



The Prince & Princess
of Wales Hospice

STRATEGY DEVELOPMENT IMPLEMENTATION REPORT

March 2009 – January 2010

**Kate Jones
Strategy Project Manager**



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Introduction:

This is a final progress report from the project manager who was appointed to lead the hospice into the development of a project cycle to plan how the over-arching aims out-lined in 'Vision and Values' could be planned over the next 5 years. The report follows on from the progress report of the first year of the strategy development project with a review of years 1-2. The importance of continued strategic planning remains the same for the Board of Management and the Senior Management Team within the hospice and the continued involvement of all Hospice staff to engage with the developments and changes.

For the purpose of this report the key actions/progress outlined in 'Vision and Values' from year 1-2 will be reviewed, and the proposed developments/recommendations for years 3-5 will be discussed.

Summary:

The Scottish Government has embraced the six dimensions of quality into all health care directives, since the launch of 'Better Care Better Health' (2007) including 'Living and Dying Well' (2008). All the dimensions are applicable to the Hospice's approach in the development of the clinical services as outlined in the Strategy Development Plan.

These reports published in Scotland have influence on the demands for Specialist Palliative Care services including hospices. This is currently being driven by the 'Living and Dying Well National Action Plan for palliative and end of life care in Scotland.

Most of the overall action points of 'Living and Dying Well' mirror the Hospices overarching strategic aims: (Vision and Values 3.3 page 6)

- Assessment and review of palliative and end of life care needs
- Planning and delivery of equitable care for patients and their families/carers
- Communication and co-ordination
- Education, training and workforce development
- Implementation and future developments

Service Development Year 1 -2**Raise Awareness of Hospice Services**

This objective underpins the very existence of hospice services and the emphasis at the beginning of the strategy project was to ensure the access, referral and admissions policy was robust enough to embrace the key dimensions of quality, which are effective, safe, efficient, timely, patient- centred and equitable service provision to all people with a life-limiting illness. This policy was rewritten to overarch all the services the hospice provides, raising awareness of referral criteria and the range of services provided to educate the public, key health care professionals and social care professionals. This comprehensive document has been widely distributed to all stakeholders. (Refer to access/referral/admissions policy). To compliment this

policy a similar overarching policy for discharge has been completed and this also is applied to the key dimensions of a quality service. (Refer to discharge policy)

The hospice has taken a purposeful approach to inform external agencies and the general public by holding two open days, one for health care professionals and one for the general public. The outcome of the open day for health care professionals acknowledge a definite need to proactively go out and hold road shows to update key professionals on hospice services and the new service developments. A series of road shows has commenced and clinicians are going out to GP surgeries and health centres to update them on the service provision and developments. It is of considerable importance that all the services are explained accurately to the public and professionals within healthcare or poor uptake of the services is inevitable.

An associated project to raise awareness of the services offered by the hospice to the Minority Ethnic Community is being led by one of the Community Specialist Nurses with support from the Associate Medical Specialist in the hospice. The focus in year 1 was to engage with the M E Communities to identify the possible barriers in accessing the hospice services. The second year has shown some progress and stronger links have been established in the South Asian community who have shown a readiness to engage and visit the hospice.

There is still a considerable amount of work to be done in terms of considering how the hospice will meet the needs of these groups.

Operational Development of Community Services

A complete restructure of the Community Specialist Team was a major part of year 1 and they now have been running a 7 day service since April 2009 which is currently being audited. Operational standards have been developed and these will be reviewed regularly to ensure practice keeps in touch with new legislation and maintains the specialist focus. There is a greater drive to work collaboratively with external community projects and to engage in a more positive way with the acute sector and hospital palliative care teams.

During the first year the development in Day Services was slow; this was mainly due to staffing disruptions, which added a strain on pursuing any consistent development. Year 2 is showing significant movement and progress. There has been a greater understanding of the wider role of the multidisciplinary team and some operational restructuring has begun. Several new therapeutic programmes are being developed with a widening focus and structure to the support of families/carers.

Development of a new core service: 'Family Support'

This was developed as an overarching service for all the hospice services to access with the objective to become a vital department within the hospice. The team will support patients, families and carers offering emotional, social, spiritual and practical advice, therapeutic approaches and support. The members of the team are the Hospice Chaplain, Social Workers, Counsellors, Child/Young Person's Bereavement Co-ordinator and Play Therapist.

The structured focus of the Family Support Service aims to enhance the patient and carers experience using a holistic approach to the whole patient situation. When the

patient is referred the family/carer becomes part of that referral and assessed for their particular needs and on-going support.

In addition the hospice is part of the 5 year 'Big Lottery' funded 'Butterfly Project' between 3 hospices to provide a pre and post bereavement service to children and young people who are affected either indirectly or directly by progressive illness. The project will work closely with the Hospice Bereavement Team, Laurieston Community Team, Hospice Counsellors, Social Workers and Volunteers to identify where support is likely to be needed.

Education/Workforce Development

The Hospice provides specialist palliative care services combining a multi-professional team approach with an interdisciplinary mode of working. It is essential that all hospice staff has access to continuing education with the specialist staff highly qualified to meet the multiple management domains of patient and family care.

An Education facilitator was appointed to work towards developing the hospice as a Centre of Excellence by delivering palliative care programmes and encouraging academic activities. In addition a comprehensive education and training programme for all staff and volunteers were developed and developmental opportunities for current staff offered.

The facilitator encouraged all staff to be part of the workforce development with increasing input from the medical staff in teaching and supporting the clinical services.

A leadership course was offered to senior staff to ensure clear and consistent management skills across all hospice departments. This course has a strong application to the strategy in that the participant's final projects (January 2010) should link with the strategy development plans in their own departments.

Clinical Governance and Quality Assurance

The implementation of a Clinical Governance Committee and a Clinical Governance Co-ordinator promoted interest and application to evidence based practice, standard setting, audit and a robust policy management/review process. This has increased the understanding of the importance of monitoring practice to inform stakeholders, patients and families. It is also a statutory requirement in preparing for assessment by the Care Commission regulatory visits and the service agreement with NHS Greater Glasgow and Clyde.

Introduction of Crosscare data base

A new data collection system has been introduced in the hospice and this coincides with the progress of E- health: introducing electronic referrals from primary care and establishing electronic patient records in the hospice. Crosscare and review of overall documentation has merged as one project. Administration staff and some clinical staff have undergone training for the new system, however more progress needs to be made about the clinical work pieces that will make up the patient's records as this will be the major component of data required for the Crosscare data input and ensure an overall consistent approach to care.

Conclusions year 1- 2

Significant progress has been made in the first 2 years of the strategy development plan. The original objectives were very structured and as with any health care environment many other aspects become co-dependent on successfully achieving these objectives. A lateral approach was adopted to move outside of the structured objectives and address the wider influences around some of the proposed developments. The strategy development process is occurring in a time of definitive palliative care directives and greater patient and carer's participation.

One of the most important aspects of the strategy implementation is that it encouraged the hospice to look at the fundamental aspects of leadership, service delivery, communication and the quality of the care offered. It still has some way to go and will still battle against variable resources and the moving patterns of political administration.

There is considerable commitment from all staff and volunteers and the foundations in terms of policy and governance are stronger.

The project evaluation/comments from members of the current project team expressed a view that communication had significantly improved both internally and externally. Collaborative working with other health care professionals and organisations was an essential part of improving equitable access, care and support for all patients and their carers who may need some palliative care intervention. (Attachment Project Evaluation Reports)

Future Developments/Recommendations: years 3-5

Raising Awareness of Hospice Services/Communication

This will be an on-going commitment for the hospice by organising regular open day events, continuing the 'road shows' to GP surgeries/health centres and developing acute hospital road shows. It is important any expectations that are generated by this engagement work are communicated back to the hospice Senior Management Team. However this hospice cannot see itself in isolation in providing specialist palliative care services and future co-operation with other hospice services and organisations in Greater Glasgow and Clyde could be developed especially around access to beds, bereavement support and services for carers.

The quality of written information is important to inform services users of the range of facilities provided by the hospice and these should be revised throughout the service development stages. A core information booklet is almost ready to be distributed and should provide overall hospice information, which can be given to patients and families in all settings where palliative care patients may be cared for.

The Minority Ethnic project still has a number of objectives to address especially in how the hospice services makes appropriate changes to meet the needs of these communities. Although many raising awareness events are planned it would be a considerable advantage to follow these with a quality impact assessment to determine the best way to offer palliative care services to these communities, only then can a report be written to establish how best to design a culturally sensitive hospice service.

Development of Community Services

The Laurieston Community Team will continue its collaborative working with other professionals both in the acute and primary care setting.

To maintain and develop the teams' skill and knowledge base a specialist practice development facility will be implemented to support this. The restructure of the team has highlighted the different ways that the service could be delivered and specialist palliative care is likely to become more challenging in the future with more complex patient and family needs. Practice development will offer the opportunity for team members to use their particular skills appropriately, allow time for reflective discussions and support/develop new members to the team.

Nurse-led clinics and out reach support groups are being considered, there will also be a greater involvement in carers assessment, training requirements and on-going support.

Day Service provision will still be very much in the development stage for year 3 although some progress has already been made particularly with appropriate patient access, rehabilitation programmes, the use of creative art in emotional and spiritual support and access to complementary therapies for both patients and carers. Skills in goal setting will become more important especially if there is an increase in patients with other complex life-threatening illnesses using the services. Team members will need to work towards discharging patients from the service in a positive way in order to prevent feelings of abandonment.

Operational service standards are being developed for all the service disciplines and it will be important in year 3 while there is such developmental activity, to audit some aspects of these.

Family Support Service

This department will continue to develop over year 3 and will move into the refurbished 'bank' area later this year, allowing premises fit for the services they will offer.

The hospice bereavement service will work in tangent with the 'Butterfly Project' and is likely to extend over the West of Glasgow in the future as it identifies adult bereavement support needed from the bereaved children referred to the project. Carers support will become integral to the referral process and this will be managed in collaboration with some of the external carer's organisations.

Operational standards should be considered for these services as they develop.

Education/Workforce Development

An internal workforce development programme will continue covering a range of proposed actions involving the appropriate personnel from all the hospice departments. Continuous professional development will remain high on the agenda and evaluated through ongoing performance review, this will involve staff of all levels.

Various approaches will be utilised to promote the hospice services as a specialist palliative care education resource. The opportunities for undergraduate and post-graduate study for external professionals will be developed for the West of Scotland and will be supported by the clinical leads within the hospice.

To maintain its status and profile as a specialist centre other academic activities should be encouraged such as presentations at major palliative care conferences, publications and research.

Clinical Governance Quality Assurance

It is essential the hospice continues to review and revise policies and operational standards on a regular basis as legislation and palliative care directives develop.

The proposed future changes to national scrutiny bodies will affect how hospices are regulated and inspected, this may lessen the ability to self-assessment. It is therefore important that internally the hospice has in place mechanisms for measuring the quality of the services they offer. This can be addressed by regular audits of specific areas of practice or by some method of measuring the patient and family experience of the care received.

Data Collection/Electronic Patient Records

The investment in the Crosscare patient system is generating a high workload therefore this will be viewed as a stand alone project and a Project Manager post will be advertised to take this forward. The wider clinical team will gradually be involved in the process of developing electronic patient records to meet the requirements for patient assessment, care planning and documentation standards. The introduction to Crosscare training will commence early in 2010.

Conclusion

With the Strategy Project Implementation completed it is important the hospice doesn't lose the impetus and motivation to continue the important progress it has already made.

Internally there is better communication between all services and the profile of the hospice has been raised by proactive engagement to external stakeholders and service users.

There are still many challenges and changes to face in the future and it is vital the hospice continues to work collaboratively with the acute and primary care settings and other hospices in order that patients and families receive the care where and when they need it.

References

1. Audit Scotland, 2008. *Review of Palliative Care Services in Scotland*. Edinburgh.
2. Scottish Government, 2008. *Living and Dying Well: a national action plan for palliative and end of life care in Scotland*. Edinburgh.
3. Scottish Government, 2007. *'Better Health Better Care*.
4. The Prince and Princess of Wales Hospice, 2008. *'Vision and Values'* Glasgow

Associated Hospice Documents

Access/Referral/Admissions Policy (March 2009)
Discharge Policy (December 2009)

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Jean Bell for her support and wisdom around communication development

Audra Cook for her excellent guidance in sustaining quality with the changes

All the hospice volunteers for their enthusiastic support and help in the raising awareness events.



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Strategy Project Team Evaluations January 2010

Strategy Project Evaluation

Name: Jean Bell
Strategy Project Evaluation - Communication

What have you learnt from this project in terms of personal, team and 'company' performance?

Coming new to the project I have found it to be a challenge, stimulating, and a huge learning curve in general. Teams have been very supportive and the Hospice has encompassed this project with enthusiasm and supportive to the outcomes of raising awareness through the Open Days etc.
The Hospice has embraced all of this and is very supportive of new developments, collaborative working and keen to move forward.

What have you learnt about our stakeholders/clients?

Through the Open Days and GP Road shows we have found that stakeholders/clients across the sectors have **not** been aware of all of the services the Hospice can offer and they were keen to hear of the new service developments taking place now and in the future.

The evaluation of the Open Days proved that there is a need to continue with this type of raising awareness together with road shows across all sectors of the community.

In summary both have identified the lack of knowledge of the Hospice Services and that we have to be consistent and keep stakeholders and clients up to date with our service developments.

What are the restraints we face in the future?

Challenges ahead could be the work demands on staff leading to inconsistency in maintaining contact with clients across the sectors.
Maintaining contact is an important factor within raising awareness of services.
We must be consistent with our developments in communication e.g. Open Days etc. should be maintained on an annual basis.

Another restraint could be lack of resources for equipment required to support presentations, events etc on a more frequent basis.

What do you feel has been the overall impact of the strategy so far?

The new service developments combined with the communication developments, the Open Days/Community Road shows.

Strategy Project Evaluation

Name: Audra Cook, Clinical Governance Coordinator

What have you learnt from this project in terms of personal, team and 'company' performance?

Personal:

I have been involved in or working with several of the strategy working groups which has had a range of different demands and challenges. However, I have found this a positive experience in working together to drive service developments for the benefits of the patients and families we care for. Therefore I am pleased about the opportunities to be involved in clinical effectiveness initiatives and quality improvements associated with the strategy but I also appreciate "getting it right, takes careful planning and time". I also appreciate that project management on this scale is challenging but very worthwhile.

Team:

I believe that the clinical teams have embraced the strategy and are keen to take the steps to make things happen in practice when they can see the benefits to those they care for. They have coped admirably with stripping their service to the basic elements, analysing their teams and reviewing their working practices whilst developing their operational standards. The work has started but needs to continue. As services are developed, it is timely to visit and ensure evidence based practice is embedded into working practice. It is also essential to continue to actively review and update hospice policies in line with developments in palliative care delivery and national legislation, especially policies that are core to service delivery and practice development.

"Company":

The Hospice management team and the members of the strategy working groups need to continue their commitment to the strategy action plan, leading and building on the work already commenced and the foundations of service redesign that have been put in place. New initiatives must continue to be considered and properly evaluated, including the views of those receiving as well as delivering the services. On-going monitoring and review of the quality of our existing services must continue alongside the evaluation of new developments. The organisation need to maintain the joint-working that has been actively facilitated with our key referrers and the communities that we care for. I think that the accessibility and the provision of adequate services for these communities/ minority or special needs groups will require equality impact assessment as part of our workplans, in conjunction with our on-going awareness raising events.

What have you learnt about our stakeholders/clients?

1. We can learn a lot from the experiences and views of patients/carers
2. Their views may change your perceptions on need and service delivery when developing new initiatives
3. They appreciate good care and praise staff
4. They will give an honest opinion if interviewed by right person in right way
5. They appreciate being asked and being involved
6. We can learn a lot from the experiences and views of staff/volunteers and

- listening to each other/sharing ideas and good/poor practice
7. The health board are interested in what we are doing and new initiatives/developments in our services
 8. The public are interested in what we are doing and new initiatives/developments in our services
 9. communication about developments is essential

What are the restraints we face in the future?

1. National patient participation standards to be launched. How will health board assess themselves against these and what input will they want regarding hospice PFPI activity?
2. Living and Dying Well Action Plan / National Better Together programme?
3. The launch of a Public Rights Bill?
4. Public opinion and possible new legislation regarding euthanasia and/or physician assisted suicide?
5. financial constraints and /or restrictions
6. changing patient/population demographics
7. meeting the palliative care needs of non-malignant patients
8. management of waiting lists for in-patient beds and prioritising need
9. the needs of the patients versus the needs of the carers if these are contradictory?
10. 2011 changes to the national scrutiny bodies: how will hospices be regulated and inspected, against which standards and will quality improvement falter as a result of less self-assessment?
11. generalist versus specialist palliative care: new standards?

What do you feel has been the overall impact of the strategy so far?

I think that the strategy has made us visit where we were and where we are going, taking the views of legislation, public, patients, NHS Scotland, etc into consideration. We have viewed the hospice not in isolation, but as a key player in the "bigger picture" of palliative care, whilst considering the needs of the people we care for.

The current strategy implementation action plan and working groups has ensured the review and revision of key hospice policies in accordance with key legislation and national palliative care directives. It is essential that policies continue to be reviewed on a regular basis as legislation and national palliative care service delivery develops.

I think the working groups and individual clinical teams have revisited their core working practices, setting operational standards that should support an equitable and consistent service for patients and their families. This will set the expected service standards for both existing and newly recruited staff. These standards will also allow the teams to audit their operational practices and quality of their service. The development of similar standards within other clinical teams should be supported (eg. IPU and family support) and the opportunity to introduce shared, evidence based practice into these standards should be considered.

The recognition for better patient records and care plans via our documentation reviews and our subsequent investment in the Crosscare patient system as an administration and electronic records system has great potential and provides

another excellent opportunity for ensuring consistent, equitable, evidence – based care.

The recognition of the need to enhance the services provided to carers and those facing bereavement (both adults and children) via the strategy has been excellent and the new initiatives planned will hopefully provide much needed support and comfort.

Whilst the awareness raising events about palliative care and hospice services/service developments is to be commended, I think it is also essential to know that we can deliver on the expectations that we are generating through this engagement work.

Strategy Project Evaluation

Name: Wilma Dobbin

Effective use of Hospice patient / carer information.

What have you learnt from this project in terms of personal, team and 'company' performance?

Personally this has extended my skills, have had to lead on a mapping event, work with all MDT members, ensure the right information is available, delegate and work more on my computer skills in particular setting up a database with the help of a colleague.

As a team at the hospice we all strive to ensure we maintain the best care possible for our patients and their carers, what I have found as a team and company effort we are pursuing the forging of community links to maintain the best care.

What have you learnt about our stakeholders/clients?

There is a great deal of support out there for our patients and their carers and forging relationships with other professionals will only enhance this, joint working will stop any repetition and cross over of care or support, something that everyone would want.

This will take time but if the foundations are in place we will achieve all we set out to do.

What are the restraints we face in the future?

The main restraint is that people do not maintain their motivation to move things forward.

What do you feel has been the overall impact of the strategy so far?

I feel we have moved on greatly and achieved a great deal, looking at the future hopefully we will continue to move forward.

Being involved in the road shows, carers group and their scoping exercises has further enhanced working relationships with other professionals and feel this will only help joint working, something that these professional are very much interested in, they also see this as achieving best care for patients and carers.

Strategy Project Evaluation

Name: Anna Grady

Introducing seven day working to Laurieston Clinical Nurse Specialist service.

What have you learnt from this project in terms of personal, team and 'company' performance?

Introducing seven day working has developed resource management skills, data collection and analysis, and skills in implementing a service development.

Improving continuity of patient care has also lessened anxiety amongst team members as service "gaps" no longer exist; someone is always available to follow-up on the patient's condition.

What have you learnt about our stakeholders/clients?

Service development has been generally well received and well utilised by patients, families and professionals alike.

Continuity of care has been improved.

What are the restraints we face in the future?

On-going promotion of service will be required as there have been some misunderstandings about what is available – eg. thought to be reactive only, but includes proactive contact with patients.

Service provision will be dependant on maintaining current resource levels within the team. Further service development may require to be considered if demand increases over time.

What do you feel has been the overall impact of the strategy so far?

Implementing the hospice strategy has made a number of positive improvements to patient and family care thus far.

It has also improved communication and working between hospice departments.

Strategy Project Evaluation

Name: Jackie Husband
Implementation of a carers' support service

What have you learnt from this project in terms of personal, team and 'company' performance?

Across all the clinical services it was highlighted that we couldn't/ didn't provide sufficient support for carers. This was raised to a priority area with the employment of clinical staff with experience of supporting carers as they came with both experience and ideas of what would work.

particular staff have been given the opportunity to lead on the development of specific carers support initiatives. This has facilitated the development of project management skills, service design and evaluation processes. It also gave the chance to visit and explore external services giving the realisation that there are many existing carer support services which the hospice doesn't utilise.

The hospice now has engaged in joint working with a number of existing carers' support organisations. This makes the service developments both cost effective and more sustainable.

What have you learnt about our stakeholders/clients?

There is a need for a variety of carers' support initiatives. Engaging with carers and carer support organisations highlighted issues we had not previously considered e.g. how difficult it is for carers to come in to the hospice as it raises some difficult memories. Also the carers themselves would like a service that is sustainable longer term and not just through a short but difficult few months.

Other carers have requested specific projects to support them e.g. making memory boxes, sessions on maximising income, sessions to help understand the disease processes.

The existing support provided through complementary therapies is very well appreciated but many of our families aren't aware they can access this.

What are the restraints we face in the future?

One of the main challenges facing carers is the ability to get out to support. This is a particular issue as their loved one becomes more poorly. They are reluctant to leave them alone or the patient doesn't want a stranger in.

An additional restraint will be the resources of man-power to facilitate support. While much of the support services being designed are collaborative projects they will require dedicated co-facilitators for periods throughout the year.

What do you feel has been the overall impact of the strategy so far?

There has been a change in both attitudes and behaviours towards change across the organisation. In general the staff have embraced the opportunity to improve and redesign their services. There has been an increase in the culture of patient/public participation with many more staff consulting with external bodies as part of the development of new services.

Strategy Project Evaluation

Name: Jackie Husband
Implementation of a Electronic Patient Documentation System

What have you learnt from this project in terms of personal, team and 'company' performance?

The development of electronic patient records is far wider and all encompassing than initially anticipated. It has required significant cross departmental communication and working. This project grew from an initial review of existing paper records to whole system working involving administration, IT and clinical teams.

Although this project is still in its infancy it has highlighted strengths within the organisation of;

- Team work both within departments and across departments.
- Staff generally open to new ways of working
- A general consensus of single system processes in relation to patient and family documentation.
- The opportunity to illustrate the diversity of activity across the clinical services.

The challenges it has brought include

- Limited knowledge of IT systems and processes across the organisation
- A requirement for a lead for a project this size
- Significant training requirements across the organisation to support both the design of the system and the implementation.
- A requirement to dedicate significant time to the development of the system
- Frustration at our limited knowledge of the system when initially designing it.

What have you learnt about our stakeholders/clients?

The system adopted has been implemented across a number of hospices in the UK. Our fellow colleagues within these organisations have been open to sharing their knowledge and expertise which has enhanced cross organisational relationships. This is particularly apparent with Highland Hospice.

What are the restraints we face in the future?

The project was costed to include the costs of software, hardware and training from Health Software. It didn't however account for the cost of manpower from existing employees in developing the system, the cost of visiting other organisation to see the system in practice and the cost of a project lead.

Currently workload pressures could potentially delay the development of the system with subsequent delays in training staff. Although staff can see the future benefit of the system the delay in activating it in the clinical areas could lead to a reduction in enthusiasm.

Additional future restraints may include the ongoing monitoring of the system. This will require senior clinical staff monitoring both the completion and quality of documentation across the clinical services. Time and resources will have to be allocated to the project to support this.

What do you feel has been the overall impact of the strategy so far?

There has been a change in both attitudes and behaviours towards change across the organisation. In general the staff have embraced the opportunity to improve their services and redesign their services. There has been an increase in the culture of patient/ public participation with many more staff consulting with external bodies as part of the development of new services.

Strategy Project Evaluation

Name:
Sheila McGettrick

What have you learnt from this project in terms of personal, team and 'company' performance?

I believe that this project has enabled the clinical team to work better as a team to meet a common aim and that is the mission statement of the hospice.

What have you learnt about our stakeholders/clients?

They are interested and impressed with the hospice and are keen to be part of its development

What are the restraints we face in the future?

The expectations of people are now such that the hospice cannot and will not be able to meet all their wishes as they do not understand what the hospice is about with regard to it being a specialist palliative care unit. I think it is necessary to market the hospice to the general public and professionals in a realistic way, but this will always be an on-going challenge. The developing hospital palliative care teams and the implementation of the Liverpool Care Pathway in hospitals and the community may reduce the need for admissions for end of life care to the hospice.

What do you feel has been the overall impact of the strategy so far?

I think it has raised the profile of the hospice in all settings and widened the elements of care to patients and carers

Strategy Project Evaluation

Name:
Libby Milton

What have you learnt from this project in terms of personal, team and 'company' performance?

I think having the project running following on from the writing of the Strategy has been an invaluable investment into the implementation of the key objectives. It has maintained the profile, focused the activity and created a forum for ensuring progress. It has also provided a consistent approach to taking forward the developments from the strategy.
Personally, I have found it extremely beneficial to sit on the group as it has given me a sense of how the company is developing and what my contribution to that is.

What have you learnt about our stakeholders/clients?

Joining the company when I did (Nov 2008) much of the work to scope the views and needs of our stakeholders had been completed, and since then there has been only a small amount of service user feedback – to me this is a key area that requires further investment – how do we know whether all this activity makes any difference to patient and carer support?

What are the restraints we face in the future?

One of the major challenges to hospices is Living and Dying Well – Health Boards now have a mandate to implement actions across the piece and we need to prove our value in an increasingly competitive market. Our vision needs to move beyond the boundaries of the hospice to explore where we can support the development of services for those patients who do not need to access this specialist resource but for whom the experience of care may be considerably poorer than they would receive in the hospice. Our experience and our influence are hugely valuable and could be developed further.

What do you feel has been the overall impact of the strategy so far?

I can see (and hear from others) that the structures and processes in our organisation have improved hugely over the past few years and I believe the quality of service we offer is high. Staff turnover has reduced to a low and acceptable level and in general I think staff morale is reasonable. Staff are clearly committed to the patients and their carers.
The challenging and difficult thing to measure is patient experience – and to be able to map that to service improvements would be very worthwhile – and to identify those areas for on-going development.

Strategy Project Evaluation

Name:
Ashleigh Moody

What have you learnt from this project in terms of personal, team and 'company' performance?

Open days have helped us understand how professionals and the public view the hospice role and how we can build as a resource.
The project has helped to clarify and educate all staff in individual professional roles and department roles helping MDT working within day services. The writing of standards and review of documentation has been particularly helpful.

What have you learnt about our stakeholders/clients?

Learning what is out there for carers/families in the community and how we can draw from these services and work with them to improve and formalise what we have offered in the past to cater for a wider patient/carer range.

What are the restraints we face in the future?

Expectation of long standing patients and how they can influence new patients in terms of accessing the services for long periods.

We need to ensure all new developments are manageable to provide consistent high quality care.

What do you feel has been the overall impact of the strategy so far?

Gaining a greater clarity of purpose of departmental roles.

Better staff communication

