



# “What Matters to Me”

**Strategy** for Rowans Hospice Charity  
2022 – 2027

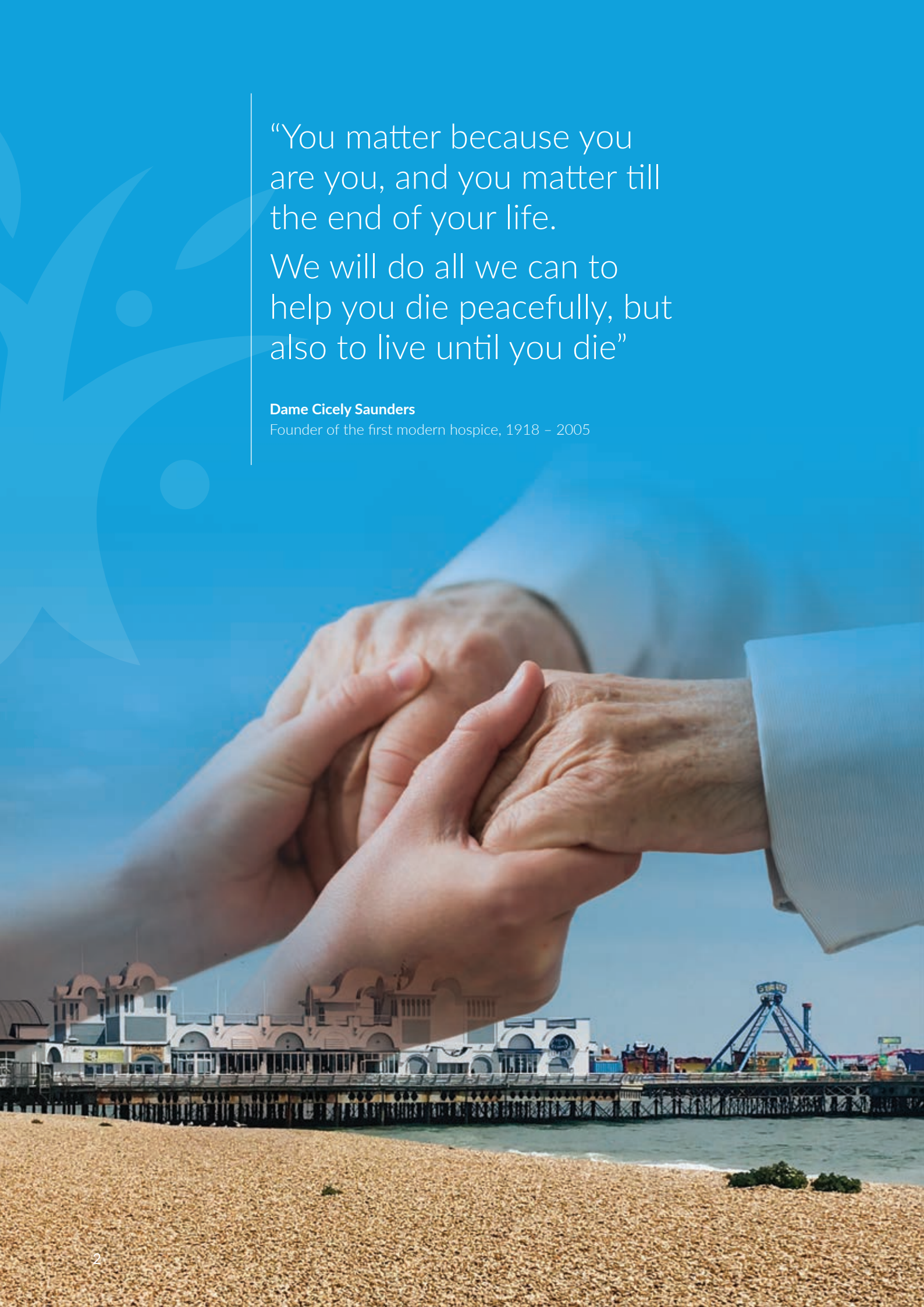


“You matter because you  
are you, and you matter till  
the end of your life.

We will do all we can to  
help you die peacefully, but  
also to live until you die”

**Dame Cicely Saunders**

Founder of the first modern hospice, 1918 – 2005





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## Key ambitions of this strategy

- 1 To protect and expand our clinical services
- 2 To collaborate with the NHS and other like-minded charities to facilitate access to high quality palliative and end of life care for all
- 3 To be recognised as an employer of choice by valuing, developing and nurturing our workforce
- 4 To work with commissioners to consolidate contracts and increase statutory funding, while being prepared to reduce core services if additional statutory funding is not forthcoming
- 5 To monitor and maximise all charitable income streams
- 6 To continue the refurbishment of the main hospice building by attracting additional funding sources that do not compromise or compete with income for existing services.

# Background

In 2017, the modern hospice movement founded by Dame Cicely Saunders turned 50. **This strategy carries forward Dame Cicely's original focus** on the ill, the dying and the bereaved. It considers the next five years and offers assurance that **both the Trustees and the Executive** will do everything possible to continue to anticipate and respond to the needs of our local community in caring for adults with life-limiting conditions. This will include supporting those with frailty associated with older age and will embrace the needs of family, friends and informal carers.



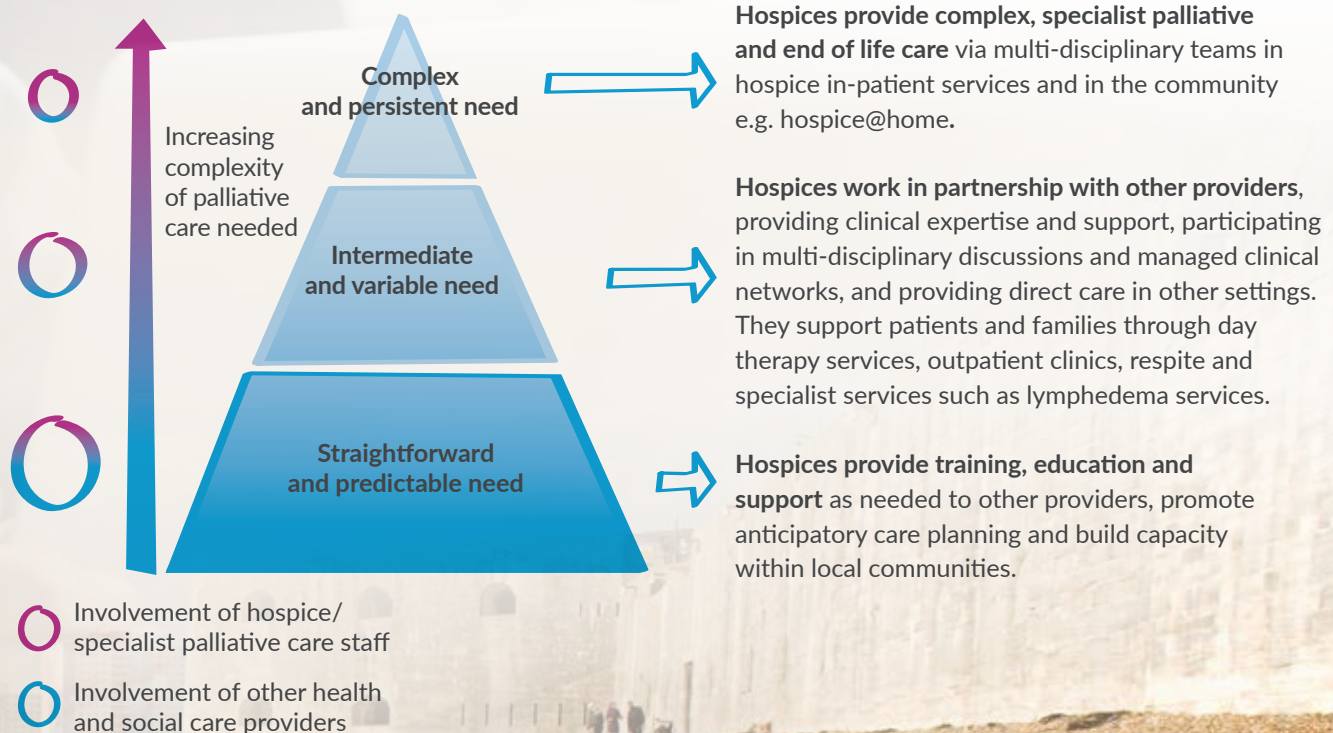


## Palliative and End of Life Care Today

- Palliative care involves an array of complementary services delivered by a range of professionals that all have equally important roles to play – including physicians, nurses, support workers, physiotherapists, occupational therapists, chaplains, psychologists and volunteers.
- Palliative care is an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.
- Addressing suffering involves taking care of issues beyond physical symptoms. Palliative care uses a team approach to support patients and their caregivers. This includes dealing with practical needs, providing psychological intervention where necessary, as well as bereavement counselling and support.
- It offers a support system to help patients live as actively as possible until their death, affirming life and regarding dying as a normal process. It neither hastens nor postpones death.
- Palliative care should be provided through person-centred and integrated health services that pay special attention to the specific needs and preferences of individuals.
- Palliative care is most effective when considered early in the course of the illness. This not only improves the quality of life for patients but also reduces unnecessary hospitalisations and the use of other health-care agencies.
- All people, irrespective of income, disease type or age, should have access to palliative care and further emphasis needs to be given to poor and marginalised populations/groups.
- Specialist Palliative care is one component of palliative care service delivery for those who may have complex health and social care needs. Within Portsmouth and SE Hampshire, NHS Specialist Palliative Care services and RHC provide an integrated service model across hospital, community and the specialist inpatient unit at Rowans Hospice Charity (RHC).

(Extracts adapted from the World Health Organisation, 2020)

### The role and contribution of hospices at each level of palliative care need



# Introduction

Formulating this **5-year strategic plan** has afforded Trustees and the Hospice Executive team a timely opportunity to reflect, debate and consult upon every aspect of our current service delivery model. At the heart of this consensus document is our continued and passionate **commitment to provide high quality and specialised palliative care** for the people of Portsmouth and SE Hampshire and their carers, families and friends.

This document is quite unlike previous strategic plans. It has had to consider and take account of a very uncertain present and future economic landscape, which is currently impacting all elements of UK health and care provision in the wake of the Covid 19 pandemic. In addition, global uncertainties, brought about by conflicts in Europe, will place greater challenges on our income.

While we remain confident of the need for our services over the next five years and resolute in our determination to provide them, we will **continue to require reliable and sustainable sources of funding** to achieve this ambition. Each element of this strategy therefore describes a clear proposal of intent but comes with a caveat that these aspirations may need to be modified in the event of insufficient income or unsustainable safe clinical staffing levels.

**From inception of the Rowans Hospice in 1994, the strategy of the Charity has been underpinned by four core principles:**

- 1 To develop clinical services that are strong, dynamic and responsive** to the needs of the local population. We must now add “proactive” to this approach, as we fully engage with NHS reform and the development of Integrated Care Systems (ICS) that through collaboration and integration will foster new partnerships between organisations. This includes charities that meet health and care needs across the area, with the aim of co-ordinating services and planning in a way that improves the health and well-being of our population while addressing inequalities of access.
- 2 To continue to extend and promote our reach with the provision of high-quality hospice care** in any setting i.e. home, nursing home, hospice building and hospital, as we respond to a growing number of people who will need palliative and end of life care.
- 3 To tackle inequality and widen access to our services for all marginalised groups** and commit to actively engage with these groups, both in the community and via Rowans Living Well Centre (RLWC). We will promote our portfolio of free services which can be tailored to those in need of palliative or end of life care, including their family and friends – throughout illness and into bereavement.
- 4 To commit to working closely with those who are empowered** to transform and commission services and other community partners to increase and harmonise both capacity and breadth of services for everyone in our community during the last 1000 days of life and through into bereavement.





# Strategic Priorities

The strategic priorities within this document have been **developed in consultation with Trustees, the Executive team and 'People in Partnership'**; namely patients, carers and the bereaved. Responses were derived initially from an anonymised electronic questionnaire, which then became the focus of discussion at a strategy meeting attended by Trustees and the Executive team held in October 2021.

This **will inform all other key strategic documents for RHC** and aims to align with local and national policy documents and strategies including the "NHS Long Term Plan (2019)", the "Ambitions: Ambitions for Palliative and End of Life Care: National Framework for Local Action (2021-2026)" and local plans to include the joint strategic assessment of the health and wellbeing needs of the local community and the programme of work being undertaken by the Hampshire and Isle of Wight ICS.

**Care and services will be compliant with regulators** and, for clinical services, the **Care Quality Commission (CQC)**, the independent regulator of all health and social care services in England, where we will strive to maintain an 'Outstanding' overall rating.



The principal areas of this strategy are:

- Our Care Services
- Our People
- Strategic Alliances and Partnerships.
- Charitable and Statutory income
- Our Estate



# Our Care Services

1 RHC has been at the **forefront of extending the care we offer** those with malignant disease to other end of life conditions including heart failure, end stage lung disease and advanced degenerative neurological disorders, including dementia. We will continue to **promote our services** to all those people who may need the expertise of our specialist teams and, where appropriate, co-ordinate, 'sign-post' and/or refer into other community services.

2 We will **promote and extend our reach** by all appropriate means to identifiable marginalised groups, including but not limited to ethnic and religious minorities, the LGBTQ+ community, travellers, the homeless and ex-offenders, with a dedicated resource to coordinate this endeavour. Education will run alongside these services, to ensure all staff and volunteers develop further awareness; this will include training relating to equality, diversity and inclusion (EDI) and unconscious bias.

3 We will continue to offer a **comprehensive array of support mechanisms and therapeutic interventions** to patients and their carers at RLWC. This will be through both face-to-face and by audio visual meetings, to increase our reach, enable early intervention and promote quality of life for people estimated to be in the last 1000 days of life.

4 We will continue to give the **highest priority** to maintaining our established and highly regarded **bereavement counselling and psychology services** for both adults and children, and consider opportunities to extend this beyond the current scope depending on demand and any changes in requirements post pandemic.



5 In 2021, we **increased our inpatient capacity** to 22 beds at the Hospice. We will seek new commissions to operate three of these beds for people who require an extended length of stay due to the complexities of their condition or social circumstances. **Specialist palliative care is our unique selling point** and although many people choose to die at home, for some people this is not possible or ideal. We will therefore continue to prioritise inpatient care as a core activity at the Hospice. There will be no compromise on the quality of care offered, but the number of available inpatient beds and RLWC patient interactions provided at any given time may need to be adjusted according to the prevailing financial and staffing pressures. We will work hard to obtain the necessary resources to maintain and develop services to meet identified needs.

Increased inpatient capacity to *22 beds*





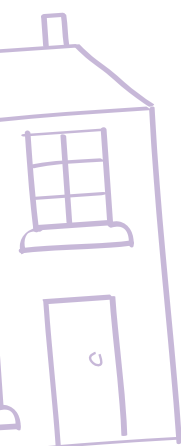


**6 Future demand for Hospice inpatient beds remains uncertain.** Previous research has shown it is to some extent influenced by local demographics, with poorer areas having greater need. As a relatively deprived area in the South of England, Portsmouth and SE Hants still have fewer beds per head of the population than neighbouring hospices in more affluent areas. Thus, we will keep inpatient activity and capacity under constant review to ensure that we prioritise discharges from hospital to the Rowans Hospice for appropriate patients whenever possible, to reduce the pressure on acute hospital beds.

**7** In 2018, we took the decision to **extend our Hospice@Home service** to support terminally ill patients recognised by the NHS as requiring continuing care. We will consolidate and expand this service as resources allow, as it is a vital service in the care of those who are dying. Both the patient and carer are supported, reducing the risk of hospital admission and giving patients a choice about where they wish to die.

**8** With the **increasing need for end of life care**, we recognise how informal carers will become even more crucial when caring for people in their own homes. It is therefore critical to preserve the well-being of this essential and valuable community asset, so that services are in place to train and support those who provide such care. Through our work at the RLWC and Hospice Companions service, **we are well placed to co-ordinate care services and to foster the development of Compassionate Communities**, an international movement towards ending loneliness and associated illnesses by putting kindness and compassion at the heart of healthcare.

**9** We will **continue our work on developing and promoting our service provision** to support young adults who have outgrown children's services continuing care by working in conjunction with children's hospices, as well as community and hospital paediatric professionals.



# Our People

**1 RHC recognise staff and volunteers as our most valuable asset** and that it is through them that we are able to maximise the effective delivery of high-quality services to patients, carers and the bereaved.

**2 Healthcare professionals have borne the brunt of the Covid 19 pandemic** and many have felt burnt out by their experience. While there are national initiatives and recruitment drives, the reality is that there is now a severe shortage of trained medical and nursing staff throughout both the health and care sectors. This is unlikely to be resolved within the timespan of this strategy. The situation in palliative and hospice care reflects the national picture, with many unfilled training posts and multiple staff vacancies. We therefore assign the highest priority to this risk and will respond as follows:

**a. Ensure all existing staff and volunteers feel valued**, respected and have access to a full suite of support for their health and wellbeing. Investors in People will be commissioned to undertake a detailed assessment of well-being within the organisation to support further development of this important area during the lifespan of this strategy.

**b. Be flexible and innovative** in the way we plan the future workforce and **continue to develop a succession plan**, providing opportunities wherever applicable for internal candidates.

**c. Attract, recruit and retain the best people we can**, in order that we continue to grow and develop the services within RHC and be recognised as a best in class employer and provider of volunteering opportunities, schemes and projects within our community and operating geography.



**d. Undertake a sustained, high profile recruitment campaign**, locally, nationally and internationally if necessary to attract employees with relevant key skills.

**e. Form alliances with other palliative care providers** to maximise training potential, cross cover opportunities and joint appointments where and when appropriate.

**f. Undertake a detailed review** of all the skills and the staff numbers required to deliver safe and effective care on the inpatient unit.

**g. Use this skills review to consider alternative service provision options**, moving away from conventional staffing models if we are unable to recruit such staff. This will include GPs with a special interest, nurse consultants, physician associates, advanced clinical practitioners and paramedics.

**h. Reward people** in a way that is fair and motivational and compares well with NHS sector pay.

**i. Further develop the current system** of non-pay rewards and recognition events for staff and volunteers.







# Strategic Alliances and Partnerships

**1 RHC will seek further opportunities with NHS colleagues and like-minded charities** in the delivery, co-ordination and integration of services for the benefit of those we care for and support. We will model the development of the integrated bereavement and psychology service comprising NHS and RHC clinical professionals.

**2 We will continue to foster relationships with neighbouring independent hospices** and the Hampshire and Isle of Wight (H&IOW) Hospice Collaborative, established in May 2021. The Hospice Collaborative is endorsed by Trustee Boards across H&IOW and is committed to:

**a.** Providing strategic and operational leadership in the development of palliative and end of life care services and raising community awareness throughout H&IOW.

**b. Speaking as 'one voice'** – leading and influencing commissioning strategies to develop an equal funding system to ensure greater resilience and sustainability across the whole palliative care system.

**c.** Using the Collaborative to **build influence**, and where appropriate, to develop additional collaborative partnerships.

**d.** Seeking, exploring and where appropriate, investing in opportunities to **further the development** of palliative and end of life care services.

**e.** Exploring the leadership and management of specialist services across H&IOW to **support commissioning objectives**.

**f. Educating and training others** to deliver high quality end of life care services.

**3 RHC recognises the value of partnerships and collaboration** to influence and develop services and will remain open to greater integration across the system if it benefits the needs of patients, carers and families.

**4 RHC is also bold in its desire to lead local services through integrated collaboratives** with the NHS and other like-minded charities.

# Charitable and Statutory Income

**1** Historically, charitable income to sustain RHC has been generated by legacies, grant making trusts, retail sales, personal giving, fundraising events, educational programmes, sponsorship, lotteries and raffles. It is hard to predict what impact the Covid 19 pandemic will have on each of these income streams over the next five years, but it is likely that net income will be reduced in comparison with 2019. However, we will **continue to review and maximise the potential** in each of these income streams over the next five years.

**2** We will **promote the Rowans Hospice brand** and communicate out to a wide variety of audiences to both engage and support their understanding of our reliance on voluntary income to complement state funding in the provision of our clinical services.

**3** There are significant differences in the percentage of statutory contribution to total running costs for independent hospices. RHC is in the lowest quartile (14%) against an average of 25% across the South-Central region. For RHC, statutory income has historically been mainly in the form of an annual grant rather than a formal contract. It is our intention to work with commissioners to **review our contractual arrangements** and enable an increase in statutory income to at least the national average for UK Hospices (35%).

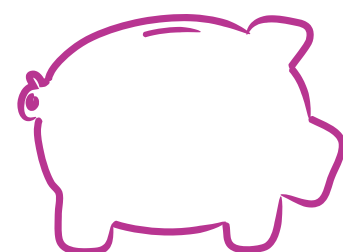
**4** We will need to be prepared to de-commission services provided by RHC if we cannot achieve additional statutory funding and when, being core services, they will have to be provided by a statutory provider.

**5** We will **work closely with Hospice UK**, our membership body, who advocate on behalf of hospices to enhance palliative and end of life care and lobby for new investment and the development of a NHS Commissioning Framework for equity and parity of funding across the hospice sector.

**6** Locally we will continue to raise awareness of how hospices are essentially co-commissioners alongside the NHS as collectively charitable and statutory funding enhances the patient experience.



**7** The newly created H&IOW ICS is a partnership of NHS and local government organisations **working together to improve the health and wellbeing of local communities**. They intend to form provider collaboratives to maximise efficiency and harmonise availability of services to include charities and independent sector providers. NHS England states that "members of a provider collaborative will need to consider themselves collectively accountable to the populations and communities they serve and maintain openness as a way of working with all system partners." If this is implemented as outlined, future NHS funding will almost certainly be conditional on being part of such a provider collaborative with some inevitable reduction in our autonomy.







Rowans  
Hospice



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@Rowans Hospice

quality care  
delivered with compassion  
Registered Charity Number 1097751

MEMORIES  
a night to remember

Rowans  
Hospice





# Our Estate

**1** RHC has two buildings dedicated for clinical services, **Rowans Hospice** and **RLWC**. The former is where the majority of clinical and non-clinical services reside and where the 22 bedded IPU is situated. RLWC is a community hub for therapeutic interventions delivered both on-site and through audio-visual links to people at home. RLWC also offers space for other like-minded charities and community groups to offer therapeutic activities e.g. Motor Neurone Disease coffee mornings, the Brain Tumour Group, Macmillan, Citizens Advice etc. Within the estate there is the potential to develop other alliances and a desire to grow the estate and to develop other community hubs in different locations in partnership with others. This latter point is aspirational, but opportunities will be explored if funding and premises become available.

**2** The use of RLWC **supports people from diagnosis to bereavement** and has developed services that co-ordinate, signpost and meet the clinical, practical and spiritual needs of those who may be in the last 1000 days of life. It is a high priority for this service to be preserved to support people to plan their care as their condition deteriorates and their support needs increase.



**3** Prior to the pandemic, the Charity embarked on a **major clinical refurbishment of the Hospice inpatient unit** as it was over 25 years since the Hospice was built. We propose to renovate and restore all remaining areas, giving priority to those that are public facing. This includes the reception area and the development of a communal refectory and coffee shop with discreet areas for staff who may need some quiet space. It is our intention that this final stage of the clinical refurbishment (Phase One) will be completed as soon as capital funds permit.

**4** It remains an ambition and aspiration to move forward and develop Phases Two and Three of the refurbishment programme, to **provide therapeutic space** for those people accessing our bereavement and psychology services. This will include a dedicated space for Rowans Meerkat Service which supports children and young people, pre and post bereavement. However, a dedicated appeal to support both the completion of Phase One and other Phases will not be launched until the economy has stabilised, as any appeal in the current economic climate could be detrimental to other income generation activities that are essential in maintaining our full suite of clinical services.

**5** We are committed to addressing environmental issues within RHC for the services we deliver. We will try to **identify our environmental impact**, consider how we may be able to adapt to reduce that impact and working with our suppliers, and through our investment policies, endeavour to reduce the negative impact of our work on the environment.





# Conclusion

Rowans Hospice Charity values its independence and the freedom to develop and expand our services as the needs of our community grow. The Charity places enormous value on the financial and in-kind contribution provided by all those who support us through fundraising and volunteering. This model fosters a **'community of care and compassion'** and, to that end, RHC belongs to the people of Portsmouth and SE Hampshire, as opposed to any commissioning body or the Board of Trustees. As Trustees and the Executive, we do our utmost to be the custodians of these generous gifts of both money and time and we thank the community for trusting us to commission and deliver services on their behalf.

It is due to this generosity and emergency government funding received during the Covid 19 pandemic that RHC has been able to **sustain its financial reserves** to offset a predicted operational budget deficit over the lifetime of this strategy. This 'cushion' will offer RHC time to recover from the impact and consequences of the pandemic and continue to work towards a more stable financial future.

With the community's continued support, we will not only survive but thrive and together we will **sustain and continue to grow our services for future generations**, thereby fulfilling the commitments within this strategy.





**Rowans**  
Hospice

Quality Care Delivered with Compassion

Registered Charity Number: 299731  
Company Number: 2275068