Clinical Strategy

2025 - 2028

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Registered charity no. 297798

Hospiscare
Your local hospice

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Executive Summary

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Rev. Dr John Searle

Hospiscare has been providing outstanding specialist palliative and end-of-life care to the communities of Exeter, central and east Devon for over 40 years. In that time, our teams and services have flexed and evolved to reflect the needs of our patients. However, our mission to provide outstanding end-of-life care for those with most need has stayed constant.

Over the last three years our clinical teams have navigated some of the most challenging times in healthcare, alongside achieving many of the ambitions from our previous clinical strategy and celebrating Hospiscare's 40th birthday.

The ripples from the COVID-19 pandemic continue to challenge our operational ways of working and the disruption has affected referrals and the level of complexities our patients experience. We have also seen changes to national and local healthcare oversight and process that have resulted in a level of turmoil in the system unprecedented in recent times.

Looking to the future, as a specialist palliative care provider, we need to have resilience and agility to work in these changing times and respond to the demands of our services. Undoubtedly this will challenge us, however, it gives an opportunity to re-examine the needs of our patients and our service provision to ensure we continue to be responsive and develop and thrive as a clinical service.

Our respected founder, Dr John Searle, died in 2023. Throughout his life, John was a strong supporter of Hospiscare, mindful of the need to evolve our practice, as he did in those first decades, and proud of our work and the values that have continued since those founding days. As part of our 40th anniversary celebrations in 2022, he left us with these words:

> **Despite these pressures, we have much to celebrate. Looking back on that snowy night 40 years ago when I spoke to the people of Exeter at the Guildhall, I could never have imagined the journey Hospiscare would take. I would like to recognise the enormous impact of the hospice over the last four decades. Year on year, we have brought specialist care to our patients, enabling more and more people to spend their final days in the place of their choice, whether home, hospice or hospital.**

This strategy outlines where we believe our focus for the next three years lies. It hopefully delivers clear guidance on direction and also enables some moments to reflect, embed and celebrate the work we do.

Ann Rhys
Clinical Director

Introduction

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As an independent healthcare provider within Devon Integrated Care System (ICS), our clinical services are well respected by our community and the wider network of colleagues we support. The aim of this strategy is to build on our role as a healthcare provider for our community, ensuring we are **responsive to patient needs, have an expert, skilled and resilient workforce, are visionary in our thinking, instill modern approaches to care, and remain agile to respond to any future challenges.** To achieve this, we need to work smart, and within our financial framework, and consider new opportunities for income development.

This document will outline the following areas:

- The **current healthcare context** and how its challenges impact us as an independent charity.
- **Reflection** on our 2021-24 clinical strategy and our progress and successes.
- Our **vision** for the next three years.
- How we will **design a model of care** that supports the delivery of this strategy.
- How the clinical directorate will **work alongside** the wider organisation.
- How we will **measure** effectiveness, progress and success.
- How we will **support our teams** to achieve these ambitions.

Background

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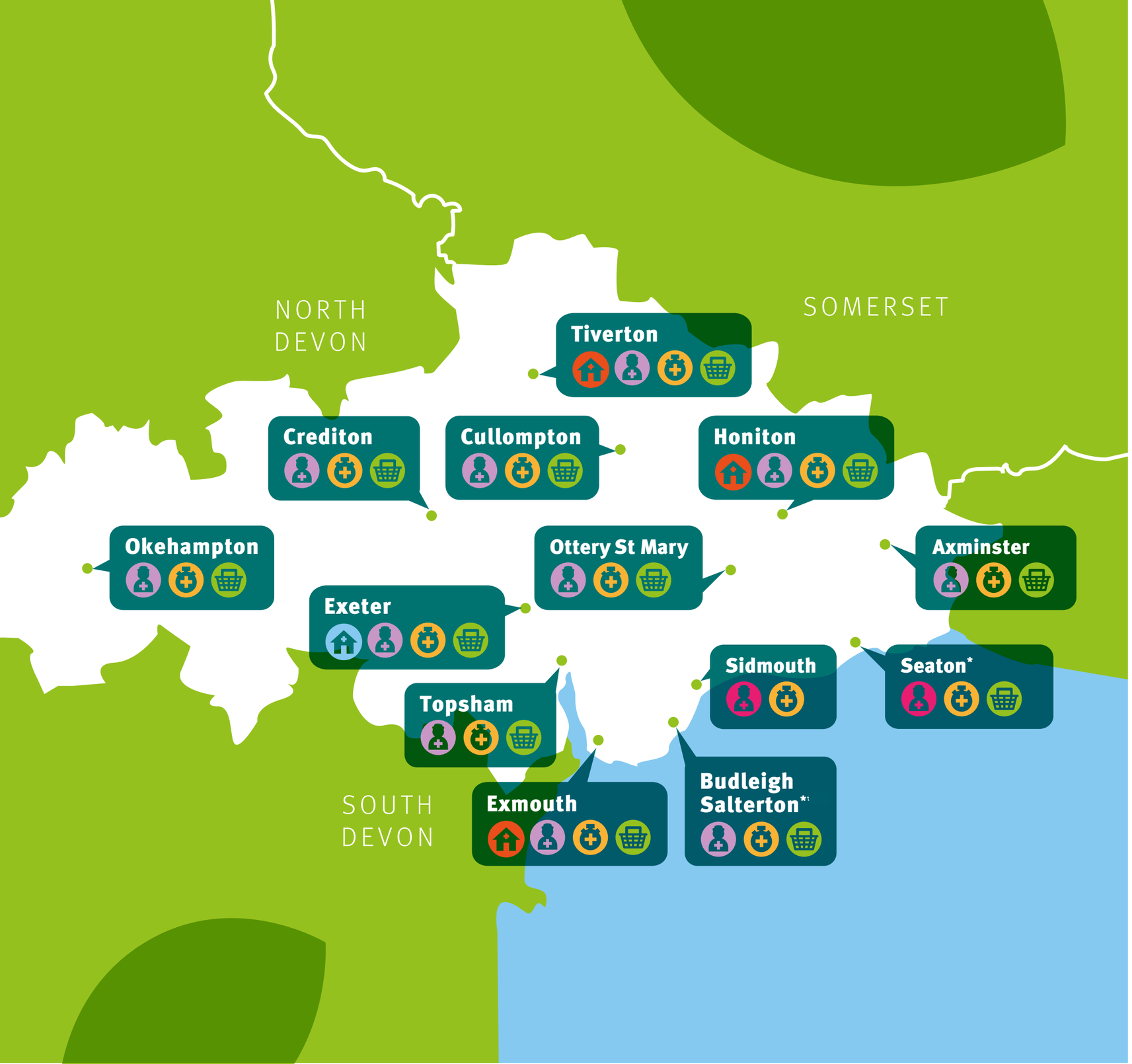


Hospiscare is a successful and outstanding organisation delivering clinical care across Exeter, central and east Devon, in the **community** (in the patient's own home, care home or clinic environment); our **specialist ward, acute hospital medical in-reach** service; and through **supportive care** activity for the past 40 years. Our impact and professionalism is evident through the feedback we receive via 'I Want Great Care' and our **'outstanding'** Care Quality Commission ratings in 2016 and 2024. Our latest impact report further demonstrates our **standing in our community and our positive impacts.**

Key

- **Shop**
- **Rapid Response**
- **Community Liaison Team**
- **Community Team**
- **Outreach Centre**
- **Hospice**

* The NHS provides a Hospice at Home service to the communities of Seaton and Sidmouth. We offer specialist support and advice as needed to all healthcare professionals in this area, as well as access to our inpatient ward.

Our Vision

Our vision is to ensure those in need receive outstanding end-of-life care, in the place of their choice.

Our Mission

Our mission is to provide compassionate, expert, end-of-life care before, during and after death. Together with our local community, we make every day matter.

Our Values

We aim to live by our values and ensure our decisions and actions are compassionate, respectful, professional and inclusive.

Compassionate towards every member of our community, from our patients and those close to them, to our staff, volunteers, supporters and partners.

Respectful to the needs and beliefs of the people we serve and those we work with.

Professional in our provision of specialist end-of-life care and how we operate.

Inclusive of all needs and circumstances, ensuring end-of-life care is accessible to all, and staff and volunteers feel valued and included.

3.1 Current Clinical Service Provision

We are proud to offer a **highly skilled multidisciplinary team** (MDT) that includes palliative medicine consultants, advanced nurse practitioners, clinical nurse specialists, admiral nurses, palliative care paramedics, and allied healthcare professionals. We're also grateful to have many volunteers, alongside our clinicians, who give psycho-social-spiritual support to our patients. Together, our team provides holistic care that addresses our patients' needs.

Seven days a week, we offer home visits, telephone and video consultations, and clinic appointments for ongoing support and assessment. An out-of-hours telephone advice service is also available for patients, their loved ones and healthcare professionals. For patients whose conditions are too complex to manage at home, we offer admission to our inpatient ward for intensive specialist care.

Through a service level agreement with the Royal Devon University Hospital, our consultants and doctors also provide advice and ward visits, and participate in multidisciplinary team meetings. We also **collaborate with colleagues** in the local mental healthcare trust and local partner charities, for example St Petrock's, to deliver palliative care.

The four main clinical domains within our service are:

Clinical Co-ordination Centre (CCC)

In 2020, during the pandemic, the CCC was established as the hospice's 'front door'. This was to ensure that, however restricted our staffing became, there would always be someone at the end of the phone to support patients, those important to them, and healthcare professionals. Since 2020 we have developed this service to become an essential element of our clinical service, operating from 8am to 5pm, seven days a week. The service is staffed by experienced clinicians, supported by a fluid rotation of community specialist nurses.

Community Care

Our MDT provides support for patients in their own homes and in community settings across Exeter, central and east Devon. This includes those who reside in care homes, in the specialist dementia unit, at the prison, and those who are homeless or have complex housing needs.

Inpatient Unit (IPU)

The IPU, or ward, cares for people who need 24-hour care that cannot be provided elsewhere. These patients have symptoms needing specialist care or complex end-of-life care needs, and benefit from our medical expertise and holistic approach.

Supportive Care Team

Our supportive care team has undergone a redesign since COVID-19 due to the changing demands on our service. Their focus is on our patient ecosystems alongside clinical need. The team comprises a spiritual care lead, bereavement lead, occupational therapist, physiotherapist, complementary therapist, and care navigation lead.

3.2 The Current Health and Social Care Context

The UK health and social care system has experienced one of the most turbulent times in recent history. The impact of Brexit, COVID-19, national and local directives, and the cost-of-living crisis are now impacting on the care individuals receive on the front line.

As a hospice team we work alongside colleagues predominantly working within the NHS system. On a day-to-day basis we see how, on one hand, the UK's healthcare services are a success, with increasing developments in technology, medicine and therapeutic interventions over the past 75 years. However, on the other hand, we see how social-economic vulnerability means access and provision is becoming progressively stretched, with growing demand and a reducing workforce. The social care system is struggling to meet the rising demand of an increasingly elderly population, with greater care needs and challenges in recruitment and funding meaning many patients are unable to access the care they need.

3.2.1 Disruptive Nature of the 2020s

Over the past three years there have been major changes to the healthcare landscape, which inevitably has impacted us as a charity and provider of specialist palliative care.

During this time, access to healthcare was restricted, which led to many diagnoses and treatments being delayed or missed. Data shows that there was a 50% drop in A&E presentations for heart attacks (BHF 2020), leading to an increase in heart failure, as well as 50,000 missed cancer diagnoses (Macmillan 2021).

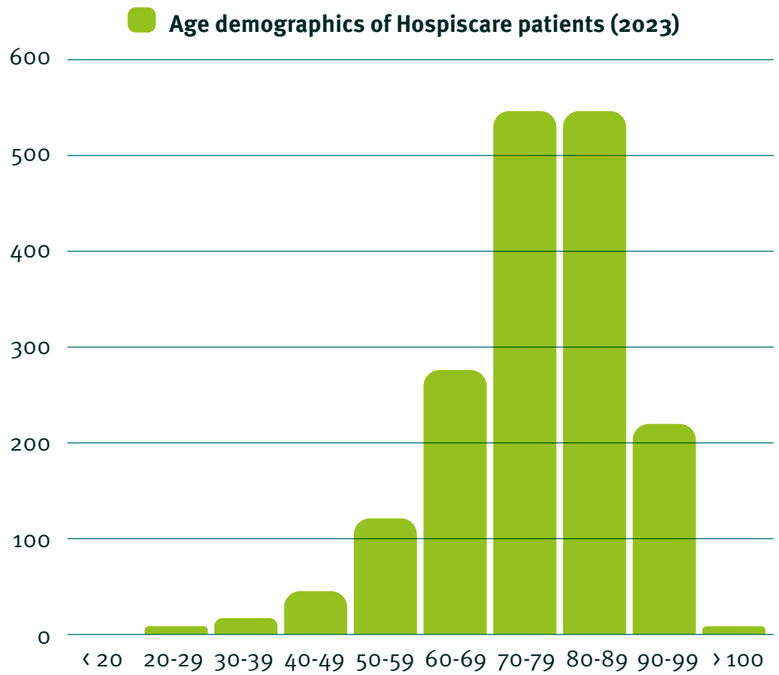
The impact of this is reflected in our referrals, and the median time from referral to Hospiscare to death reduced to just 11 days in 2022-23.

In addition, due to the isolation inflicted on people at this time, those living with dementia often suffered a significant worsening of symptoms and/or deterioration in their physical health.

Deaths from dementia and Alzheimer's are now the leading cause of death in the UK. Our Admiral Nurse collaborates closely with our clinical teams to ensure appropriate care and support for these patients and their carers. Post-COVID, the demand for this service has increased and will remain a focus due to our local demographic.

These changes, and other significant changes in demand, have necessitated our rapid evolution in order to meet community needs. In 2022-23, we recorded more referrals than ever before, alongside a higher number of deaths and a shorter referral-to-death time.

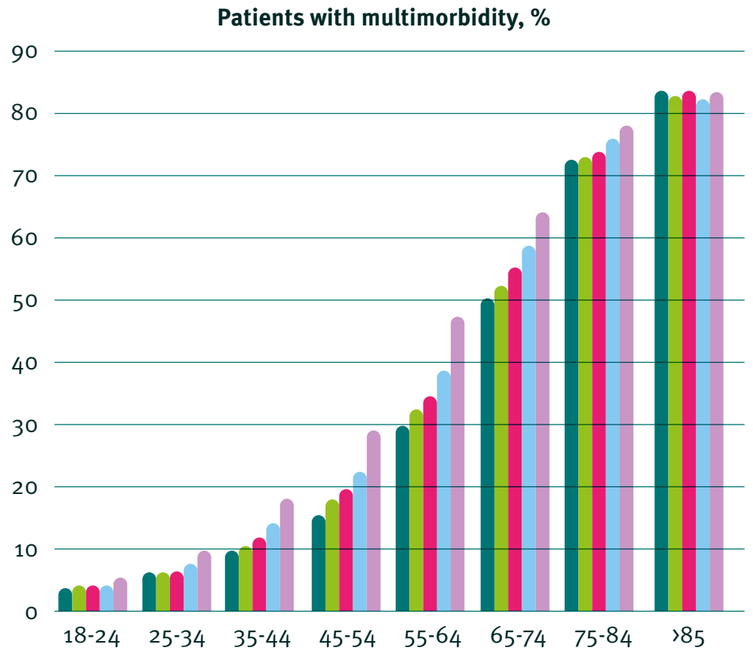
The above changes have also increased the complexity of managing physical, psycho-social and spiritual symptoms. Consequently, our teams must work with greater intensity and speed to ensure effective symptom management and provide a comfortable, dignified death for our patients.



Since COVID-19, we have seen an increase in younger patients being referred, with 11% (n=205) of our caseload below 60 years of age in 2023.

While cancer remains the most common diagnosis, we are seeing an increase in other life-limiting illnesses, with many patients having two or more co-morbidities. An estimated 15-30% of the population now lives with more than one chronic condition, and this is rising.

The UK population is ageing rapidly – projections show a significant increase in both the over-65s and over-85s in Devon over the next 10 years (Table 1: Estimates in Population Growth, JSNA Devon 2024). This will undoubtedly impact the need for specialist palliative care, as will the cultural shift toward people wishing to remain at home at the end of life. We must be prepared to respond to this wave of change.



(Index of Multiple Deprivation quintiles: 1 = least deprived, 5 = most deprived)
(Chief Medical Officers Annual Report 2023, Gov.uk)

Age Groups	2023 (Population Size)	2040 (Population Size)	% Increase
65 years +	185,588k	224,718k	21%
85 years +	30,952k	56,014k	81%

Table 1

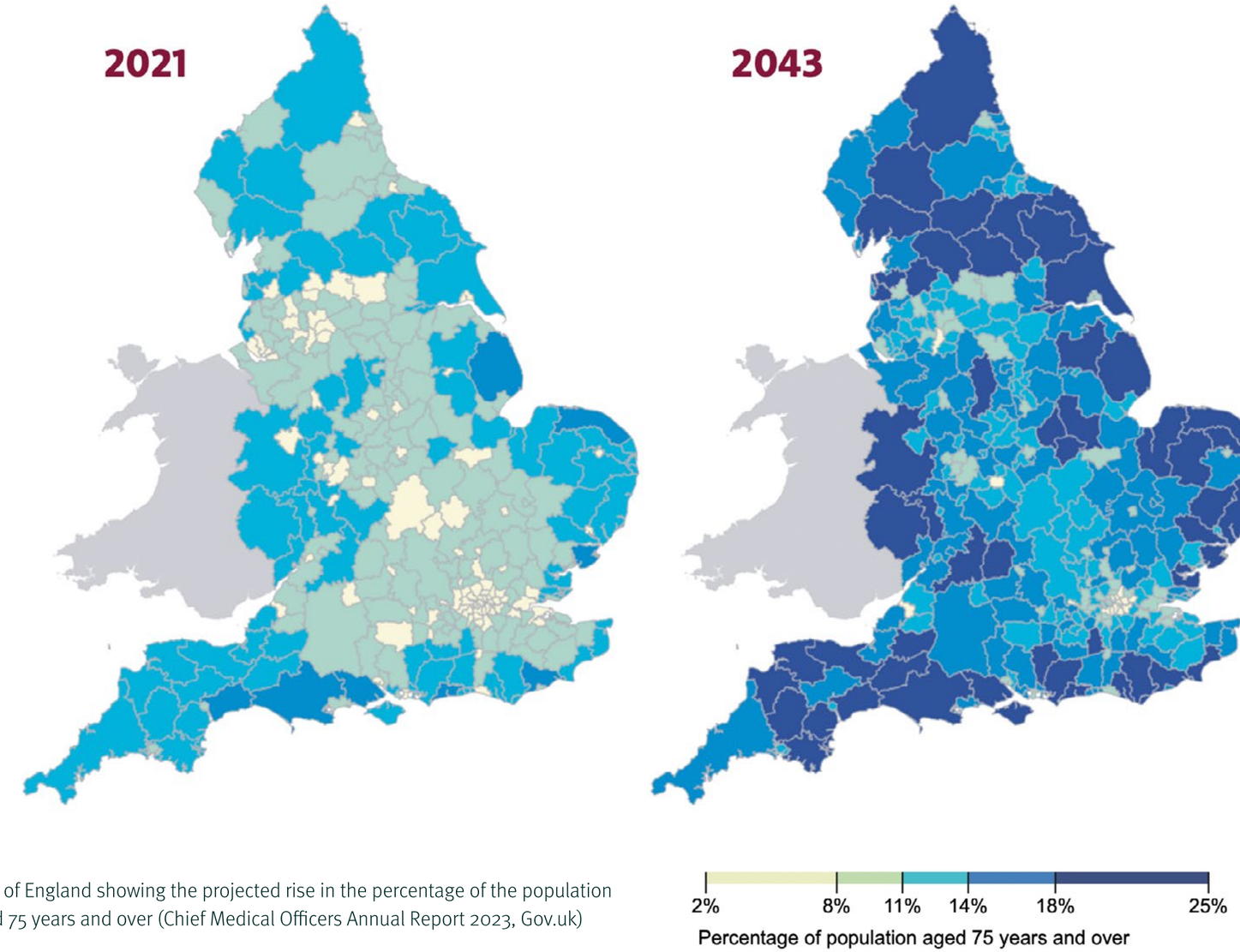
Despite these pressures, in 2023 c.70% of our patients died in their preferred place of care – 20% higher than the national average. When cared for by our Hospiscare at Home team this increased to over 90%.

For the first time since the 1960s, the UK is experiencing more deaths than births. In 2024, approximately 600,000 people will die annually, a figure expected to rise to nearly 800,000 by 2044, significantly straining end-of-life care services.

The Chief Medical Officer's 2023 annual report highlights the increasing demands of an ageing population and the need to focus on future care provision. It emphasises planning for this rapidly growing demographic, the complexities of co-morbidities, and investing in regions with the highest concentrations of older adults.

3.2.2 Integrated Care Systems (ICS)

Statutory Integrated Care Systems (ICS) were established across England on 1 July 2022. Their aim is to unite a broad alliance of partners to improve the care, health, and wellbeing of the population, with membership determined locally.



Map of England showing the projected rise in the percentage of the population aged 75 years and over (Chief Medical Officers Annual Report 2023, Gov.uk)

Devon Integrated Care Board (ICB) has been operating since July 2022. As a hospice, we have actively participated in the commissioning review of end-of-life care and supported the recommendations made.

However, there has been a delay in implementing these recommendations, and Devon ICB is now managing a significant financial deficit, which has further impacted momentum.

3.2.3 New Approaches to Regulatory Assessments for the Clinical Quality Commission (CQC)

Since the publication of their strategy in 2021, CQC has developed a new approach for assessing health and social care services in England. This aims to ensure regulation is relevant to how care is delivered, risk and uncertainty can be managed flexibly, and they remain responsive as the sector evolves (CQC, 2023). The strategy outlined strong ambitions under four themes.

Throughout 2022/23, CQC collaborated with organisations to develop an updated assessment framework focusing on what matters to service users. This new approach was launched in 2024. We worked hard to prepare for this change and, in spring 2024, we were delighted that CQC again rated our service as outstanding.

3.2.4 Workforce

Post-COVID, the healthcare workforce changed irreversibly, with many leaving clinical professions, fewer applying for training opportunities, and a recognised need to reform roles across health and social care to ensure future capability.

The NHS Long Term Workforce Plan, launched in 2023, focuses on three main areas: Train, Retain, and Reform. The plan aims to grow the workforce; embed the right culture; improve retention; and offer contemporary, flexible and accessible working, training and learning options.

In recent years, NHS England has endorsed international recruitment to address nursing workforce gaps. However, the global healthcare labour market will become increasingly competitive as demand rises. By 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%, and 80% of older people will live in low and middle income countries (NHS, 2023). We must therefore focus on 'growing our own' workforce.

In 2023, the Chief Medical Officer highlighted that areas with higher projected older populations also have lower working-age populations. Therefore, healthcare organisations and ICBs must work closely with local universities to support and utilise newly qualified staff and provide various entry options into clinical professions.

In recent years, Hospiscare has developed links with local universities, and we are building a multidisciplinary clinical workforce that emphasises individual development and succession planning. We continuously strive to make our working environment competitive and attractive, alongside our local partners.

In spring 2023, our Trustee Board decided to align our charity pay scales with the NHS Agenda for Change, due to our level of clinical vacancies caused by our inability to compete with NHS trusts. This change has improved recruitment, supporting our plans for future succession and workforce planning.

3.2.5 Financial Sustainability

The financial picture across the charity sector is challenging, and Hospiscare is no exception. Several factors have affected our income and expenditure in recent years. COVID lockdowns halted many traditional fundraising and retail activities, forcing us to move activities online. Although recovery has begun, consumer and donor behaviours have changed, requiring us to rethink our approach and develop new opportunities, while considering cost-of-living challenges.

Legacies have also decreased—a national trend of concern for hospices because we rely heavily on this income stream. However, our largest financial concern is the shortfall in our ICB funding compared to local and national peers. We receive about half the funding of other adult hospices, with no rationale.

We continue to actively engage with Devon ICB to address this inequity and agree a sustainable way forward, ensuring no further services will need to close. In 2024, due to financial concerns, we made the difficult choice to reduce some clinical services. Without an adjustment in Devon ICB's contribution, we will need to further review our clinical services.

3.3 Delivery of the Last Clinical Strategy

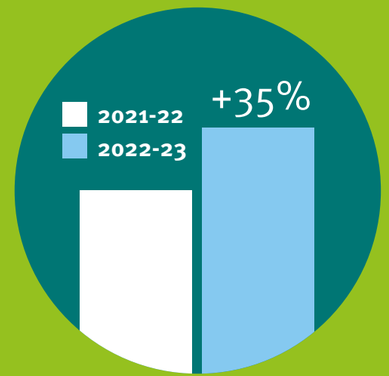
In the years 2021-24 we supported approximately 7,000 patients, and those important to them, with a wide variety of services and care personalised to each individual.

We have successfully achieved much that was outlined in our previous strategy (appendix 9.3), as well as starting to introduce technology that brings our care into patients' homes, and focusing on having the right person in the right place at the right time. This approach has allowed us to refocus the roles within our multi-professional team, ensuring care is tailored to the individual and avoiding a 'one size fits all' model.

1,131
patients cared for on our specialist ward

5,934
patients cared for at home and in the community

1,028
square miles from Axminster to Okehampton, Topsham to Tiverton—our care spans 1,028 square miles of Devon's heartland



111,867
people visited our website
for advice and support, an increase of 35% on the previous year

838
family members and friends received bereavement support

3,000+
patients were supported to die in their place of choice

5000+
meals were delivered to patients on our ward by volunteers

3280
people supported by our listening service and bereavement support activities

22,844
visits to patients' homes by our community teams

48,104
calls received by our 24-hour support line

794
learners attended our training on end-of-life care and related disciplines

4.93
- our average rating by our patients and their loved ones on iwantgreatcare.com

780
hours of training provided to medical students

Our Vision for 2025-28

04

COVID-19 meant that death was prominent in the mainstream media, and health systems were overwhelmed. During these times, people experienced the most medicalised of deaths—for example dying alone in hospital surrounded by clinicians in PPE. Equally, due to the fear of hospitalisation, we saw a push for many people to remain at home surrounded by their loved ones, sometimes with limited healthcare provision.

This experience for us as a society has redefined how many of us wish to experience death, with data now demonstrating a change in people's wishes to increasingly remain at home.

As mentioned earlier, the UK is seeing an increasing older demographic, with many living and dying with complex multi-morbidity. From data, we know demand for our services will continue to grow. 'Ambitions for Palliative and End of Life Care', a national framework for local action 2021-26, was refreshed and relaunched in the summer of 2021. It acknowledged the hard work accomplished since its first publication, recognised the changes brought by the COVID pandemic, and encouraged leaders across health and social care to commit to further initiatives to improve end-of-life care for all. Their six ambitions provide a framework for service developments, and will be fundamental to working as a system to improve outcomes for our local community.

As a clinical specialist service, we must take all of the above into consideration, and plan how we will **respond to these changing times,** ensuring our service is available to those in need at one of the most difficult times in their life.

We need to consider how our teams will flex to ensure we are **responsive** (right time), **present** (right place), and **highly skilled** (right person). This will ensure that those requiring specialist palliative care can access it as needed, while also supporting our generalist colleagues in achieving the ambitions for good end-of-life care for all.

Foundations
Personalised care planning
Education and training
Evidence and information
Co-design
Shared records
24/7 access
Involving, supporting and caring for those important to the dying person
Leadership

Ambitions
Each person is seen as an individual
Each person gets fair access to care
Maximising comfort and wellbeing
Care is co-ordinated
All staff are prepared to care
Each community is prepared to help

Adapted from 'Ambitions for Palliative and End of Life Care'

Our service is **needs-led** for those living with a life-limiting illness and is not dependent on diagnosis. We will evolve a model that both supports people early in their diagnosis and cares for those in their final few days, whenever **complexity** is present.

4.1 The Four Priorities for Care

In the spring of 2023, our Hospiscare Organisational Strategy was published. The strategy focused around four pillars of the organisation: Care, People, Place and Income. Each pillar developed goals and objectives for teams to focus on over the coming years.

Via the objectives outlined in this document, the clinical directorate will focus on delivering the care element of the Hospiscare strategy.

Our Goal:	**Care** To provide care reflecting the wishes and needs of our patients and those closest to them.

Our Objectives:

- To ensure care is **individualised, responsive and accessible.**
- To **listen** to our patients and those close to them, to maintain and develop our quality of care.
- To **engage and educate** our partners and communities to champion expert end-of-life care.
- To adopt innovative and flexible ways of working to **improve efficiency.**

4.2 Key Opportunities

4.2.1 Clinical Roadshow

In planning this strategy, the Clinical Director took the opportunity to hold several roadshow events with clinical staff. These events discussed the changing times, our financial constraints, and collaborative development of a new vision of care for the coming years.

All sessions were meet with positivity and active contributions, with many suggestions put forward for our future care. The teams involved included:

- Ward team
- Supportive care team
- Medical team
- Community teams (including H@H and CCC)
- Clinical Team Leaders
- Senior Clinical Team

Using the above four care objectives as a framework, team members suggested ways to support delivery of the organisational strategy (appendix 9.5) and ideas for future strategic projects and income generation. They also highlighted where they felt we could add value, and what some of our current gaps may be.

These conversations were invaluable and many of these points will be threaded through our future model of care and direction of service.

4.2.2 Engagement with External Partners

Hospiscare has an established relationship with our local hospice peers in Devon and across the south west region. In recent years we have also collaborated on projects with out local acute partner, the Royal Devon University Hospital Foundation Trust. These relationships continue to be strong and will bring further opportunities to collaborate across our local integrated system, to influence strategy, and to develop care for those at the end of life.

Positive relationships are building with our local universities, particularly Plymouth and Exeter, and with the National Institute for Health and Care Research (NIHR). We hope these relationships will develop further, and support our strategic aims regarding workforce, clinical excellence, and education.

4.2.3 National Influence

Hospiscare actively participates and engages in national discussions to influence care delivery, as well as non-clinical aspects including financial sustainability of hospices.

Participation in these platforms will help ensure we are at the forefront of decision-making and enable our local population to access innovative and outstanding care.

4.3 Challenges

The challenges shown below are not unique to Hospiscare but must be considered when preparing services for the future.

Greater demand on services

Changing demographics and increase in complexity of disease.

Workforce reduction

Reduction of clinical trainees and increase in the retirement age of current practitioners.

Financial pressures

Reform is required to ensure the NHS is fit for the future. This will impact on us, and partners across the system.

Changes within the healthcare system

Changes to local and national income streams are effecting future development of services.

4.4 Enablers

To achieve our ambitions within the new strategy we need to listen to our teams, be mindful of the challenges and changes ahead, and then consider what is right for us as a speciality and a service. It is envisaged the following will enable us to be successful in our future plans, and remain agile to changing needs over the coming years:

- Develop and utilise evidence-based data and research to ensure we are a centre of excellence for specialist palliative care provision.
- Continue to develop our MDT and clinical expertise—ensuring we are fit for the future.
- Consider a suite of pathways available for patients that enables access to our service—at the right time in the right place and with the right person.
- Listen closely to our patients and those who are important to them.
- Utilise evidence-based tools and frameworks to continually ensure our care is safe and effective.
- Continue to have a culture of learning and innovation to ensure we deliver the best patient care to those requiring our support.

4.5 Recommendations

The clinical directorate at Hospiscare will work together to achieve the objectives set out in our organisational strategy. This will link with the changing needs of our patients and consider the challenges and demands of the wider health and social care community.

This plan will build on some of the clinical quality and governance methodology we have introduced, and continue to ensure we are agile in the future.

Our strategy is ambitious but achievable, and has room for flexibility as we recognise the continuing changing landscape we inhabit.

The following graphics outline the project areas we will focus on over the next three years, with a more detailed action plan in section nine (Appendix 9.2).

Our Vision

Our vision is to ensure those in need receive outstanding end-of-life care, in the place of their choice.

Our Mission

Our mission is to provide compassionate, expert, end-of-life care before, during and after death. Together with our local community, we make every day matter.

Challenges

Greater demand on services | Workforce reduction | Financial pressures | Changes within the healthcare system

Enablers

Evidence-based data, research and review | Culture of learning and innovation | Patient-centric pathways for timely access to care

Our Values

We aim to live by our values and ensure our decisions and actions are compassionate, respectful, professional and inclusive.

Compassionate towards every member of our community, from our patients and those close to them, to our staff, volunteers, supporters and partners.

Respectful to the needs and beliefs of the people we serve and those we work with.

Professional in our provision of specialist end-of-life care and how we operate.

Inclusive of all needs and circumstances, ensuring end-of-life care is accessible to all, and staff and volunteers feel valued and included.

Our Goal

To provide care reflecting the wishes and needs of our patients and those closest to them

We will ensure care is individualised, responsive and accessible.

- Establish a model of care and referral criteria for equitable access across all services.
- Enhance workforce planning with focus on education, links to academia, research, and competency framework.
- Strengthen advanced practice to optimise care delivery.
- Collaborate with local charities to develop new services, including bereavement services.
- Develop transition pathways for young people and support networks for caregivers.
- Advocate for optimum end-of-life care through partnerships across health and social care systems.

Listen to our patients and those close to them, to maintain quality of care.

- Prioritise continual review of CQC standards.
- Develop the NHS Patient Safety and Incident Response Framework (PSIRF) model for patient collaboration.
- Establish patient engagement groups and diverse feedback channels.
- Implement Carers Strategy, ensuring we have services designed to support all involved in our patients' care.
- Utilise patient-centered outcome measures (IPOS) to inform clinical service provision.
- Collaborate with communication and marketing team to share patient experiences.

Engage and educate our partners and communities in champion expert end-of-life care.

- Expand external learning and development (L&D) offer for wider health and social care partner engagement.
- Collaborate with income generation colleagues to establish a sustainable L&D business model.
- Partner with local universities and NHS England to host academic courses on palliative and end-of-life care.
- Enhance learning experience on public-facing website with podcasts, webinars, and sharing of best practices.
- Initiate community outreach projects to educate local groups on end-of-life and bereavement care.
- Create visual and audio guides for end-of-life care and explore clinical subscription options for community membership.

Adopt innovative and flexible ways of working to improve efficiency.

- Implement new rotational roles for service agility.
- Participate in ‘Lean’ programme, focusing on environmental sustainability.
- Conduct ‘Time and Motion’ studies to optimise resource allocation.
- Utilise internal HEAT tool for safe care and patient complexity assessment.
- Align with NHS ‘What Good Looks Like framework’ and explore AI and TEC development with external partners.
- Enhance patient care through digital tools, expert volunteers, and effective data scrutiny.
- Collaborate with ICB to ensure financial sustainability of clinical services.
- Analyse data effectively and respond proactively to ensure safe and effective care delivery.

Organisational Ambitions

05

The clinical team and wider organisation are entwined. This means they work together to support our patients, those important to them, and our workforce. The Clinical Director either leads or co-leads on the following projects, and there is active contribution from clinical staff in developing deliverable goals in this work.

5.1 Equality, Diversity and Inclusion

Celebrating individuality and understanding **"who and what matters"** to each person is fundamental to our care. This is also an organisational value that encourages and supports our teams to be the best they can be.

Inequity in access to palliative care remains a major issue across the UK. The Worldwide Hospice Palliative Care Alliance's 'Equity in Access to Palliative Care Report' describes palliative care as "one of the most inequitable areas of healthcare". Similarly, the HSSIB investigation report on variations in the delivery of palliative care services to adults (2023) makes recommendations to ICBs to ensure equity of access to end-of-life care services in their regions.

Within our clinical team, we have established strong links with various partners to support those in our community who often feel they have restricted access, or may be unwelcome in some organisations.

During our previous strategic period, we developed links with Stonewall, an organisation that advocates for LGBTQ+ people and campaigns for positive change in public attitudes and policy. We also began working with St Petrock's, an Exeter-based charity supporting people experiencing homelessness.

We have since built on this work, and recently presented our collaboration to support the local homeless community at a national conference. This video link outlines the project and our ambitions for the future: https://www.hospiscare.co.uk/supporting-homeless-people-in-exeter/

In addition—and supplementary to our Oliver McGowan training, the national training scheme for health and social care workers in autism and learning disabilities—we engaged a local charity who are "experts by experience", to ensure our environment is welcoming and supportive to those with autism and learning disabilities. The resulting review covered all aspects of communication, environment, and education.

Over the next three years, Hospiscare will continue to develop an inclusive environment for our colleagues, and the clinical directorate will also focus on:

- **Strengthening and consolidating** our links with St Petrock's homelessness charity.
- **Working closer** with local faith and community leaders.
- Develop a pathway for those young people **transitioning** from children to adult services.
- Attend local engagement and **community events** i.e. Respect Festival and Pride.
- Continue to **foster a learning environment** for students that is inclusive and welcoming.
- **Consider** other community groups that may feel disadvantaged by ourselves, and consider how we can reach out to them.

5.2 Sustainability

Our ‘Lean’ programme and our productive series work was introduced to the organisation through the last clinical strategy with much success across the organisation, resulting in both resource and financial savings.

In 2023, a decision was made that an organisational project should be part of this work, alongside small team initiatives, and so **‘The Green Project’** began.

Following the publication of the NHS’s updated three-year strategy towards net zero (2021), a group of Hospiscare colleagues hs joined forces to identify potential efficiencies and ensure green considerations are integrated into future projects at our hospice.

As a clinical team some of the areas we are looking at are:

- ‘Use less gloves’ campaign
- Medicines management and consideration of carbon footprint
- Use of electric cars for community teams
- Email management
- Reduced printing

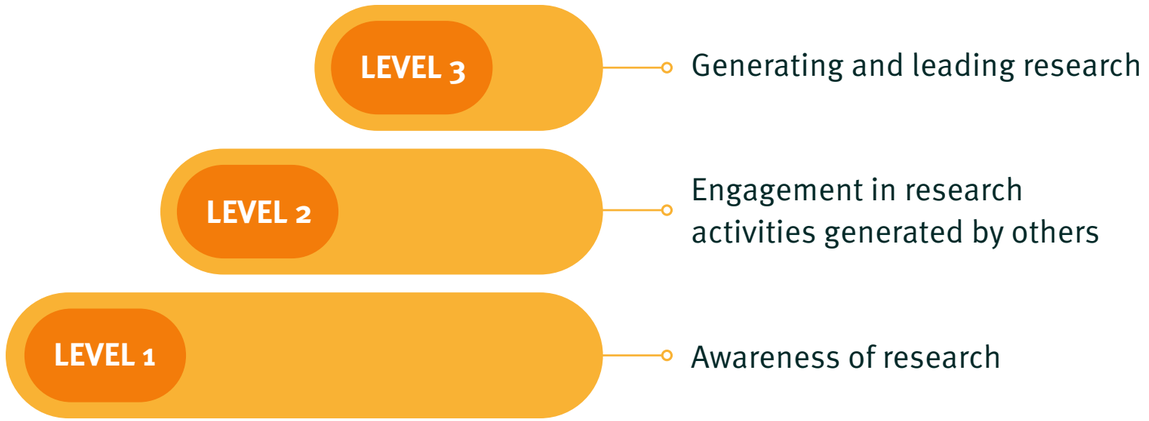
The aim will be for us to quantify the impact over the next few years and demonstrate evidence in **reducing our carbon footprint** by 2027.

Research and Continuous Improvement

06

Hospiscare prides itself on being a **centre for excellence** in providing specialist palliative care, and currently has strong links with both Exeter and Plymouth universities, alongside holding regular journal clubs throughout the year.

Although we are 'research aware' as a clinical team, we currently participate and contribute to very few academic studies. As part of a healthcare environment where we are required to demonstrate evidence-based practice, alongside our culture of inquiry and ability to understand the changing needs of our community, it has become increasingly important that we invest time and resource into considering our strategy for embedding research practice into our everyday care. In 2023, we reflected on the research framework for hospices (Payne 2013) and identified ourselves at level 1.



(Research in Palliative Care – Can hospices afford not to be involved, Hospice UK 2013)

However, this did not reflect our **ambition** and, as we've become involved in research projects, our appetite to develop as a research centre has increased.

Throughout 2023, a relationship with the **National Institute for Health and Care Research** (NIHR) has developed, which resulted in NIHR funding to support a part-time **senior research nurse** at Hospiscare. This role was appointed in January 2024.

The aspiration for this partnership is fourfold:

01

To improve and evidence optimum patient care.

02

To enable the clinical teams to be 'research curious' and gain confidence in considering their own research questions.

03

Develop our relationships with local academic researchers further–to actively participate collaboratively in projects over the coming years.

04

To begin building our own portfolio of trial activity, to consider the ability for income generation.

Ways of Measuring Success

07

A strategy only has strength if we can **effectively measure progress and results.** Within the clinical organisation we have numerous approaches for looking at incidents, risk, compliments etc, alongside key performance indicators defined by the CQC. Our actions plans (appendix 9.2) will be reviewed and reported upon on a quarterly basis.

However, as a senior clinical team we recognise the importance of ensuring our approach to measurement provides a clear **methodology** rationale, and enables us to ensure parity of measurement.

In 2024, we commenced a workstream to develop a **Hospiscare Quality Indicator Matrix,** supported by operational indicator definitions. This should ensure our quality data is robust, and will avoid any inaccuracies in measurement. This matrix includes measures around structure, process and outcome– monitoring areas of safe, effective, person-centred, responsive and equitable care.

Our ambition is for the matrix to provide a robust overview of clinical practice and enable us to produce dashboards tailored to audience need.

We are currently developing a new safety dashboard for our clinical governance committee and trustee board meeting. We will also be able to produce overarching monthly activity reports for the senior management team, or smaller, more focussed progression reports as required.

Examples of the new matrix can be seen on the next page.

We are also reviewing the presentation of our data and will introduce statistical process control (SPC) charts. These will give us a visual presentation of data in our clinical directorate alongside an accompanying narrative, which will enable us to easily spot trends and understand changes in patterns at speed.

If it is identified that work is required to manage changing trends, then balancing measures may be added to our quality matrix to ensure improvements are made.

Hospiscare Quality Indicator Matrix

	Structure	Process	Outcome
	What is this? These reflect the attributes of the service/provider such as: Staff to patient ratios and operating times of the service. These are otherwise known as input measures.	**What is this?** These reflect the way your systems and processes work to deliver the desired outcome. For example, the length of time a patient waits for a senior clinical review, if a patient receives certain standards of care or not, if staff wash their hands, recording of incidents and acting on the findings, and whether patients are kept informed of the delays when waiting for an appointment.	The ultimate validator of the effectiveness and quality of healthcare - the results! **What is this?** These reflect the impact on the patient, and demonstrate the end result of your improvement work and whether it has ultimately achieved the aim(s) set. Examples of outcome measures are reduced mortality, reduced length of stay, reduced hospital-acquired infections, adverse incidents or harm, reduced emergency admissions, and improved patient experience.
Safe	• HEAT tool • Establishment genie • Policies/procedures	• Compliance data - TV/falls/ medicines management (internal and benchmarking nationally) • Hand washing • Cleaning audit • 15 steps • Safeguarding • DOLS • Audit schedule • Incidents	• Complaints/concerns • IPC data • CDAO data/audit/incidents
Effective Care	• PPE • Equipment • NMPS • Prescribing data	• Handovers • 15 steps	• iPos • Hospital avoidance admission data • % of H@H patients dying at home figures • % of CNS patients dying at home figures
Person Centered (Patients & Staff)	• ACP • TEP • JIC	• L&D compliance • Wellbeing feedback (staff)	• Karnofsky/ phase of illness • IWGC • iPOS
Responsive (Efficient/Timely)	• Access to care (incl. digitalisation) • Ref from geographical areas	• Waiting times (access to IPU bed, time to 1 assessment) • 24-hour advice line • On-call consultant service • Weekend working?	
Equitable	• Demographics • Diagnosis • Ref to death		

Conclusion

08

The next three years, albeit full of many challenges, will give us the opportunity to **refine, enhance and optimise** our care for those living with life-limiting illness, and those important to them, to ensure we meet the changing needs of our local population.

Our clinical direction will be driven or steered by the **demands of those who need us most,** and we will ensure their voices are heard at every level.

Across the health and social care system we envisage many changes over the next three years, both operationally and strategically. The shape of healthcare delivery will evolve enormously in this time, and we will work alongside this to maintain the **excellent standard** of care that has been present at Hospiscare over the last 40+ years.

Being research and data-driven will support our case with local and national partners and will, we hope, enable us to be recognised as the centre of excellence we strive to be.

Alongside these developments, our senior team must be mindful of the **wellbeing** of our teams and the possibility of change fatigue. With good leadership, and a collective approach to developing services, we aim to ensure our teams are engaged and enabled as active contributors.

Appendices

09

9.2 Action Plan 2025 – 2028 (Progress to be held in Asana)

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
We will ensure care is individualised, responsive and accessible				
Develop a model of care and referral criteria to ensure equitable and appropriate access to our care across all clinical services	Clinical Director HO Clinical Gov. Chief Nurse Medical Lead	• Develop model of care for both community and inpatient ward • Consider use of a formal virtual beds model	End 2025	
Review and further develop our workforce plan to ensure we have appropriately trained and educated staff supporting our patients and those important to them	Clinical Director Chief Nurse L&D Lead	• Further build links with academia • Develop research and trial opportunities • Further development of our competency framework for all clinical professions (to include AHPs)	Jan 2025	
Build on and develop further advance practice across all our settings to ensure patients receive care from the right person, in the right place at the right time	Clinical Director Chief Nurse L&D Lead	• Access MSc Apprenticeship pathway for ANPs • Develop Lead ANP role • Consider bed management on ward • Publish organisational L&D strategy	End 2025	
Review our triage processes through the clinical co-ordination centre and consider a rapid response service to ensure acute patient need is responded to appropriately	Clinical Director HO Clinical Gov.	• Integrate telephone triage for all referrers • Develop rapid response model based in CCC	Summer 2025	
Collaborate with other local charities to develop new services including Child bereavement services to ensure we are using the best of our skills and resources together	Clinical Director HO Clinical Gov. Spiritual Care Lead Bereavement Lead	• Work with Balloons, Force and ELF to consider collaborative projects	End 2025	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Develop a transition pathway for young people to be able to effectively support them at this vulnerable stage in their care pathway, evolving our service offer to be flexible and accessible	Clinical Director ANP HO Clinical Gov. Chief Nurse Nominated Dr.	Work with external partners to develop a transition pathway for C&YP including consideration of the following: • Intro collaborative appt with SWCH • Clinic follow up • Youth club • Family day • Sleepover nights	2025 Planning and Implementation	
Actively participate in Hospiscare's EDI strategy alongside continuing to develop our 'Open door projects', ensuring those in our community are aware of us and know there are no boundaries to our care.	Clinical Director Chief Nurse EDI group HO Clinical Gov.	• Build on work with St Petrock's • Link in with local faith groups to develop our spiritual offer • Revisit development of chapel space • Attend local community event ie pride, respect • Research other disadvantaged local communities to consider active engagement with • Support organisational EDI work	2025	
Develop our medical ethics thinking and consider how this can be incorporated in our clinical quality and governance approach	Clinical Director Medical Lead	• Consider how topics such as assisted dying etc. will be manged within the hospice	End 2025	
Consider the needs of those supporting our patients and develop support networks that offers compassion and resilience	Clinical Director HO Clinical Gov. Spiritual Care Lead	• Launch carers strategy development work	End 2025	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Work with partners across the health and social care system to advocate and champion optimum end of life care for all via our network meetings both locally and nationally	Clinical Director HO Clinical Gov. Chief Nurse Medical Lead	• Attendance at both local and national meetings/forums to influence discussions around eolc	Ongoing	
Ensure we 'always 'listen, act, do' and enable those using our service to be able to access the most appropriate care for them	Clinical Director Chief Nurse	• Introduce BLS training • Ensure we have a variety of communication aids available to all • Consider how we can communicate with all our workforce according to their needs	Summer 2025	
Listen to our patients and those close to them, to maintain quality of care				
Continually review and have a focus on CQC standards	Clinical Director Chief Nurse	• CQC organisational meetings • Establish CQC new assessment approach within our reporting processes • Engage a CQC culture across the organisation	Ongoing	
Develop the NHS PSIRF model which encourages collaboration and feedback from patients and those important to them	Clinical Director Chief Nurse	• Complete action plan regarding integration of PSIRF model	Summer 2025	
Establish patient engagement groups	Clinical Director Chief Nurse	• Utilise patient engagement groups for feedback, research, innovation	End 2025	
Develop a variety of forms of feedback from patients, those important to them, health care professionals, and internal colleagues	Clinical Director Chief Nurse HO Clinical Gov.	• Continue to use IWGC • Research alternative feedback options for patients and those important to them. • Encourage clinical team feedback utilising the intranet and FTSU champions • Develop local FTSU link roles	2025/2026	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Establish the hospice as a centre for excellence – developing our research activity and establishing a collaborative clinical role with the NIHR	Clinical Director Chief Nurse Medical Lead	• Establish the senior research nurse role • Consider participating in NIHR trials • Encourage participation in external research • Develop learning programme to develop research competencies within clinical workforce	Jan 2025	
Establish the use of patient centred outcome measures (IPOS) and consider data collected to develop clinical service provision for the future	Clinical Director Chief Nurse Medical Lead	• Establish IPOS on IPU • Utilise technology to esure reporting is quick and easy, and data can be collected and presented easily • Roll out to other clinical areas when confident in IPU process	Summer 2025	
Actively link with our comms and marketing team to share patient stories about their experiences of care	HO Clinical Gov. Chief Nurse	• Regular meetings with comms team to share care stories for marketing purposes	Spring 2025	
Engage and educate our partners and communities in champion expert end of life care				
Develop our external L&D offer to have a wider reach across health and social care partners	Clinical Director Chief Nurse L&D Lead	• Consider opportunities to increase further reach to H&SC professionals • Consider utilisation of the website	Summer 2025	
Ascertain a business model regarding our L&D offer	Chief Nurse L&D Lead	• Develop business model to consider income generation with an initial focus on care homes	Dec 2025	
Liaise with local universities and NHS England to consider hosting academic courses around palliative and end-of-life care	Clinical Director Chief Nurse L&D Lead	• Potential to facilitate external academic courses – liaise with Hospice UK and local university contacts	Dec 2025	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Consider opportunities for our website to enhance the learning experience for external clinicians	Chief Nurse L&D Lead Comms team	• Build project to modernise website for clinical-facing staff. • Consider options around podcasts, webinars, sharing of internal publication and externally recognised good practice guidance	July 2025	
Develop community outreach projects to build links with a variety of local groups including school, faith groups, community hubs to upskill local with knowledge and confidence around end of life care and bereavement care	Clinical Director HO Clinical Gov. Spiritual Care Lead Bereavement Lead	• Make links with community builders and community hubs to consider how we can support public health interests • Develop education support package	July 2025	
Develop externally facing 'how to …' visual and audible guides to support care at the end of life	HO Clinical Gov. S/C team Comms team	• Develop 'how to' videos	July 2025	
Develop a Hospiscare community virtual membership	Chief Nurse L&D Lead	• Explore the possibility of developing a clinical subscription via our website with comms team	2025/26	
Demonstrate and share our expertise	Clinical Director Chief Nurse HO Clinical Gov. Medical Lead	• Build on our previous success and continue to take opportunities to be award winning, write for publication, and share our innovation at conferences	Jan 2027	
Adopt innovative and flexible ways of working to improve efficiency				
Continue to develop internally new and variable rotational roles to ensure the service is agile to demand	Clinical Director HO Clinical Gov. Chief Nurse	• Scope further flex in clinical roes • Plan safety induction/shadowing for flexible team members	Jan 2025	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Actively participate in the organisational Lean programme with a focus over the next few years on environmental sustainability	Clinical Director	• Lead organisation Lean project • Consider clinical sustainability project • Reduce clinical carbon footprint by 2027	Summer 2027	
Utilise 'Time and Motion ' studies to evaluate our work and identify areas where resource savings could be made or where there are gaps	Clinical Director Chief Nurse	• Release time to care and identify gaps in need	Ongoing - annual paper	
Utilise and develop our internal HEAT tool to ensure we are continually providing safe care, and have an understanding of the level of complexity in our patients we are supporting every day	Clinical Director HO Clinical Gov. Chief Nurse Medical Lead	• Continuously review status of HEAT tool and act on pressure points • Hold webinars for external colleague who wish to adopt model • Liaise with vantage to consider IG	Dec 2025	
Align with the NHS 'What Good Looks Like' digital nursing framework – identifying any gaps or learning for us	HO Clinical Gov. Digital Lead	• Complete framework benchmarking • Establish digital lead nurse role • Link with organisational digital strategy	Dec 2025	
Engage with external partners (ie universities) to develop Artificial Intelligence (AI) and Technology Enabled Care (TEC) to enhance patient care	Clinical Director HO Clinical Gov.	• Make links with relevant university departments to consider technology developments ie patient app	June 2026	
Develop further the use of the 'Hospiscare's 5 ways to care' to ensure we use technology to suit our patients needs	Clinical Director HO Clinical Gov.	• Integrate AccuRX or alternative virtual platforms to enable effective, timely access to patients • Improve educational opportunities for clinical team around the use of technology and IT	June 2026	

Key for Ratings

- Not yet started
- Behind/not achieved
- In progress
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
Consider expert volunteer roles and how they can further support our clinicians	Clinical Director HO Clinical Gov. Chief Nurse	• Review current volunteer roles • Develop care navigation	June 2025	
Make available the latest digital tools to enable the clinical teams to work effectively either by the bedside or when on the road	Clinical Director HO Clinical Gov.	• Enable staff to have access to current devices ie 5G technology	June 2025	
Ensure we are scrutinising our data effectively by developing our clinical quality matrix	Clinical Director Chief Nurse Clinical Quality Team	• Lead on safety dashboard • Develop clinical quality matrix • Define indicators of measurement • Be agile to risk and mange effectively	March 2025	
Produce monthly data dashboards to demonstrate safe and effective care across the service – 'Bed to Board'	Chief Nurse Clinical Quality Team	• Lead on safety dashboard • Utilise SPC charts	Oct 2025	
Work alongside ICB to continue to consider financial sustainability of clinical services	CEO Clinical Director Finance Director	• Continue building relationships and discussions with the local ICB to ensure sustainable service funding • Consider contractual arrangements • Encourage hospice alliance for strategic conversations	Summer 2027	

9.3 Action Plan 2021 – 24

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.1 Quality standards and effectiveness maintained				
5.1.1 Data effectives	Medical Lead Clinical Director Digital Lead	• Through vantage and SystmOne work maximise the potential of these systems for us	Meeting in January 2021 to continue this work	
		• Work with clinical teams and QAIC and QIG and PES to further embed and learn from Data	Through 2021/2025 Seen at QAIC meetings and Senior Leadership Team through reporting	
5.1.2 Introduce lean and productive working, releasing time to care	Clinical Director	• From April 2021 work through a project plan to deliver this work stream with high levels of engagement across all teams	By April 2022 teams will have all had successful local projects and tried the methodology	
5.1.3 Making care quality commission standards a reality	Clinical Director Clinical Quality Team	• Deliver peer review action plan from visit in October 2020	By Aug 2021 delivery date	
		• Place evidence profiles on Vantage and encourage participation	By June 2021	
5.1.4 embed Quality Improvement Methodology	Medical Lead Clinical Director	• Embed the methodology • Continue to build this organisational knowledge	Throughout 2021-2025	

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.2 Workforce fit for the future and specialist				
5.2.1 Competency Development	Clinical Director and HO Clinical Gov. with Clinical Quality Team	• Develop and implement the competency framework required for the clinical roles	By September 2021 hold workshops sharing the competency Framework Through 2022 work with teams on achieving this and aligning some of L&D activity to this	
5.2.2 Exploring new roles	Clinical Director	• Development of Advanced practice (links to NMP work)	Further explore use of apprenticeship levy for this Share with clinical teams as part of our approach by end of 2022	
		• Work on rotational and development programme to allow for career progression and to encourage retention. • Includes development of new roles like Advance Practice in IPU and Paramedic, • Occupational Therapy and physio roles.	In 2021 implemented rotation through services and band 5 development roles 2022/2023 New roles	
5.2.3 Consolidate links with universities and deanery	Medical Lead Clinical Director	• Grow links with the deanery for medical education. • Explore of additional benefits possible. • Link with Exeter University new nursing school's masters' level program. • Clarify "Return to practice nursing students" offer	Throughout the 3 years of this roadmap build these relationships and clarify our offer. Maintain income generation	
5.2.4 Remain attractive employer for clinical professionals	Senior Leadership Team	• This is alongside the 3 points above. • Also will be relevant to pay awards and keeping a reasonable pace with the NHS marketplace for clinical roles.	There will be low attrition and strong retention. Appointing to key clinical posts will be successful	

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.2.5 Succession planning for clinical leaders	People team Clinical Director Medical Lead	• 2021 - Support emerging leaders as they develop. Support inhouse masterclasses and cross organisational learning with key leaders in other teams. Offer coaching and peer support to key leaders • 2022-2025 - have a clear programme well; understood by all	Have a clear programme for emerging leaders.	
5.3 Embed new and revised provision				
5.3.1 implement new supportive care and Clinical Coordination care models	Clinical Director Medical Lead HO Clinical Gov. Spiritual Care Lead	• Appoint to the posts to support the new models by April 2021	New appointments in post	
		• Clarify the offer with teams and Senior Leadership Team	April 2021	
		• Deliver the action plan to implement the new service model by April 2022	June 2021	
		• Formulate business case for extending bereavement service to DPT and Primary care	July 2021	
		• Ensure Data collection informs understanding of the activity and quality of care of new service	April 2021	
		• Report on progress to Clinical Connect, QAIC and Senior Leadership Team throughout 2021-2022	Progress reports received Project delivery achieved	

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.3.2 Unique selling point. Expert and Specialist, spread the word.	Clinical Director Comms Lead Fundraising Lead Clinical Teams Medical Team HO Clinical Gov.	• Build on conversations with partners about the specialist role of Hospiscare. Share referral criteria and clinical proposition with partners.	Throughout 2021 roadshows with GP's to clarify Hospiscare's role Link into primary care networks Develop and have consistent messages	
5.3.4 Hospiscare@Home build on success in areas of need	Fundraising Lead Clinical Director	• Roll out when possible to the communities which do not have this provision. • Clarify with current communities our SLA's and those community's and funding partner's expectations.	Have an expansion of H@H by 2025 Have clarity about current SLA's and relationships by 2020	
5.3.4 Technology fully utilise and embed Vantage and SystmOne	Clinical Director Medical Lead Digital Lead	• Through 2021 maximise the potential of SystmOne for reporting and inputting. • Through 2021 and 2022 introduce and embed the additional modules in Vantage	By 2022 robust audit feedback from SystmOne clarifies it is well used and effective. By 2023 Vantage modules embedded for Incidence Management Asset Management and Risk Management	
5.4 Hearts and minds				
5.4.1 Be clear ambassadors for the charity, curate and share our stories	Clinical Director Comms Lead	• Develop a number of ambassadors from the clinical and care teams • With a number in every role and every team. This is still evolving some progress from previous roadmap plan. • Develop storytelling and curation of examples that "show and tell" using *Worth a Share* initiative to tell people about the positive impact of Hospiscare	Ongoing, with an aim to increase these in number by the end of 2022 By 2021 Worth a Share up and comms team have a good stock of stories.	

Status note: expanded into Mid Devon but due to COVID and financial situation unable to progress further

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.4.2 Grow our Emotional Intelligence (EI) and reputation for kindness and compassion	Clinical Director, all clinical leads and L&D Lead	• Run formal programmes on EI make this invisible skill visible. • Include this in competency framework • Introduce it and make it part of the common language of Hospiscare's clinical teams	By 2023 We will be able to identify when EI skills are being used. Staff will be trained in EI as much as in clinical technical skills Others will see this as part of our core competence	
5.4.3 Embed Mental Health and wellbeing support for our teams	Wellbeing group L&D team People team and Comms team	• Work with other teams to support the Mental Health First Aiders • Grow and embed the Compassionate conversation sessions	By end 2021 Hospiscare will have Mental Health First Aiders By end of 2022 Engagement with Compassionate Conversations will be significant. Staff will evaluate this as a useful tool for wellbeing	
5.5 Consolidate our place in the community we serve				
5.5.1 Engage about the 5 ways and our referral criteria (relates to 5.3.2)	Clinical Director Medical Lead	• Through our community teams/IPU/ Supportive Care use language to confirm the 5 ways. • Move to a prioritisation team meeting model to manage referrals and give supportive feedback to referrers	Fully implemented new referral criteria by end of March 2021. Communicate with primary care throughout 2021 and 2022	
5.5.2 work within the community to promote Advance Care Planning	Clinical Director Medical Lead	• Throughout 2021 plan for Advance planning sessions in our community as pandemic allows. • Explore actual and virtual means • Build on Budleigh pilot	By end of 2021 a minimum of 4 sessions will have been run within our communities. This will build through 2022-2023	

Key for Ratings

- Behind/not achieved
- Delayed/not fully achieved
- Achieved
- Ongoing and embedded

Work stream	Nominated lead	Plans for delivery	Milestone	Status
5.5.3 Increase Engagement with primary care networks and practices hand in hand with 5.3.2	Clinical Director Medical Lead HO Clinical Gov.	• Formal programme of roadshows/visits/ zooms will run for the Networks and Practices.	By end of 2022 we will have reached all practices and a session will have run or been offered. This timeline accounts for pandemic recovery and the number of practices to engage with.	
5.5.4 Be recognised as cutting edge, through awards and publications	Clinical Director	• Publish ClIMB tool developments by end of 2022. Put in for awards as the opportunities present	Be submitting for publication by the end of 2021	
5.5.5 Care Navigation across our patch	Clinical Director Volunteer lead Admiral Nurse Spiritual Care Lead	• Plan to increase the Care Navigation offer in areas where it doesn't currently exist. • Firm up current offer and activity everywhere	Care Navigation across the patch by end of 2022.	
5.6 Financial Story				
5.6.1 Review caseload and funded establishments to best respond to need.	Clinical Director Clinical leads	• Undertake expansive work to review caseloads and team configurations. To ensure fit for purpose	This work will be shared with SMT and QAIC by end of 2021	
5.6.2 Explore all funding potentials	CEO Clinical Director Medical Lead	• In the coming years the clinical leads will explore further funding potentials through: • Insurance donations • NHS contract renegotiations • CCG contract renegotiations • Grant applications • Exploration of new business opportunities	The ambition is to achieve additional funding for the charity. All key meetings and efforts will have taken place to explore this potential	

9.4 Strategy Roadshow - Conversations with Clinical Staff

Ensure care is individualised, responsive and accessible

- Dedicated CCC team who could hold own caseload and telephone based but have rapid response person
- Daily nurse led clinic option
- Offer 'five ways' to suit patient needs
- Video – to ensure people understand what we do/offer
- Increased investment form ICB regarding advanced practice
- Embed multi-disciplinary team (MDT) and assessment
- H@H
- Early ACP conversations – education for all about what's available, where and when
- Consider equity of access
- Digitalisation/AI technology
- Consider new roles
- Further develop advanced practice
- Longer CNS working day coverage
- Local hubs with full suite of MDT as norm
- Easier access to services outside of Hospiscare ie. psychology, social work etc

Listen to our patient and those close to them to maintain and develop our quality of care

- Improve communication with comms teams to report and publish feedback
- Expectations of users both professional and public
- Look at current patient need to develop model of care, not what was needed five years ago
- Flexibility to care offer – five ways
- Evaluation of service–more info gathered from various sources–anecdotal, forums, feedback forms etc.
- Links to respite care with income generation potentially
- Regular focus groups with patient and carers
- Research opportunities
- Training and education
- PPI on board or QAIC
- Opportunity for patients to visit the hospice for introductory tour

Engage and educate our partners and communities to champion end of life care

- Be an authority in our environment across professions – webinars, lectures, podcasts, talks
- Community development worker/engagement especially considering public health approach around bereavement, EDI etc.
- Developing breaking bad news model for other healthcare professionals
- Online campaign to raise awareness – more public profile to support people to understand our role
- Developing our education team to increase vapour trail of learning and income generation potential
- Provide accredited courses
- Work with other hospices across the peninsula to develop excellence
- Promote Hospiscare within the RDUH
- Link with schools
- Open days for the community to sharing the enabling approach of palliative care, alongside myth busting
- Training resources ie simple 'how to' videos/audio hosted on our website or podcasts
- ACP/Bereavement support projects in the community
- Support increasing number sof students across professions
- Links with universities – being facilitators of academic courses, shared learning, research etc.

Adapt innovative and flexible ways of working to improve efficiency

- Share IT knowledge (internally)
- Flexible options of care – how (AI etc.)
- More rotation creates flexibility
- More JIC and central points of access
- Use of technology to enabled care (TEC)
- Open forum for ideas
- Culture of 'tell me, let's try'
- Be brave (risk managed), not afraid (risk adverse)
- More care navigation
- Equipment
- Hybrid approach to training, meetings etc.
- App designed re. symptoms and linked to S1
- Modelling the success of others – continual learning
- Use of new roles – ie nurse associates, return to work nurses etc.

Hospiscare

Your local hospice