



**nottinghamshire hospice**

adding life to days

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## **Strategic Development Plan**

**2015 – 2020**

### **Our Vision**

**To be a leader in palliative and end of life care; meeting the physical, psychological, emotional and spiritual needs of our patients, their families and carers and to be a leader in palliative care education and research within the wider care sector.**

### **Our Mission**

**Nottinghamshire Hospice provides high quality palliative and end of life care services to all patients and families, providing palliative care education and research in collaboration with other care providers.**

## Introduction

Nottinghamshire Hospice was established in 1980 and will celebrate the beginning of its 35<sup>th</sup> birthday year on 27<sup>th</sup> July 2015. Trustees, Staff, Volunteers, Supporters, Carers and loved ones will be able to celebrate with pride the achievements of the Hospice over that period.

Nottinghamshire Hospice now provides services into every community in Nottingham and Nottinghamshire, both of interest and geography. The growth of our reach has been made possible through the ongoing generosity of Nottingham and Nottinghamshire Communities. Local people have enabled us to continue to provide our services totally free of charge giving people choice and involvement in the care they receive which makes a real difference when and where it matters most.

Over the past 5 years the health and social care community have seen some radical changes both in terms of way in which services are funded and how priorities are set. This has been led by changes to the infrastructure of the NHS resulting in a move away from Primary Care Trusts and Strategic Health Authorities. In their place have emerged Clinical Commissioning Groups (CCG's) more able to focus on local priorities with the ambition to deliver integrated health and social care outcomes. The Hospice now works closely with local CCG's and during the past year has been able to radically influence how the patient journey at end of life in Nottingham is configured. During 2015 – 16 a similar opportunity will be offered in South and Mid Nottinghamshire. Our work with CCG's supports approximately 25% of our budget, decisions are made through a competitive tendering process which has required the Hospice to collaborate with our neighbouring Hospice and work closely with strategic partners such as CityCare. We have been mindful about the level of commitment maintaining relations takes and aim to ensure our resource remains focussed on direct patient care.

Delivering care and support to patients will require the Hospice to invest nearly £4 million into the local economy during 2015 – 16. 75% of our income is grown through the work of our fundraising team and our retail division. During 2014 – 15 we increased our portfolio of retail units from 9 to 12 with an additional small unit at the Hospice itself. Income from sales, gift aid and donations makes a vital contribution to our income generation. The final strand of our blended income comes from the work of our small fundraising team who continually seek to support our local communities to fundraise on our behalf, manage our Lottery and deliver exceptional events. Without effective income generation, the Hospice would not be able to offer 7,200 day therapy places, 40,000 hours of Hospice at Home and counselling support to those most in need throughout each year.

Our team is ambitious about the future, we have worked with our staff, and volunteers, patients and supporters throughout the autumn and spring to identify what should be included in our next five years commitment to people across our city and county. The

result is our Strategic Development Plan 2015 – 2020 which we believe will enable the Hospice to meet the needs of a greater number of patients, support more carers and respond to the challenges of the Health and Social Care Act. We aim to prepare ourselves to meet the needs of new communities, whether of interest or by diagnosis. We are currently experiencing a significant growth in the number of people with neurological life limiting illnesses that need our support. In line with other health and social care providers we will need to better prepare ourselves to support those dying with dementia and support their carers to find respite and resilience within the Hospice.

The five years addressed by the strategic development plan will be challenging but by remaining true to our values and having a clear line of sight, Nottinghamshire Hospice will continue to be a vital part of the local health and social care community, and delivering person centred approaches and responding to total pain with total care and compassion.

### **Key developments and achievements 2012 – 2015.**

At Nottinghamshire Hospice we are proud of the difference we make each day to the lives of patients, carers and their loved ones. In developing our strategic development plan 2015 – 2020 we have been able to reflect on our success in meeting the ambitious goals we set in our last strategic development plan. Some of key achievements have been:

- Successful bid of £109,000 to the Department of Health to renovate our grounds and create a therapeutic environment. We are able to list horticulture amongst our list of complementary therapies
- Successful bids to the Arts Council which has enabled our Art Therapist to introduce digital art therapy to patients who often have never used a computer before
- Award of Palliative and End of Life Services contract to Nottinghamshire Hospice in collaboration with CityCare. This will see the investment of £950,000 for each of the next 5 years by Nottingham CCG to the collaboration.
- In 2011 the number of patients able to attend Day Therapy Unit was 20; following investment this has been increased to 35, enabling 8750 places to be available in 2015.
- In 2012 our nurses delivered 35,000 hours of Hospice at home support in people's homes. By 2015 this was increased to 40,000 making the service one of the largest in the UK.

- A further gift of £500,000 from the Lady Evelyn and Sir Joseph Pope fund making the legacy gift £1,500,000 which has enabled the hospice to grow services and increase its sustainability.
- Our volunteer workforce has grown from 309 in 2012 to 370 in 2015
- Increased our retail portfolio from 8 in 2009 to 12 in 2015
- Established a Hospice at Home service in communities across Mansfield and Ashfield where previously no service existed. The service delivered 7,000 of support during January – March 2014 against a target of 1,000 hours of support for the period.

## Executive Summary

Our five year strategic development plan sets out our direction of travel which will enable us to deliver better services to more people across Nottingham and Nottinghamshire. We have developed our plan through a process of open consultation with the teams, friends and colleagues we work alongside. We have drawn on feedback from patients and carers through the year and held a consultation meetings to firstly identify what the priorities should be, test this thinking alongside emerging health and social care policy including the Health and Social Care Act 2012 and the Social Value Act 2013. We have reviewed the strategy of our Clinical Commissioning Group partners and the Joint Strategic Needs Assessment of 2011. We are confident that our Strategic Development Plan meets the needs of patients and carers and is within the context of emerging local and national priorities.

Our 5 key objectives are:

- To Widen access to Nottinghamshire Hospice Services
- To collaborate and put in place joined up services for people affected b terminal or life limiting illness
- Build on good practice
- Develop our income generation
- Be at the heart of every community.

Nottinghamshire Hospice is subject to the same financial tensions and pressures as the wider third sector. Funding from health partners is driven by the delivery of outcomes based on cost and volume. This means that the hospice only gets paid for work delivered, we have worked hard during 2014/15 to plan and increase our sustainability to meet these challenges. Contracts are awarded through competitive tendering, this will always be a challenge for a small local charity such as the hospice, and we are investing in our skills to continue our tendering success. Our shops are our face within local communities and are a vital part of our income generation strategy. During 2014/15 we expanded our portfolio to 12 in addition to our hospice shop within day therapy. During the coming 5 years we will work to open a further 6 shops, increasing our presence in communities and building our income. We rely on our Fundraising team to work closely with individuals, groups and communities to inspire them to raise funds for patient care. We will focus on increasing our community fundraising by building our volunteer and supporter networks and develop our expertise in securing legacy and increasing support from grants and trusts.

By working together with all our partners, patients and their families we will ensure that the journey from 35 years to 40 years of service to communities in Nottingham and Nottinghamshire will continue to increase.

### **Postcards from the Future**

Our vision for the hospice to provide all patients, carers, families, supporters, volunteers and staff with the support that they need, at the time they need it and in the way that is informed by their voice. We learnt during our consultation that our current services are not able to meet the current needs of our communities, there is so much more needed to ensure that everyone who could benefit from our support is able to receive it.

During 2014/15 we have listened to the views of our patients, carers and bereaved clients. We held consultation meetings which involved our Trustees, staff and volunteers. We have canvassed the views of our local communities and worked closely with commissioners. Our framework for discussion was informed by national and local future assessment and planning of the needs of patients and carers who will need to receive palliative and end of life care.

Our vision for the coming years will ensure the sustainability and viability of the Hospice for the coming years. We recognise we need to meet current needs but lead future service delivery.

Our vision is locate our Hospice as one which;

- Works in partnership with consultants, physicians, community based health professionals to support patients from the point of palliative care diagnosis, ensuring that earlier interventions increase wellness and resilience amongst carers and loved ones
- Is a centre of excellence in the provision of information, advice and training, ensuring patients, loved ones and the healthcare community have the right information to inform choices
- Provides person-centred care to patients, carers and loved ones, where their voice is recognised and leads their care and support planning
- Is future focussed and collaborate with health and social care partners, patients and carers to meet emerging needs. We believe our staff and volunteers will need to be able to support those with dementia, frail elderly and young people who often experience stress and confusion as they transfer from children to adult service.

- Builds on learning and good practice to improve patient led outcomes; ensure more people achieve their preferred place of death and provides a wrap-around service for carer's and the bereaved.
- Is loved and held at the heart of our communities, responding to the needs of new communities, sensitively, with dignity, respect and compassion.
- Values volunteers, embraces their skills and experience by providing opportunities to make a difference in all aspects of our business.

2015 is the 35<sup>th</sup> birthday of Nottinghamshire Hospice; we have a proud history of supporting our people, our patients and our communities, touching the lives of more than 375.000 people during those years. To deliver our plan we will:

- Manage our resources effectively, maximising the impact of every investment in time, finance and knowledge.
- Develop and value our volunteer workforce by providing supervision, training opportunities and increasing their involvement in our decision making processes
- Maximise our income generation opportunities by expanding our network of shops, increasing fundraising through legacy and in memoriam and providing additional creative service solutions on behalf of Clinical Commissioning Groups.
- Put in place a rolling annual plan which builds on lessons learnt, is future focussed, delivers value for money and good governance.

Our people are our most valued asset, volunteers and our waged staff teams; we recognise the importance of ensuring our people have the skills and knowledge to be the best they can be. We will achieve this by:

- Ensuring all staff and volunteer receive regular supervision and receive an annual appraisal
  - Supporting staff to understand the impact their behaviour has on the outcomes we can achieve for patients
  - Providing mandatory training which ensures that our teams are able to meet the regulatory frameworks of their professional registration, local compacts and the Care Quality Commission.
  - Providing our teams with the opportunity to develop new and extended programmes of skill development.
- By collaborating with others and working together better we will continue to make a difference to patients and carers, influence local decision making and deliver better palliative care and end of life support..

## Year 1 Delivery Plan

### Objective 1 Widen access to Nottinghamshire Hospice Services

| Target   | Action   | Outcome/Evidence   | Responsibility  |
|--|--|--|---|
| 1.1 To extend and further develop palliative and end of life care pathway to ensure that patients are supported earlier in their journey | <ul style="list-style-type: none"> <li>Develop end of life pathway in collaboration with providers and CCG's</li> <li>Increase awareness of the EOL pathway by publishing on the website and developing a joint communication strategy with CityCare</li> <li>Influence the development of the service model adopted by the southern transition CCG's through tendering and securing service provision</li> <li>Influence the development of the end of life service model in mid-nottinghamshire by working in collaboration with the Better Together strategic providers consortium</li> </ul> | <p>Contract for EOL services in place 2015/2021 in Mid, and south Notts together with City of Nottingham</p> <p>EOL pathway is available on website</p> <p>NH achieves membership of the Southern Notts transition group and gains recognition as an expert in the provision of palliative care</p> <p>NH achieves membership of the Better Together strategic provider forum and gains recognition as an expert in the provision of palliative care</p> | <p>SMT members/Head of Clinical Services</p> <p>DP/CityCare/ hospice marketing team</p> <p>SMT</p> <p>SMT</p> |

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|   | <ul style="list-style-type: none"> <li>• Influence strategic development of policy and service models through membership of the Nottinghamshire Strategic EOL group and the East Midlands Strategic Palliative Care Forum</li> </ul>   | <p>NH achieves membership of the Nottinghamshire Strategic EOL group and the East Midlands Strategic Palliative Care Forum and gains recognition as an expert in the provision of palliative care</p>  | SMT   |
| <p>1.2 To ensure that patients, carers, health professionals and wider communities are able to understand their EOL journey and the choices available to them</p> | <ul style="list-style-type: none"> <li>• Develop access to information, advice and guidance through a trained workforce</li> <li>• Increase understanding of diagnosis, choices and services through the promotion and facilitation of advance care planning</li> <li>• Raise awareness of the role of advocacy, legal support and the role of DNCPR</li> <li>• Provide counselling support to patients, carers and loved ones to ensure they are able to explore and reconcile fears, grief and issues relating to relationships</li> </ul> | <p>All staff and volunteers are able to provide AIG to patients and carers that are accurate and up to date.</p> <p>NH is able to demonstrate an increase in the number of patients registering on EPACCS and engaging with advanced care planning.</p> <p>Patient's choices and decisions are recorded in their care plans.</p> <p>2014/15 baseline of counselling support is increased year on year by 10%.</p> <p>Case studies of carer outcomes are available and promoted on the website.</p> | <p>Care and Support services</p> <p>Hospice Physician</p> <p>Care and Support services</p> <p>Carer, bereavement and chaplaincy teams</p> |

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| <p>1.3 To provide flexible person-centred support available to patients and carers able to respond to a patients changing needs</p> | <ul style="list-style-type: none"> <li>• Ensure effective care plans are in place to support patient care</li> <li>• Provide training and support to enable staff and volunteers to collaborate in care planning</li> <li>• Regular and effective case conferences to ensure Pos and Pos+ scores reflect the care and support patients receive</li> <li>• Provide clinical supervision where appropriate to ensure staff and volunteers fulfil their registration requirements</li> <li>• Lead local forums informing care planning to ensure service design supports patient needs</li> </ul> | <p>8 weekly audits of patient files within case conference evidence effective care plans.</p> <p>Training matrix is in place, HR records record attendance and appraisal evidences integration into practice.</p> <p>Case conference dates published and notes audited by DCOCS</p> <p>Individual supervision notes are audited by DCOCS</p> <p>NH recognised as lead practitioner in local plans</p> | <p>Care and support team</p> <p>Human Resources</p> <p>Head of Clinical Services</p> <p>Internal and external practitioners</p> <p>SMT all clinical teams</p> |
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## Objective 2

**Improve the impact and co-ordination of care for people requiring palliative or end of life support due to terminal or life limiting illness**

| Target  | Action   | Outcome/Evidence   | Responsibility  |
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| <p><b>2.1</b> To develop a flexible model of care able to meet the needs of a wide range of conditions including Cancer, COPD, Organ failure or neurological conditions</p> | <ul style="list-style-type: none"> <li>Review current services provided in DTU</li> <li>Implement review recommendations to increase the effectiveness of services provided</li> <li>Ensure that performance targets are met to ensure tariffs are received in line with contract</li> <li>Ensure the financial sustainability of DTU by maximising charitable income</li> <li>Ensure the effective application of voluntary fundraising to increase the portfolio of support offered</li> </ul> | <p>Patients report satisfaction with the care they receive.</p> <p>Activity levels are constant and reported to CCG at the required levels.</p> <p>Fundraising team understand objectives of services and represent these within applications. Clinical teams request support in a planned</p> | <p>Director of Clinical services<br/>Care and support teams</p> <p>Care and support team</p> <p>Head of Clinical Services<br/>H@H statistician</p> <p>Director of Clinical services<br/>Care and support teams</p> <p>Director of Clinical services<br/>Care and support teams<br/>Fundraising team<br/>Retail team</p> |

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|  |   | and prepared approach to ensure successful awards  |   |
| <p><b>2.2</b> To increase partnership and collaboration to better meet the needs of people with dementia, frail elderly and those transitioning between services</p> | <ul style="list-style-type: none"> <li>• Develop a proposal for support from the Knowledge Transfer partnership</li> <li>• Provide training on hospice enabled dementia care</li> <li>• Increase partnership working with organisations specialising in dementia</li> <li>• Establish partnership relationships with social care agencies including private providers</li> <li>• Establish relationships with Children's services</li> <li>• Increase engagement with Rainbows and Bluebell Hospice to exchange learning</li> <li>• Pilot transition working model</li> <li>• Pilot dementia care working model</li> <li>• Increase awareness of Hospice care with social care providers through registration on web based databases</li> </ul> | <p>Knowledge transfer award made to support work in dementia care</p> <p>Effective partnership in place with Alzheimer's resulting in increased funding for specialist post.</p> <p>Service model developed, pilot jointly funded by CCG's and SS</p> <p>Hospice successfully registered on Support My Care. Referrals received and services delivered which</p> | <p>CEO<br/>Hospice Physician</p> <p>Human Resources</p> <p>Hospice Physician</p> <p>Director of Clinical Services<br/>CEO H@H co-ordination</p> <p>Director of Clinical Services<br/>CEO<br/>Fundraising team</p> <p>Director of Clinical Services<br/>CEO<br/>Fundraising team</p> <p>Care and support teams<br/>H@H co-ordinators</p> |

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|  |  | increase income   |  |
| <b>2.3</b> To work in partnership to develop hospice care in a range of environments such as in patient, community and looked after placements | <ul style="list-style-type: none"> <li>• Increase knowledge and understanding through partnership working with CityCare</li> <li>• Map and analyse prospective partners</li> <li>• Establish database of good practice</li> </ul>  | Referrals to DTU increased within Nottingham resulting in increased income from continuing care.  | Head of Clinical Services<br>Director of Clinical services<br>Co-ordination team and statistician<br>Corporate Services Officer<br><br>Corporate Service Officer<br>Head of Clinical Services  |
| <b>2.4</b> To be able to demonstrate effective partnership working and be recognised as a preferred provider                                   | <ul style="list-style-type: none"> <li>• Lead the development of PQQ and ITT processes in Nottingham and Nottinghamshire</li> <li>• Develop a communication strategy which highlights the impact of DTU, H@H and Emotional support</li> <li>• Develop database of case studies of partnership working</li> </ul> | Contracts awarded for Nottingham City; Nottinghamshire South and Mid Notts.<br><br>The general public, professionals and patients are aware of services, resulting in increased donations and referrals | CEO, Dir Clinical services.<br>Hospice Physician<br><br>Marketing team, stats and head of clinical services<br>Fundraising team<br><br>Corporate services officer<br>All care and support services<br>Fundraising team<br>Retail teams |

### Objective 3

#### To build on our good practice in delivering palliative and end of life services for 35 years

| Target   | Action  | Outcome/Evidence   | Responsibility   |
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| 3.1 To ensure that Day Therapy provision delivers effective patient led outcomes | <ul style="list-style-type: none"> <li>• Improve care and support planning through collaboration with patients</li> <li>• Achieve CQC good or excellent status</li> <li>• Patients nutritional needs are assessed and met</li> <li>• Team meetings, journal club and handovers to ensure patient needs and programmes are effective</li> <li>• Reduction in the number of incidents and accidents</li> <li>• Reduction of serious incidents and accidents</li> <li>• Effective use of System 1 through training and data management</li> <li>• DTU environment is safe for patient and staff use</li> <li>• Patients are able to arrive at DTU, timely</li> </ul> | <p>Care plans are person centred and patient led, the outcomes achieved are in line with patient needs.</p> <p>Award of good status</p> <p>Catering provision is cost effective and beneficial to patients</p> <p>Patient safety improves year on year resulting on a reduction in SUI</p> | <p>Care and support teams</p> <p>Director of Clinical Services, Corporate Services Officer</p> <p>Care and support teams</p> <p>Care and support teams<br/>Director of Clinical Services<br/>Hospice Physician<br/>Catering team</p> <p>Care and support teams</p> <p>Care and support teams</p> <p>CityCare</p> <p>Care and support teams<br/>Fundraising team<br/>Retail team</p> <p>Building and Transport team</p> |

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|  | and able to receive care and support   |  |  |
| <b>3.2</b> Build an effective, confident workforce with the skills that demonstrate their competence and fitness for purpose in delivering person centred care and support | <ul style="list-style-type: none"> <li>• All staff receive effective supervision</li> <li>• All volunteers receive effective supervision</li> <li>• All staff &amp; Volunteers complete mandatory training within their probationary period</li> <li>• All staff receive annual appraisal PDP</li> <li>• All professional registrations are up to date</li> <li>• Regular mentoring and coaching is provided through relevant agencies</li> <li>• Clinical supervision is provided as appropriate to role</li> <li>• All staff and volunteers are supported to understand the hospice ambitions and their role in delivering them</li> </ul> | <p>Records of supervision are recorded on central database</p> <p>PDP are recorded on a central database and reflect strategic objectives</p> <p>Clinical teams achieve re-registration with NMC</p> | <p>All managers and staff</p> <p>All managers and volunteers</p> <p>Managers and HR team</p> <p>Managers and HR team</p> <p>Managers and HR team</p> <p>Managers and HR team</p> <p>Head of Clinical services</p> <p>SMT, Managers and all staff</p> |
| <b>3.3</b> Increase the number of patients achieving their preferred place of death through a comprehensive provision of hospice at home                                   | <ul style="list-style-type: none"> <li>• H@H provided by NH is recognised as excellent by funders</li> </ul>   | Evidence of impact on patients and for carers is recorded and reported to funders  | <p>Director of clinical services</p> <p>Head of clinical services</p> <p>Statistician</p> <p>Fundraising and retail teams</p>  |

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| <p>increasing year on year by 2%</p>   | <ul style="list-style-type: none"> <li>• CCG contracts achieved through south transition partnership and Better Together</li> <li>• Awareness of H@H is increased by developing effective communication tools</li> <li>• H@H bank staff are increased to meet planned demand</li> <li>• H@H receive regular support in understanding the wider work of the hospice through regular team meetings</li> <li>• Partnership working with other providers is developed to ensure a seamless provision</li> </ul> | <p>Performance recorded on dashboards and shared with external partners.</p>                             | <p>SMT<br/>Retail team<br/>Fundraising team</p> <p>H@H co-ordinators, marketing all H@H team</p> <p>HR Dir and Head of clinical services</p> <p>HR Dir and Head of clinical services</p> <p>SMT<br/>Retail and Fundraising teams<br/>Head of clinical services</p> |
| <p><b>3.4</b> Increase the provision of carer and bereavement through our hospice to reflect service user preferences.</p> | <ul style="list-style-type: none"> <li>• Review carer and bereavement services</li> </ul>   | <p>Carers and bereaved people report an improvement in service resulting in better recovery outcomes</p> | <p>Director of Clinical Services<br/>Development Worker</p>  |

## Objective 4

### Ensure the sustainability of our services by maximising all opportunities for income generation

| Target  | Action  | Evidence/Outcome  | Responsibility   |
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| 4.1 Increase the number and range of providers of funding and investments into the hospice enabling greater levels of autonomy and sustainability | <ul style="list-style-type: none"> <li>• Grow the net profit</li> <li>• Increase monthly proposed targets against actual</li> <li>• Deliver a calendar of events to increase funding and raise awareness</li> <li>• Work in partnership with care and support teams to integrate care products into proposals and relationship development</li> </ul> | Fundraising strategy developed and in place, performance measured against agreed targets  | Dep CEO<br>Fundraising team<br>All Staff<br><br>All staff<br><br>All staff<br><br>HR/CEO/DCE/Trustee<br><br>Care and Support teams<br>Fundraising teams  |
| 4.2 To build on our excellent retail units to maximise existing and new premises in Nottingham and Nottinghamshire                                | <ul style="list-style-type: none"> <li>• Demonstrate consistent high quality operational management</li> <li>• Demonstrate the role of volunteers is valued within retail and offers progression</li> <li>• Recruit, train and retain volunteers</li> </ul>   | Retail strategy in place, targets understood and performance managed through supervision and appraisal.<br><br>Volunteer recruitment strategy | Dep CE, Area retail manager<br>Retail managers; warehouse team<br><br>Dep CE, Area retail manager<br>Retail managers<br>Volunteer Services<br>Development Manager<br>(VSDM)<br><br>Retail Managers<br>VSDM, Warehouse team |

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|  | <ul style="list-style-type: none"> <li>• Increase the level of income achieved through effective merchandising and control of costs</li> <li>• Innovate and introduce strategies to raise awareness of Nottinghamshire Hospice and the role of retail in income generation</li> <li>• Manage stock effectively to reduce dead goods and increase distribution of stock</li> <li>• Increase gift aid by 10% year on year</li> </ul> | <p>in place. Retail Managers able to recruit, support and retain the quota of staff they require for each shop.</p> <p>New methods of stock management are identified, piloted and embedded resulting in increased profits</p> | <p>Dep CE, Area retail manager<br/>Retail managers Warehouse team</p> <p>All staff<br/>Dep CE, Area retail manager<br/>Retail managers<br/>Marketing<br/>Fundraising team<br/>Care and Support Services<br/>Warehouse</p> <p>Dep CE, Area retail manager<br/>Retail managers, Warehouse team</p> <p>Retail Managers</p> |
| <p><b>4.3</b> To build on our excellent retail units to maximise existing and new premises in Nottingham and Nottinghamshire</p> | <ul style="list-style-type: none"> <li>• Implement recommendations of legacy project</li> <li>• Increase existing partnerships with local solicitors</li> </ul>  | <p>Legacy strategy in place, increase in legacy awards by 5% from direct contacts.</p>   | <p>Dep CE and Fundraising team</p> <p>Dep CE and Fundraising team</p>   |

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|  | <ul style="list-style-type: none"> <li>• Maximise will writing and legacy opportunities</li> <li>• Train and support care and support team to promote legacies to patients and families</li> <li>• Deliver legacy income in line with budget</li> </ul>   | <p>5 Hospice at Home and DTU nurses are in place as legacy champions.</p>  | <p>Dep CE and Fundraising team<br/>All staff</p> <p>Care and support team<br/>HR team<br/>Dep CE and Fundraising team<br/>All staff</p> <p>Dep CE and Fundraising team<br/>All staff</p>   |
| <p><b>4.4</b> Increase the % of income generated from statutory health and social care agencies such as CCG's year on year</p> | <ul style="list-style-type: none"> <li>• Secure funding through effective tendering for South Transition Group</li> <li>• Secure funding through Better Together</li> <li>• Increase income through the provision of services in Nottingham City</li> <li>• Investigate funding opportunities through continuing care, fast trak and long term conditions</li> <li>• Understand the role individual and health budgets has for EOL</li> </ul> | <p>Service models in place to support long term conditions patients.</p> <p>NH is listed as a potential provider of additional services paid for by personal budgets</p> | <p>SMT; Fundraising and Retail Teams</p> <p>SMT; Fundraising and Retail Teams</p> <p>SMT; Fundraising and Retail Teams</p> <p>SMT, Head of Clinical Services<br/>Care and support teams</p> <p>SMT, Head of Clinical Services<br/>Care and support teams</p> |

## Objective 5

### Increase the impact of and the relationships with our local communities in Nottingham and Nottinghamshire

| Target  | Actions   | Outcome/Evidence  | Responsibility   |
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| 5.1 To increase the number of locations where hospice services are provided across Nottingham and Nottinghamshire, building awareness and relationships with new communities  | <ul style="list-style-type: none"> <li>• Map and evaluate locations for service delivery</li> <li>• Increase H@H locations in north Nottinghamshire</li> <li>• Build stronger partnerships with CCG's</li> <li>• Build stronger relationships with providers including those in the private sector</li> </ul>   | <p>Service opportunities are identified, secured and delivered, supported by business plans and agreed levels of activity.</p> <p>Identify and build relationships with 3 new private sector providers.</p> | <p>SMT, Head of Clinical Services</p> <p>SMT, Head of Clinical Services Fundraising and Retail teams</p> <p>SMT, Head of Clinical Services</p> <p>SMT, Head of Clinical Services</p> |
| 5.2 Develop new volunteer opportunities which support all aspect of the business, by extending opportunities for involvement in Fundraising, direct provision of care and increasing the volunteer presence in retail | <ul style="list-style-type: none"> <li>• Revisit Hospice review of role of volunteers</li> <li>• Develop a library of volunteer opportunities for each department</li> <li>• Evaluate current volunteer roles and develop a plan for increasing engagement of volunteers in direct care provision</li> <li>• Develop a strategy for volunteer recruitment</li> <li>• Develop a programme</li> </ul> | <p>All volunteer opportunities are supported by role profiles and a clear process for approval of volunteers.</p> <p>Volunteer numbers increased annually by 10%</p>  | <p>SMT, VSDM Managers of volunteers</p> <p>All staff. VSDM</p> <p>All staff VSDM</p> <p>HR, VSDM</p>   |

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|   | <ul style="list-style-type: none"> <li>of volunteer training</li> <li>Put in place a valuing volunteers programme</li> <li>Develop a plan to support managers to recruit, train and support volunteers</li> </ul>  | <p>Training in place and delivered on an annual plan in volunteer manager training</p>   | <p>All staff and volunteers</p> <p>HR, SMT, VSDM</p>  |
| <p><b>5.3</b> Identify opportunities for the hospice building, grounds and transport to be used for the benefit of the local and wider community and to raise awareness</p> | <ul style="list-style-type: none"> <li>Ensure that the Hospice complies with all legislation</li> <li>Implement the facilities review</li> <li>Evaluate the sustainability of Fernleigh</li> <li>Increase patient use of the grounds, horticultural therapy and enjoyment</li> <li>Increase the access of the general public to the grounds of the hospice</li> <li>Increase the rental income for use of hospice</li> <li>Ensure all vehicles are roadworthy and in line with business needs</li> </ul> | <p>Risk assessments in place to support the use of grounds and building by groups in the community</p> <p>Feasibility study completed on the suitability of Fernleigh for continuation of the delivery of services</p> <p>Review completed number and specification of minibuses required to meet patient need</p> | <p>SMT; Board of Trustees B&amp;TS</p> <p>SMT; Board of Trustees B&amp;TS</p> <p>CEO; Board of Trustees</p> <p>All staff</p> <p>All staff</p> <p>SMT BTSS</p> |
| <p><b>5.4</b> Lead the engagement of local community groups, providers and statutory</p>  | <ul style="list-style-type: none"> <li>Increase the awareness of Hospice Care with</li> </ul>  | <p>Partnerships in place with Alzheimer's Society, Abbeyfield, NCVS and Notts</p>  | <p>Retail teams, Care and support teams</p>   |

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| partners in a dialogue about good deaths in Nottingham and Nottinghamshire  | <ul style="list-style-type: none"> <li>local community groups</li> <li>Develop a team of local ambassadors trained and able to promote the work of the Hospice</li> <li>Effectively engage with Dying Matters</li> </ul> | rural community action<br><br>Ambassador group business plan in place and annual targets achieved.   | All staff<br><br>SMT, retail, care and support teams                  |
| <b>5.5</b> Develop services to meet the needs of emerging and established communities of interest in Nottingham and Nottinghamshire | <ul style="list-style-type: none"> <li>Map and understand the needs of BAME communities at end of life</li> <li>Map and understand the needs of LGBT communities</li> </ul>  | Increase in engagement by BAME communities resulting in referrals and investment by the Indian Business Forum.<br><br>Increase in engagement by LGBT communities resulting in referrals. | SMT Corporate Services Officer<br><br>SMT, Corporate Services Officer |

### Ensuring good governance and measuring the impact of the strategic plan

Nottinghamshire Hospice is governed by an elected Board of Trustees who is selected for their knowledge, experience and skills. They are residents of Nottinghamshire and Nottingham and bring a range of specialist knowledge of health and social care, financial management and business practice. The Board of Trustees meet 6 times each year, in addition an Annual General Meeting is held, from time to time an extraordinary general meeting will be held based on business need.

The Board of Trustees delegate the management of the Charity to the Senior Management Team which consists of the Chief Executive, Deputy Chief Executive, the Director of Clinical Services, the Head of Human Resources and the Hospice Physician who fulfils the role of Clinical Advisor.

The delivery of services is through health and social care professionals who provide Day Hospice Therapies including complementary therapies, counselling and emotional support, catering creative therapies, nursing and clinical services. The Hospice at Home Service is a nursing led service which supports patients and carers in the community to achieve their preferred

place of death through nursing care, providing post bereavement support, advice and guidance. In addition a range of services are provided to carers and the bereaved to ensure that they build their resilience, grieve and are able to build strategies for the future.

Our retail division forms part of our income generation strategy and is managed in tandem with our Fundraising Team which includes our excellent local Lottery. We have recently reviewed the effectiveness of retail division and will be applying the learning during 2015/16.

The effective provision of our facilities is managed through the CEO; a team of skilled domestic housekeepers ensure that the building is clean and ready for patients each day. They are managed through our building and transport service which also oversees the provision of transport, maintenance and health and safety.

Corporate services are provided through three core teams, Finance who are supported by an external accountancy team, Human Resources which is led by an HR professional and experienced advisors and ensure legislative compliance. Volunteer services are managed through the HR team and provide support to managers. This ensures that they are better able to support the valuable gift of time and commitment of our volunteers.

Without the commitment and skill of more than 370 regular volunteers and more than 100 casual volunteers the Hospice would not be able to provide the range and quality of care and support to patients and carers.

The plan will be measured against a series of Dashboards which relate to departments and functions, during June 2015 a baseline exercise will be completed and performance managed against agreed targets. The strategic development plan, dashboards and behaviour framework will be formally accepted by the Board of Trustees in July 2015 and officially published and circulated at the 2015 Annual General Meeting.