



Pilgrims Hospices in East Kent

The Way Forward



Foreword

Pilgrims Hospices has a long and proud tradition of providing care and support to the people of east Kent to help them to cope with death, dying and bereavement. Founded by Ann Robertson OBE, who remains Life President, oversight and governance of the hospice is now the responsibility of the Board of Trustees, and the Executive Team, under the leadership of the Chief Executive, is responsible for the day-to-day operations.

The area we serve ranges from Thanet in the northeast to Lydd in the southwest and from Dover to beyond Faversham, encompassing some 700 square miles. All our services are available to people who live in this area. There are a number of areas of high deprivation associated with poor health outcomes and health inequalities; the population is ageing with a 40% rise in over 65s expected by 2020. The geography of the area places limits on choice, accessibility and local availability of healthcare services, and a dispersed population with no single major population centre increases the complexity of delivering services closer to home.

Our services are provided at no cost to those who use them. In 2008/09, Pilgrims Hospices cost in the region of £8 million a year to run. We receive about 25% of this from the NHS and we have to raise the rest through local fundraising – Pilgrims Hospice shops, events, legacies, trusts, Pilgrims Hospice Lottery etc.

Medical care is changing rapidly, with new drugs and treatments being developed. Modern methods of nursing aim to ensure patients continue to receive the highest possible quality of care in a dignified manner in an environment of safety, wherever that may be. At the same time, the population wants increasingly to be actively involved in decisions about care and treatments. In terms of end of life care, surveys tell us that most people want to die at home with adequate support, or in specialist facilities such as those that we provide in our hospices in Canterbury, Thanet and Ashford. But most people still die in hospital wards, sometimes in busy casualty departments or even in emergency ambulances.

Approximately 6,000 people die each year in east Kent. Around 2,000 of these die from a cancer related cause. Many of these are either referred to or cared for by Pilgrims Hospices. Others would be supported palliatively and much of the continuing professional expertise in this challenging area of practice will be sustained by the presence of Pilgrims Hospices. Of the remaining 4,000, the greater number will die from progressive and chronic diseases other than cancer, such as heart disease, stroke, respiratory disease and a range of other illnesses.

We believe that Pilgrims Hospices can not only contribute to improving the quality of end of life care for cancer patients but also for an increasing number of patients with progressive, non-cancer illnesses and contribute to better support for their carers and families.

Pilgrims Hospices wants to respond to these and other challenges. We appreciate that we need to make changes, but, equally, we know that we are getting a lot of things right. Our ethos of multi-disciplinary care in a responsive, caring and personal manner is crucial to our patients, staff and volunteers and will be maintained. The local population and the NHS value our work and want it to go from strength to strength.

We want to build on our high standards. Our strategic plan now sets out key objectives that we have to achieve in the coming years. These strategic objectives are to:

- **Increase numbers of patients and equity of access to hospice services, particularly the number of patients referred with a diagnosis other than cancer**
- **Ensure the delivery of flexible and responsive services**
- **Take a stronger leadership role in palliative and end of life care**

These are supported by the following enabling objectives:

- **Recruit, develop and retain a motivated and skilled workforce**
- **Implement a proactive marketing and communications strategy**
- **Establish a modern information and communications system**
- **Generate sustainable funding**

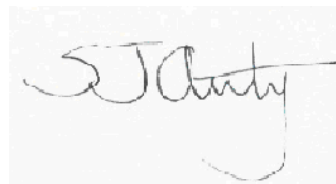
Detailed plans and timetables have been drawn up to ensure that we achieve all our objectives.

We believe Pilgrims Hospices has an excellent reputation, because what we do is so important and necessary, because our staff and volunteers are dedicated, and because our local community supports us by volunteering and raising funds. Our plans are designed to ensure that Pilgrims Hospices continue to meet people's needs and expectations both now and in the future. This strategic plan is therefore a combination of continuity and change – continuity in maintaining high standards of care; change in wanting to deliver more services to meet the changing needs and expectations of the people we serve.

We realise that we cannot achieve our objectives by ourselves and we look forward to working with colleagues in the NHS in primary and secondary care, in Social Services, other hospices and voluntary agencies, and with our local community and other supporters to achieve our stated goals.



Dr Richard Morey
Chairman, Board of Trustees
Pilgrims Hospices in East Kent



Mr Steve Auty
Chief Executive
Pilgrims Hospices in East Kent

Executive Summary

Approximately 6,000 people die each year in east Kent. Around 2,000 of these die from a cancer related cause. Of the remaining 4,000, the greater number will die from progressive and chronic diseases other than cancer, such as heart disease, stroke, respiratory disease and a range of other illnesses.

We believe that Pilgrims Hospices can not only contribute to improving the quality of end of life care for cancer patients but also for an increasing number of patients with progressive, non-cancer illnesses and contribute to better support for their carers and families.

Our vision is to be regarded as the leading provider of specialist palliative care and end of life care services for the people of east Kent and to promote the delivery of palliative care across this area, and in so doing:

- To facilitate everyone to have the best possible end of life experience
- To enable people to be treated as individuals, with dignity and respect, and to be free of pain and other symptoms
- To enable people to express their preferences about where to end their life so that these can be taken into account in decision-making and planning
- To enable their informal carers to be better informed, prepared and supported during the course of illness and into bereavement

Our vision will be achieved by meeting the following objectives, which are to:

- **Increase numbers of patients and equity of access to hospice services, particularly the number of patients referred with a diagnosis other than cancer**
- **Ensure the delivery of flexible and responsive services**
- **Take a stronger leadership role in palliative and end of life care**
- **Recruit, develop and retain a motivated and skilled workforce**
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Introduction

This document sets out the plan for Pilgrims Hospices for the next five years. It comprises the following sections:

- Section 1: A short description of what we do
- Section 2: National and local NHS perspectives
- Section 3: Our vision and values
- Section 4: Our strategic and enabling objectives
- Section 5: Detailed objectives, performance indicators and targets

Section 1: What we do

Pilgrims Hospices:

- Provide specialist palliative and end of life care. Our priority is to provide direct care for people with the most complex and/or multiple problems
- Provide out patient-based programmes and drop-in services to support patients who have been identified on primary care end of life care registers
- Provide advice about and support to other professionals dealing with palliative and end of life care
- Provide education and training and undertake research into palliative and end of life care
- Work with like-minded organisations to promote high standards of palliative and end of life care for all

What is specialist palliative and end of life care?

The terms '**end of life care**' and '**palliative care**' are used interchangeably by many people. 'End of life care' is used more frequently since the government released its End of Life Care Strategy in 2008; it has the advantage in that it is more readily understood by the general public. End of life care 'helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patients and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support'.¹

Specialist palliative and end of life care differs from more generalist services in that it is provided by a **multi-disciplinary team** with particular skills and expertise to help with the management of the most complex problems. Some of this care may be provided in a purpose-built physical environment, designed to meet the needs and preferences of those facing the end of life, however it may also be provided in other settings such as in patients' homes and other "out of hospice" settings.

¹ National Council for Palliative Care, Feb 2007

Care provided by Pilgrims Hospices is available for people with progressive and life threatening conditions and their families and carers. Our involvement is most likely during the last year of someone's life and in many cases may happen much nearer to the point of death. Occasionally our involvement is appropriate earlier in the course of a patient's illness.

Provision of Care

Pilgrims Hospices offer pain and symptom control, management of psychological, social and spiritual distress, respite care and terminal care through the following services:

- **In-patient care at Pilgrims Hospice Canterbury, Thanet and Ashford**

A wide range of treatments, respite care and terminal care is provided by each hospice for those people whose needs are too complex for them to be managed elsewhere

- **Community care**

For patients in their own homes or in community settings, our multi-disciplinary teams offer assessment of palliative care needs, treatment recommendations and review of care in partnership with their GP, other members of the primary care team and carers, referring to other agencies as appropriate. Patients can also come to the hospices for part or all of the day to benefit from a range of therapeutic and rehabilitative programmes, for respite care, social support, creative programmes, complementary therapies and, starting in 2009, to access an information and drop-in service. Programmed support for carers is also provided. Those informal carers and family members who are looking after patients at home can also access the following services from the hospices: advice on the practicalities of being a carer, social support, creative opportunities and complementary therapies

- **Bereavement support**

For adults and children affected by bereavement, pre-bereavement counselling and post bereavement services are available

Section 2: National and local NHS perspectives

There is a growing interest in improving care for people who are facing the end of life, their carers and families. In 2008, the Government published its End of Life Care Strategy which aims to promote high quality care for all adults at the end of life. The South East Coast Strategic Health Authority has pledged:

- By 2012 all health, social care and third sector providers will provide evidence of achieving best practice in end of life care against recognised quality standards, including evidence of care plans
- By 2012 access will be available everywhere 24 hours per day and 7 days per week to a rapid response service to help patients at the end of their life manage pain and other symptom control. Psychological, social and equipment needs will also be managed
- The NHS in Kent, Surrey and Sussex will actively work with staff, public and partners to raise awareness of end of life issues
- Primary Care Trusts will ensure a strategic approach, developed in partnership with the third sector and social services to commissioning end of life care services to patients and their families
- Support will be available to patients and their families to allow patients at the end of their life to die in their place of choice

As part of this NHS Eastern and Coastal Kent's (NHS ECK) delivery agenda is focused on commissioning the following for the local population:

- An integrated and strategic approach to commissioning health and social care services
- Anticipatory care planning
- Hospice-style care closer to home/within home
- Primary care register for end of life (shared)
- Rapid response team/utilisation of continuing care
- Choice of place of dying
- Attitude and communication to all staff
- Support for bereaved relatives
- Carers Strategy
- Appropriate end of life care in an acute environment

Additionally, NHS ECK's key changes are:

- GPs hold and share registers of end of life patients – delivered in 2009/10
- Joint commissioning of community health and social care services – delivered in 2010/11
- Development of Carers Strategy – completed
- Pain/symptom control – visiting service available everywhere – delivered in 2010/11
- Giving patients their choice of place of dying – delivered in 2010/11
- All workforce trained in end of life care – delivered through 2009/10 to 2012/13
- Awareness campaign across staff, public and partners to raise awareness of end of life issues, plus service improvements – ongoing 2009/10 to 2012/13

We have considered these and wider policy developments, both locally and nationally, in developing our strategic plan.

Section 3: Our vision and values

Our vision is to be regarded as the leading provider of specialist palliative care and end of life care services for the people of east Kent and to promote the delivery of palliative care across this area, and in so doing:

- To facilitate everyone to have the best possible end of life experience
- To enable people to be treated as individuals, with dignity and respect, and to be free of pain and other symptoms
- To enable people to express their preferences about where to end their life so that these can be taken into account in decision-making and planning
- To enable their informal carers to be better informed, prepared and supported during the course of illness and into bereavement

Our values are:

- **Professional** – we are respected and trusted for the skilful and reliable provision of high quality services in a business-like, effective and efficient manner
- **Independent** – we are proud of our unique identity and value the freedom to make our own decisions
- **Specialist** – we will remain expert and influential in the provision of end of life care and specialist palliative care by developing and sharing best practice through research and education
- **Ethical** – we are accountable for the provision of confidential patient care. We treat all our patients fairly, equitably and with respect
- **Dedicated** – we approach our work with enthusiasm, care, compassion and commitment
- **Responsive** – we are responsive to the needs, to debate and to change at both national and local levels
- **Collaborative** – we believe in team and partnership working, including collaborating with patients and families. We value diversity and work in a supportive, consultative and approachable manner. We will strive for clear, open and honest communications

Section 4: Our strategic objectives

Following extensive work by the Executive Teams, Senior Managers and Trustees, we have finalised our strategic objectives and developed detailed plans for their implementation. These are outlined below. Clear objectives will now underpin the annual business planning process for Pilgrims Hospices, and, we hope, will inform the planning and commissioning process for the NHS in our area.

Our strategic objectives are to:

- **Increase numbers of patients and equity of access to hospice services, particularly the number of patients referred with a diagnosis other than cancer** to ensure equity for all those who are suffering life threatening, advanced, progressive and incurable disease
- **Ensure the delivery of flexible and responsive services** that are available in a timely manner to all patients, families and carers, including the implementation of the outcomes of the community service review and piloting a new rapid response Hospice at Home service
- **Take a stronger leadership role in palliative and end of life care** by being closely involved in the co-ordination of and by supporting the development of these services in the east Kent area

Our enabling objectives are to:

- **Recruit, develop and retain a motivated and skilled workforce** that can adapt to future demands
- **Implement a proactive marketing and communications strategy** that informs the outside world about what we do and improves both external and internal communications
- **Establish a modern information and communications system**, including the implementation of Infoflex as our patient administration system, to improve patient care and the recording of that care, and a telephone system that meets the needs of staff, patients, their families and other healthcare professionals
- **Generate sustainable funding** to ensure delivery of all services

Objective 1: Increase numbers of patients and equity of access to hospice services, particularly the number of patients referred with a diagnosis other than cancer

Whilst the majority of our patients have cancer, we also care for a small number of people with a variety of other life-limiting illnesses. These illnesses are becoming more prevalent in our ageing population. In order to provide a more equitable service to those patients suffering from diseases other than cancer we need to increase the number of these patients who are referred to Pilgrims Hospices to access our programmes of care. We need to ensure that we focus on conditions and aspects of care where we can make an effective contribution, drawing on our specialist skills, and where we are properly linked into relevant clinical networks. Importantly we need to ensure that access routes to our range of services are shared and communicated with fellow professionals and the public.

We will therefore:

- Specify two types of services:
 - Specialist palliative needs based
 - General for end of life care
- Ensure equity of access on a needs basis to our specialist services
- Take opportunities to collaborate with specialist colleagues in developing appropriate pathways of care for a more diverse range of conditions
- Establish new partnerships, relationships and working links with local and specialist care providers in the voluntary and statutory sectors who contribute to the care of people with conditions other than cancer or who represent their interests
- Develop referrals of patients on primary care end of life care registers to access new out patient based programmes and drop-in services
- Develop information for patients and their carers about the conditions where we will specialise and the services available

Objective 2: Ensure the delivery of flexible and responsive services

Surveys suggest that people want more care delivered in or near their homes. Similarly, most people, when asked, say they want to die at home, or in hospices, rather than in hospital. In reality, most people die in hospital. We intend to work more closely and collaboratively with health and social care providers so that people's preferences can be more easily successfully achieved.

We will therefore work to:

- Develop our model of community based care, including consideration of a rapid response Hospice at Home service and other new services to enable the provision of a flexible, comprehensive service that allows people to remain at home during the course of their illness if this is their preference. We will work closely with GPs, the statutory providers and with other relevant agencies
- Develop our day centre provision, offering wider and more flexible access to this service for patients and carers, and identify whether it is practical to deliver any of these services in settings outside the hospices. Specifically for carers, we will:
 - Increase support and hospitality to families/carers visiting patients on the wards
 - Enable families to be involved in the care of their loved one if they and the patient wish it
 - Provide more respite care for patients on a planned basis, to ensure greater equity of access and to enable carers to plan their own lives and needs with more certainty
 - Provide therapeutic support, information and other services through our Caring with Confidence programme
 - Work with other organisations to establish support for carers of people who are terminally ill
 - Develop a protocol for the assessment and management of carers needs. Our present arrangements need to be made more formal and comprehensive and link in with statutory care assessments as far as possible
- Promote a responsive and flexible admission process, supported by our new admissions policy with the aim of ensuring the specialist palliative care needs and expectations of our patients and their families are met in a timely fashion by:
 - Changing operational routines, systems and practices to facilitate timely admission and discharge
 - Working on plans to open up respite beds, including the creation of more single rooms at Pilgrims Hospice Thanet

Objective 3: Take a stronger leadership role in palliative and end of life care

We have been encouraged to use our expertise and position to support other professional staff in east Kent through advice and training and to take a stronger leadership role, as the specialist provider, in co-ordinating and supporting the development of specialist palliative and end of life care in the area. We are keen to play a full part in developing high standards of end of life provision in east Kent, and we are willing to take on a leadership and co-ordinating role, if that is what others want and will support.

We will work in a number of areas to achieve this, in conjunction with other organisations which share our aspirations. We will consider with colleagues how we might best contribute leadership and specialist support roles and develop proposals accordingly. If our proposals are agreed, we will:

- Develop a programme of research into aspects of specialist palliative and end of life care, in collaboration with academic centres and others, to benefit our patients and carers, to be of value to commissioners and to contribute generally to improve services
- Develop education opportunities (courses, seminars, master-classes etc), shadowing opportunities, placements and exchange programmes for specialist and generalist health and social care staff to build end of life care skills
- Make our specialist expertise more easily available to broader health and social care services through:
 - Joint assessment clinics and sessions in hospitals, day centres and primary care settings
 - Contributing to 24-hour out of hours arrangements
 - Greater involvement in PCT cancer and other network developmental groups and projects
- Work in conjunction with others to develop information to promote knowledge and improvements in end of life care for use by:
 - Patients and carers
 - Professionals – within Pilgrims Hospices and in east Kent more generally
 - The public and specific groups (eg schools in our area)
- Increase our input in the community by way of training, implementation and development of end of life care initiatives such as the Gold Standards Framework, Liverpool Care Pathway and preferred priorities of care, working closely with local health and social care staff
- Improve relationships with care homes as a basis for helping to improve the quality of end of life care for their residents, by providing training for staff and easy transfer of patients to and from hospice services as necessary and appropriate
- Identify with local hospitals and commissioners how we could help them avoid unnecessary emergency admissions to hospital for patients who do not wish to be there and who are nearing death

Objective 4: Recruit, develop and retain a motivated and skilled workforce

As Pilgrims Hospices develops to meet the changing needs of patients and families, we will need to ensure that we can maximise benefits for local people, by continually seeking to improve standards of care through up-to-date, evidenced-based methods of practice and service delivery and innovative and collaborative service development for end of life care. Simultaneously, professional and regulatory bodies and councils have set out their future vision for professionally qualified staff and propose changes to requirements for professional regulation and registration. Standards for pre and post registration training and education are also changing. Nationally the role of the healthcare support worker is developing further; numbers will have to increase substantially if the nation is to care properly for its increasing elderly population. Pilgrims Hospices will need to keep up to speed with such developments in order to make best use of its workforce, ensuring that it provides quality care in an effective and efficient manner.

East Kent faces a number of workforce challenges. Its proximity to London and Europe with the introduction into service of high speed rail links will expand further an already competitive recruitment market. Our geographic location in the corner of the country is often not attractive to people from outside the area which reduces the pool of available talent. Pilgrims Hospices need to develop a workforce strategy to ensure that we have a competent and confident workforce, which includes permanent and casual staff, the self employed and volunteers that is able to proactively and positively adapt and respond to challenges both now and in the future.

We will therefore work to:

- Make Pilgrims Hospices an employer of choice by adopting best polices and practices
- Provide opportunities to advance careers through learning and development, benefits and reward
- Establish that our staff have the necessary skills to meet end of life care needs of people with a more diverse range of conditions, so that patients benefit from the full range of in-patient and community services
- Build our people management skills by utilising the skills of the HR function and key managers
- Create a culture of high performance, continuous improvement and flexibility to adapt changing needs
- Collect and analyse management information to inform our HR strategies and workforce planning to ensure decisions are linked to business needs
- Develop the volunteer workforce to meet the priorities of the hospice, establish consistent practices and help sustain our volunteers' commitment and dedication
- Work collaboratively with other providers on workforce solutions
- Develop our support worker roles
- Make changes to working practices that sustain both quality and cost efficiency

Objective 5: Implement a proactive marketing and communications strategy

Pilgrims Hospices is proud of its foundations and reputation, however we are aware of a number of misconceptions about the hospices that may exist in the community and we are very keen to communicate clearly about all aspects of the organisation and its services.

We are therefore developing plans to:

- Engage more widely with the people of east Kent, to learn more about their needs and to raise awareness of Pilgrims Hospices, its work and funding
- Review and develop communications to build awareness and understanding of the work of Pilgrims Hospices
- Establish fundraising initiatives and campaigns which reach into different communities

Objective 6: Establish a modern information and communications system

Our current information and communications systems are barely coping with today's routine levels of activity. There is a pressing need to update our patient administration system, to improve patient care and the recording of that care, and modernise the telephone system and processes to meet the needs of staff, patients, their families and other healthcare professionals.

We will do this by:

- Implementing Infoflex as our patient administration system
- Ensuring that NHS N3 delivers pathology and other clinical results to the hospices
- Establishing a telephone system and call handling processes that are fit for purpose

Objective 7: Generate sustainable funding

Pilgrims Hospices has had to increase its expenditure substantially in recent years to ensure that we have sufficient staff to deliver services to high standards and to generate sufficient funds to sustain these services. For the last year, as we have adapted to this new expenditure level, we have dipped into our reserves to help meet our costs. We will need to continue to do this for a few more years, but, clearly this is not sustainable in the long-term, and we need to raise more funds in order to produce balanced budgets from 2012/13.

We will therefore:

- Control our costs and make efficiency savings
- Expand Pilgrims Hospice Shops Ltd
- Focus our fundraising efforts to generate more income from fundraising, Charitable Trusts, Gift Aid, donations and legacies
- Increase the number of lottery players
- Seek to obtain the national average of NHS funding
- Develop new ideas for raising funds

Section 5: Detailed objectives, performance indicators and targets

Timetable

Detailed plans and timetables have been developed for each of the strategic objectives.

Funding

A number of the activities set out above can be implemented within existing resources. But many will require additional staff and/or input from other agencies (eg funding to attend training activities) and will only be practicable if additional funding is made available.

We appreciate the funding pressures on the NHS and other statutory bodies locally, both for service delivery and the provision of training etc. The End of Life Care strategy is bringing new requirements and some additional funding.

The Board of Trustees has therefore adopted the following principles:

- New activities which, in our view, meet the needs or obligations of statutory authorities will only be implemented where the funding required is provided in full. (This is in line with the principles of the Government's Compact with the voluntary sector)
- Other new activities will only be implemented when the funding required is provided externally (eg from a trust or benefactor) or from any in-year surpluses of charitable income over expenditure that is not required to replenish the reserves

We will therefore be identifying as an early priority what funding might be available in order to determine the pace at which activities can move forward

Review and evaluation

Plans need to be flexible enough to respond to changing needs and circumstances over the next five years. Equally we need to ensure that new activities are properly evaluated to ensure that they are effective and meet the needs of the people of east Kent. The detailed plans to meet each objective include evaluation processes, including audit. These will be used by the Board of Trustees to review progress and where necessary to agree amendments. Annual reports will be published on progress and on any changes to the Strategic Plan, which will be reviewed annually.

Further Information

Further information about the hospice and these plans is available on our website (www.pilgrimshospice.org). Information is also available from:

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