

# Rowcroft Hospice

## Strategy 2018-2023



rowcroft  
hospice

Registered Charity No: 282723



## Our new strategic plan

Our wish is to make every day the best it can be for people living with life-limiting illnesses in South Devon.

In this strategic plan we set out the major steps needed to extend the reach of our care across the community and meet the increased demand for palliative and end of life care that is forecast. In the coming years, we want to ensure that care is available to all – irrespective of diagnosis or circumstance – and build sustainable income streams that will mean our services are available for generations to come. We will do this while retaining the hospice's independence and managing its high standard of care.

The following plan has been drawn up by our Senior Management Team and working groups across the hospice's clinical and commercial divisions, and has been approved by the Board of Trustees.

For the plan to be successful, we recognise that all stakeholders need to acknowledge their roles in its delivery, and so a programme of communication and engagement is underway.

This strategic plan is not overly prescriptive, as despite our best efforts, one thing we are guaranteed to face in the coming years is more change in the political, economic, social and technical environment, both nationally and locally. As a result, the plan must be flexible enough to cope with such changes. We hope this plan provides a direction of travel, which we are prepared to fine-tune in line with changing circumstances.

*"Rowcroft has been a tremendous benefit to me, they do exactly what they say on the tin - they care"*



# Who we are

Every year we provide care to over 2,000 patients living with life-limiting illnesses in South Devon, completely free-of-charge. Our aim is to make every day the best it can be for every one of our patients and their families; enabling individuals to maintain their dignity and independence, and families to share precious time together during the hardest days imaginable.

Our specialist and dedicated services include a 12-bedded Inpatient Unit (IPU), community services, a 24/7 Hospice at Home service to care for people at home in the last two weeks of life, and outpatient services. Our services were inspected by the CQC in 2016 and rated as Outstanding.

We are a registered charity (No. 282723) and were established in 1981. The total cost of running our services is £8m per annum, with a 29% contribution from the NHS. More than 70% of our services are therefore funded by donations and gifts in wills; we are incredibly grateful to our local community for their support.





# What we do

By providing comfort, support and specialist services in our patients' homes, in the community and at our Inpatient Unit in Torquay, our team of 220 staff and hundreds of volunteers enable families to share precious moments when they are needed most – whether it's a beautiful wedding, remarkable reunion or a simple 'thank you'.


From Dartmouth to Dawlish, Rowcroft cares for 75% of our patients in their own homes with a team of Community Nurse Specialists, Social Workers, Physiotherapists, Occupational and Complementary Therapists and volunteer Bereavement Counsellors delivering a holistic approach tailored to individual needs.

We are the only organisation providing this specialist service in South Devon; during 2016 one in three of all adult deaths resulting from life-limiting illnesses across Torbay and South Devon were supported by Rowcroft.

In the year to 31 March 2017 our Inpatient Unit admitted 334 patients, 1,142 people were referred to our Community Team, Our Hospice at Home (H@H) service had 401 patient referrals, enabling us to care for people in their own homes or care homes in the last weeks of life.


Our Bereavement Service volunteers provided support to 144 people, helping them to cope with the loss of somebody very dear to them.





*“Our vision is to make every day the best it can be for all patients, and their families, living with life-limiting illnesses in South Devon”*





As well as the support we're able to provide ourselves, we also seek to promote community-wide excellence in palliative care through education, training and support for both carers and professional health and social care providers. We wish to develop a community-wide understanding of end of life care issues, including the appropriate influence on the services provided by others.

We are proud of the service we provide and of the the care we deliver.

### **Patient response and feedback**

99.08% of people who offered feedback to iWantGreatCare about our services in the past year would recommend Rowcroft to their friends and families

### **The results of CQC inspections**

We were rated as **outstanding** in 2016

### **Feedback from participants of our training and education courses and events**

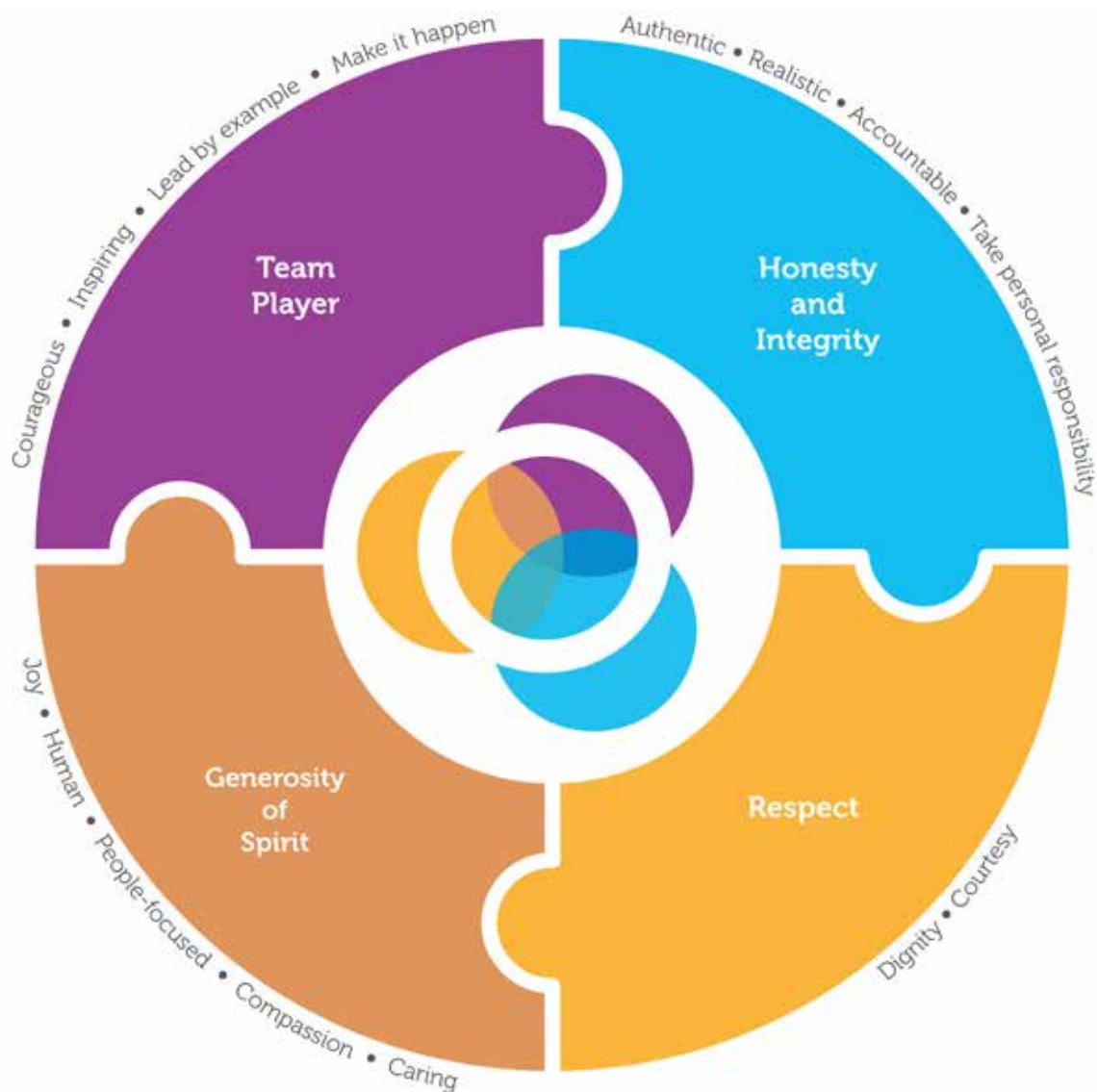
In 2016/17 there were 1,340 participants at our training events

### **The NHS**

We continue to receive a growing number of referrals to our services

# Our values

To be successful we need to live by our core values: be honest and act with integrity, share generosity of spirit, be team players, and show respect.



In terms of values we are:

Making them **clear** so that everyone understands them

Translating them into specific operating **principles**, such as incorporating them into recruitment and appraisal processes

Making them '**committable**' so that they are enforced

Using the interview process to find and **employ** people who have similar values

Seeking staff **feedback** on them

**Communicating** them often

Leading by **example**, through good times and bad



In 2016 we faced a drastic funding shortfall but we have turned a corner from the crisis over 18 months ago and are now in a much more positive position. We are caring for the same, if not slightly more patients as in previous years, while reporting a financial surplus. The retail and fundraising teams are delivering their best ever performance and costs are being managed very tightly. We are committed to providing comfort, support and specialist care for our patients and their loved ones for generations to come.

However, the population of South Devon is ageing and facing increasingly complex conditions. Despite this people with a diagnosis other than cancer are currently underrepresented in hospice care referrals.





# Our challenges

The UK population grew to an estimated 65.1 million in **2015**<sup>1</sup>, the largest ever, and an increase of just over half a million people since 2014

The percentage of the population that is 65 years or older is growing; increasing from **14.1%** to **17.8%** between 1975 and 2015. It is projected to continue to grow to nearly a quarter of the population by 2045<sup>1</sup>

There will be as many people in their 80s as those in their 20s by 2033<sup>1</sup>

The national population of over **75s** is projected to increase to 7.2m by 2033, and over 90s to 1.2m<sup>1</sup>

In 2015, **602,782** deaths were recorded in the UK<sup>1</sup>

Two thirds of all deaths every year are people over 75<sup>1</sup>

By **2030**, people over the age of 65 will account for 86% of all deaths, and those over 85 will account for **44%**<sup>1</sup>

Increased complexity of conditions - by 2050 one in three people will die with dementia, and many individuals will be living with multiple illnesses (three or more)

An estimated **2.5 million** people are currently living with cancer in the UK, rising to 4 million by 2030. More than three times as many older people (aged 65 and over) will be living with cancer by **2040**, 1.3 million in 2010 to 4.1 million in **2040**<sup>2</sup>



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1 ONS  
2 Macmillan

Against a backdrop of:

A greater emphasis on **person-centred** care and care planning, combined with an optional personal health and social care budget

People expect to be able to die at home; in 2015 80% of Devon's patients wished to die at home or at a hospice and only **26.1%** achieved this<sup>3</sup>

A scarce skilled workforce from which to recruit

People with a diagnosis other than cancer being hugely underrepresented in hospice care referrals (nationally **4%** of hospice patients have heart failure whereas over 70% have cancer)<sup>4</sup>

Reduced care home provision

Continued **budgetary pressures** across the health and social care markets

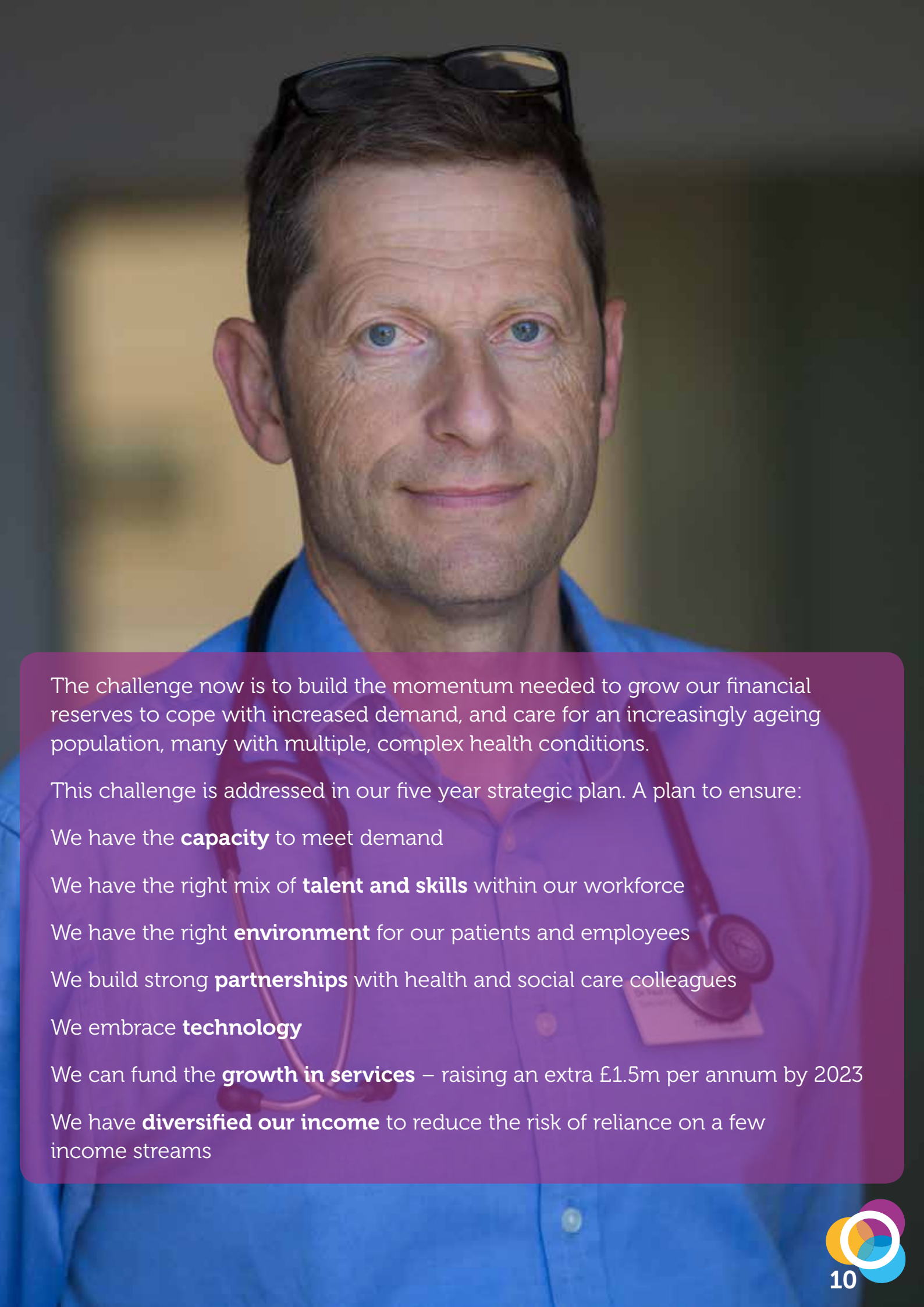


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3 Public Health Devon Activity Audit 2015

4 Hospice UK 2017





The challenge now is to build the momentum needed to grow our financial reserves to cope with increased demand, and care for an increasingly ageing population, many with multiple, complex health conditions.

This challenge is addressed in our five year strategic plan. A plan to ensure:

We have the **capacity** to meet demand

We have the right mix of **talent and skills** within our workforce

We have the right **environment** for our patients and employees

We build strong **partnerships** with health and social care colleagues

We embrace **technology**

We can fund the **growth in services** – raising an extra £1.5m per annum by 2023

We have **diversified our income** to reduce the risk of reliance on a few income streams

## Our strategic goal

We want to meet the forecasted increase in demand for our services head on, and extend the reach and availability. We currently support around 2,000 people, which equates to around one in three people with a life-limiting illness in South Devon. Our aim is to support one in two people with a life-limiting illness in South Devon by 2023, and two in three by 2030.





# Our aims, goals and how we measure them

## OUR AIMS:

The top chart, titled 'Patients in Rowcroft care', is a stacked bar chart showing 'Expected adult deaths with life limiting illnesses' from 2017 to 2030. The y-axis ranges from 0 to 3,000. The bars are split into 'In Rowcroft Care' (purple) and 'Not in Rowcroft Care' (blue). A red trend line shows an 11% growth over the period. Ratios 1:3, 1:2, and 2:3 are marked above the chart. The bottom chart, titled 'Population and deaths across South Devon', shows population growth from 2017 to 2030. The y-axis ranges from 0 to 310,000. An orange trend line shows an 8% growth over the period.

Year	In Rowcroft Care	Not in Rowcroft Care	Total
2017	800	1,600	2,400
2018	800	1,600	2,400
2019	800	1,600	2,400
2020	800	1,600	2,400
2021	800	1,600	2,400
2022	800	1,600	2,400
2023	800	1,600	2,400
2024	800	1,600	2,400
2025	800	1,600	2,400
2026	800	1,600	2,400
2027	800	1,600	2,400
2028	800	1,600	2,400
2029	800	1,600	2,400
2030	800	1,600	2,400

Year	Population
2017	280,000
2018	282,000
2019	284,000
2020	286,000
2021	288,000
2022	290,000
2023	292,000
2024	294,000
2025	296,000
2026	298,000
2027	300,000
2028	302,000
2029	304,000
2030	306,000

## GOALS:

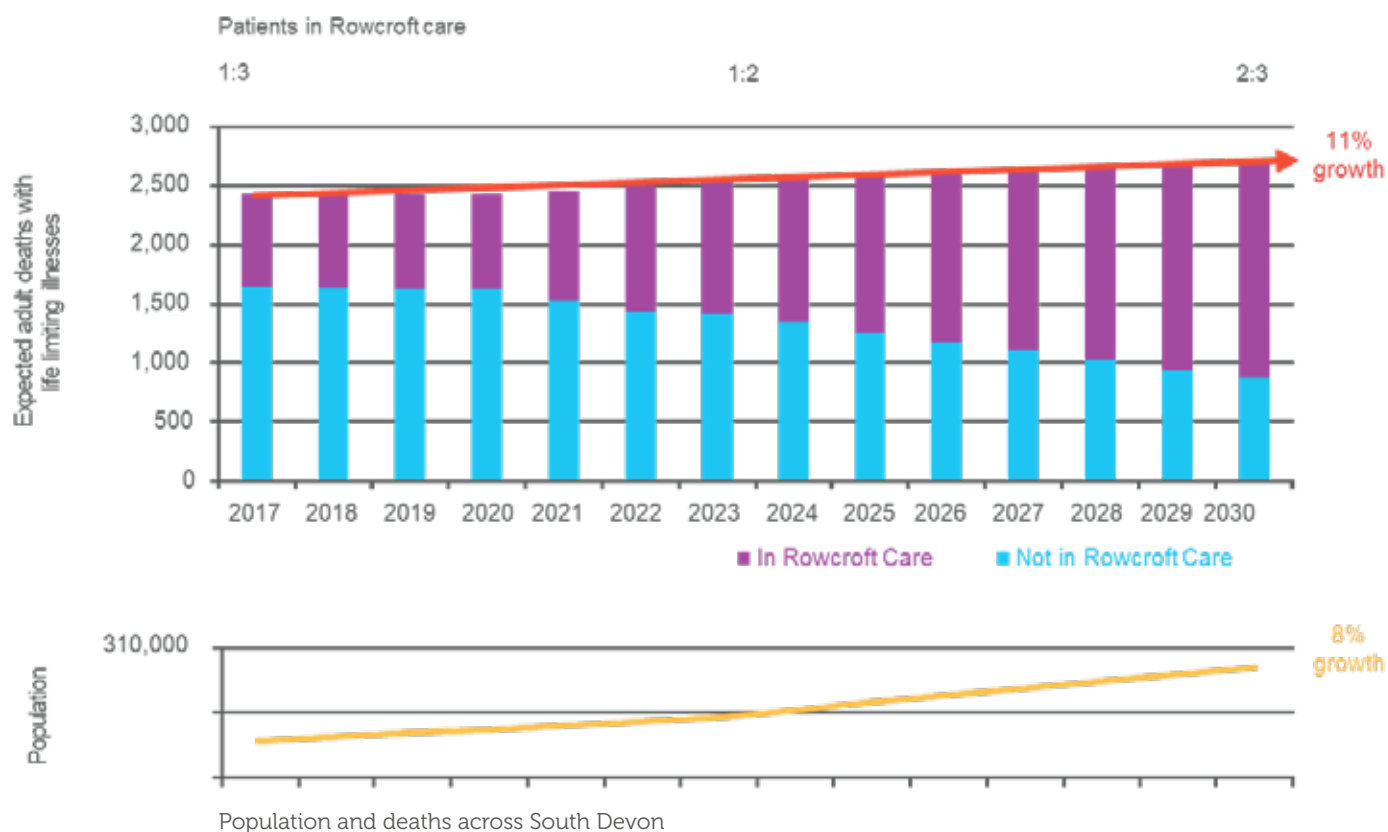
- 1 To deliver outstanding personalised specialist palliative care when and where it is needed, 24/7, regardless of diagnosis or circumstance.
- 2 To be the community specialist palliative care provider of choice for patients across South Devon.
- 3 To extend the reach of our palliative care to one in two adults living with life-limiting illnesses across South Devon by 2023, and two in three by 2030.
- 4 To empower and educate the community by becoming a 'community beacon' in end of life care.
- 5 To build a sustainable future with new, diversified funding streams that will represent at least 10% of Rowcroft's funding by 2023, and to achieve reserves that equate to 50% of the hospice's annual running costs.

## MEASUREMENTS:

- HOSPICE BENCHMARKING/CQC
- IWANTGREATCARE AND REFERRALS
- NUMBER OF DEATHS IN OUR CARE & MIX OF ILLNESSES
- NUMBER OF PEOPLE EDUCATED & TRAINED
- PROFIT & LOSS ACCOUNTS

12

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# Our strategy

The best strategies are the simplest and our strategy is focused around 3Bs and 3Cs.

The 3Bs are:

**Building talented teams** – we need to retain, train and recruit great talent (staff and volunteers) to achieve our ambitions. This includes:

**U**nlocking the passion of volunteers and increasing recruitment to expand overall numbers

**L**eadership and management training

**A** talent development plan

**C**ommunication training for all supporting services

**Being the lead and partner** – leading the agenda on palliative and end of life care across South Devon and partnering with our healthcare colleagues – We cannot achieve our goals on our own

**Being enterprising** – building an enterprising culture to develop new income streams; reducing waste and unnecessary costs

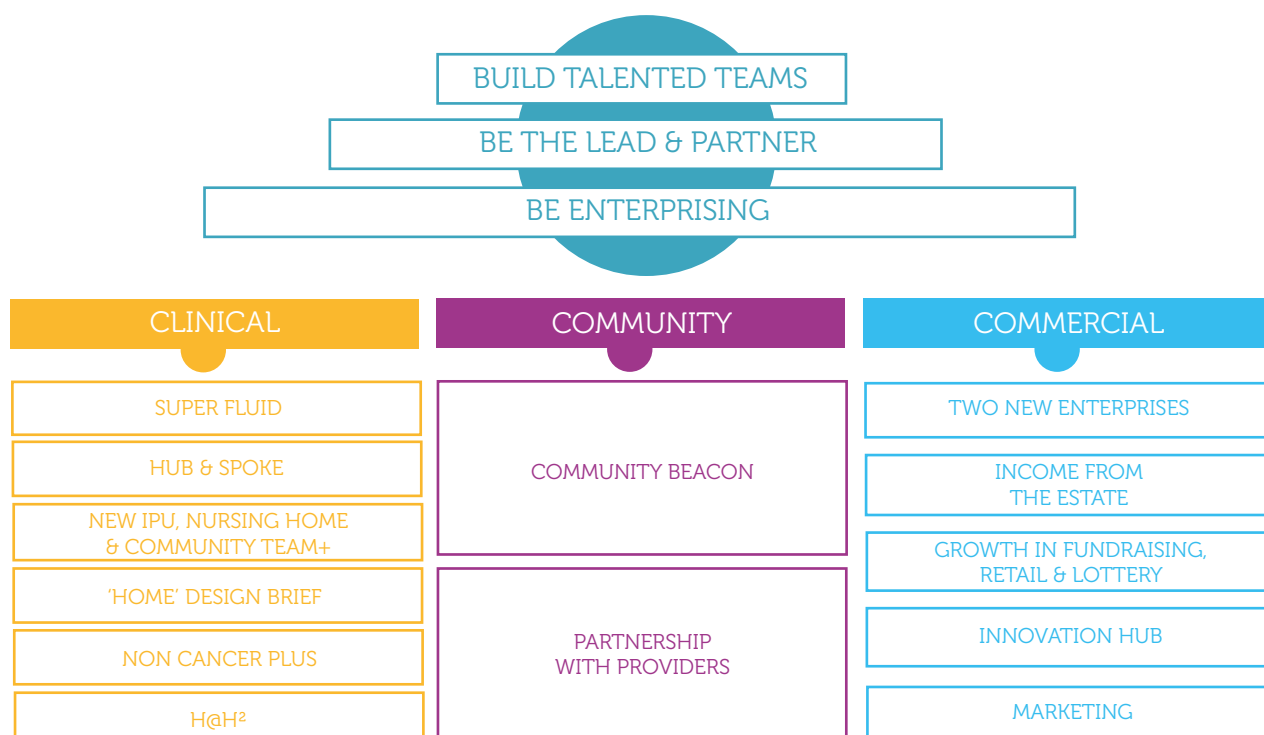
These activities are executed across 3Cs:

**Clinical**

**Commercial**

**Community**

Each of these Cs is supported by a number of strategic initiatives.





# Clinical strategic initiatives

SUPER FLUID	To strengthen the core team of clinicians, Social Workers, Occupational Therapists, Physiotherapists and Complementary Therapists (a multi-disciplinary team) to work in a SUPER FLUID manner so that they can be deployed across different service areas. Some may be tied full-time and others fully rotational. This will create greater flexibility, responsiveness and ensure we can extend our reach more efficiently
HUB & SPOKE	Establish a 'hub and spoke model' for our multi-disciplinary teams to provide 24/7 support and access for patients, as well as being accessible across our partner healthcare providers
NON CANCER PLUS	Review the provision of end of life care for people with heart failure, dementia, motor neurone disease etc. and take steps to work collaboratively with health care colleagues across primary care, care homes and community hospitals to increase our reach. This will include internal training and education and investment in the Community Team
NEW IPU, NURSING HOME & COMMUNITY TEAM+	<p>Extend the main house back towards the estates offices and create a fit for purpose building for:</p> <ul style="list-style-type: none"> <li>• the Inpatient Unit, with a combination of single and shared rooms, family annex, communal area, meeting rooms, spiritual space (multi-faith) and separate multi-disciplinary team (MDT) area</li> <li>• all clinical / MDT teams closer to patients on the ground floor</li> <li>• commercial and clinical teams in the same building</li> <li>• new education and training facilities</li> <li>• investment in Community Team to expand reach</li> <li>• new nursing home</li> </ul>
'HOME' DESIGN BRIEF	Establish a design brief to be used across all our care processes and physical infrastructure that is synonymous with delivering outstanding care, while capturing the essence of a patient's home. This could include the use of carpets on a ward, printed curtains, home-style furniture and beds, wallpaper - all to the highest infection control standards. Commercial opportunities might arise as a result
H@H <sup>2</sup>	Expand Hospice at Home team over a five year period to meet demand and address the needs of patients who die at home

## Community strategic initiatives

COMMUNITY BEACON	<p>Establish a community hub that can become a catalyst, empowering the community to take more responsibility for end of life care. This 'physical and virtual space' will:</p> <ul style="list-style-type: none"> <li>• connect unconnected parties involved in end of life care</li> <li>• provide education and information to the community</li> <li>• provide Rowcroft training courses for family and friends</li> <li>• position Rowcroft as the point of contact for physical, emotional, social and spiritual needs with the NHS, social care, care homes and charities</li> </ul>
PARTNERSHIP	<p>To build on the support of our health &amp; social care partners (South Devon and Torbay CCG &amp; Torbay and South Devon NHS Foundation Trust) and build deeper partnerships so that we can provide a more integrated offer to the community</p>

## Commercial strategic initiatives

TWO NEW ENTERPRISES	<p>Launch two new commercial enterprises. Each business concept will be tested against key criteria: ethical, low level of reputational risk and return on investment (three year payback). Each enterprise should be a self-contained commercial operation</p>
INCOME FROM THE ESTATE	<p>Generate income from the 22 acre estate to enable us to extend our care. A range of concepts are being considered including the use of key buildings</p>
GROWTH IN FUNDRAISING, RETAIL & LOTTERY	<p>Continue to grow fundraising, retail and lottery activity to grow total income – this includes the Securing the Future campaign to raise £1.5m in total over five years from major donors</p>
INNOVATION HUB	<p>Establish an Innovation Hub to exploit entrepreneurial opportunities in the healthcare market and utilise the unique environment a hospice has to offer</p>
MARKETING	<p>Build and deploy a content-led integrated marketing strategy and plan, focused on the audience journey which will:</p> <ul style="list-style-type: none"> <li>• position Rowcroft as the patients' choice</li> <li>• re-enforce our positioning as the 'beacon' for end of life care</li> <li>• raise our profile across all key stakeholder groups in the community</li> <li>• address the common myths around Rowcroft</li> </ul>



## Our future

In the last 18 months we have shown that our organisation has the resilience to survive testing times. We have welcomed the active engagement of the many people in the community who have initiated or increased their financial commitment to help maintain our valuable services. What we need now is to maintain the momentum of this support; to be prepared to test our innovative ideas and drive the future growth that will better serve our local community and meet the accelerating demand.

*"You matter because you are you.  
You matter to the last moment of your life,  
and we will do all we can, not only to help you die peacefully,  
but also to live until you die"*

Dame Cicely Saunders, Founder of modern hospice movement





## What patients say

*"I have received the best care and treatment possible. Nothing is too much trouble for my nurse. I have been treated with dignity and respect throughout."*

*"You came in like a breath of fresh air and helped us all. I haven't stopped singing your praises; nor will I ever."*

*"I cannot praise all the staff at Rowcroft highly enough for their care and support for my father whilst as an outpatient receiving palliative care and as an inpatient receiving much needed respite. The support and service was at all times professional and done with genuine kindness, understanding and patience. At all times my father was treated with dignity and respect which made his circumstances more bearable and cheerful."*





# Glossary of terms

## Care Quality Commission (CQC)

The Care Quality Commission (CQC) inspects hospices based on the fundamental standards of being safe, effective, caring, responsive and well-led.

## Community Services

The term community services refers to Rowcroft's Community and Hospice at Home teams who together ensure patients and their loved ones are supported at home, both physically and emotionally, throughout their journey with Rowcroft. This can be for months, or sometimes years. The Community Team comprises Clinical Nurse Specialists, Physiotherapists, Occupational Therapists, Social Workers, Complementary Therapists and a Bereavement Service. While the specialist Hospice at Home team is able to provide 24/7 support to patients who wish to die at home, in the last two weeks of life. Experienced Senior Healthcare Assistants work day and night and Registered Nurses are available 24 hours a day for phone support and face-to-face visits.

## End of Life Care (EOLC)

End of Life Care is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict. EOLC aims to help people live as well as possible and to die with dignity.

## Hospice care

Hospice care is a term often used to describe the care offered to patients when the disease process is at an advanced stage. The term may be used to describe whether a place of care (i.e. institution) or a philosophy of care, which may be applied in a wide range of care settings.

## Inpatient Unit

The hospice's 12-bedded Inpatient Unit is in a beautiful old building, situated in extensive gardens and woodland, which helps to create a calm and therapeutic setting. Patients will be offered admission to Rowcroft Inpatient Unit when their specialist palliative care needs cannot be met appropriately in their usual place of residence.

## Life-limiting illness

A life-limiting illness is progressive and fatal, the progress of which cannot be reversed by treatment.

## Palliative care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems; physical, psychological and spiritual.

The focus of palliative care is on quality of life and includes consideration of the family's needs before and after the patient's death.

## Securing the Future

A plan outlined on 1 June 2017 to raise £1.5m in total over five years from major donors.

## Specialist palliative care

Specialist palliative care services manage more complex patient care problems that cannot be dealt with by generalist services. The specialist teams will include palliative medicine consultants, nurse specialists together with a range of expertise provided by Occupational Therapists, Physiotherapists, Social Workers and those able to give spiritual and psychological support.