



Saint Francis Hospice Strategy 23-25

Keeping Agile, Effective
and Resilient

- **Caring for you**
- **Supporting Everyone**
- **Helping people to live well every day**



SAINT FRANCIS HOSPICE STRATEGY 23-25

INTRODUCTION

Our Vision



A world where everyone gets the right palliative and end of life support and care for them and their loved ones.

Our Mission



To provide local people with excellent palliative and end of life care and support, before, during and after death.

Our Values



Supportive - We listen to people and value peoples' experiences and use them to give the personal support that is right for everyone.



Compassionate - We are kind and provide a caring and compassionate environment for everyone. We put people at the heart of our actions and words and support people's choices and decisions, helping them feel safe, secure and valued.



Inclusive and Respectful - We are open and transparent and value each person's individuality. We respect everyone and value diversity. We believe our different experiences and knowledge make us stronger. Together we achieve more.



Professional - We are experienced in what we do as a hospice and as a charity. We encourage everyone to give of their best, in providing the appropriate care and expertise to those who need us and support us.



Always Learning - We are open and outward looking, always ready to adapt and change, looking for better ways of doing things, by learning from each other and from the ever changing world around us.

ABOUT SAINT FRANCIS HOSPICE

Saint Francis Hospice is the main local provider of hospice care. The hospice has 18 specialist palliative care inpatient beds. It also has an active outpatient/day therapy service which provides one to one clinical/therapies appointments as well as group wellbeing activities. These services are for anyone affected by advanced, progressive disease living in any/all of our Trust boroughs as shown on our map at the back of this document. All areas are also covered by our hospice Specialist Advice Line at night, and by our Hospice at Home team; a team particularly supporting family/friend, district nurses and carers in the last few weeks of life.

The hospice is also the provider of specialist community and crisis support to people at home/in care homes in Barking & Dagenham, Havering and South West Essex, via a nurse led Specialist team. In Redbridge that community specialist support is provided by the NHS and other care partners.

Partnerships between our local Hospital Trusts and the hospice are well established including in the areas of end of life care services, education, out of hours consultant cover, shared cover for senior doctors between hospice and hospital and widening access to specialist palliative care services.

Our care strategy focuses on meeting growing demand whilst still delivering care tailored to each individual. It also includes an emphasis on the teaching, training and support of family, friends and our health and care partners and providers.



SAINT FRANCIS HOSPICE STRATEGY 23-25

CHALLENGES WE FACE

The local population is growing, and people are living longer leading to more people living with complex and multiple illnesses who need a range of care options from light touch to complex palliative and end of life care. The local population do not always get the support and care that they need. These challenges are also impacted by our external and internal environment, all of which have influenced this strategy.

Our External and Internal Environment

The External Environment

- The recent global pandemic and new agile ways of working have changed how we engage with people and how our staff and volunteers' want to work.
- A difficult recruitment landscape after COVID and Brexit.
- Unstable government with 3 Prime Ministers in 2022; a trade climate that remains challenging since Brexit and loss of public confidence; the War in Ukraine; and soaring costs of products and services leading to a new recession.
- People are less tolerant post pandemic as civil and employment litigation risks increase with a noticeable change in peoples' attitudes towards care, with peoples' expectations higher than before pandemic. An uncertain financial future and added financial pressure on the NHS at a time when we are renegotiating our contract.
- A growing diverse local population with a wide range of support needs including an above average elderly population.
- Location of hospice site is remote and access to it via public transport is difficult.
- The ULEZ widens in August 2023 to outer London.
- Growing competition from big charity brands, like the NHS and more charities in a state of urgent appeal.
- Demand for our services continues to increase and more people presenting with a late diagnosis due to the pressures on the NHS.
- Fast moving digital environment: the public increasingly expecting to communicate on social media platforms which will be constantly changing and

combining technology to enhance the care profession. Technical failures and cyber-attacks impact delivery of care services.

- Changing regulator requirements e.g CQC and commissioning practices e.g. 3 new ICBs (NHS Integrated Care Boards) with different/changing priorities and expectations.
- Continued requirement for evidence-based funding and to deliver value for money.
- Disparity of awareness amongst referrers about our work and our referral criteria.

The Internal Environment

- Widening access and profile raising, to serve everyone who needs us.
- Increasing pressure on voluntary income to deliver more growth in a difficult financial climate.
- Technology is fast moving and costly and training needs embedding. Processes need fully aligning and new technology such as Intranet to improve real-time internal communications to be implemented.
- Delivering improved data/ information to inform and help improve decision making for clinical/care and financial effectiveness, including trend analysis and looking ahead long-term (5-10 years).
- Income pressures drive the need for a more business-like and agile approach with more reliance on data to support decision making.
- The development of our hospice building is now stopped considering the changing external environment and financial uncertainty, but our buildings are getting old and need some refurbishment.
- Pressures such as recruitment challenges drive the need for innovation, develop and grow our own and increase resilience of workforce as a whole replace for Pressures such as recruitment.



SAINT FRANCIS HOSPICE STRATEGY 23-25

OUR GOALS FOR THE NEXT TWO YEARS

Our overall strategic aim for the next two years is to meet the growing demand for experienced and expert palliative and end of life care services in our local boroughs, as an essential contributor to the local community and as a key part of the health and social care local provision.

GOAL 1

OUR PEOPLE: Agile, Resilient and Confident to continue to improve quality and respond effectively to changing needs.

OBJECTIVE 1.1: Ensure our staff and volunteers reach their potential and create a motivated, skilled and empowered workforce

- Invest in our people strategy as a priority to ensure the hospice has an empowered and skilled workforce for the future.
- Continue to develop our diversity and inclusion strategy to reflect our local population, to harness the skills, knowledge and experience that reflect the varied cultural needs of our people that we work with and provide services to.
- Invest in training for our staff and volunteers so they are equipped to respond to: increasingly diverse care needs; digital transformation of services, the demands on our voluntary income and the changing commercial landscape so we continue to be responsive and effective.
- Continue to develop career and volunteer pathways with flexibility to attract and retain motivated people.
- Continue to develop volunteering as a highly valued resource and make best use of skills with easy to join and do processes to build a strong volunteer workforce for the future.
- Invest in the development of our Senior Leadership Team and first line managers as a priority to succession plan and retain knowledge and skill to deliver an improved hospice for the future.
- Continue to improve and promote employee benefits and conditions including pay review, birthday leave, personal development, agile working, core hours and transparent and fair practice for all so that we retain staff with experience and skill to help improve the quality of our service.

- Continue to embed our hospice values, promoting high performance and ensuring our working environment builds a

strong organisational culture where our staff and volunteers can flourish so we are a great place to work and volunteer.

OBJECTIVE 1.2: Develop our governance framework to ensure we are a well-led hospice for the next 10 years.

- Continue to skill up our Board members and hospice workforce (staff and volunteers) in good governance and management systems and practice.
- Undertake a governance review of our Board to ensure we remain in line with the latest recommendations as a well-led, diverse, effective and safe charity.

What We Value and Will Uphold



There will never be enough money or time or words to begin to express what the hospice did for my beautiful mum, in our most very crucial time of need.

SAINT FRANCIS HOSPICE STRATEGY 23-25

OUR GOALS FOR THE NEXT TWO YEARS

GOAL 2

OUR SERVICES: Doing more than you think - Improving Access and Meeting Need.

OBJECTIVE 2.1: Outstanding care.

- Develop a relationship strategy in collaboration with our care partners that improves access to referral.
- Review service pathways to ensure flexible delivery of care tailored to individuals' needs and priorities that make the most of our limited resources.
- Ensure our widening access projects are grant ready to take advantage of any funding opportunity to reach more people in need.

- Adapt the hospice - Inpatient Unit and Reception areas to keeps pace with increased and varied demand for care and modern nursing/hospice standards which the hospice will need to fund c.£5m.
- Maximise use of our inpatient beds by developing more robust pathways for timely admissions and discharges.
- Continue to improve access to referral and self referral with healthcare partners and generally through the local community.

OBJECTIVE 2.2: Build resilience in our models of care focusing on crisis support and pro-active 'what really matters' models of care and support.

- Support a robust round the clock expert community service and system, working with external providers, that is sustainable and continues to reach more people.
- Develop and grow virtual groups (social and therapeutic) to reach more people.
- Embed a bereavement strategy that works with local faith leaders and utilises our network of outreach services and partner working.

When all the blood tests, and the scans and MRI's don't make a difference... this is where you go for the most important prescription.

OBJECTIVE 2.3: Share our knowledge to build a stronger palliative and end of life care support system for our local community.

- Build relationships, both political and educational with Transformation Managers and teams in the new Integrated Care Boards (ICBs).
- Share our experience across the organisation and with care homes and nursing homes and community hospitals to ensure partner organisations have the skills and support they need to do more.
- Improve access to education, offering remote and digitally enhanced training to reach more people and improve skills and expertise locally and nationally.
- Collaborate with Palliative care partners to implement the North East London ICS end of life strategy

The Difference We Want to Make – guided by the Six National Framework Ambitions in End of Life Care



SAINT FRANCIS HOSPICE STRATEGY 23-25

OUR GOALS FOR THE NEXT TWO YEARS

GOAL 3

SUSTAINABILITY: Best use of Resources so we can meet need now and in the future.

OBJECTIVE 3.1: Optimise our income generating capabilities and our financial resources.

- Focus on developing strong partnerships with our ICBs, healthcare partners and transformation managers, our supporters and local businesses and funders that help sustain the hospice and support continued development of expert end of life care.
- Build a fundraising/supporter centric culture across the organisation that helps sustain the hospice and deliver positive impact, understanding of what we need to deliver our services and grow our income.
- Explore and invest further in our income generating capabilities both via commissioned services and voluntary and commercial income opportunities that align with our vision, mission and values.
- Ensure our models of care and our return on investment to generate income are cost effective and sustainable for the future.
- Continue to manage well our hospice expenditure, so we remain a sustainable and effective hospice for the future.
- Understand and benchmark our services, models of care and unit cost/impact and agree the right fit for the future.
- Continue to developments support the ongoing digital transformation vision for improved and effective ways of working, caring and supporting; and embed digital transformational changes that are ongoing so that the hospice keeps pace with the latest technology to be competitive and efficient.

OBJECTIVE 3.2: Build relationships with our local communities, funders and care partners to drive developments in palliative and end of life care based on our experience and our patients needs.

- Develop our approach to networking and building partner relationships, either political or educational with Integrated Care Boards (ICBs), Acute Hospitals, Community Hospitals, Northeast London NHS Foundation Trust (NELFT), Care Homes as well as domiciliary providers and carers.
- Continue to demonstrate our impact to our local communities, funders and care partners through improved use of data and information that shows the difference we make.
- Influence palliative and end of life care provision locally and nationally, using

our data and knowledge to meet the changing needs of service users.

- Pro-active in our approach to proposals for new developments working across ICBs and partners in care.
- Explore the possibility of the Hospice becoming a single point of access for palliative and end of life care locally.
- Build on our established status as a training centre of excellence and establish ourselves as a research active hospice e.g. multi-disciplinary team training.

OBJECTIVE 3.3: Environmentally friendly practices and decision making across all activities working towards a carbon neutral organisation in the years ahead.

- Regularly review our hospice site and activities to ensure we are environmentally responsible in our decision making.

Our Strategy Enablers



Technology



Developing our people



Data and outcome measurement



Cost and resource efficiency



Good relationship management and collaboration



Marketing and communications development

SAINT FRANCIS HOSPICE STRATEGY 23-25

OUR IMPACT 2021/2022

2,153

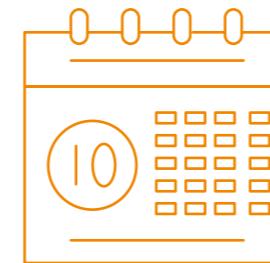
patients were cared for in the past year

Many people were cared for both at home and at the hospice

Each day of care on the ward costs

£826

10 DAYS
is the average length of stay on the ward



4,274

bereavement counselling sessions were given to **398 adults** and **96 children**



336

people were admitted onto the ward



105

days is the average number of days given to patients at home with complex needs



4,582

home visits were made to **585 people** who were cared for by **Hospice at Home nurses**



An hour of Hospice at Home care costs **£66**

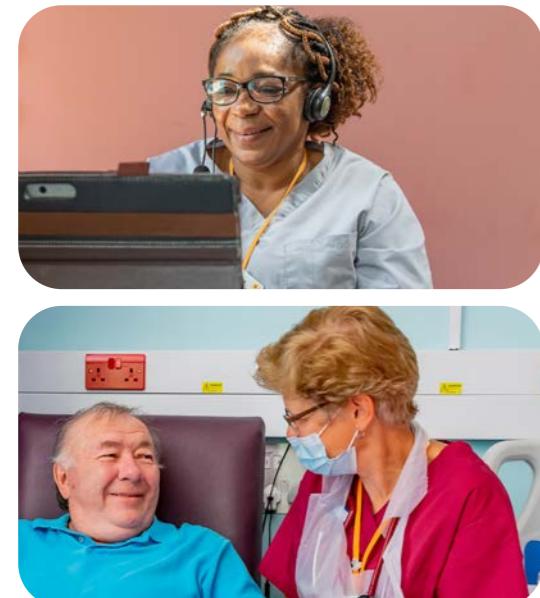
1,599

people at home, in hospital and in care homes were supported by our specialist community nurses



583

people received pastoral care support



SAINT FRANCIS HOSPICE STRATEGY 23-25

OUR MEASURES

GOAL

1 PEOPLE

- Increase in use of volunteers across the Hospice.
- Improvements in staff and volunteer diversity to reflect our communities.
- An engaged workforce as evidenced through our Staff Engagement Survey.
- More agile workforce and confident multi-skilled staff in place.
- Groups formed that work across the hospice directorates valuing the sharing skills and experience.
- Development of more career pathways and apprenticeships within the Hospice to support retention and internal progression.

GOAL

2 SERVICES

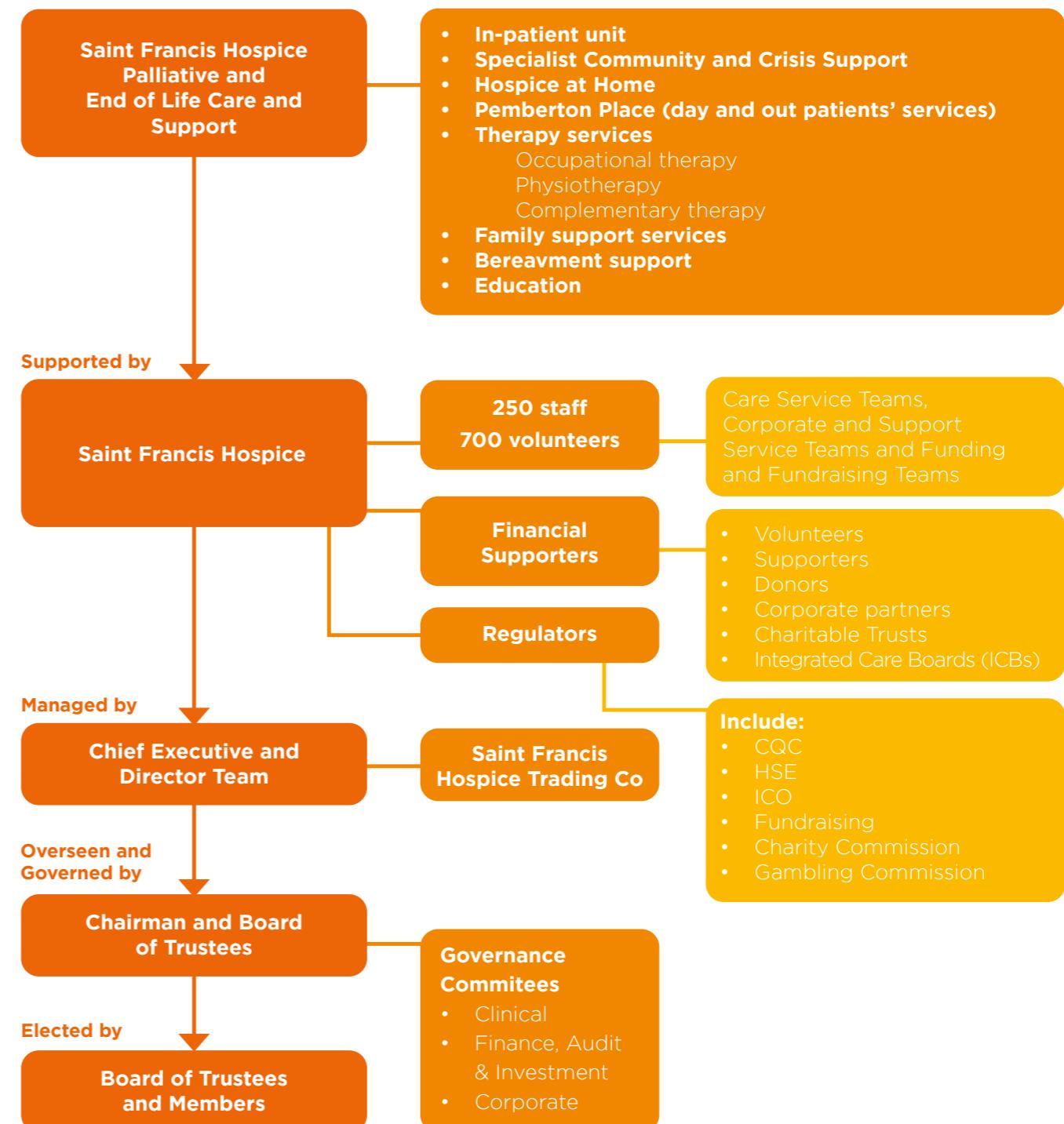
- An increase in referrals and new referrers.
- Admissions and discharge pathways result in reduced waiting times.
- Changes in services directly linked to more people receiving the care that matters to them.
- More collaborative working with ICB and local care partners.
- Ward capacity, use of beds at maximum contracted and regulated levels.
- Quality of care continues to be “outstanding”.

GOAL

3 SUSTAINABILITY

- Use of financial and service benchmarks to assess SFH's spend and reach.
- Defined costs per unit for each service alongside value and impact assessments.
- Reduction in operational cost that is in-line with predicted future income.
- Improved reporting best use of data to support management information to external partners including transformation managers.
- Increased use of data driven management information across all teams.
- Increase in staff confidence in using IT and Technology.

OUR GOVERNANCE AND MANAGEMENT STRUCTURE



WHERE WE CARE

An individual's home

At the Hospice

In Care Homes

In Community Hospitals

OUR HOSPICE CATCHMENT AREA



The Hall, Havering-atte-Bower
Romford, Essex RM4 1QH
Tel: 01708 753319 Email: mail@sfh.org.uk
sfh.org.uk

[f /saintfrancishospice](https://www.facebook.com/saintfrancishospice) [@saintfrancishospice](https://www.instagram.com/saintfrancishospice/) [@SFHUK](https://twitter.com/SFHUK)

Registered Charity No. 275913. Company limited by guarantee. Registered in England No. 1367828



Saint Francis Hospice