Three-Year Strategic Plan
2014 – 2017

Registered Charity Number 1010576
Introduction

This document sets out the future for St David’s Hospice Care in the coming three years. It describes how we want to develop our services in the years leading up to 2017.

Who we are

St David’s Hospice Care has, for the past 34 years, been providing innovative hospice care in people’s own homes. Even when many hospices were building in-patient units, St David’s continued to strive to deliver excellent hospice care at home. Only now is the wider healthcare community recognising the benefits of caring for people at home, in familiar surroundings, and not spending unnecessary time in hospital.

However, when a patient’s symptoms are more complex and they do require in-patient care St David’s is now able to provide this care through St Anne’s Hospice in Newport, a specialist 10 bed in-patient unit which St David’s were thrilled to have taken over in June 2013. With the addition of St Anne’s Hospice, St David’s will now be able to provide seamless care to patients in Gwent and Mid & South Powys.

We were delighted to move into our new day hospice premises in 2012 and have created and developed many services such as complementary therapies, art therapy, carers groups and bereavement groups to name a few. We are pleased to be working with Velindre Hospital to provide outreach chemotherapy services and hope to expand this.

I look forward to the next three years, hopeful that we can continue to be ground-breaking in our approach to hospice care at home, to meet the needs of all those who need us and to meet our aim of ‘Bringing Care Home’ to patients reaching the end of their lives irrespective of their diagnosis, and their families.
Mission Statement

To provide and continue to develop a free and comprehensive specialist palliative care service of excellence throughout the unitary authorities of Caerphilly, Monmouthshire, Newport and Torfaen and within certain areas of South & Mid Powys, for people, their families and carers, facing a progressive life-threatening illness which is no longer curable. This service recognises the needs of the whole person and is given in co-operation with other agencies. Furthermore, we aim to provide an educational resource using the special expertise and skills of St David’s Hospice Care.

Our current clinical services:

• Clinical Nurse Specialists, working in four locality-based teams
• Clinical Nurse Specialist working exclusively in Powys assessing Hospice at Home
• 24-hour Hospice at Home
• Rapid Response nurses
• Consultant in Palliative Medicine
• Social Workers
• Welfare Benefits Advisers
• Bereavement support service, including bereavement groups
• Unicorn Project to support children and young people
• Complementary Therapists
• 4 Day Hospices: 1 at Blackett Avenue in Newport, 1 at Ysbyty Ystrad Fawr, 1 at Usk House in Brecon and 1 in Panteg Hospital near Pontypool
• Out of office hours advice service from Clinical Nurse Specialists
• Bedside assessment by CNS 7 days a week
• 10 specialist palliative care in-patient beds
• Providing education resources to healthcare professionals
Achievements measured against our 2010-2013 strategic priorities

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Establish a new Day Hospice Centre and Chemotherapy Outreach Clinic in Newport</td>
<td>The new Day Hospice Centre in Newport opened in May 2012. A Chemotherapy Outreach Clinic is held once a week.</td>
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<td>Expand the area of service provision into the area in South Powys adjacent to Brecon</td>
<td>Usk House Day Hospice merged with St David’s Hospice Care in September 2011. St David’s Hospice at Home service expanded into South &amp; Mid Powys in September 2011. 43 of the 49 patients in Powys who received Hospice at Home died in their usual place of residence (home or care home) in 2012/13.</td>
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<td>Increase the number of referrals from patients with a non-cancer diagnosis. We want the very best care for everyone facing the end of life</td>
<td>513 (24.5%) patients referred in 2012/13 had a non-cancer diagnosis, against 292 (16.2%) patients in 2009/10.</td>
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<td>Enable more patients to die at home, if that is their choice, across the whole service</td>
<td>854 patients (68.2%), across the whole service, died in their usual place of residence (home or care home) in 2012/13. In 2009/10, 467 patients (48.1%) died at home (excludes deaths in care homes).</td>
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<td>Increase funds in order to support the development of service provision, via the Charity’s income generation departments and/or the statutory sector</td>
<td>During the period covered by the last Strategic Plan, the number of shops has increased by 4 and the Charity now has a total of 37 shops, including 3 St Anne’s shops.</td>
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<td>Increase partnership working with our statutory partners ensuring our contribution to palliative care is recognised fully.</td>
<td>The CEO continues to have discussions with the statutory sector in order to facilitate increased partnership working, e.g. the Chemotherapy Outreach Clinics at St David’s Day Hospices are run by staff from Velindre Hospital.</td>
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Our strategic priorities for 2014-2017

Our vision for the next three years is to be recognised as the main provider of comprehensive hospice care throughout the geographical areas we cover, not only for patients with cancer, but for those with other life-limiting illnesses such as motor neurone disease, heart failure, dementia.

In order to provide the best possible care to our patients and their families we work in partnership with GPs, district nurses, consultants, hospital palliative care teams, other healthcare professionals and social services.
Over the next three years, St David’s Hospice Care will focus on the following six strategic priorities:

We will:

1. Further develop hospice care within Gwent
   • Increase bed occupancy in St Anne’s Hospice.
   • Provide an integrated and seamless approach for the care of patients and support.
   • Complete a needs assessment and business case for a new in-patient facility.
   • During 2014 review all clinical service departments to ensure we are meeting patients and carers’ needs.

2. Increase the provision of hospice care within South and Mid Powys
   • Discuss with Powys teaching Local Health Board how we might deliver more services and integrate the NHS palliative care provision.
   • Consider the expansion of the Hospice at Home service into areas we do not currently cover.

Continued...
3. Continue to increase the number of referrals from patients with a non-cancer diagnosis

- St David’s Hospice Care is committed to providing hospice care to people with life-limiting illnesses other than cancer. We strongly believe that the expertise and services we provide could benefit many more people reaching the end of their lives.
- Encourage GPs and other care providers to refer patients with non-cancer diagnosis for palliative/hospice care.
- Develop an education programme, alongside monitoring of referral patterns.
- Develop relationships with cardiac, respiratory and dementia teams.

4. Enable more patients to die at home, if that is their choice, across the whole service

- We believe that every one of our patients has the right to choose to die at home in familiar surroundings.

5. Increase funds in order to support the development of service provision

- In order to support the current service and the development of service provision it will be necessary to increase the incoming revenue either via the Charity’s income generation departments and/or the statutory sector.
- Continue to promote all aspects of income generation.
- Review and develop a retail strategy.
- Increase lottery membership by at least 10% and increase regular giving.
- Continue discussions with the statutory sector, including Aneurin Bevan University Health Board, Powys teaching Health Board and the Welsh Government.

6. Increase Partnership Working

- St David’s Hospice Care works on a day-to-day level with many different professionals from both the NHS and Social Services. We also have strong working relationships with both the private sector, e.g. care homes, and the third sector.
Organisational Structure

The Board of Trustees (a maximum of seventeen voluntary members), meet six times per year and administer the Charity.

The appointed Chief Executive takes overall responsibility for the management of the Charity by providing professional leadership through the development of strategic plans agreed with the Board of Trustees. The CEO is supported by the Senior Management Team.