Five-Year Strategic Plan
2018 – 2023
“I have absolute confidence in all the staff here – a wonderful group of people who have the patient’s wellbeing at the centre of everything they do.”

Emma Saysell, CEO
Introduction

St David’s Hospice is a UK leader in providing comprehensive specialist and generalist palliative care services to a large population (approximately 600,000) in a very mixed demographic and geographical spread.

St David’s Foundation Hospice Care recognises that not one model of care suits every patient and their family, and bespoke, individualised care is key to delivering a flexible and innovative service.

We will all die and we believe how we live during the time we receive a diagnosis and during the final phase of our lives is of universal importance. We still have a lot to do to ensure we reach as many people who need us.

Between 2012 and 2030 it is predicted that there will be a 17% increase in the number of deaths in England and Wales. People are also dying at increasing older ages; the population aged 75 and over is projected to increase to 7.2 million by 2033 and the number of people aged 90 to increase to 1.2 million. This means more people will be living with a terminal illness in the future. People will have multiple needs and their care will be more complex.


Past Five Years

St David’s Hospice Care has developed rapidly over the past 5 years through planned service development and the need to respond to opportunities that have been presented to the Hospice.

The opening of a new state of the art 15-bedded In-Patient Unit ensured the long term future of hospice beds in Gwent. The rapid growth in service has resulted in the need to consolidate and take stock of how we deliver and develop services over the coming years.
Mission Statement

To provide and continue to develop a free and comprehensive specialist palliative care service of excellence throughout Caerphilly, Monmouthshire, Newport, Torfaen and within South and 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.

To provide an educational resource using the special expertise and skills of the Foundation.

To ensure that the resources are made available for the provision of the above services.

What does St David’s Hospice Care mean to staff and volunteers?

Patients (2016–2017)
- 3,192 patients cared for
- 2,149 new patient referrals
- 30% had a non-cancer diagnosis
- 69% of patients across whole service died at home or care/residential home

Hospice at Home (2016–2017)
- 750 new referrals
- 28% had a non-cancer diagnosis
- 54,063 hours of care provided
- 98% of patients died at home or care/residential home

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Objectives for the Next 5 Years

1. We aim to reach more people who need our care
2. We will improve the way end of life care is delivered
3. We will ensure we manage the Hospice as effectively and efficiently as possible
4. We will identify gaps in end of life care that need investment and service

“The staff could not be more respectful, caring and helpful. Very friendly and accommodating.”
Relative

“The stay at [the in-patient unit] has made the last weeks of life as comfortable and loving as possible. The staff are outstanding, both in terms of dedication and love. They have been extremely accommodating and flexible and have made every decision with the patient’s best interest at heart. The support they gave to relatives is also tremendous and given with great love and empathy. Thank you.”
Relative
With the rise in the aging population, people living longer with illness, we will need to grow existing services to ensure we are there at the right time and in the right place to capture the needs of our community.

We will trial the concept of a skill mix within the CNS teams.

We will increase the capacity of our Family Support Team services, including social work, welfare rights and bereavement.

We will continue to embed our services in primary care, ensuring we are a core member of the team delivering end of life care. We will look to expand the model of being based with primary care health teams.

We will reach out to minority groups who may not be familiar with hospice care. We will target groups who have had minimal contact with the hospice.

We will continue to develop services to meet the needs of people suffering from a non-cancer diagnosis. We will continue to work closely with motor neurone disease, cardiac and dementia teams.

“Very approachable, knowledgeable. Good communications between them and district nurses and GPs. I do not know how we would manage without them.”

GP

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2. We will improve the way in which end of life care is delivered

• We will use our position as the largest independent hospice provider in Wales to influence the agenda on service delivery of end of life care.

• We will continue to work with both Aneurin Bevan University Health Board and Powys Teaching Health Board to identify areas for service improvement.

• We will find ways to engage with both staff and volunteers to seek their views on the care we provide and also develop a volunteer strategy to look at new ways for volunteering within our Hospice.

• We will evaluate and learn from our patients and their families about ways in which we can improve our care.

• We will listen and engage with statutory inspection organisations to ensure we meeting all our regulatory requirements.

• We will speak to members of the primary healthcare team and secondary and tertiary care to reflect on areas of improvement or gaps in service provision.

“The staff have done everything that Mum has needed. Equally they have been tremendously supportive to me.”

Relative
3. **We will ensure we manage the Hospice as effectively and efficiently as possible**

- We will invest in all areas of income generation to ensure we have sufficient funds to match our hopes in extending and developing our vital care.
- We will continue to review current trends in the fundraising market whilst always looking to be innovative with our income generation streams.
- We will ensure we are communicating safely and responsibly with all our supporters.
- We will invest in our staff and volunteers to support and value them in their individual roles to ensure they do their job well.
- We will continue to evaluate and scrutinise how our money is spent – ensuring the most impact on patients and families.
- We will invest in our digital marketing, social media and IT.

“Very professional caring service – invaluable to allow my care to continue at home.”
Relative

4. **We will identify gaps in end of life care that need investment and service**

- We will review our bereavement service and widen access by developing a bereavement centre.
- We will work with statutory providers to develop all-encompassing care for people at the end of their lives, ensuring choice and equity across the county.
- We will evaluate the way in which we work to ensure the utmost efficiency. We will promote ‘clean’ transport, advocating environmentally friendly models of transport where possible.
- We will establish clinic based services where patients and families can drop in to receive services.
- We will evaluate and develop new platforms for communicating and supporting patients with the use of mobiles and tablets and further develop social media.
- We will develop our carers’ strategy and focus on supporting carers from diagnosis.
- We will incorporate compassionate communities into our service model.

“The staff check on Mum regularly and are always offering tea/coffee to me and other visitors [at the In-Patient Hospice]. This is much appreciated. Most important of all, they devote time to talking to the patient and getting to know them as a human being.”
Relative