



# OUR STRATEGY

2020/2021 - 2023/2024

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# Contents

Executive Summary	3
Who we are	4
About us	4
Our vision	5
Delivering the Strategy	6
Why our Strategy is important	6
How we'll deliver it	7
Challenges & Opportunities	8
Where are we now	8
The needs of our communities	9
Forward look	10
Your voice	11 - 13
Strategic Objectives	14 - 15
Our Ambition Milestones	16 - 17
Objective 1: Providing outstanding care	18 - 19
Objective 2: Reducing inequalities	20 - 21
Objective 3: Compassionate Communities	22 - 23
Objective 4: Developing us	24 - 26

# Executive Summary

Our Strategy sets out a clear and exciting direction for our charitable services over the next three years. In Year 1, we will create the sustainable bedrock from which the hospice's services will enhance and grow in collaboration with patients, carers and partners in future years.

As an independent charity, we are the largest provider of specialist palliative and end of life care in Ipswich and East Suffolk, and Great Yarmouth and Waveney.

Our vision, mission and Strategic Objectives are as follows:



Figure 1: Vision, Mission and Strategic Objectives

This Strategy supports the delivery of outstanding care and is aligned to national and local end of life care strategies. As a key partner in the integrated care systems of Suffolk and North East Essex, and Great Yarmouth and Waveney, we have developed this Strategy in collaboration with patients, carers, partners, staff and volunteers. Having set out the changing needs of the communities we serve, and key socio-economic challenges and opportunities we face, this Strategy identifies our strategic priorities over the next 3 years.

To help us understand if we're making a positive difference, the Strategy also defines how we'll know if we've been successful, enabling us to continually improve what we do and how we do it.

# Who we are

## About us

St. Elizabeth Hospice has been providing palliative and end of life care to the community of East Suffolk since 1989.

We provide care services from the main hospice site in Ipswich as well as serving the community in their place of residence. Since 2019, we have been working in partnership with East Coast Community Healthcare, delivering services from Beccles and into surrounding Great Yarmouth and Waveney community.

We have over 350 staff and more than 1600 volunteers. We are the leading provider of palliative care and end of life care in Ipswich and East Suffolk, and Great Yarmouth and Waveney.

St. Elizabeth Hospice is an independent charity, providing its services free of charge. Our annual budget is circ. £13m with up to 30% of funding being provided through statutory sources (e.g. NHS commissioned services or grants).

The vast majority of our funding comes from the generosity of the public we serve (e.g. legacies, fundraising and donations) as well as income generating activities such as our charity shops, the care agency, charitable trusts, the hospice lottery.



## Our vision

Having consulted with a wide range of stakeholders, guided by our community, our vision is simple - that:

*“all in our community affected by a life-limiting illness are able to live fully and die with choice and dignity”.*

Our mission defines how, and our Strategic Objectives set our focus for what we'll provide in collaboration with our patients, carers, partners, staff, and volunteers.

The hospice's Board agreed the following principles – golden threads that run through the strategy:

- Excellent patient care and carer support is at the centre of all we do
- We define and provide our services based upon need – being data driven and agile in our decision making
- We are outcome focused, taking pride in sharing the difference we make
- We are “one team”
- We are embedded in our community
- Partnership, collaboration and co-production is our default way of working
- We are part of an integrated care system, but we're independent



# Delivering the Strategy

## Why our Strategy is important

Our Strategy sets the strategic direction of the hospice through to the financial year 2023/24.

It is important to us that we share this Strategy with our partners and community and that we use it to guide the services we deliver.

We are committed to providing excellent care aligned to the National Institute of Health and Care Excellence.

Our Strategy supports the delivery of national and local palliative and end of life care strategies (such as the NHS Long Term Plan, the Suffolk and North East Essex Sustainability and Transformation Plan, and the Norfolk and Waveney Sustainability and Transformation Plan).

This Strategy guides the range and quality of services we provide, ensuring we continue to make a significant contribution to the integrated care systems of Suffolk and North East Essex, and Great Yarmouth and Waveney.

As part of an integrated care system, we are committed to delivering the six ambitions of the National Palliative and End of Life Care Partnership:

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

## How we'll deliver it

The Strategy is owned by the St. Elizabeth Hospice Board and is an integral part of our governance. The Strategy sets our ambition for the next three years, it aligns our ambition to the needs of our community.

We will deliver it through a clear understanding of the Strategic Objectives we want to achieve, balanced with available resource. The Strategy guides our investment in people, time and funding. Our investment decisions and delivery plan is captured in our annual Business Plan – this sets out how we'll deliver on the commitments made in this Strategy, year on year.

We will regularly monitor progress in achieving outcomes through the hospice's governance framework.





# Challenges & Opportunities

## Where we are now

We have adapted our services and continue to identify innovative ways to make best use of available resources to provide outstanding care.



**Growth in users** – We are supporting more people than ever. Since 2015, we have increased the number of people we support by 52%. The main growth areas have been in community services and support through our advice line, OneCall (29% increase in incoming calls). Since 2016, the number of adults receiving emotional and spiritual wellbeing has almost doubled.



**Adaptation of services** – We have adapted our services and workforce to meet changing needs. Zest is a co-produced programme that provides care to young adults (14+) enabling them to live positively. The Palliative and End of Life Care Co-ordination Hub was established as part of our multi-agency response to COVID-19. We have diversified our workforce, appointing nurse consultants, Children's Specialist Counsellor, a Motor Neurone Disease Coordinator to meet demand. We have over 1,600 active volunteers working across the hospice.



**Community engagement** – 2% of our patient base is from the BAME community, and circ. 70% are of a Christian faith. 83% of our community services are provided to patients over 60. In 2019, we secured a contract in Great Yarmouth and Waveney to provide specialist palliative care – a locality that has below national average access.



**Training & education** – We have supported 10 care homes to achieve accreditation. We train junior doctors, GPs and medical students. We have expanded our training provision beyond the health and social care sector to other professionals (e.g. teachers).



**Developed our people** – Since 2015, our workforce has grown by 37% and our turnover is lower than the national average. Historically, we have underinvested in enablers (e.g. data and systems) and we remain committed to improving staff morale and achieving financial sustainment and growth.

## The needs of our communities

The needs of our community continues to change and grow and we are committed to listening and adapting our services to continually deliver outstanding care. Below is a summary.

**Increasing demand** – It is estimated that in Ipswich and East Suffolk, overall demand for palliative (inc. specialist care) is expected to grow by at least 74% by 2031. Nationally, the number of 0-19 year olds living with a life limiting condition (LLC) has risen from 52,633 to 86,625 over the last 10 years.



**Increase in the over 65+ population** - There will be a 47% increase in people over 65 in Suffolk over the next 20 years (Joint Strategic Needs Assessment). This will result in 1 in 3 people being 65 and over. The number of over 65s providing unpaid care to their loved ones is predicted to increase by 33% by 2035.



**Increasing patient complexity and co-morbidities** – Complex needs of patients has and is forecast to grow. Multiple conditions include COPD, obesity, neurological and other chronic diseases. For example, according to the JSNA, the number of people diagnosed with dementia is expected to increase by 35% by 2025.



**Economic downturn & growing inequalities** – Gt Yarmouth is the most deprived area in Norfolk and has a higher than average standardised mortality rate in the East of England. Both Lowestoft and Gt Yarmouth have some of the most deprived areas in the UK. Covid-19 has exacerbated inequalities – the impact is expected to have long term implications for harder to reach groups and the vulnerable.



# Forward look

We know we need to be proactive and responsive to the challenges and opportunities that face us today and tomorrow. A summary of the key socio-economic, and health and social care challenges and opportunities facing the hospice during the next 3 years are detailed below.

Challenges	Opportunities
<p>The scale and complexity of demand for services provided by the hospice are set to grow. <b>Demand is already outstripping our resources.</b></p> <p>Responding to the consequences of the COVID-19 pandemic, and prevention / response to further waves is an additional and unpredictable demand.</p>	<p>Strong desire and ethos within the health and social care network to <b>co-produce/ collaborate</b> to meet the demand through better use of collective resources (including people, funding, estate, digital, and workforce).</p>
<p><b>National standards for clinical service quality</b> continue to rise and maintaining compliance is challenging in some areas. This remains a key focus for us.</p>	<p>The hospice has a <b>strong reputation in the community</b> and is being seen as an increasingly influential and supportive partner in the integrated care system.</p> <p>There is a great opportunity to build upon our successes to-date (e.g. ZEST, expansion into GY&amp;W, Palliative &amp; End of Life Care Hub) and harness the momentum of the COVID-19 response to deliver further positive change.</p>
<p>Like many hospices, we are in a structural <b>financial deficit</b>. Whilst our financial health has improved, we know we need to do more to ensure our sustainability, resilience and growth.</p> <p>Our 3 year strategy horizon coincides with a period of <b>significant economic downturn</b>, and forecast global recession with ramifications for high unemployment and growing inequalities.</p> <p>The charity sector is likely to be particularly affected, given the reliance on donations, with consequences for sustainability and growth. This will need to be carefully managed to ensure financial sustainability and growth of the hospice.</p>	<p>The recession is likely to result in higher unemployment, creating a <b>broader pool of potential candidates</b> to support development of our workforce (including volunteers).</p>
	<p>Technology continues to advance at an unprecedented rate and the sector's response to COVID-19 has reinforced <b>digital and data</b> as key enablers.</p>

# Your voice

The views of patient, carers, partners, staff and volunteers are important to us and have been critical in shaping this Strategy. We have engaged with a broad range of stakeholders, asking them to reflect on our services and tell us what our strengths and areas of development are and why. We also shared our understanding of need and asked them how they thought we need to adapt our services.

Without the ability to hold focus groups in person due to COVID-19, key stakeholders were interviewed 1:1 from across the health and social care sector, including the local CCGs and NHS, Suffolk County Council, our neighbouring hospices and other local charities. With the help of our Board and SMT, we tested our thinking and shared surveys widely with patients, staff, volunteers and the public. Strong themes were fed back from across all channels which have informed this Strategy, including:

## Strengths:

- Excellence of our care wherever it's delivered
- Warm person-focused service, caring for the whole family
- OneCall service is greatly valued

**Strategic Objective 1:**  
Outstanding care

"One surprise was the support the whole family get when one person is ill...It meant so much to us."

## Areas to develop:

- More co-production of services
- Engaging with the hardest to reach communities
- Potential of Compassionate Communities

**Strategic Objective 2:**  
Reducing inequalities

**Strategic Objective 3:**  
Compassionate Communities

"Compassionate communities is a really good example of an appropriate way for a hospice to share its expertise to a wider base of people"

## Future need:

- Meeting the need in Great Yarmouth and Waveney
- Long-term support for young adults programme
- Ensure technology can help meet demand

**Strategic Objective 2:**  
Reducing inequalities

**Strategic Objective 4:**  
Building our capacity

"Prioritise getting Great Yarmouth and Waveney hospice services sustainable and embedded, to serve that community that has been neglected for so long"



# Stakeholder and staff feedback



## Patients and community survey

- 128 responded and 79 fully completed surveys via Smart Survey. Emailed out and link shared on social media.
- Overwhelmingly positive feedback about the patient and family experience.
- A lot of feedback on awareness building, how to reach the wider community for more potential patients and donors.

“Without exception, I always gain great pleasure and personal satisfaction from the contribution I am able to offer”

**Staff member**

“Increase virtual provision to care for more people - particularly for those who are remote or find it difficult to come to hospice”

**Staff member**

## Staff and volunteer survey

- 1165 responded and 141 fully completed survey via Smart Survey.
- 89% of respondents strongly agree or agree with the proposed Strategic Objectives.
- Mix of specific feedback on services and areas of expertise with constructive suggestions.

“We need to adapt our communications for access - particularly with providing materials and options for people where English is their second language”

**Staff member**

“COVID-19 has highlighted inequalities and problems - isolated from services and isolation within families”

**Partner**

## 1:1 stakeholder interviews

- 128 key stakeholders identified by SLT and SMT, steering group to map out our network of relationships and influencers.
- Phase 1: 30+ 1:1 interviews carried out plus Phase 2 as a continuation of workstream as best practice.
- Strong validation of strategic direction and active encouragement to connect outwards with collaborations.

“We should work with lesser known communities - meeting where is best for them, it doesn’t need to be at the hospice”

**Staff member**

“Our whole family benefitted from outstanding care and compassion during our son’s final days”

**Family of patient**

# Strategic Objectives

We have identified our Strategic Objectives which provide us a roadmap.

Supporting the objectives below are our Ambition Milestones, shown in figure 4 overleaf.

The hospice's annual business plan will set out how each of the ambition milestone will be achieved, including success measures and delivery progress will be overseen by the board, aligned by our supporting framework.

To provide and support our partners to deliver proactive and reactive holistic, patient centred physical, social, spiritual and emotional palliative and EOL care

## Objective 1



To address inequalities in palliative and end of life healthcare provision

## Objective 2



To work in partnership with our community to help and equip them to better support each other through life-limiting illnesses

## Objective 3



To build our capability and culture through innovation ensuring we have the right people with the right skills and equipment at the right time and place

## Objective 4





# Our Ambition Milestones



Figure 4: Strategic Roadmap

# Objective 1: Providing excellent care



## Context

This objective is the core of the hospice's services. Continuing to improve, adapt and grow our patient-centred care is central to achieving our vision.

## We will focus on:

- Providing **individualised care to patients**, embedding **quality assurance** to continuously improve the services we provide.
- **Adapting patient-centred services** to meet the changing and growing needs of patients and carers. We will seek to learn and adapt to the consequences of the COVID-19 pandemic, deliver more locally and in collaboration with our partners.
- **Improving access to enhanced emotional, spiritual, well-being and bereavement services** to adults and children.
- **Enhancing our programme of training and education** to the public and other health and social care professionals to improve access and skills in proactive and reactive palliative and supportive care.
- Engaging with patients, carers and other providers to encourage **effective advance care planning** and **timely sharing of information**.
- **Improving enablement and support services** to encourage patients to live and die in their preferred place of care, whenever possible.
- **Collaborating and co-production** with all of our stakeholders (inc. research institutes and innovators) to meet the growing demand.

## We'll know if we've been successful if:

- We can evidence **co-production or collaboration in design and delivery of agreed services**. This will be measured through the hospice's Quality Assurance & Improvement Group, Post Implementation Reviews and completion of SMT co-production training.
- There is **growth in positive feedback** from patients, carers, and partners. This will be measured through regular evaluation (inc. the annual staff survey).
- We secure **positive ratings following assurance of our clinical services**. This will include independent bodies (e.g. CQC) and internal assessments – the results and delivery of recommendations will be assured through governance.
- We have **expanded our training provision, made it more accessible, and supported a broader range of professionals** (inc. educational, Borough/District/County Council, care homes, GPs, DNs, hospital teams, the public). Measures will include the volume and breadth of people successful completing training and achieving accreditation (where this is available).





# Objective 2: Reducing inequalities



## Context

We know from engagement with stakeholders (including community leaders) and our data that we must do more to ensure all in our community know of, trust and access our tailored services that meet their needs. The necessity to act has been heightened in light of growing inequalities exacerbated by COVID-19. With all our partners, we will continue to listen and respond to the needs of the community.

## We will focus on:

- Expanding hospice services to meet the needs of people in **Great Yarmouth & Waveney**.
- Collaborating and co-producing with **vulnerable and harder to reach groups**, and partners to understand their needs so that we provide more accessible and tailored care and services. These groups may include:
  - people with **physical and learning disabilities**
  - **young adults**
  - the **BAME** community
  - people who are in **secure and detained settings**
  - the **travelling community**
  - **refugees**
  - the **economically disadvantaged** (including the homeless)
  - the **LGBTQi** community
  - people for whom **English is not their first language** or who have **access requirements** (e.g. visual or hearing impediments)
  - the **elderly frail**

## We'll know if we've been successful if:

- We can evidence we have **trusted relationships with community leaders and other providers** that have **driven changes in our services** that benefit vulnerable and harder to reach groups. This will include co-produced action plans that demonstrate we've listened and understood the need; worked collaboratively to deliver shared goals; and collectively evaluated impact to improve services.
- We can evidence we have **reduced inequalities** (including progress in implementing recommendations from the Doctors of the World '20 COVID-19 report as part of the Ipswich and East Suffolk Alliance response).



# Objective 3: Compassionate Communities



## Context

People who live with life-threatening or life-limiting illness, their caregivers, and the bereaved are often segmented social groups, forced to experience lifestyles that are commonly socially hidden and disenfranchised from the wider society.

Outside of the health services that deal specifically with their immediate problems, these populations suffer from a range of other troubles that are separate but linked to their health conditions or social circumstances – loneliness, isolation, job loss, stigma, depression, anxiety and fear, or even suicide. These populations also suffer from a range of other debilitating health problems often caused by their social and psychological troubles - insomnia, chronic fatigue and headaches, hypertension, and gastric-intestinal disorders.

We want to fulfil the ambition of the “Lasting Legacies” Annual Public Health Report (2018) by supporting the work of the Alliances of Ipswich and East Suffolk, Norfolk and Waveney to help create Compassionate Communities in partnership, to alleviate the stress that can be caused by a diagnosis of a life-limiting illness or a bereavement.

A Compassionate Community recognises that care for one another at times of health crisis and personal loss is not simply a task solely for health and social services but is everyone’s responsibility. It is a catalyst for positive change in the community.

## We will focus on:

- Working in partnership with other hospices, educational institutions and health and social care partners... to develop a **public health approach to death and dying** which places communities at the heart of learning how best to support one another through end of life experiences and grief.
- **Co-production of a Compassionate Communities programme** which initially, will focus on understanding the needs and wants of our diverse community. This will enable us to scope a programme of work and investment that uses our collective resources to greatest effect. This may include communication materials and events, community out-reach, opportunities to collaborate with fundraising and retail and enhancing existing networks.

“Compassionate Communities is a really good example of an appropriate way for a hospice to share its expertise to a wider base of people”

## We'll know if we've been successful if:

- We can evidence we have **trusted relationships** with our key partners that have driven **changes in our services** that benefit the community we serve. This will include a co-produced **public health approach to death and dying** that demonstrates we've listened and understood need; worked collaboratively to deliver shared goals; and collectively evaluated impact to improve services. Shared goals are likely to include:
  - **reduced the social stigma** associated with talking about death and dying.
  - **improved death literacy** - more people are better prepared to discuss, make informed choices and plan end of life preferences (before and after death); and improved **community resilience**, ensuring the public have better skills, capacity and appropriate networks to support each other before and after death and dying.
  - seeing the benefits of working together in communities with our shops and fundraising activities gaining greater exposure and support.



# Objective 4: Developing us



## Context

In order to provide excellent care, we know we need to invest in ourselves. Through this objective, we will ensure we create a dynamic and innovative workforce that continues to have the knowledge, expertise and tools to provide excellent compassionate care. We will ensure we make best use of the resources, making the most of the income and generous donations we receive.

For years the hospice has been managing a structural financial deficit. This Strategy will eradicate it and through improved internal control, provide stability and a bright future for our services.

## We will focus on:

- Further developing our culture to become a **learning organisation** that is able to seize opportunity - adapting what we do and how we do it based upon evidence of what works and what doesn't (inc. clinical research), taking wider learnings and best practice from outside.
- **Investing and adapting our workforce** (including volunteers) and culture to ensure we are more representative of the population we serve and embody the hospice's values.
- Embedding a culture of **systematic clinical staff development** within a core skills development programme aimed at improving consistency of clinical care and ensuring a resilient and agile workforce.
- **Investing in healthcare technology and innovation** to enable us to continue to provide excellent care.
- **Adapting our ways of working and estate** (including retail) to ensure we offer community based hospice services in the best localities to meet the needs of patients and carers.
- **Building and extending our partnerships and networks** with the community we serve, and public, private and third sectors, embedding a culture of co-production and collaboration and ensuring our work is driven by local need.
- Investing in our systems, people and processes to **improve the quality of our management information** to enable improved robust, data-driven decision making.
- Identifying and pursuing opportunities to **create efficiencies, enabling reinvestment** in patient-centred services.
- Improving **financial and resource management and income generation approach** to encourage financial sustainment and growth whilst maintaining equity and our charitable ethos.
- **Strengthening internal controls** through implementation of a new corporate governance and accountability framework to continuously improve standards of care and organisational health.
- Improving our environmental sustainability.





## We'll know if we've been successful if:

- We can demonstrate **improved patient outcomes** as a result of **collaborative partnerships**, **adaptation of services** (informed by MI and research), and **agile and data-driven decisions**. This will be measured through Strategic Objective 1.
- We have a **workforce that is representative of the community we serve and improved staff survey results**. This will be measured through HR governance.
- **Professional development of staff** (either within or outside of the hospice) as a result of investment and career development. This will be measured through HR governance and include opportunities for professional training, secondment/placements with partners, rotation of role within the hospice, and making a corporate contribution outside the scope of one's primary role.
- **Improved outcomes from corporate assurance**. This will be measured through ratings and conclusion following inspections as well as delivery of recommendations.
- That by March 2023, **we are financially sustainable**, having made efficiencies and adapted our financial and commercial strategies to access and maximise a broader range of statutory and non-statutory funding. This will be assured through the hospice's governance.





To find out more about what we do, visit:

[www.stelizabethhospice.org.uk](http://www.stelizabethhospice.org.uk)

Alternatively, please get in touch with us:

[enquiries@stelizabethhospice.org.uk](mailto:enquiries@stelizabethhospice.org.uk)

All photography featured was taken prior to COVID-19 conditions.

St Elizabeth Hospice  
565 Foxhall Road  
Ipswich  
Suffolk  
IP3 8LX

