives for Fundraising Department:

Year 1: The overarching aim for the Fundraising Department in 2020-21 will be:

Maximise supporter engagement and involvement in celebrating 40 years of care with a published list of 40 fundraising initiatives. Demonstrate that engagement and involvement lead to increased fundraising income.

The 40th anniversary provides Hospice in the Weald with an opportunity to reengage with previous donors, reach potential new donors and instil a sense of pride in those currently supporting the Hospice. We will look to continue to build on existing relationships and formulate strategies and pipeline reporting for the major income streams.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
7. Set an ambitious but achievable budget to achieve 5% growth in fundraising income (excl. GiW)	Budget agreed by Finance and Commercial Committee Track performance monthly through the Hospice dashboard Quarterly reports and updates to Finance and Commercial Committee.	Kate Bourne	April 2020
8. Execute an engaging calendar of 40 campaigns and events	Demonstrate that engagement and involvement lead to increased fundraising income by delivering a growth of 10% of active supporters (18,000) on a rolling two-year basis.	Kate Bourne	April 2020

Hospice in the Weald Strategy and Business Plan 2020 –

<p>9. Media coverage</p>	<p>Coverage is 8.5 column inches per month for the 2018-2019 financial year.</p> <p>During 40 years of celebrating care we will increase this coverage to an average of 11.5 inches per month.</p> <p>During Q1: average of 15 column inches per month (increased due to 40 faces partnership with the Courier).</p> <p>During Q2: average of 10 column inches per month (including coverage for the Gala Dinner)</p> <p>During Q3: average of 11 column inches per month (including coverage for Christmas events)</p> <p>During Q4: average of 10 of column inches per month</p>	<p>Tor Edwards</p>	<p>April 2021-measured quarterly</p>
<p>10. Demonstrate an increase in supporter retention</p>	<p>Grow the number of supporters that donate again within 6 months of their first donation, from 3% to 6%. Report quarterly on progress.</p>	<p>Kate Bourne</p>	<p>April 2021</p>
<p>11. Evaluate the income generation performance of 40 years of care</p>	<p>An evaluation summary to be discussed at Finance and Commercial Committee</p>	<p>Kate Bourne</p>	<p>January 2021</p>

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for the Fundraising Department in 2021-22 will be:

Improve our understanding of supporter behaviour by scoping out, exploring and implementing the best use of targeted personal information across the organisation, leading to greater return on investment for fundraising initiatives.

The Fundraising department will analyse in greater depth the information on Raisers Edge, identifying areas where we can see trends which will enable us to fundraise more effectively from our existing supporter base and potentially new supporters. Additionally, the introduction of the Hospice Card will afford us even greater opportunity to understand our supporters.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
12. Create a project plan to identify the potential benefits available to our supporters if they sign up for the Hospice Card with the intention of increasing supporter retention.	Detail plan in place detailing 3 benefits for supporters	Kate Bourne	May 2021
13. Create project plan outlining how we'll implement the introduction of Hospice Card outlining the aims and objectives	Detailed plan in place of how to introduce to supporters by June 2021 and outlining the intended impact on Fundraising income.	Kate Bourne	June 2021
12. Phased roll out of Hospice Card to Hospice Supporters	Roll out cards from June 2021 with the intention of a sign-up rate of 10% of all mass participation event attendees.		October 2021
11. Undertake a review of Raisers Edge Data to ascertain key trends in the way our supporters give, how often they give and what prompts them to give.	Findings will be documented and a project plan of how to use the information will be created. An evaluation summary to be discussed at the Finance and Commercial Committee.	Kate Bourne	March 2022 April 2022

Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Fundraising Department in 2022-23 will be:

Consolidate our approach to relationship fundraising by ensuring that every supporter is aware of their 'named relationship fundraiser' (NRF).

Relationship Fundraising is recognised internally as being key to Hospice in the Weald's fundraising but 2022-23 will see the Fundraising Department take this approach further. With refreshed training and the commitment to ensure that our supporters can identify who they should contact within the Fundraising team which in turn should ensure that they feel a valued member of Hospice in the Weald's fundraising community.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
9. Monitor responses addressed to a named relationship fundraiser.	An evaluation summary to be presented to Finance and Commercial Committee	Kate Bourne	January 2023
10. Training to be given to all staff to remind what relationship fundraising means and the importance it plays in our strategy.	Training will have been undertaken by 100% of staff by financial year end 2023.	Kate Bourne	March 2023

9.4 SMART Objectives for Retail Department:

Year 1: The overarching aim for the Retail Department in 2020-21 will be:

Broaden the functionality of Your Hospice Card to become a more effective tool for Retail, allowing us to communicate with our customers and engage them with our brand, increasing loyalty and customer spend.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
12. Review the existing benefits and rewards	Reviewing the threshold for rewards. Identify at least 3 potential benefits and rewards that are attractive to our customers and also, operationally viable.	Kieran Draper	July 2020
13. Increase the total number of card holders to 53,000 by end of March 2021	Measured quarterly	Sharon Gills	March 2021
14. Establish a regular import of retail data into the Fundraising Database.	Monthly imports from July onwards	Kieran Draper	July 2020
15. Create promotional campaigns at events specifically targeted to engage Your Hospice Card holders.	Communicating the following exclusive offers to Your Hospice Card holders: <ul style="list-style-type: none"> Furniture Voucher – e.g. 30% valid for 6 weeks. (To see an additional £2,000 in Furniture Income) Charity Shop voucher, valid for 6 weeks – when you spend x get x% off. (To see an additional £2,000 in charity shop income) Love Your Labels (Increase growth by 10%) Double points day (5% increase in transactions) Triple points day (5% increase in quantity per transaction) 	Kieran Draper	March 2021 August 2020 October 2020 March 2021 Feb 2021 Jan 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for the Retail Department in 2021-22 will be:

Grow profit by developing the skills of our staff and volunteers in order to best meet the retail business needs.

Investing time and effort into our staff and volunteers, developing them to fully understand the needs of the business, training them to use their skills and experience to drive sales in our retail shops. Establishing individual needs, using our own team to cross-train others in small groups or individually and given them the tools to train volunteers across the retail department.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
Undertake a training needs analysis for every member of staff in retail.	Review the outcome of the training needs analysis to identify at least 5 training priorities relevant to all staff in retail.	Rose Mears	April 2022
	At least one training priority is to include retail Gift Aid processes and sign up techniques.	Rose Mears	May 2022
	Deliver training to fulfil these needs and repeat the training needs analysis at year end to measure progress.	Rose Mears	June 2022
Provide relevant training for all retail volunteers.	Review the training that Shop Managers provide to volunteers and develop at least 3 training 'packs' to ensure consistency in the provision of relevant training across all of retail.	Rose Mears	June 2022
Ensure a robust and fit for purpose induction and orientation programme for the retail workforce	100% of new staff to complete the orientation programme within four weeks of starting – measured quarterly across the year.	Rose Mears	April 2022
	Put in place a 'welcome to HitW retail' guide which goes beyond the orientation programme to	Rose Mears	August 2022

Hospice in the Weald Strategy and Business Plan 2020 –

	ensure that new staff and volunteers have all the knowledge they need to be successful in their job/role.		
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Hospice in the Weald Strategy and Business Plan 2020 –

Year 3: The overarching aim for the Retail Department in 2022-23 will be:

Grow the retail estate by exploring different avenues for income alongside our current channels

Ensure that we are making the most of all donations, trialling and developing online and multi- channel sales. With the everchanging environment, we need to review how we sell our products to a wider audience.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
11. Identify different channels for the recycling/sale of excess media donations	Monthly review of 3 different options for media products for implementation across all shops by end of March 2023	Sharon Gills	March 2023
12. Review opening more £2 outlet shops to increase retail income	Locate new premises/pop up shops in 2 locations in our area	Sharon Gills	December 2022
13. Look at growing online presence for specialist items trialling eBay and Facebay	Review 3 other charities online presence, identifying suitable products and listing for sale. Monthly report with a budget agreed per month	Sharon Gills -	March 2023

9.5 SMART Objectives for we:train:

Year 1: The overarching aim for we:train in 2020-21 will be:

Demonstrate that being on the Register of Apprenticeship Training Providers presents a route to break-even by recruiting at least 50 new apprentices across 10 apprenticeship employers.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. Set out the full range of apprenticeships and other training provided by we:train	The apprenticeships we provide and the wider work of we:train to be aligned with the strategic aims of Hospice in the Weald	Lisa Love	March 2021
2. Identify levy paying employers	Create a long list of potential employers Narrowed down to a short list Signed contracts from at least 10 employers by year end – measured quarterly throughout the year	Lisa Love	March 2021
3. Recruit at least 50 apprentices by year-end.	Measured quarterly throughout the year	Lisa Love	March 2021

Hospice in the Weald Strategy and Business Plan 2020 –

Year 2: The overarching aim for we:train in 2021-22 will be:

Achieve break-even by year-end, whilst reviewing the Federated Scheme to ensure that membership offers tangible benefits.

The SMART objectives

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
17. Review the Federated Scheme	Identify measures to evaluate the effectiveness of the scheme	Lisa Love	May 2021
	Review the membership compact	Nick Farthing	August 2021
	Report to Chief Executive	Lisa Love	September 2021
18. Take stock of the funding landscape	Identify new training and increase the product offer based on available funding and needs and wants of members	Rachel Garrett	June 2021
19. Increase membership to 75 care homes by year end	Measured quarterly throughout the year	Lisa Love	March 2022
20. Fundamentally review the performance of we:train and make recommendations for future plans	Paper to Finance and Commercial Committee	Nick Farthing	March 2022

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 3: The overarching aim for we:train in 2022-23 will be:

To recruit 1,000 learners during the financial year.

The business of we:train was intended to be, from the outset, externally focused. One of the main reasons for having we:train is to share our philosophy of care, it is about improving access to compassionate, personalised and holistic care for everyone in our community living with a terminal illness, and for those important to them. We operate we:train commercially, having achieved breakeven in 2021-22, the aim will now be to increase the number of learners and demonstrate the continuing viability of our approach.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
14. Identify both levy and non-levy paying employers and set a target number of learners against each employer	Target number of learners will be at least 1,000	Lisa Love	April 2022
15. Work with employers to identify the most appropriate apprenticeship for each learner	At least 50% of learners enrolled by end June	Lisa Love	June 2022

10. Human Resources (HR) Department

10.1 Review of activity during the 2017 – 2020 Strategy

During 2017 the Personnel department was renamed and became the HR department. This sat under the Personnel Directorate, led by Kate Walker, Personnel Director, and encompassing the Care Records, we:train and Hospitality departments.

Kate left in 2019 resulting in a significant restructure of the Personnel Directorate. The HR Department are now a standalone department reporting to the CEO and from January 2020, the Head of HR became a member of HLT.

The Care Records Department sits under the Care Directorate; we:train, the Income Generation Directorate and the Hospitality department; the Finance Directorate.

The HR department have been continually looking at improving ways of working and this as included a move away from the Dedicated Point of Contact model. The driver of this changes was to enable a more consistent level of customer service to managers across the organisation.

There has been a focus on the recruitment and retention of the best staff and volunteers with recruitment campaigns including volunteers 'Put your hand up!' for Cottage Hospice and 'Nursing as it should be' campaigns which have resulted in the successful recruitment of nursing staff against a challenging national shortage of registered nurses.

Efforts to retain staff and reduce turnover included in 2019, the implementation of a 10-point retention plan. One of the points on this plan was the introduction of enhanced Long Service recognition with additional annual leave and presentation of high street vouchers to staff. The response from staff receiving these awards has been very positive with many expressions of gratitude to HitW for the recognition.

Efforts to recognise and value the whole hospice workforce; staff and volunteers, continues. The Staff and Volunteer Consultative Groups have been combined to create one Workforce Consultative Group the aim of which is to reach agreement on the things that effect the whole workforce. The annual Workforce Celebration continues to grow in success with feedback being overwhelmingly positive. The annual staff survey has also been opened to volunteers to contribute their feedback and is renamed the Workforce Survey. There remains work to do, to ensure that we are truly recognising Volunteers as a vital part of our workforce.

10.2 Planning ahead: 2020 to 2023

The implementation of a new HR electronic system will be a significant change for the department, and we will be planning improvements and establishing effective new ways of working utilising new technology.

2019 will also see the outsourcing of our payroll function so again, will be planning improvements to the way we manage the payroll process and ensuring a smooth transition to this new structure.

Ensuring effective communication to the workforce of new ways of working will ensure that new systems and processes are embedded across the organisation.

The Hospice Mandatory Training will be fundamentally reviewed, and improvements that are identified will be implemented, to ensure that the workforce is equipped with the required knowledge of mandatory elements and that regulatory requirements are met.

We will continue to focus on the recruitment and retention of staff and volunteers, supporting managers with the guidance, systems and processes that enable them to lead empowered, engaged and motivated teams.

Year 1: The overarching aim for the HR Department in 2020-21 will be:

Embed new structure to make the best use of the new Dynamics based software to deliver effective proactive support to customers.

Our current HR system, ADP has provided adequate functionalities but is running on an outdated platform and it not being fully utilised by staff due to its clumsy interface. Our new HR system, based on Dynamic software, will promote staff self-service, empower managers to take ownership of HR processes for their teams and bring a higher level of insight of HR processes.

The HR department will plan new ways of working that enhance customer service and ensure effective use of the new system.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
14.Design, test and implement system workflows for organisational processes, to enable managers to effectively use the system for carry out relevant HR processes.	Workflows designed, tested and implemented	Head of HR Head of HR	April 2020
	User guides produced and use monitored and evaluated		June 2020
15.Staff are successfully trained to use the system by the identification of ‘super users’ who will be training and will be responsible for cascading this training.	Success criteria for delivery of training is identified and results measured against these.	Head of HR	June 2020
		Head of HR	April 2020
16. Effective user guides to be designed, tested and published to enable staff to be confident in use of the new system	Support enquiries are monitored to ensure knowledge and skills are embedded.	Head of HR	Ongoing from April 2020
17.Managers’ report increased levels of ‘Customer Service’ provided by HR team,	Satisfaction survey	Head of HR	Sept 2020

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 2: The overarching aim for the HR Department in 2021-22 will be:

Carry out a review of the Remuneration and Reward Framework and implement changes to the pay structure at Hospice in the Weald maintaining positive relationships with staff.

In April 2016 a ‘root and branch’ review of our pay structure was completed and a Remuneration and reward framework implemented. This was driven by our need to have a sustainable organisation both now and in the future where payroll costs are affordable within the economic climate and to aid recruitment and retention of the best staff and ensuring staffing levels to enable standards of patient care are maintained.

This framework was due to be reviewed in January 2023 but HLT have agreed to bring this forward and that any changes will be implemented by April 2022.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
1. A proposal of changes to current salary points is put forward to the Board and approved changes implemented.	Benchmarking against relevant external organisations will be complete	External Consultant/Head of HR via HLT	Sept 2021
	Internal benchmarking will be complete.		
	A paper will be submitted to the board and Finance committee detailing proposed changes to salary points and final approval confirmed	Payroll provider via Head of HR	April 2022
	Changes to salaries will have been updated on payroll system	Head of HR via Payroll provider	April 2022
	Updated Remuneration and Reward Review Policy 8.32 issued	Head of HR via HLT	Jan 2022

Hospice in the Weald Strategy and Business Plan 2020 – 2023

<p>2. Review our current reward package and consider introduction of additional staff benefits, implement where applicable and promote these.</p>	<p>Options for additional staff benefits are researched and proposed via HLT.</p> <p>Additional benefits are implemented, and the details communicated to the workforce via all internal communications channels</p>	<p>Head of HR via HLT</p> <p>Head of HR</p>	<p>Sept 2021</p> <p>April 2022</p>
<p>3. Maintain positive relationships with staff and volunteers in all Services and departments</p>	<p>A communication plan will be drawn up and methods of communication identified and actioned.</p> <p>The WCG will be consulted on proposed changes and agreement sought.</p>	<p>Head of HR via HLT</p> <p>Vicki Fuller, WCG Chair</p>	<p>Jan 2021</p> <p>April 2021</p>

Hospice in the Weald Strategy and Business Plan 2020 – 2023

	<p>Quarterly Staff turnover analysis</p> <p>Annual Workforce Survey</p> <p>Analysis of Leavers Questionnaires/Leavers Interviews. Themes identified on an ongoing basis</p>		<p>Quarterly from April 2022 August 2022</p> <p>Ongoing from April 2022</p>
<p>4. Recruitment – HitW can appoint suitable candidates to vacancies</p>	<p>Ongoing monitoring of the success of recruitment campaigns via reports prepared for HLT on success indicators</p>	<p>Head of HR</p>	<p>Ongoing from April 2022</p>

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 3: The overarching aim for the HR Department in 2022-23 will be:

‘Management to Empower’

Effective managers have the skills to engage the workforce. We want to ensure that our managers are highly skilled and equipped to empower the workforce to achieve.

In the past work has been done to identify the ‘Pillars’ required of our managers and we will build on this to provide managers with a framework of knowledge skills and behaviour and embed this structure within the organisation so that our expectations are explicit and manager’s development is aligned to this.

Challenges include supporting managers to focus on retention and staff engagement, supporting them to achieve successful outcomes when issues are encountered. The HR department will focus on improving the support and resources available to managers so that their behaviours enhance engagement levels and support the delivery of the organisation’s aims and objectives

To help managers develop and apply their skills we will plan core manager training modules that will equip managers with the skills, abilities and confidence required to ensure that staff and volunteers feel valued and supported to do their job to the best of their ability. We will also review and improve the resources available to managers to support staff processes.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
4. Design and deliver core manager training modules	The core knowledge, skills and behaviours required of HitW Managers will be defined. A plan will be submitted to HLT detailing core training modules to cover these. Training will be designed and delivered in the most appropriate format	Head of HR	Summer 2023
5. Review and improve management resources to support staff processes	A review will be carried out to identify where additional Managers Guideline need to be	Head of HR	Summer 2023

Hospice in the Weald Strategy and Business Plan 2020 – 2023

	<p>produced. These will be written and issued.</p> <p>Current guidelines will be reviewed to ensure that they are up to date and user friendly and updated versions issued.</p> <p>Use and effectiveness will be monitored by a survey of managers</p>		
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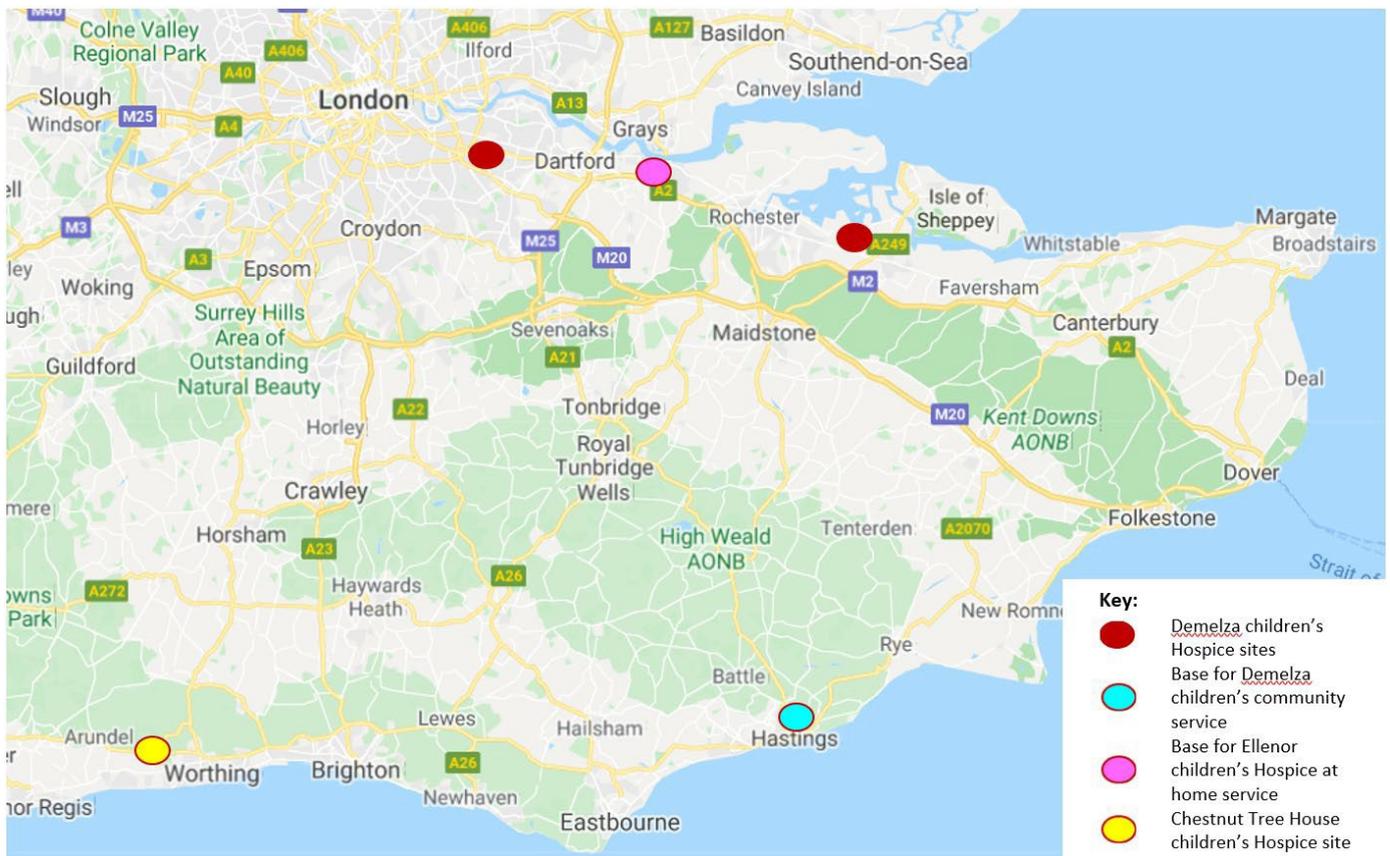
11. Childrens Hospice in the Weald

11.1 Review of activity during the 2017 – 2020 Strategy

The issue of providing Hospice care for children has been discussed many times at the West Kent CCG End of Life Care Strategic Implementation Group (EoLC SIG). The children’s commissioner for West Kent CCG acknowledges that children’s Hospice services are too thin on the ground in West Kent. Services are currently provided by children’s Hospices based outside the county. These Hospices struggle to address the level of demand across a very large geographical area. As a result, large numbers of children with life limiting and life-threatening conditions must travel to London hospitals for care and treatment. One of the objectives for West Kent CCG’s has been “the repatriation of activity in children’s medicine from London and the development of local services”.

In short, West Kent CCG is dissatisfied with the current level of service for children and has expressed concerns about the lack of adequate children’s Hospice services in West Kent. Hospice in the Weald is close to the Kent/Sussex border and the provision of children’s Hospice service in East Sussex is similarly inadequate.

The two Hospices currently providing children’s services in West Kent and East Sussex are identified on the map below. Chestnut Tree House Hospice is also identified and provides care in Brighton and Hove, Sussex and Hampshire.



Hospice in the Weald Strategy and Business Plan 2020 – 2023

The map reinforces the belief of West Kent CCG that there is a large gap in the centre of the South East of the UK, around the Tunbridge Wells area, where there is currently a lack of adequate provision of children’s Hospice services.

The table below illustrates the prevalence of life-limiting & life-threatening conditions per age group in Kent & Medway, as reported by Kent County Council. Extrapolating these figures gives a rough idea of the likely requirement for children’s Hospice services across the Hospice in the Weald notional catchment area.

Prevalence per 10,000 population	Babies <1 year Prevalence is 19	Children 1 – 4 Prevalence is 24	Children 5 – 9 Prevalence is 12	Children 10 – 14 Prevalence is 10	Children 15 – 19 Prevalence is 8
Prevalence across area served by HitW (Circa 360,000)	684	864	432	360	288

Demand is expected to increase over time and both Demelza and Ellenor admit that they are unable to meet demand for children’s Hospice services at current levels. Demelza estimates that it is able to take on only 20% of those who could benefit from its care. Ellenor has reported a 24% increase in referrals 2018-2019. It is important to acknowledge that challenges faced in providing adequate provision are largely geographic and that both Hospices are rated by the CQC as providing children’s services that are either outstanding or good.

These statistics demonstrate that there is a need for additional children’s Hospice services in Kent and Sussex, and that there would be sufficient demand for such services. It is clear that no one Hospice will ever be able to provide services to all children and families. Instead, what is needed, is partnership working between Hospices to strengthen the current provision and meet more unmet need.

11.2 Planning ahead: 2020 to 2023

The ChiSP Study (2015), led by Dr Lorna Fraser, concluded that children’s Hospice services need to work in more varied and imaginative ways to help couples, parents, siblings and wider family groups with practical and domestic tasks, respite care that allows them to catch up on rest and sleep, information about and signposting to care services and initiatives that help them to overcome isolation and social exclusion. These are the services that make for an effective and successful children’s Hospice service.

Published evidence from Noah’s Ark Hospice strongly suggests that nursing care, welfare services, practical support and short break or respite care is best offered in the home. Respite care can take the form of overnight stays which allow the parents to sleep, or “baby-sitting” support which allows them to shop, get haircuts, do housework and other routine family chores. In normal circumstances, these forms of assistance do not require the services of nurses. Volunteers can supply much of this support, as can healthcare assistants.

Over the next three-years we will develop children’s Hospice in the Weald service. Initially this will be home-based, accompanied by a wide range of support activities aimed at parents, families and siblings with, as the service develops, some form of day care. Noah’s Ark Hospice successfully operated a similar model for over 20 years before fundraising for a specific children’s Hospice building. Being home-based meaning there is no need to construct or acquire a building within the lifetime of this 3-year Strategy and Business Plan, nor in the foreseeable future after.

For children and young people, knowing that they have the right to be heard in decisions which affect them boosts not only their sense of security but also their self-confidence. Participation is not a one-off, event-based undertaking. It will be an ever-present thread, woven into the very fabric of our new service for children and young people. So that there is always meaningful, effective and ongoing dialogue between children and those caring for them. Participation means that children and young people will be:

- Consulted throughout the development of the new Service
- Encouraged to take an active role in shaping the Service
- Supported in expressing their views and needs at any stage in the consultation process

This ongoing focus on participation will help children and young people to:

- Feel valued and heard
- Feel empowered and confident that their voice is important
- Be confident that children’s Hospice in the Weald will be right for them and their peers

Child participation is one of the core principles of the United Nations Convention on the Rights of the Child and will be a fundamental principle for Children’s Hospice in the Weald.

11.3 SMART Objectives for Childrens Hospice in the Weald:

Year 1: The overarching aim for Children’s Hospice in the Weald in 2020-21 will be:

Engage and consult with children and young people, their parents, and other organisations to explore what they need and want.

The primary focus in year one will be collaborative. We will need to forge links and work closely with partners, both statutory and non-statutory to see where we fit in and how we can ensure that Children’s Hospice in the Weald best impact the outcomes for children, young people and their families. It is likely that the workforce in year one will consist of two nurses, and two care workers with a social work, rather than a nursing background whose focus would be the parents, the families and the siblings as well as the children and young people themselves. Also, a co-ordinator whose role would be to recruit a small cohort of volunteers.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
Consult with relevant partnership organisations	We will use this information to establish our model of care by triangulating the needs and wants of children and young people, their families and partnership organisations.	Michelle Ford	June 2020
Engage and consult with children and young people, and their families	An awareness campaign to include 3 open meetings for children, young people and families in June and July. All 3 meetings to be attended by a minimum of 6 children and their families/ carers	Nick Farthing	July 2020
Establish a Board Committee of to oversee the development of a Children’s service.	Terms of Reference drafted for Board approval. Monthly meeting dates established for 20/21	Rob Woolley	July 2020
Establish the services that will be provided in year 1 and recruit first members of the workforce.	Write a service delivery plan, using a similar format as for Cottage Hospice Workforce recruited, and orientation programmes completed.	Michelle Ford	October 2020

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 2: The overarching aim for Children’s Hospice in the Weald in 2021-22 will be:

Work collaboratively with Children and young people and their families and in partnership with other organisations to grow and expand the service to meet more unmet need.

We have always said and written that we will collaborate for a purpose. Developing a Children’s Hospice in the Weald service presents a unique opportunity to collaborate in innovative ways with new and existing partners. We are not setting out to offer ‘one stop shop’ service, our function will be much more about being ‘care navigators’ – empowering children, young people and their families to navigate the complex array of options available to them and make informed choices about what may best suit their individual circumstances.

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when this has been achieved?	Who will do this?	Target date
Confirm the leadership and management structure for Children’s services.	To be agreed by HLT.	Rob Woolley	April 2020
Establish our position as ‘care navigators’.	Identify additional services that children, young people and their families need and want, based on the engagement and consultation sessions run in year 1, plus additional subsequent feedback. Use this insight to identify a short list of organisations that we could partner and collaborate with. Three partnership arrangements in place by end of 20/21.	Head of Children’s Hospice in the Weald	Progress reviewed quarterly
Launch a home-based respite service.	Performance measures agreed by HLT and Children’s service Board Committee.	Head of Children’s Hospice in the Weald	Progress reviewed quarterly
Explore the need for a separate day service, specifically for children, young people and families. With a view to potentially delivering this in year three.	A discussion paper with recommendations taken to HLT	Head of Children’s Hospice in the Weald	January 2022

Hospice in the Weald Strategy and Business Plan 2020 – 2023

Year 3: The overarching aim for Children's Hospice in the Weald in 2022-23 will be:

Review and evaluate Children's Hospice in the Weald and make recommendations for future developments whilst continuing to grow the number of people cared for and meet more unmet need

The SMART objectives underpinning this overarching aim are:

SMART objective	How will we know when? this has been achieved?	Who will do this?	Target date
Review the service delivered in year 1 & 2 and refine plans for year 3 based on this.	Baseline analysis of children that we have provided a service for, against performance measures agreed by HLT and Children's service Board Committee.	Head of Children's Hospice in the Weald	May 2022
Establish a separate day service, specifically for children, young people and families, dependent on decisions made in year 2.	Initially launching a one day per week service. Format and function established via engagement and consultation with children, young people and their families.	Head of Children's Hospice in the Weald	August 2022

12 BUDGET PLANNING

Not included at this time – see foreword on page 3.

13 MONITORING & EVALUATION OF THE STRATEGY AND BUSINESS PLAN

Monitoring and evaluation are inherent in our strategic aim to continually learn in all aspects of our work and embrace the changes needed to become even better. In previous years, to monitor implementation of our Strategies and Business Plans we have related each individual objective to one of our Strategic Aims and reported quarterly on progress using a red/amber/green scale. This system has worked well from a governance and management perspective and we will continue to use this approach.

As part of our regular practice the objectives that we set for ourselves at Hospice in the Weald are always SMART (Specific, Measurable, Achievable, Relevant, Timed). This makes it easy for us, and others, to hold ourselves to account for delivery. Directors report quarterly to the Board on progress against objectives.

We have not in this Strategy & Business Plan, addressed the issues related to 'risk'. However, Hospice in the Weald has a very robust and comprehensive risk management strategy. It provides a practical way forward to ensure that the key risks are identified and then controlled via meaningful control actions. Any and all risks associated with this Strategy & Business Plan will be dealt with under our Risk Management Strategy.

Hospice in the
Weald Maidstone
Road Pembury
Tunbridge
Wells
Kent TN2
4TA

Switchboard: 01892 820500

www.hospiceintheweald.org.uk

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