



# Vision & Values

The Prince & Princess  
of Wales Hospice



Painting from Hospice Art Project

Danny Williams 1948-2008

Strategic Business Plan 2008 - 2013



# Strategic Business Plan 2008 - 2013

## Executive Summary

The Prince & Princess of Wales Hospice, located beside the River Clyde in Glasgow City Centre, provides specialist palliative care for people with life-limiting illnesses, primarily cancer, and support for their families and carers.

Since its inception in the 1980s the hospice's clinical services have grown from an original volunteer led telephone support line in 1985, to the development of day services in 1986, out patient and home care services in 1987, progressing to a fourteen bedded in patient unit in 2002. To date the Hospice services and its building have grown organically responding to need and opportunity.

As The Prince & Princess of Wales Hospice celebrates its 25<sup>th</sup> anniversary it is an appropriate time to reflect on past achievements, review current practice and services and strategically plan services for the future.

When planning future services the need to change is essential to ensure our survival in the years ahead, while functioning in circumstances affected by changing healthcare requirements, political and economic variables and markets and competition. Change is essential to encourage us to grow and improve and to allow us to do what we do best in responding to those who need our services most.

The development of The Prince and Princess of Wales Hospice strategic plan is occurring in the context of increasing regulatory requirements for hospices and other health care providers. Currently the key mandatory/ regulatory demands are in relation to Health and Safety, Human Resources Legislation, NHS Greater Glasgow and Clyde requirements, the Care Commission and NHS Quality Improvement Scotland priorities. It is anticipated that these regulatory demands will continue to increase over the next five to ten years and it is essential that the Hospice rises to the challenge of meeting all requirements.

## Strategic Business Plan 2008 - 2013

The Prince & Princess of Wales Hospice and NHS Greater Glasgow and Clyde have a service level agreement for the provision of specialist palliative care services in keeping with the policy context of NHS HDL (2003)18 which directed Scottish Health Boards to fund all independent hospices for 50% of annual running costs. The Hospice will be working closely with the health board team to ensure this contribution continues at an acceptable level as services develop.

### Key Issues

Future development of services must continue to put our patients and carers at the centre of everything we do and encourage them to be more inclusive in our decision making processes. Services must be flexible, widely available, and accessible to all those who need specialist palliative care while integrating seamlessly across all healthcare settings. Rigorous and objective review of the effectiveness and value of the services we provide is essential to ensure our future security and clinical leadership in palliative care.

Our loyal and dedicated team of staff and volunteers are fundamental in the provision of our services. We will communicate and engage highly with our teams ensuring full consultation processes are in place. The Hospice will move forward to embrace the strategy with a highly skilled staff and volunteer team that are supported, feel valued, are educated and trained appropriately and are involved in all decision making.

In support of the five year strategy we will recruit staff and volunteers for the new extended and flexible clinical services we are offering, through a robust recruitment and retention policy.

We require to ensure careful utilisation of the funding we have available to us undergoing rigorous and objective review of our financial processes, implementation of cost control initiatives and maximising all of our resources.

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Ongoing innovative fundraising is pivotal to our future success. A successful fundraising strategy will ensure maximum income based on the long term expenditure needs for the Hospice. To increase return on investment in fundraising activities we need to focus on imaginative and innovative events and campaigns to encourage involvement by new and existing supporters.

It is vital that the Hospice continues to be innovative and creative in its PR & Marketing activities. The logo was revised in early 2008 to allow more flexibility. Building on the current strengths we must continue to raise the profile of the charity through press releases to the media and utilising Hospice Enterprises as an additional marketing tool.

The estate must provide suitable facilities to complement the future clinical strategy and vision. For this purpose a significant financial commitment will be required to create a 21<sup>st</sup> century building.

Rhona M. Baillie  
Chief Executive

## Our 12 Overarching Strategic Aims

### Putting patients and families first

To be guided at all times by our prime aim of putting patients and families at the centre of everything we do, delivering expert specialist palliative care to those who need it, regardless of social and cultural background, location, income or special needs.

### Adhering to the hospice set of trust values/philosophy

To apply our purpose and philosophy to all of our dealings with each other in our daily work extending out to the wider community (Appendix).

### Consistent/Effective leadership

To ensure that there is clear and consistent leadership across all hospice departments via measurable educational and quality standards and support systems.

### Change in culture

To establish a culture which is supportive, inclusive and open to change with staff and volunteers committed to providing the highest quality of care to those who put their trust in us.

### Well education workforce

To ensure a comprehensive education and training programme for all staff and volunteers offering developmental opportunities for current staff.

### Guided by Policy

To devise and regularly review a comprehensive set of policies and procedures in keeping with local and national standard which will govern our work.

### Modernising our infrastructure

To build a technical and managerial infrastructure that is suitable for a modern efficient organisation.

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### **Robust business practice**

To develop an advanced business practice for our administrative and financial accounting systems.

### **Financial Stability**

To address the ongoing financial stability by building on our efficient and effective fundraising and marketing strategy to ensure and increase our sources of regular income.

### **Leaders in research/education**

To work towards recognition as a centre of excellence in delivering palliative care educational programmes and producing robust research findings.

### **Integrated working**

To ensure our services are developed in cooperation with local health care providers and local and national agencies with the purpose of maximising patient and family care package.

### **Premises fit for purpose**

To ensure we operate from premises best suited to our planned level and range of services.

## Strategic Plan for Clinical Service 2008 - 2013

	<b>Service Development</b>	<b>Action</b>	<b>Timescale</b>
1.	<p><b>Raise Awareness of Hospice services</b></p> <p>To raise awareness of referral criteria and range of services provided by the hospice – educate public, key health care professionals, social care professionals.</p>	<ol style="list-style-type: none"> <li>1. Ensure referral criteria and service delivery information for all services is up-to-date, widely disseminated and consistently applied.</li> <li>2. Hold PPWH ‘Road Shows’ for health and social care professionals.</li> <li>3. Hold Open Days for health/social care professionals and general public.</li> </ol>	<b>Year 1</b>
2.	<p><b>Gold Standards Framework</b></p> <p>To participate in all Gold Standards Framework meetings discussing all patients with palliative care needs regardless of diagnosis.</p>	<ol style="list-style-type: none"> <li>1. Review CNS workload and key responsibilities to allow time to attend Gold Standards Framework meetings.</li> <li>2. Develop job plan for each CNS with key objectives incorporating GSF attendance</li> </ol>	<b>Year 1</b>
3.	<p><b>Education In Care Homes</b></p> <p>To provide education for staff and specialist clinical input for patients in care homes.</p>	<ol style="list-style-type: none"> <li>1. Develop knowledge of hospice staff in elderly care/care of dying patient with dementia.</li> <li>2. Continue to provide palliative care module in collaboration with NHS partners.</li> </ol>	<b>Year 1</b>
4.	<p><b>Liverpool Care Pathway</b></p> <p>To support the implementation of the Liverpool Care Pathway in other settings.</p>	<ol style="list-style-type: none"> <li>1. Educate in workshops on the use of the LCP for staff out with hospice</li> <li>2. Develop use of hospice telephone advice out-of-hours to support LCP implementation in acute, community and care home settings.</li> </ol>	<b>Year 1</b>

	<b>Service Development</b>	<b>Action</b>	<b>Timescale</b>
5.	<p><b>Minority Ethnic Communities</b></p> <p>Enhance the provision of culturally sensitive services</p>	<ol style="list-style-type: none"> <li>1. Identify lead in-house</li> <li>2. Engage with key personnel in Minority Ethnic communities</li> <li>3. Commence multicultural working group</li> <li>4. Action plan in place with timelines</li> </ol>	<b>Year 1</b>
6.	<p><b>Extend Hospice services</b></p> <p>Improve access to Clinical Nurse Specialist support 7 days per week.</p>	<ol style="list-style-type: none"> <li>1. Review CNS team to provide CNS support at weekends.</li> <li>2. CNS to act as a resource and support for patients, families and external health care professionals</li> </ol>	<b>Year 1</b>
7.	<p><b>Raise Awareness of Hospice services</b></p> <p>To raise awareness of referral criteria and range of services provided by the hospice, educate public, key health care professionals, social care professionals.</p>	<ol style="list-style-type: none"> <li>1. Ensure referral criteria and service delivery information for all services is up-to-date, widely disseminated and consistently applied.</li> <li>2. Hold PPWH 'Road Shows' for health and social care professionals.</li> <li>3. Hold Open Days for health/social care professionals and general public.</li> </ol>	<b>Year 1</b>
8.	<p><b>Non Malignant Agenda</b></p> <p>To work collaboratively with non malignant lead professional NHS GG &amp; Clyde</p>	<ol style="list-style-type: none"> <li>1. Participate in NHSGG &amp; C initiatives to develop palliative care for people with non-malignant conditions.</li> <li>2. Each Laurieston Clinical Nurse Specialist team to develop knowledge in agreed non-malignant condition and act as a resource for the hospice and others.</li> <li>3. To provide education for professionals involved in caring for people with non-malignant disease e.g. heart failure, COPD, dementia</li> <li>4. Continue to develop joint working practice with professionals caring for patients with non-malignant conditions.</li> </ol>	<b>Year 1</b>

	<b>Service Development</b>	<b>Action</b>	<b>Timescale</b>
1.	<p><b>Rehabilitation Services</b> Enhance rehabilitation services provided by hospice.</p>	<ol style="list-style-type: none"> <li>1. Development of rehabilitation service educating patients with breathlessness and fatigue to self manage symptoms.</li> <li>2. Enhance development of physiotherapy and O.T service by developing generic assistant role.</li> </ol>	<b>Year 2</b>
2.	<p><b>Complementary Therapies</b> Further develop complementary therapy provision to in-patients, day patients and patients in the community.</p>	<ol style="list-style-type: none"> <li>1. Establish complementary therapy co-ordinator role who will co-ordinate services for patients and carers, recruit, manage and supervise volunteer therapists.</li> </ol>	<b>Year 2</b>
3.	<p><b>Carer Support</b> Enhance provision of carer support and family/child bereavement support</p>	<ol style="list-style-type: none"> <li>1. Establish family carer/child bereavement co-ordinator role.</li> <li>2. Develop provision of spiritual support to patients and families.</li> </ol>	<b>Year 2</b>
4.	<p><b>Rapid Discharge</b> Develop services to support rapid discharge of patients from the acute sector who wish to die at home.</p>	<ol style="list-style-type: none"> <li>1. Clinical Nurse Specialist to attend palliative care team meetings weekly in acute sector</li> </ol>	<b>Year 2</b>
5	<p><b>Extended Day Services Provision</b> Enhance access to Day Service provision e.g. 7 days a week.</p>	<ol style="list-style-type: none"> <li>1. Develop 'drop in' service in Day Services on Saturdays – explore possibility of developing complementary therapies services to provide this for day/inpatients on Saturdays.</li> <li>2. Expand bereavement support service at weekend</li> </ol>	<b>Year 2</b>

	<b>Service Development</b>	<b>Action</b>	<b>Timescale</b>
1.	<p><b>Education Provision</b></p> <p>To increase education provision for professionals and care staff in a range of settings e.g. care homes, acute hospital, social work/ O.T services in community, elderly care.</p>	<ol style="list-style-type: none"> <li>1. Support clinical staff to develop teaching skills in order that they can participate in education.</li> <li>2. Develop annual plans for the delivery of palliative care education.</li> <li>3. Participate in the development of graduate certificate in palliative care.</li> </ol>	<b>Year 3</b>
2.	<p><b>Post Graduate Study</b></p> <p>To Establish PPWH as a place of learning for external professionals undertaking undergraduate and post graduate programmes of study in West of Scotland.</p>	<ol style="list-style-type: none"> <li>1. Enhance PPWH as a centre for medical undergraduate and GP training.</li> <li>2. Establish PPWH as a centre for Specialist Training – ST3.</li> <li>3. Enhance PPWH as a centre for Nursing and AHP Training.</li> </ol>	<b>Year 3</b>
3.	<p><b>Outreach Services</b></p> <p>Develop multi-professional outreach services for patients e.g. rapid response/hospice at home or outreach services.</p>	<ol style="list-style-type: none"> <li>1. Develop rapid response/crisis intervention hospice at home service to provide time-limited support at home.</li> </ol>	<b>Year 3-5</b>



**The Prince & Princess  
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71 Carlton Place  
Glasgow G5 9TD

(t) 0141 429 9878

(f) 0141 429 2566

[www.ppwh.org.uk](http://www.ppwh.org.uk)